

## Research Digest

# Fifteen Year Olds' Alcohol, Cigarette and Drug use in Ireland:

## Results from a Pilot Study

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### Abstract

This article draws on a research project which employed a sequential mixed-method approach with a sample of fifteen year olds (n=95) as a pilot study to guide the development of a large scale qualitative study investigating youth substance use patterns, processes, settings and drug transitions within the south east region of Ireland (Van Hout 2009a-d; 2010). The focus here is on the qualitative strand of the pilot research although reference is also made to the survey data. Semi-structured interviews were conducted with 73 young people (30 male and 43 female) to provide insight into their 'lived experience', with the varied levels of youth alcohol, cigarette and drug involvement confirming the different profiles, processes and 'reinforcers' for recreational substance use within normative peer contexts. The research was used to inform the development of localised school- and project-based drug prevention interventions relating to cigarette, alcohol, cannabis and drug use with specific focus on gateway transitions, social norms and harm reduction modalities.

### Keywords

Youth; substance use; gateways; drug interventions

### Introduction

Lifetime and recreational drug use among all social classes and among younger cohorts has increased steadily over the last decade in Ireland, and is no longer confined to marginalised or urban areas (Currie *et al.*, 2008; NACD, 2008; ADRU, 2009). Alcohol is by far the most commonly used substance in Irish society, with excessive drinking patterns present among youth (Mongon *et al.*, 2007; Currie *et al.*, 2008; ADRU, 2009). National prevalence surveys indicate that young adults under the age of 24 years are more likely to use any illegal drugs across all time periods, with cannabis the most frequently used substance (Nic Gabhainn, 2007; NACD, 2008; ADRU, 2009). Treatment statistics for problematic drug use indicate a 4 per cent increase in treated drug use among the general population since 2003, with increases in 12–14 and 15–17 year olds accessing treatment (NDTRS, 2008).

The risk for initiating use of any substance accelerates in late childhood and early

adolescence, and is related to substance availability at schools or in local communities, coupled with the strength of the pro-substance-using peer group (Moody, 2003). Most adolescents experience multiple interacting influences in their social worlds, within which some peer structures may encourage or divert attention from the influence of others. This will stimulate the development of pro- or anti-drug-using peer groups, as individuals will typically have similar behaviours, attitudes and social backgrounds (Hussong, 2002). Decisions about the use of drugs are related to individual perceptions of benefits versus risk rather than being a passive response to opportunities, and are inevitably affected by group norms (Mayock, 2001; 2002). It is through the course of this social experience in drug-using groups that users acquire 'the norms, values and shared understandings' surrounding drug use practices and the limits for drug consumption (Parker *et al.*, 2002).

Young people vary in their individual patterns of substance use, even though they pass through similar phases, with only a small percentage developing problematic substance use and the majority maturing out of drug use in later years (Kandel, 2002). Recreational substance users form the largest group of young drug users in contemporary society: most use drugs infrequently, do not develop dependency and lead their lives normally in terms of school, work and relationships (Measham and Brain, 2005). This pilot study aimed to investigate 15-year-olds' substance use with the findings being used to guide the development of a larger qualitative study on youth substance use in the South Eastern region of Ireland (Van Hout 2009a-d, 2010).

## **Methodology**

The research employed a sequential mixed method research design which commenced with a small scale quantitative phase (survey) aiming to provide descriptive information on fifteen year olds' alcohol, cigarette and drug use. The survey was adapted from a previous Irish study (see Farrington & O Connor, 2004) with questions targeting demographics, alcohol use, cigarette use, drug use, drug initiation, drug use experiences, first time and current drug use, future drug use, settings for drug use, perceptions of risk and experiences of school based drug education. The survey data was then used to establish a basic set of key questions for interviews with fifteen year olds in the sample, exploring alcohol, cigarettes, drug availability, drug use, drug initiation, current drug use, drug taking practices, settings, social context, perceptions of risk, drug use experiences, peer settings, future drug use beliefs, and drug education. This was done in order to provide illustrations and insights often lost in the survey methods (Rhodes, 2000). Ethical approval was gained at Waterford Institute of Technology, Ireland. This article focuses on the qualitative (interview) findings.

The structured nature of the school facilitated the administration of the research (both survey and interviews), and also the necessary parental consent procedures needed. Participants were made aware of their right to refuse to participate in the research, and to withdraw without prejudice whenever and for whatever reason they wished. Previous research experience had shown that the information gathered from young people is related to the quality of the relationship and trust formed prior to conducting fieldwork. A pre-development phase (three months) involved spending significant periods of time with the young people in a variety of social settings such as

after school clubs run in conjunction with the School Completion Programme, at youth centres and games afternoons. Thereafter, a random sample of participants was taken from fourth class (fifteen year olds) in each school (n=5) in a county not part of the larger study. Of the 95 participants who participated in the survey, 73 (30 male and 43 female) participated in semi-structured interviews and it is the interview findings that are reported on here. The interviews took place in open plan areas, were audio-taped with permission and lasted approximately thirty minutes. The interview material was also read to each interviewee upon completion in order to review what the participant had spoken about and make any necessary clarifications.

The content and thematic analysis of the interview data used the Nvivo software package. Themes were grouped on the basis of narrative analysis, based on an interpretation of participants' discussion and exploration of their understanding of drug exposure, drug decision making, risk perceptions, and normative behaviours.

### Findings

The majority of respondents had 'ever' tried alcohol with most individuals claiming to have had their first drink between the ages of 12 and 14 years, and this occurred within the family setting in the majority of cases. The average age of first time drinking was 12 years for boys and 15 years for girls. Some reported 'sipping' out of the drinks cabinet when their parents were at work. Most of those who had used alcohol reported a positive first time experience. Responses from those who reported a negative first time experience with alcohol included 'I felt sick' and 'I didn't like the taste'. In spite of the possible negative first time experience of alcohol use, the majority continued to drink and reported a time lapse of six to twelve months between first time and subsequent use of alcohol. The young people could not give a reason for this time lapse; it may be due to lack of opportunity, levels of parental monitoring and the young age of respondents. The subsequent use of alcohol was primarily opportunistic and often took place outdoors (in fields, behind sheds, on waste ground) due to fear of being caught by parents. Others reported drinking alcohol at home without the presence of parents. When probed as to how they acquired the alcohol, the young people mentioned older siblings and older teenagers buying alcohol for them, in addition to pilfering from their parents' drink cabinets. Patterns of current alcohol use were sporadic and were related to ease of access to public houses, off-licences and supermarkets. It appeared to be easier for girls to purchase alcohol, as they often looked older than their actual age. The reasons for drinking alcohol included:

*'To have a laugh, nothing else to do around here';*

*'I like getting hammered';*

*'My friends drink';*

*'It relaxes me';*

*'To chill out'.*

There are clearly a range of reasons for young people drinking alcohol, including boredom, drinking as a coping mechanism and the presence of a drinking peer group.

A large majority of the alcohol users claimed to have had an experience of drinking so much alcohol that they were really drunk. Approximately a third of the sample had experimented with cigarette smoking at some stage. The majority of these had

continued to smoke and presented with a variety of smoking patterns ranging from daily use to more sporadic consumption. Most of the sample reported an awareness of the health dangers of smoking, and for those abstaining this was a valid reason for not smoking. Some of the young people commented that they gave up smoking as it affected their sports performance and ability to run.

Nearly the all fifteen year olds had been offered an illegal drug at school or in their local area, and in most cases the drug was cannabis or speed. Nearly all respondents, both drug users and abstainers, said they had friends currently using drugs. This did not appear to bother the abstainers or users, and was generally deemed 'rather normal behaviour'. A minority of respondents reported using illegal drugs themselves and a large proportion of these were boys. The reasons given for *not* experimenting with drugs included:

*'I couldn't be bothered; I have no interest in that';*  
*'I have seen what drugs do...you wouldn't be well on them';*  
*'I am afraid of getting hooked'.*

The variety of reasons for not experimenting therefore included a certain level of fear and apprehension and also an apparent lack of interest. This apparent lack of interest was probed by the researcher, and from the perspective of the young people there was no particular explanation for it.

The average reported age for *first time drug use* was around 12 years and it was usually with friends and for free. Most drug users first experimented due to opportunism, supportive peer environment, curiosity and boredom. This first time drug use took place with friends either outside in fields or on the street, or in a friend's house when the parents were absent. The majority of young people were not drinking alcohol at the time of first time drug use. This was interesting to the researcher and when it was probed the young people mentioned they found it harder to purchase alcohol than get drugs. Most drug use also took place in summer holidays outside. Some drug users reported a negative first time drug experience such as vomiting or fainting, which was attributed to not knowing how to take the drug properly, and in the case of cannabis to not having much experience with cigarette smoking. Interestingly, this did not deter them from wanting to try again. However, these first time drug users felt safe within the peer context and wanted to repeat the experience on assurances from their friends that *'it gets better with practice'*. Some did not experiment again, and in general this was attributed to lack of opportunity, choosing to smoke and drink instead and fear of their parents' reactions. Others continued to consume drugs, in rather sporadic and spontaneous fashions, very much dependent on drug availability within the group. None reported using alone. This highlighted the potential influence of the peer socialisation and selection process in that some adolescents did not use drugs again because they were not in a situation where drugs were available, whereas others were afraid of their parents' responses.

Those reporting current drug use described this as most commonly involving cannabis and ecstasy, and in general being for free. It appeared that they would *'make sure they were in the right place at the right time'*, in order to avail of drugs available, even *'if it's only a pull off a joint'*, with the group element and camaraderie contributing to the overall experience. The reasons given for continued drug use included friends' use,

lack of other activities and heightened drug activity among school friends and older siblings. However, the drug users did describe negative sides to drug use and appeared to carefully monitor their drug use in terms of frequency, types of drugs used and control. Most of the respondents were afraid of addiction and potential overdoses, with some awareness of local 'junkies' or older teenagers engaging in substance abuse.

Most drug users stated that cannabis was the first drug they used, and usually when they were outside smoking cigarettes. Some alcohol use was reported but in most cases the young people were sober. Other illicit drugs mentioned included ecstasy and amphetamine. There appeared to be little awareness of substances such as mushrooms, ketamine, poppers and acid. Some reported previous regular solvent abuse, such as sniffing petrol, glue, permanent markers and aerosols and also the sporadic use of parental prescription drugs such as sleeping tablets and valium, with the age of initiation for this being 10 years on average. The majority of illicit drug users were 'comfortable' with their levels of alcohol and drug use, with most intending to continue. The most prevalent concern was of 'appearing out of control' as typified by the following remarks, and in most cases this led to the implementation of 'informal controls' of their drug consumption:

*'I wouldn't like me friends to see me with a head on me...they'd be taking the piss out of me for ages.'*

*'I make sure not to take more than a few drags ... I wouldn't like to get a wobbler and be sick all over meself'.*

In terms of this apparent modification of drug use, abstainers were aware of this mechanism, and reported being unsure as to whether they would or wouldn't experiment with drugs. Both the abstainers and drugs users had friends using and not using, and therefore drug use was deemed a personal decision of the young person. None of the sample had experienced problematic drug use or the need to seek help or further information.

Most respondents did not refer to alcohol or cigarettes as drugs, with some confused as to whether solvents were drugs. As mentioned above, cannabis was most frequently used and generally deemed by both abstainers and drug users as a safer type of drug use. Most of the respondents were afraid of the hazards of using more serious drugs such as heroin and cocaine. The drug users were not fearful of the consequences of their drug use, either legal- or health-related, as it was reportedly so sporadic, minimal and quick in terms of consumption, that it could not pose any risk. There was a fear of getting into dangerous situations such as fighting, falling over, sexual activity, choking on vomit and engaging in risky pursuits such as climbing telegraph poles and house roofs while under the influence. Others were afraid of their school work suffering and their parents noticing changes in their behaviours. The general perception might be expressed as; *'drinking is ok, sure my parents drink, hash is safe enough, it's like smoking a fag and other drugs are dangerous'*. Interestingly, very few had ever purchased drugs, and when probed by the researcher payment seemed to be perceived as indicating the presence of a drug problem:

*'I'll never pay for that [hash];'*

*'If I did buy it [hash], I wouldn't know when to stop'.*

This indicates the presence of social sanctions within the adolescent subculture of substance use and suggests that even those reporting drug use were conscious not to appear addicted or losing control, wishing instead to seem rather casual in their use, however much they enjoyed the experience and wanted to repeat the scenario.

## **Discussion**

Generally the interview respondents identified alcohol as the first substance used, most often within the home setting around the time of a family party or religious gathering. Bullock & Dishion (2002a) suggest that a family that regularly uses alcohol and/or other drugs is sending a message of normality and acceptability of that behaviour to their children.

It appeared that the rural young people had more a positive perception of alcohol than other drugs, and whilst they seemed to be aware of the harmful consequences of alcohol use, this did not appear to impact significantly on their drinking behaviour or their drinking experiences. Both the survey and the qualitative work described experiences of drunkenness as part of adolescent culture and growing up, with no significant gender differences. Similarly, the HBSC (2006) survey indicated that a third (33.5 per cent) of fifteen year olds report having been drunk twice or more frequently (Nic Gahainn *et al.*, 2007) with research by Mongon *et al.*, 2007 reporting that binge drinking rates in Ireland were considerably higher than European averages. The general level of alcohol use is also higher among young people in Ireland than in other countries (Currie *et al.*, 2008; Hibell *et al.*, 2009). Research describes how such excessive drinking tends to focus on 'short-term gratification' and is most commonly facilitated by a peer group culture which provides normative support for such behaviour (Moody, 2003). This was illustrated when respondents described the practice of 'ditch drinking' (i.e. drinking in fields) due to factors such as fear of being caught by parents and difficulties in purchasing alcohol.

There were also interesting findings concerning the relationship between cigarette smoking and other drug use, supporting previous research which indicates that earlier tobacco smoking is much more predictive for future drug use than earlier drinking of alcohol (Kandel, 2002). The HBSC survey (2006) also reported that 15 per cent of 10–17 year olds were current smokers.

Perhaps most importantly this research sought to illustrate the hidden interactions and experiences surrounding drug exposure and decisions relating to drug use among these rural young people. Most young people today experience some level of exposure to drugs and peer drug taking during their adolescence, independently of bio-psychosocial risk characteristics, although socio-demographic characteristics influence the immediate perceptions of drug prevalence and potential harm (Measham and Brain, 2005). Young people reaching late adolescence or early adulthood will appear fairly drug-wise and increasingly willing to acknowledge the different types of drug use and drug users even if they haven't themselves experimented with substances (Measham *et al.*, 1998; Parker *et al.*, 2002). Most respondents in this study seemed aware of increased drug activity in their communities, among their peers and in social crowds of young people, and most reported having been offered a drug at some stage. However, some level of under-reporting may be indicated by the fact the majority of

young people had friends reportedly using drugs, and yet only a minority reported 'ever' having tried a drug themselves.

Research challenges the view that individuals engaging in drug use are unaware of the potential risks and harms (Keene, 1998). Previous Irish research also suggests an association between gender and perceptions of drug related harm (see Mayock, 2001), with girls tending to perceive drug use as far riskier (fear of police, poor school performance, potential danger and addiction) than their male counterparts. Mayock (2002) also identified 'pecking order' of perceived risk within youth drug using cultures in Ireland, with heroin at the top end of the scale and cannabis at the bottom. Indeed, the 'practice of selective drug avoidance' points to a rational individualist decision-making process in the consumption of drugs and appears influenced by a normative acceptance of risk within certain youth settings (Mayock, 2002:119). Wibberley and Price (2000:1969) observed that individuality, acceptance and personal decision making is somewhat 'tempered' by normative limits on levels and patterns of usage and rejection of certain drugs within the recreational context.

The respondents reported controlling the levels of their drug use in order to adhere to informal codes of practice relating to moderate use. Excessive, frequent and addictive drug use is not often condoned within youth social crowds, with such users openly ostracised (Eggington and Parker, 2002). The interviews probed this phenomenon further in terms of illustrating norms for use, sanctions for certain types of drug use and excessive use, acceptance of peer use and non-committal to future drug use among abstainers. The social accommodation of licit drugs like cigarettes and alcohol and also cannabis use became apparent, whereby most young people interviewed did not consider cigarettes and alcohol to be a drug, and most thought cannabis was a relatively safe choice, when compared with cocaine, speed or ecstasy. This is in keeping with earlier research by Zapert *et al.* (2002) who reported that cannabis use is increasingly perceived by both drug users and non users to be a 'safer drug of choice'.

The exposure to drug availability, drug trying and drug use within the course of leisure time therefore contributes to the perceived normalisation of drug use, increased opportunities for experimentation, earlier initiation ages and poly substance use (Pilkington, 2007). Research indicates that drug users secure their drugs through social networks of peers and social crowd members with connections to small-time dealers, and thereby achieve a distance from the so-called underworld of crime and serious drug use (Measham *et al.*, 1998, Parker *et al.*, 2002). Few of those adolescents interviewed actually bought illicit drugs as they felt that this indicated the presence of a problem. The respondents were unsure as to whether they chose their friends based on pro drug using attitudes and behaviours or whether their friends were drug using anyway. Drug consumption appeared opportunistic and appeared to be linked to the fact that they rarely purchased the drugs.

Friendships within the drug subculture appeared an important influence on both individual and group patterns and processes of use. Drug users commented that their friends gave advice and information on safety issues and on the effects of the drugs, and were selective as to who they would use drugs with, what combinations of substances they would take and in what type of social setting. Such interaction with peer users and ongoing participation in a drug-using subculture was reported to

persuade the 'beginner' that drug use can be safe and enjoyable. Gender differences were apparent such as when males tended to refer to the drug experience as being 'stoned' while females were more likely to report feeling sick. However, those having negative drug experiences were reportedly supported by their friends and novice users were confident that the following occasion for drug use would be more pleasurable.

Research suggests that individuals may change their attitudes after exposure to new experiences such as drug and alcohol experimentation, and this is also dependent on drug availability and social changes (Duff, 2003). This research found that adolescents who were not drug users generally did not believe they would initiate drug use within the next year but were unable to confirm whether or not they would experiment with substances. The majority of illicit drug users did not regret their decision to experiment and saw themselves as drug using in five years time. This appeared to occur against a background of pro-drug-using 'social crowd' activity. The majority of current drug users did not think they had a problem or needed treatment. This was perhaps typical of adolescent maturational level and life stage. The research underpins the necessity for the development of localised school- and project-based drug prevention interventions relating to cigarettes alcohol, cannabis and other drug use with specific focus on drug type, gateway transitions, social norms and harm reduction modalities.

## Conclusion

This paper has presented a 'snapshot' of alcohol and drug use among fifteen year olds in the South East of Ireland. It is important to emphasise that it is based on a small-scale pilot study and issues related to self-reporting, the small sample size and the non-inclusion of early school-leavers need to be borne in mind. However, the findings appear to bear out the importance both of individual relationships in drug initiation, drug use and reinforcement of use, and the influence of the local environment in facilitating and maintaining social drug using relationships among young people. The findings also suggest that more attention needs to be paid to cigarette use as a gateway to experimentation with other drugs, as well as to what appear to be important gender differences in young people's experiences and perceptions of drugs. Future research efforts could focus on attempting to establish stronger causal relationships within parametric analysis, in combination with an emphasis on the 'lay beliefs' of young people regarding their social environments, peer 'social crowds' and cliques, the balance they strike between being 'in' and being 'different' and the consequences relating to risk-taking behaviours. Such research could make a valuable contribution to the development of more informed drug policies and interventions.



## References

- Alcohol and Drug Research Unit [ADRU] (2009) *Treated problem drug use in Ireland: figures for 2007 from the National Drug Treatment Reporting System*. Dublin: Health Research Board. Accessed on October 30th 2009 at [www.hrb.ie/publications/alcohol-drugs](http://www.hrb.ie/publications/alcohol-drugs).
- Bullock, B. M., & Dishion, T. J. (2002) 'Sibling collusion and problem behaviour in early adolescence: Toward a process model for family mutuality', *Journal of Abnormal Child Psychology*, 30, 143–153.
- Currie, C., Nic Gabhainn, S., Godeau, E., Roberts, C., Smith, R., & Currie, D. (eds.) (2008) *Inequalities in young people's health: HBSC international report from the 2005/2006 Survey*. Copenhagen: WHO Regional Office for Europe.
- Duff, C. (2003) 'Drugs and Youth Cultures: Is Australia Experiencing the 'Normalization' of Adolescent Drug Use?', *Journal of Youth Studies*, 6 (4): 433–446.
- Egginton, R. & Parker, H. (2002) 'From one-off triers to regular users: Measuring the regularity of drug taking in a cohort of English adolescents (1996–1999)', *Addiction Research and Theory*, 10 (1): 97–114.
- Farrington, D. & Connor, A. (2004) *A prevalence study of drug use by young people in a mixed suburban area*. Dublin: National Advisory Committee on Drugs.
- Health Behaviours in School-aged Children Study 2006 [HBSC] (2006) *The Irish Health Behaviour in School-aged Children (HBSC) Study 2006*. Dublin: Department of Health and Children. Regional Office for Europe.
- Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A., et al. (eds.) (2009) *The 2007 ESPAD Report. Substance use among students in 35 European countries*. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN).
- Hussong, A. (2002) 'Differentiating peer contexts and risk for adolescent substance abuse', *Journal of Youth and Adolescence*, 31 (1): 207–220.
- Kandel, D. (2002) *Stages and Pathways of Drug Involvement: Examining the Gateway Hypothesis*. Cambridge: Cambridge University Press.
- Keene, J. (1998) 'Social influences on drug use: three distinct sub-cultures among agency non-attenders', *Addiction Research*, 6(1): 43–62.
- Mayock, P. (2001) *Choosers or Losers? Influences on young people's choices about drugs in inner city Dublin*. Dublin: The Children's Research Centre, Trinity College.
- Mayock, P. (2002) 'Drug Pathways, Transitions and Decisions: The Experiences of Young People in an inner-city Dublin community' *Contemporary Drug Problems*, 29 (1): 117–158.
- Measham, F., Newcombe, R. & Parker, H. (1996) 'The normalization of recreational drug use amongst young people in North-West England', *Sociology*, 45(2): 287–312.
- Measham, F., Parker, H. & Aldridge, J. (1998) 'The teenage transition: From adolescent recreational drug use to the young adult dance culture in Britain in the mid-1990s', *Journal of Drug Issues*, 28(1): 9–32.
- Measham, F. & Brain, K. J. (2005) '“Binge” drinking, British alcohol policy and the new culture of intoxication', *Crime, Media, Culture*, 1 (3): 262–283.
- Mongan, D., Reynolds, S., Fanagan, S., & Long, J. (2007) *Health related consequences of problem alcohol use. Overview 6*. Dublin: Health Research Board.
- Moody, K.A., Childs, J.C. & Sepples, S.E. (2003) 'Intervening with at-risk youth: evaluation of the youth empowerment and support program', *Pediatric Nursing*, 29 (4): p263–270.

- National Advisory Committee on Drugs/Drug and Alcohol Information and Research Unit [NACD] (2008) *Drug use in Ireland and Northern Ireland. 2006/2007 Drug prevalence survey*. Health Board (Ireland) & Health and Social Service Board (Northern Ireland). Results (revised). Bulletin 2. Dublin, NACD/Belfast, DAIRU.
- National Drug Treatment Reporting System [NDTRS] (2008) *Data Coordination Overview of Drug Misuse 2007*. Dublin: Health Service Executive, Government Publications.
- Nic Gabhainn, S., Kelly, C., & Molcho, M. (2007) *The Irish Health Behaviour in School-aged Children (HBSC) Study 2006*. Dublin: Department of Health and Children.
- Novins D.K. & Mitchell C.M. (1998) 'Factors associated with marijuana use among American Indian adolescents', *Addiction*, 93: 1693–1702.
- Parker, H. (2003) 'Normalization as a barometer: Recreational drug use and the consumption of leisure by younger Britons', *Addiction Research and Theory*, 1 (3): 141–144.
- Parker, H., Williams, L. & Aldridge, J. (2002) 'The normalization of "sensible" recreational drug use: further evidence from the North West England longitudinal study', *Sociology*, 36(4) 941–964.
- Pilkington, H. (2007) 'Beyond "peer pressure": Rethinking drug use and "youth culture"'. *International Journal of Drug Policy*, 18: 213–224.
- Rhodes, T. (2000) 'The multiple roles of qualitative research in understanding and responding to drug use, in J. Fountain (ed) *Understanding and Responding to Drug Use: The Role of Qualitative Research*. Lisbon: EMCDDA Monograph.
- Van Hout, M.C. (2009a) 'Drug and alcohol use among rural Irish adolescents – a brief exploratory study', *Drugs and Alcohol Today*, 9 (1): 20–26.
- Van Hout, M.C. (2009b) 'An Illustrative Picture of Irish Youth Substance Use. Letter to the Editor', *Journal of Drug and Alcohol Education*, 53 (1): 7–14.
- Van Hout, M.C. (2009c) 'An exploratory study of substance use among Irish Youth – A service provider's perspective?', *Journal of Ethnicity in Substance Abuse*, 8 (1): 99–111.
- Van Hout, M.C. (2009d) 'Youth Alcohol and Drug Use in Rural Ireland – a Parents' View', *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*. <http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=1171>
- Van Hout, MC (2010). 'Differentiated Normalisation and Drug Transitions among Rural Youth in Ireland', *Drugs: Education, Prevention and Policy*, 18 (2): 142–151.
- Wibberley, C. & Price, J. F. (2000) 'Young People's Drug Use: facts and feelings – implications for the normalization debate', *Drugs: Education, Prevention and Policy*, 7 (2): 147–162.
- Zapert, K., Snow, D. & Kraemer, J. (2002) 'Patterns of substance use in early through late adolescence', *Journal of Community Psychology*, 30(6): 835–852.

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