

Illegal Drug Use among Older Adults

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Summary of Thesis

Illegal drug use is a much discussed, publicised and researched area of criminology. However, there has been little interest in its mature users. It is this subsection of illegal drug users that is investigated in this research. As the first generation of widespread and popular drug users is reaching late-middle age, this is becoming a fast growing and fascinating area of study.

As the size of this drug using subsection is set to grow in coming years, the lack of existing research in this area is becoming more and more apparent. Existing research related to the area of drug use among older adults tends to be out-of-date, predominantly American based, and looks largely at alcohol use, prescription misuse, and over-the-counter abuse. Equally, there is a lack of community based research in this area, which relies heavily on samples taken from the criminal justice system and treatment centres.

This research aims to address these deficiencies. To create therefore as complete a picture of this little investigated social phenomenon as possible both quantitative and qualitative research techniques are incorporated into the research. Quantitatively, secondary data analysis is used to explore the British Crime Survey. Univariate, bivariate, and multivariate techniques are used to analyse the data set, including hypothesis testing and logistics regression. For the qualitative component, the research uses snowball sampling to conduct face-to-face in-depth interviews with adults over the age of 40 involved in recent illegal drug use living in the community.

Overall, this research shows that older recent illegal drug users exists, it produces a profile of older recent drug users, including demographic and criminological characteristics, and illustrates the drug using careers of older drug users, showing how they incorporate drug use into their lives. Ultimately, it provides evidence that contradicts the notion that illegal drug use is an activity reserved exclusively for the young and shows that drug use does not exclude having a long, happy and productive life.

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Introduction

Illegal drug use, whether it seen as a good or an evil, captivates the minds of both academics and the general population. There is a high level of general interest and a wealth of research on the subject. However, the focus of attention is, to an extremely large extent, on the drug of use of the young.

This research aims to contradict the widely held notion that illegal drug use is an activity reserved entirely for the young by identifying older illegal drug users. Following this, the aim is to begin to create a fuller picture of this little researched group and to develop a nascent understanding of them.

The drug users that will be studied are older adults using illegal drugs who are not in contact with the criminal justice system or the many charities and groups that deal with illegal drug users. Instead, the people that form the focus of this study are ‘ordinary’ members of the community who happen to use illegal drugs as a routine part of their lives. This focus has been chosen for a number of reasons. Most importantly, the research aims to contradict the commonly held notion that drug use is inherently problematic; older people have enjoyed lengthy drug careers whilst simultaneously living conventional lives and holding down jobs and relationships. This is a fact commonly neglected by much popular discourse and academic research on drugs. More practically, by studying older users whose drug use has not been criminalised, a picture of the changing consumption patterns and attitudes of drug users over the life course can begin to emerge.

In sum, this research is important for a number of reasons: It identifies a little acknowledged and little understood group in society; it begins to outline some of the key characteristics of this group of ‘others’; it demonstrates how, in some instances, drug use may not be problematic or an obstacle to living a largely conventional life; and it sketches the changes in consumption patterns and attitudes that can occur over a drug user’s lifetime. Ultimately, by creating a

more comprehensive picture of drug use and users, it is hoped that the development of more informed public policy will be aided.

There are five chapters in the study.¹ Chapter one provides the background to the study, and is divided into three sections. The first section clarifies the terminology used, explains what is meant by the terminology used in the research, including what is meant by 'illegal' drugs and 'older' adult. The second section goes into more detail about the need for this type of research, suggesting a fourfold rationale for the research. Section three outlines the socio-historical and theoretical context of the research. The suggestion is that this is an ideal time, in terms of social, cultural, historical, and theoretical context, to be conducting research of this nature.

Chapter two reviews the existing research in this area. As suggested above, there is a dearth of research addressing the illegal drug use of older adults. What there is tends to be bolted onto research focussing on alcohol, smoking or prescription misuse, and as such, it lacks in rigour and detail. The first section of chapter two outlines these concerns, whilst the second section assesses those few pieces of research that do specifically take older illegal drug users as their focus of study. The third section of chapter two offers an overview of what other, more general literature tells us about adult drug use in terms of commonly used demographic variables. Although this literature does not provide the level of detail aimed for in this study, it can aid the construction of a basic underlying understanding of older illegal drug use. The final section of the chapter looks at some contemporary themes in drug research; non-problematic use, normalisation, and attitudes of young and old.

Chapter three outlines and discusses the methodology used in this research. The first section outlines the quantitative methods used to analyse the research's

¹ There are also five appendices. The first one looks at the BCS and the statistical techniques used in this research in more detail. The interview schedule can be found in the second appendix. The third, fourth, and fifth appendices present the results of the univariate, bivariate, and multivariate analysis respectively.

statistical data. An introduction to the British Crime Survey and the data set are followed by a discussion of the variables and the statistics used in the secondary data analysis of the data set. The second section presents the qualitative techniques used to collect the interview data. The original plan for data collection is presented along with the interview schedule. A discussion of the problems encountered during the fieldwork and the reasons behind these difficulties follows, before the way in which the problems were resolved is discussed. The third section of the chapter examines the ethical issues associated with this research. Particularly pertinent here are issues surrounding the research of illegal activity, informed consent and confidentiality.

Chapter four presents the results of the research project. Firstly, the results of the quantitative secondary data analysis are presented, detailing the exploration of the British Crime Survey 2001/02 dataset. This is made up of three components: A univariate analysis of demographic characteristics of older recent drug users, a bivariate analysis consisting of hypothesis testing, and a multivariate analysis consisting of logistic regression which builds a picture of older recent illegal drug users in terms of both demographic and criminological characteristics.²

The second part of chapter four presents the results from the qualitative analysis. Eleven in-depth interviews with older recent illegal drug users were conducted. These are analysed in terms of demographic characteristics and a number of notable themes and ideas are extracted from them. This section explores in some depth how and why older recent illegal drug users are using and have continued to use drugs throughout their lives.

Chapter five offers a discussion of the results, linking them to the broader social, political, and criminological context within which they are situated. Firstly, the quantitative and qualitative results are summarised, discussed and compared. The results are also compared with the previous research in this area

² All of the results are presented in full in the appendices.

that was introduced in chapter 2. Secondly, the research findings are discussed in relation to criminological theory, with specific attention being paid to anomie and subcultural theory (as well as post-subcultural theory). Ideas relating to the 'late' or 'post' modernisation of society will also be explored in light of the results. Thirdly, suggestions for future research and policy based on the methodology and findings of this research will be made.

Ultimately, the research provides an initial mapping of older illegal drug use and users. It does not endeavour to provide a complete picture of the phenomenon, nor does it seek to assign any definite set of characteristics and values to this marginal population. Instead the aims are rather more modest; the research, through both its findings and its methodological difficulties, is a prolegomenon for more detailed and in depth research into the phenomenon of illegal drug use among older adults.

1. Background

This chapter outlines the background of the research. The first section clarifies the terminology used in the study. The second section suggests the four main reasons behind the research that make it an important addition to the field of drugs research and criminology in general. The third and final section discusses the social, cultural, historical, and theoretical context of the research.

1.1 Terminological Clarification

This research examines the relationship between age and illegal drug use, specifically looking at illegal drug use patterns among older adults. *Illegal drug use* covers the use of substances that are illegal in the UK. This includes substances such as amphetamines, cannabis, cocaine, crack, ecstasy, heroin, magic mushrooms, methadone, tranquilizers, and LSD. Substances such as tobacco, alcohol³, prescription drugs⁴ and over-the-counter drugs are not examined in this research.

For the purposes of this research, an *older adult* is defined as an adult over the age of 40 years. The original intention was to define older adult as one over 50 years of age, as this is the current age of the first generation who were exposed to widespread illegal drug use in their youth. However, the age cut off was dropped to 40 years of age as a result of methodological issues.⁵ The decision to define older adults as those over 40 years of age is therefore the result of both socio-historical and practical concerns.

³ For research into alcohol see Atkinson (1991)

⁴ Prescription drug misuse encompasses inappropriate use, overuse, and underuse of all forms of medication drugs, including histamine blockers, antibiotics, laxatives, cold preparations, and analgesics (Baum et al., 1985; Beers et al, 1992; Gurwitz et al., 1992; Joseph, 1995; Sherman et al., 1987).

⁵ See Chapter 3.

1.2 Reasons behind Research

This research is driven by four main factors. Firstly, older illegal drug users are a largely hidden population (1.2.1). Consequently, there is a lack of current existing research (1.2.2). Thirdly, current drugs research often focuses on samples taken from the CJS or from treatment centres. As such, there is relatively little focus on users who live in the community and have no contact with institutions or authorities (1.2.3). Finally, the numbers of users in this age group is increasing. There is therefore a need for further information about this subgroup of drug users (1.2.4). Taken together, these four reasons provide a clear rationale for research into older illegal drug users.

1.2.1 Hidden Population

The first reason behind conducting this research is that older drug users are something of a hidden population. Older illegal drug users tend to be ignored even where the focus is on illegal drug use. The bulk of research into illegal drug use tends to revolve around younger users. The Home Office is predominantly interested users in the fourteen to twenty-six age group, as this is the age group that it targets in its bid to reduce illegal drug use. As such, very little attention is paid to older illegal drug users. Because of this, this research aims, in the first instance, to actually document the existence of older illegal drug users; the aim is to uncover this largely hidden population and create a fuller picture of illegal drug use today.

1.2.2 Lack of Relevant Existing Research

Directly related to the idea that older illegal drug users are a hidden population is the fact that there is a distinct lack of existing relevant research. The majority of existing research is rather dated, having mostly been conducted in the 1990s or earlier. It is also predominantly American based; there is little English or European research. Existing studies primarily research alcohol, prescription and over-the-counter abuse. Three pieces of relatively recent research are of more

pertinence: Notley (2005), Pearson (2001), and Sullum (2003). However, even these only provide brief glimpses into the world of older illegal drug users.⁶ Further research that focuses exclusively on older users is clearly needed.

1.2.3 Community Sampling

The third driving factor of this research is that the majority of existing research takes its samples from treatment programs or the criminal justice system. This gives a skewed view of drug use as it only encompasses those drug users that have had issues with their drug use, and have therefore either come to the attention of the authorities or have self-selected themselves into treatment. It therefore excludes those drug users who have never come to the attention of the police and the criminal justice system, or those who have not partaken in treatment programs. This research seeks to address this imbalance by focusing on older illegal drug users who are living in the community and have not come into contact with treatment programs or the criminal justice system. It focuses on older people whose drug use is a routine part of life.

1.2.4 Increasing Numbers

The fourth key reason underpinning this research is that the number of older drug users is increasing. The first generation of people that experienced widespread recreational drug use in their late teens and early twenties are now entering the age range covered in this study. Evidence for this is provided by data from the British Crime Survey. There is a significant ($p = .000$) increase from 1994 to 2001/02 in recent drug use (last month or last year) for adults over the age of 40 (2.6% to 3.6%) (Table 1.1). Lifetime use has also increased from 14.0% to 16.0% between 1994 and 2001/02 in the over 40s (Table 1.1). Although older drug users make up a small percentage of the overall sample, they do exist and their numbers are on the increase. Pascarelli (1974: 109) also found that “the number of persons over 60 in methadone treatment is ... increasing”.

⁶ For further information about these pieces of research see Chapter 2 and Chapter 5.

Table 1.1: Year and Drug use by age (40-59 years)

	Used any Drug		
	Never Used	Used in Past	Used Recently
Year 2001/02	80.5%	16.0%	3.6%
Year 1994	83.4%	14.0%	2.6%

1.2.5 Conclusion

This research is underpinned by four central concerns. Older illegal drug users are a largely hidden population, they are inadequately researched, such research tends not to employ community sampling, and the group is increasing in numbers. As a result, research into older illegal drug users living in the community is both important and timely. This group must be understood in order to paint a fuller picture of a significant and growing minority in current society, and in order for drug policy to be more alert and responsive to the realities of contemporary drug use.

1.3 Drug Use in Britain: Socio-Historical and Theoretical Context

This section is concerned with the social, cultural, historical, and theoretical context of the research. The broad socio-historical and cultural context of illegal recreational drug use will be outlined firstly (1.3.1), followed by a synopsis of how a number of sociological and criminological theories can help to explain the phenomenon and provide a theoretical underpinning for this research (1.3.2).

1.3.1 Socio-Historical and Cultural Context

The recreational use of drugs is a constant of human history. In relatively recent times, the so-called 'great binge' of 1870-1914 in the United States and Europe can be seen as a precursor to the contemporary phenomenon of recreational drug use. During this period cocaine, heroin, morphine, and strong alcoholic beverages such as absinthe were a routine part of life for many people, and such drugs were not the subject of prohibition. However, as the effects of addiction became more obvious, prohibition was introduced.

The social and political upheavals of the 1960s ushered in a new era of widespread recreational drug use. Traditional beliefs and value systems were increasingly challenged, and recreational drug use soared again. Since the 1960s trends have constantly evolved and changed, and different groups have favoured different drugs, but recreational drug use has remained relatively high. What marks out this contemporary period of recreational drug use from the 'great binge' that preceded it, however, is the fact that most recreational drugs used today are illegal. As drug use boomed in the 1960s, the prohibitions dating from the 'great binge' were not rolled back. Indeed, it was at this time that Nixon started his 'war on drugs' in the US, and the Misuse of Drugs Act 1971 introduced the classificatory scheme for drugs in the UK.

The boom in illicit recreational drug use that occurred in the 1960s was amplified by a number of subcultural groups that emerged over the following years in the UK. Each of these groups became associated, however loosely, with a particular drug of choice. The Hippie movement, itself growing out of the 'Beat Generation' in the US, was the first significantly sizeable group to decisively reject conventional politics and institutions and the mainstream value system.⁷ They became particularly associated with marijuana, LSD and mescaline. Although they made a notable impact in the UK, the hippy movement was superseded by a number of subcultural groups that were more

⁷ Whereas the 'Beat Generation' was centred on a small group of bohemian writers including Ginsberg and Kerouac, the hippy movement was altogether more inclusive and widespread.

distinctively British. The Mod movement, which originally drew its number from the upper-working and middle classes, sought to exhibit their newly-found consumer power through their smart dress code. Their routine of urban nightlife was fuelled primarily by amphetamines.⁸ The Northern Soul movement, despite origins in the 60s, came to prominence in the 1970s in the industrial towns of northern England. This subculture coalesced around a love for the smooth, up-tempo soul records from American labels such as Motown and Stax. As the genre of music developed through the 70s, Northern Soul fans remained faithful to the older sound. Their athletic dancing was aided by amphetamines.⁹ In the late 70s, the punk movement exploded onto the scene. Punk's fast-paced music and dancing relied heavily on amphetamine use. Early punks also used marijuana heavily, influenced by the burgeoning reggae scene in the UK. In the 1980s, the yuppie movement, associated predominantly with the City traders of London, shunned lowbrow marijuana and turned instead to cocaine, which became a symbol of excess in the Thatcherite decade of boom and bust. Cocaine has since become a staple of more mainstream UK nightlife. In the late 80s and early 90s, the acid house movement utilised ecstasy and some psychedelics to fuel warehouse parties and outdoor raves.

Of course, throughout this period, illegal drug use for the purposes of recreation not specifically attached to a particular subcultural movement also significantly increased. However, by recalling the multitude of sub cultural movements in the UK, one is reminded of the fact that, since at least the 1960s onwards, all significant cultural movements and developments are inextricably bound up with the recreational use of illegal drugs.

⁸ Note also the 'Rockers', who defined themselves as the antithesis to the Mods. The two groups' clashes, and the ensuing moral panic, were famously documented by Cohen (1972). The skinhead movement was also borne of the rockers.

⁹ Simultaneously, the disco movement emerged, although this was more of an American phenomenon. Associated in the US with the Studio 54 nightclub in New York, it was noted for its use of drugs such as cocaine, amyl nitrate and Quaaludes, before becoming increasingly popular and subsequently 'watered down'. In the UK, the disco phenomenon was, for the most part, rather more mainstream and commercial from the outset.

For the purposes of this research, the point is simple. The group under study in this research represents the first set of people who have lived their entire teenage and adult lives in a milieu where, within subcultures and increasingly within mainstream society, recreational drug use is both relatively 'normal' and accepted, and simultaneously illegal.

1.3.2 Theoretical Context

A number of theoretical approaches clearly resonate with the kind of research being undertaken here. These theories loosely guide the study and provide a context for the way the work has been approached and the methodology selected; the research draws upon ideas and themes from these theoretical perspectives. In addition, the research will also 'feed back' into theory, and help to highlight its limitations, blind spots and weaknesses. This is a pragmatic, reflexive approach to theory: theory is used to guide the research, but it is not followed dogmatically.

The theoretical perspectives that are of the greatest significance are anomie, subcultural theory, and ideas surrounding the 'late' or 'post' modernisation of society. Anomie and subcultural theory are classical but dated criminological perspectives. Of course, they are no longer as influential in criminological discourse as they once were. Their numerous weaknesses and blind spots have ended any pretensions they may have had as to providing a comprehensive explanation of deviant phenomena. However, they are not deployed here in an attempt to arrive at final and complete theoretical explanations of the drug use of older adults, but instead as a way of posing interesting questions about the motivations behind drug use among the older population. Anomie and subcultural theory provide a useful starting point from which the issues surrounding drug use among the older population can be explored. These two theories also help to bring into sharp relief the changes that society is undergoing. Such changes have been held to signal the onset of 'late' or 'post'

modernity (Giddens and Pierson, 1998; Bauman, 1992; Lyotard, 1984).¹⁰ Theorising these changes has been one of the central preoccupations of much recent sociology. Ideas regarding late modernity will be utilised here in an attempt to come to a preliminary understanding of the nature of contemporary illegal drug use among older adults, and how it relates to the socio-political context of the day.

Anomie theories have been famously promulgated by Durkheim and Merton. Both are relevant to this study. Emile Durkheim, one of the founders of sociology, famously drew a distinction between ‘mechanical’ and ‘organic’ societies (1964).¹¹ In the former, basic values are shared. As such, ‘deviant’ behaviour which goes against the consensus is functional for society as it strengthens solidarity by allowing punishment and even exclusion of the deviant, and it tests the boundaries of societies’ tolerance, thus reasserting the value consensus. Organic societies, on the other hand, are characterised by a more complex division of labour and a concomitant plurality of values. This can lead to a state of anomie, where deviant behaviour is no longer functional to society, for there is no longer a consensus against which to test behaviour. Durkheim also used anomie in a second sense in his famous study of suicide (1897). Here, he argues that the disturbances caused by major economic change and the concomitant weakening of social and governmental regulation can remove limits on the aspirations of individuals. A state of anomie, or normlessness, can result. According to Durkheim, this can lead to an increase in suicide as the old fetters on what is considered to be acceptable behaviour are removed. It can be argued by extension that deviant behaviour may also increase in such anomic societies. Clearly there are points of contact between Durkheim’s two notions of anomie. Both are concerned with the effect of rapid and destabilising change in society, and because of this both are applicable to the present research. The older drug users that are the focus of attention here have lived through momentous social change. In late modern society traditional class groupings and occupational communities have declined, consumption has

¹⁰ They have also been argued to signal, for example, ‘the end of organised capitalism’ (Lash and Urry 1987).

¹¹ These are ideal types of society.

replaced work as the key definer of self-identity, global economic forces have undermined national sovereignty and esoteric new social and political movements have emerged. In such a context consensus around values appears to be steadily declining. If we are living in a society where anomie is more apparent than previously, then Durkheim's theories may well be able to tell us something about the older drug users that are the focus of this study.

Robert Merton (1938) developed a theory of anomie distinct from that of Durkheim. Rather than resulting from sudden change in society, Merton saw anomie as a permanent and culturally induced state of affairs. According to him, anomie resulted from a lack of structured and legitimate means for people to attain the culturally approved goals of society; in the US, the focus of Merton's work, the goal was material wealth. Faced with unequal means by which to access this goal, individuals, according to Merton, would respond in one of five ways. Conformists, for instance, would accept the goal of material wealth and the institutionalised means of attaining it: they would seek gainful employment. Innovators would accept the goal but reject the conventional means; this could lead to crimes such as theft or white collar crime. Merton's final two categories are of interest here. Retreatists reject both the goals and the means of conventional society, while rebels do the same and create a new set of goals and means. This raises a raft of questions pertinent to this research. Do the older drug users that are the focus of this study fall under one of Merton's categories, or do they still retain an attachment to the more conventional objectives? Indeed, how far is Merton's theory, with its focus on the 'American dream' of the early 20th century, applicable in 'late modern' Britain? Does the very existence of older drug users suggest that there is no uniform set of aims and desires operating across society in a blanket fashion?

Subcultural theory is a label that covers a variety of related approaches to deviant behaviour that was at the height of its popularity in the late 1950s and early 1960s. A number of these approaches are relevant here. Sutherland (1939) proposed the notion of 'differential association', where delinquent practices are culturally transmitted. Deviants learn to become deviant from other deviants in the context of strong personal relationships. Was this the case

for our older illegal drug users? Albert Cohen (1955) argued that working class boys are placed under strain due to their inability to achieve middle class goals, particularly in schools. This leads to 'status frustration', which can in turn lead to a 'reaction formation', where the middle class values that are the source of strain are rejected, and a common solution found in the delinquent subculture, whose values are non-utilitarian, negativistic, and often malicious. In the UK, David Downes (1966) suggested that in a Britain of entrenched class stratification, status frustration was not nearly so much of a problem. Rather than reacting against once desired middle class values, British working class boys simply dissociated themselves from school and work. Deviance was more of a leisure pursuit than a primitive form of class rebellion. Which of these positions most accurately describes the experiences of our older drug users, and which, if any, is still applicable today? David Matza (1961, 1964, 1969) also argued that group or peer pressure is an important trigger in the process of becoming deviant. It is followed by a process of learning to justify or naturalise deviant actions. Once this is complete, the deviant is free to drift in and out of delinquency as they choose. Perhaps older illegal drug users have lived this process of drift. More generally, does subcultural theory, with its focus on group deviance, resonate with the experiences of our older illegal drug users, or have their drug careers been a more solitary experience? Just how much does class have to do with their drug use in the late modern context, where class divisions have been comprehensively redefined, and, even if subcultural theory can help explain their deviancy in their youth, does it provide a convincing account of their current situation? Finally but crucially, how does the female experience compare?

In sum, the theories of anomie and subcultures, and the more recent work on late or post modernity, provide a useful starting point from which to explore the issues raised by this research. It is with themes and ideas from these bodies of work that the research is undertaken. These theories ground the research and provide its underpinnings and context. Chapter 5 will return to the theories and reassess them in light of the findings of the research. It will ask what theory can tell us about older illegal drug users, and, just as importantly, what older illegal drug users can tell us about theory.

Before moving on, it is worth noting the development of a more contemporary form of subcultural theory. 'Post subcultural theory' can perhaps be traced to Young's *The Drugtakers* (1971). Young argued that 'formal' values of productiveness and 'subterranean' values of fun and leisure were mutually dependent upon one another; individuals must produce in order to consume, and consume in order to produce (1971: 128). This general rule applied less to certain groups, such as youth. However, changes in the make-up of increasingly affluent society had begun to free certain groups from formal values more decisively than before. 'Bohemian', middle class youth increasingly demanded 'authentic play'. For Young, this was a potential precursor to an increasingly leisured future (see Shiner and Measham 2009: 6-8).¹²

Recent work on post subcultural theory has picked up this theme and developed it significantly. Redhead (1993, 1997), the central figure in the tradition, grafts postmodern theory onto the idea of subcultures. He suggests that subcultures utilise consumption choices and create identities and meanings that can be liberating from subordination. Indeed, he defines subcultures as free floating signifiers which enhance the differentiation of individual experience (1992: 23-4).

Maffesoli (1996: 76) has spoken of the concept of 'neo-tribes' (see also Bennett 2000). This denotes the condition of young people under postmodern conditions. "Neo-tribalism is characterised by fluidity, occasional gatherings, and dispersal"; such tribes are not rigid, and may be said to consist in more of an ambience or state of mind, expressed through lifestyles that favour appearance, style and form. Indeed, Miles (2000) replaces the notion of subculture with the concept of 'lifestyle'.¹³ Consumerism allows for the construction of alternative lifestyles through the appropriation and use of cultural commodities. According to Miles, and in a similar vein to Redhead, critical, self-aware consumption has emancipatory potential as it can provide

¹² Manning (2007: 18) notes how Young felt that drug subcultures may serve a positive purpose in helping to insulate users from the damage that dominant popular images of users (as helpless, or as sick, for instance) can cause.

¹³ See Blackman (2004: 122) on the subtle differences between Miles' more structural work and that of Bennett.

stability in an increasingly unstable world. Young people are thus emancipated through the performance of varying identities.¹⁴

These contemporary theories of subculture, which posit the centrality of choice and individuality in identity formation, see drug use as one of a number of identity-forming consumer choices that individuals make (see, for example, Bennett, 2000). For Malbon (1998, 1999), drugs are a key feature the (post) subcultural experience; the micro-level focus of much of this work is characterised by his insistence that resistance is located within the many intricate subtleties of clubbing.

Work on post-subcultures and neo-tribes has been subjected to a range of criticism (Blackman, 2005; Hesmondhalgh, 2005; Shildrick and MacDonald, 2006). Among the many issues raised include its overwhelming and narrow focus on music and dance cultures and youth style (Shildrick and MacDonald, 2006: 26) and its ignorance of the cultural lives and identities of less well off youth (ibid: 126). Shildrick and MacDonald note how studies in the tradition disproportionately focus on the middle class, and those who exhibit 'spectacular stylistic identities'. Working class youth, especially the most marginalised, rarely feature. Less flamboyant, less stylistically spectacular youth would appear to have less 'free cultural choice', but this is ignored (ibid: 129, 133).

However, the most fundamental criticisms of post subcultural work focus upon its reluctance to consider structurally embedded inequalities, and its downplaying of the role of class and other inequalities in youth culture. This is in part due to its adoption of many of the tenets of postmodern thinking, and its privileging of agency over social constraint. For Shildrick and MacDonald (2006: 126), "once one accepts that, for some young people at least, social divisions still shape youth cultural identities, the postmodern tendency to celebrate the fragmented, filleting and free floating nature of contemporary

¹⁴ As well as 'neo-tribes' and 'lifestyles', other concepts used in this literature include the aforementioned 'post subcultures' (see, for example Muggleton, 2000) and 'scenes' (Stahl, 2003).

youth culture becomes difficult to sustain.” They suggest that “youth cultural identities, leisure lives and consumption practices remain imbued with the facts of material and social circumstances” in a way that post subcultural work has not comprehended (ibid: 136). Blackman (2004: Ch 4) and Measham and Shiner (2009: 10) make much the same point. The latter argue in favour of the concepts of ‘structured action’ or ‘situated choice’ through which to assess the impacts of structural factors upon individuals and their subcultures. They also suggest that some recent work is renewing the emphasis on material circumstances, such as that of Chatterton and Hollands (2003); another good example is provided by Bose (2003).¹⁵

Young has recently returned to the theme of subcultures in a manner that acknowledges some of the features that post subcultural work points to, whilst remaining anchored in an appreciation of material circumstances. As Young puts it, ‘subcultural responses are jointly elaborated solutions to collectively experienced problems. [...] In short: subcultures emerge from the moral springboard of already existing cultures and are the solutions to problems already perceived within the framework of those initial cultures [...] People find themselves in particular structural positions in the world and, in order to solve the problems which such positions engender, they evolve subcultural solutions to attempt to tackle them’ (1999: 89-90). Given the socio-cultural changes that Young labels as ‘late modern’, the resultant subcultures “overlap, they are not distinctive normative ghettos. [...] People in the same structural position can also evolve different subcultures and these will change over time. [...] Subcultures do not disappear but they lose their rigidity, they are more diverse in a late modern world and involve crossover and transposition of values from one to another. [...] They involve much change in character and membership over time’ (ibid: 90-92). Such communities are not always intense and relatively coherent, but can be more dispersed, withdrawn and atomistic, with little value consensus and an almost inherent transience (Young, 2007: 195).¹⁶

¹⁵ See also the work of Hall, Winlow and Ancrum (2008) on consumer culture.

¹⁶ For example, they may coalesce around such phenomena as internet chatrooms or interest groups within online networking sites.

Young's notion of subcultures remains alive to the impact of material circumstances. Yet some writers' consideration of such circumstances have taken them to a yet more radical position. Sumner (1994) has argued that the collapse of the relatively stable conditions and associated value and normative system of modernity has rendered the notion of deviant subcultures moribund. To paraphrase Parker et al (1998: 152), it is not possible for drug use and other deviant activities to move from "the margins *towards* the centre of youth culture" when it is not at all clear where the 'centre' or the 'margins' of that culture is. Indeed Sumner is uncertain that such value consensus existed even at the height of modernity: 'the consensus against which it [deviance] was to be set never materialised. This meant that always the question was: deviant from what?' (1994: 314).

1.3.3 Conclusion

This research is clearly situated in a socio-historical and cultural and theoretical context. Socio-historically and culturally, the research focuses on older illegal drug users who are in a unique and novel position. The group under study represents the first set of people who have lived their entire teenage and adult lives in a milieu where, within subcultures and increasingly within mainstream society, recreational drug use is both relatively 'normal' and accepted, and simultaneously illegal. Theoretically, the criminological theories of anomie and subculture, although they cannot provide comprehensive or total explanations of the phenomena at hand, do offer useful ways of thinking and posing questions about drug use among older adults. Furthermore, they dovetail neatly with more recent sociological work on 'late' or 'post' modernity. It is important to also consider work on 'post-subcultures' in the search for an up to date contextual framework with which to think about illegal drug use among older adults.

2. Literature Review

This chapter presents the results of the literature search. It is divided into four main sections. The first section considers the difficulties in conducting literature searches for research into drug use. It identifies the different definitions and terminology used in relation to what is meant by drug 'use' and by 'older adult'. It also offers some general comments on the process of searching the literature, highlighting some of the practical difficulties encountered. The second section identifies existing research that addresses the relationship between age and drug use. It considers the difficulties involved in studying older adults, why there is so little research in this area, and the so-called 'maturation hypothesis'. The few pieces of specifically relevant research that exist are also examined. The third section outlines what previous research has had to say about various demographic characteristics of adult drug users. The demographic characteristics under examination include: gender, ethnicity, marital status, children, education, employment and occupation, drug of choice, context of consumption, and social class. A picture of older adult illegal drug users begins to emerge; whilst illicit drug use by the older population is not generally considered a common or prevalent problem (Miller et al., 1991), there is much to suggest that such users do indeed exist, as this chapter shows. The final section explores some contemporary themes in drug research and highlights their usefulness in the present context. These themes are non-problematic use, normalisation, and attitudes of young and old.

2.1 Researching Illegal Drug Users

'Drugs', 'drug use' and 'older adult' are problematic terms that are used in varying ways in different pieces of research. As a result, it is necessary to clarify the manner in which the terms are used here before a coherent literature search can take place. Firstly, drug terminology will be discussed (2.1.1). This

will be followed by a similar discussion around the definition of age and what is meant by an ‘older’ adult (2.1.2). This section concludes with a brief overview of the practical problems encountered while carrying out this literature search (2.1.3).

2.1.1 Drug Terminology

When researching the area of drugs and older adults, one of the most difficult tasks is to locate the relevant literature. This is because the word “drugs” can refer to either legal or illegal drugs. It could equally mean prescription drugs, over-the-counter drugs, or natural drugs. However, as Chapter 1 discussed, this research is focussed on the use of illegal drugs only. What this section addresses instead are the various different meanings of the term ‘use’, and what other alternative terminology has been used by other pieces of research.

Atkinson (1991) attempts to clarify the distinctions between different types of use. He places different types of use on a continuum between ‘use’ and ‘substance use disorder’. The following table (Table 2.1) shows this continuum.

Table 2.1: Use Continuum (Atkinson, 1991: 820)

Term	Definition
Use	appropriate medical or social consumption of a psychoactive in a manner that minimizes the potential for dependence or abuse
Heavy Use	use of a substance in greater quantity than the usual norms, but without obvious negative social, behavioural, or health consequences. Heavy alcohol or tobacco users may be dependent upon the substance
Misuse	use of a prescribed drug in a manner other than directed. The term can mean overuse, underuse, avoidance, or improper dose sequencing, with or without harmful consequences
Problem Use	use of a substance in a manner that induces negative social, behavioural, or health consequences. A ‘problem’ user may or

	may not meet criteria for substance dependence or abuse, although most do. Alcohol 'problems' or drug 'problems' are categories often used by epidemiologists in community prevalence surveys
Abuse / Harmful use	abuse of a substance is defined by three criteria: a maladaptive pattern of use manifest by continued use despite knowledge of prior harmful consequences or recurrent in hazardous situations (as in driving while intoxicated); signs of the disorder have persisted for longer than a month; and the person has never met the criteria for a dependence upon the substance in question (American Psychiatric Association 1987).
Dependence	dependence upon a substance is defined by nine criteria ¹⁷ , any three of which must be met to justify the diagnosis.
Substance Use Disorder	a clinical condition in which substance abuse or substance dependence can be diagnosed (American Psychiatric Association 1987)

Zinberg (1984) distinguishes between 'use' and 'misuse' or 'abuse'. 'Use' he defines as experimental, recreational, and circumstantial with few social costs. 'Abuse' or 'misuse', on the other hand, he defines as dysfunctional, intensified, and compulsive resulting in high social costs. However, others have described 'abuse' simply as the use of an illegal substance (Whittington and Petersen, 1979) or as non-warranted use used "intentionally to cause intoxication or a "high"" (Atkinson, 1984: 5). Murphy et al. (1989) explored respondents' own

¹⁷ Briefly, the nine criteria are: 'substance taken in larger amounts, or over longer time, than person intended; persistent desire, or one or more unsuccessful efforts, to cut down or control use of the substance; great deal of time spent in activities necessary to get or use substances, or recovery from its effects; frequent intoxication or withdrawal symptoms when expected to fulfil major role obligations at work, school, or home, or when substance use is physically hazardous; important social, occupational, or recreational activities given up or reduced because of substance use; continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by use of substance; marked tolerance; characteristic withdrawal; substance often taken to relieve or avoid withdrawal symptoms' (American Psychiatric Association, 1987).

conceptions of ‘use’ and came up with ‘common-sense’ categories. These were ‘controlled use’ and ‘heavy use’, and were “based upon the combination of quantity, frequency, and duration of use”¹⁸ (Murphy et al., 1989: 431). These various different definitions of ‘use’ make it difficult to search for relevant data. Therefore, all of these terms were used during the literature search to provide the most extensive and inclusive foundation for this research.

2.1.2 Age Terminology

The same problem of terminology appears when searching for ‘older’ people. American research, for instance, tends to classify anyone over the age of 55 years as elderly. However this defines out those between 40 and 54 years, and also tends to bring up research done using nursing home residents. Rosenberg (1995: 1944) encountered similar problems: “Studies of illicit drug abuse and addiction among the elderly have differing age cutoffs for what they define as “elderly””. He used two cut off points in his research. For the purposes of the literature search an ‘elderly’ person was at least 50 years of age and his interview cut off age was 60 years of age. Other pieces of research choose other age cut offs. Miller et al. (1991) labelled their age subgroup as geriatric and set the cut off point at 55 years of age. Hall (1983), meanwhile, utilised a cut off point of 65 years of age. There is obviously a vast range of terminology used to identify this group of the population, as well as a variety of different age cut offs. For the purposes of this literature search, all of these labels and cut off points were used when searching the literature.

¹⁸ Operationally, ‘heavy use’ of cocaine is defined “as regular use of at least 2 g per week for a minimum of 6 months, or daily use of any amount for a minimum of 2 years [...] In order to be classified as a ‘heavy’ use pattern in what follows, a respondent must have reported *sustained* use at the levels noted above”. ‘Controlled’ use is defined “as that which was never daily and which did not exceed 0.25 g per week” (Murphy et al., 1989: 431 – original italics).

2.1.3 Searching for Relevant Literature

To find research that specifically examines the relationship between illegal drug use and those aged over 40 requires trawling through an immense amount of literature that is only of peripheral importance. Very little of the research on illegal drug use specifically looks at that specific age group, and less still looks at users living in the community. The majority of research examines the use, abuse or misuse of alcohol, tobacco, prescription medication, or over-the-counter medication. The few studies that do look at illegal drug use in older adults involve samples drawn from institutional settings (treatment centres or the CJS), and are dominated by narcotic (opiate) users. Otherwise, it tends to be that research only includes older users as part of wider groups (Pearson, 2001), or that 'older' refers to users in their late 20s, early 30s, as part of general longitudinal studies (Chen and Kandel, 1995; Kandel et al., 1992) or is tacked on to research that is mainly focussed on alcohol, smoking or prescription misuse (Abrams and Alexopoulos, 1998; Finlayson, 1995; Gambert, 1992; Glantz and Backenheimer, 1988; Petersen, 1978; Schuckit, 1977).

2.2 Age and Drugs

This section examines the relationship between age and illegal drug use. First is an overview of the problems of studying older adults (2.2.1) and discussion of why there is so little research in this area. Second is a consideration of the maturation hypothesis (2.2.2), followed by an overview of existing relevant research (2.2.3).

Initially, however, it is interesting to note that the association of illegal drug use with the younger part of the population is a fairly recent phenomenon. Up until the late 1950s, the majority of opiate addicts were over 50 years of age (Bean, 1974; Rosenberg, 1995). In general, "early studies depicted the elderly narcotics addict as an "unsuccessful sojourner" through life" (Rosenberg, 1995: 1936), although recent research refutes this. In terms of numbers, Schuckit

(1977: 171) found that “at least 5% of opiate addicts are over age 45 with 1% over age 60” and believed that the real numbers were much higher.¹⁹

2.2.1 Problems with Studying Older Adults

There are a variety of problems involved in conducting research into the drug using habits of older adults. These problems are reflected in both this research, as well as the other research found in this literature search. Two main problems can be identified: problems of identification and of research design.

Problems of Identification

The first main problem with studying older adult users revolves around the difficulties of identifying and finding subjects in order to involve them in the research. A variety of reasons can be suggested as to why this is such a difficult section of the population to locate.

One reason is that older adults tend to be more isolated, having fewer social contacts and interacting with those contacts more infrequently. They often lack third parties in their lives who would otherwise notice or report their behaviour (Atkinson, 1991; Bergman & Amir, 1973; Schuckit, 1977). Equally, if they do have family, family members are often more inclined to keep this type of behaviour hidden (Bergman & Amir, 1973; Schuckit, 1977). Reasons for such secrecy could be either “because of shame or the belief that alcohol or drugs are the last remaining comfort” (Atkinson, 1991: 819).

Another reason why older users are more difficult to locate is that they often have a ‘decelerated lifestyle’ (Rosenberg, 1995; Schuckit, 1977; Stubby, 1975). This manifests itself in a “tendency toward passivity, rigidity, inertia and

¹⁹ Finlayson (1995: 1885-6), however, notes that “age per se may not be as important as the drug culture in which the patient has operated. For example, a 70-year-old woman who is opioid-dependent and experiencing chronic pain probably has more in common with a 30-year-old woman with similar problems than she would with a 70-year-old alcoholic woman”.

conservatism which, unlike the young, inhibits the aged from taking risks for the sake of competition, excitement or approval” (Bergman and Amir, 1973: 151). Related to this, and offering a further reason for why this population remains hidden is their relative lack of contact with the police or the CJS. As an age group they have lower rates of crime, tending not to be arrested or prosecuted for minor crimes, and only being reluctantly dealt with within the CJS (Bergman and Amir, 1973; Rosenberg, 1995; Schuckit, 1977; Stubby, 1975).

Two other reasons why identification is so difficult are self-disclosure and public perceptions. Older users are less likely to self-disclose illegal drug use (Atkinson, 1991). Buttressing this are the public perceptions of older users which help them to remain hidden (Schuckit, 1977; Stubby, 1975). Because people do not expect to see it, they do not look for it: “our attitudes towards the elderly as nonstreet drug users, [mean] they are likely to remain hidden from the public eye” (Rosenberg, 1995: 1925).

Ultimately, it is the combination of age and illegality that makes this cohort of the population so difficult to research. The illegal nature of drug use means that camouflaging, self-protective behaviour is essential. Simultaneously, old age provides further camouflage. This means the population is exceedingly difficult to locate and research, and researchers face considerable challenges in providing accurate information about them (Capel et al., 1972; Pottieger and Inciardi, 1981; Rosenberg, 1995). These difficulties lead many researchers to utilise more easily accessible samples, such as those in institutional settings – prison, treatment centres, methadone clinics, etc (Rosenberg, 1995).

Problems of Research Design

The second main problem when studying older adult users is the task of research design. Of the research that has been conducted the majority is made up of small-scale case studies. Miller et al. (1991: 155) observed that “most information regarding illicit drug use among the elderly has been obtained from small series or case reports”. Rosenberg (1995: 1935) also comments on the

fact that “current knowledge of drug addicts among people 50 and older is still based on small studies done a decade or more ago”. Small-scale case study research has a variety of limitations. It is not generalisable to the population at large, it fails to inform about differences over time or across locations, and it unavoidably misses a portion (whose size is indeterminate) of the target population.

A related problem is a lack of longitudinal studies. Few studies “follow drug addicts for periods longer than one year, [resulting in] most research [providing] a fragmented view of lifestyles of the addicted elderly” (Rosenberg, 1995: 1927). Of the longitudinal research that does exist, the majority starts when the user is very young (generally still in school) and follows their use into their late twenties or early thirties (Rosenberg, 1995), missing out on use that continues into later life.

The cumulative outcome of all these problems is that “it is probable that identified cases only represent the "tip of the iceberg" (Schuckit, 1977: 168).

2.2.2 Maturation Hypothesis

As Atkinson (1991: 819) points out, “one reason for inattention to addiction in the elderly was the view, espoused in several papers in the 1960s, that these disorders were seldom to be seen after middle age. Lifelong alcoholics and drug addicts either died prematurely or recovered spontaneously, and late onset addiction was said to be rare”.

The ‘maturation hypothesis’ was first introduced in the 1960s by Winick (1962). He “formulated the classic "maturing out" hypothesis to explain the disappearance of many narcotics addicts from federal records between the ages of 36 and 45” (Abrams and Alexopoulos, 1998: 391). Winick’s sample was data collected by the Federal bureau of Narcotics on known addicts between 1955 and 1959 (Winick, 1962). According to his ‘experience’, it was “almost impossible for regular users of narcotics to avoid coming to the attention of the authorities within a period of about two years, so that the addicts known to the

Federal Bureau of Narcotics represent as complete a picture of the addict population as it is possible to obtain at this time” (Winick, 1962: 2). ‘Maturing out’ was the term Winick gave to the phenomenon where users stop using in their thirties. He gave a variety of reasons for this ‘maturing out’, including “reduction of life stresses by this age; selection processes occurring because of death, debilitation, or incarceration, of the most severely addicted individuals; and a "burning out of the addiction" (Abrams and Alexopoulos, 1998: 391).

Part of the reason why there is a lack of research into older users is that “for many years, researchers in the study of drug abuse subscribed to the ‘maturation hypothesis’” (Anderson and Levy, 2002: 768). As a result of this, “two contrary positions have been advanced with respect to the life course of opiate addiction in the United States. On the one hand, it has been maintained that the opiate addict is incurable. He is held to have an invariable tendency to relapse following treatment, because of a psychological dependency or craving, which accompany addiction [...] The second viewpoint concerning opiate addiction is that many addicts give up their dependence on drugs as a result of maturation, as a consequence of treatment, or through remission of the disease” (Ball and Snarr, 1969: 1).

Since the 1960s however, Winick’s findings have been shown to be faulty (Carnwath and Smith, 2002); “Despite numerous attempts through the years to test this hypothesis (Ball & Snarr 1969; O’Donnell 1969; Snow 1973; Maddux & Desmond 1981), results proved ambiguous and conclusions open to argument (Stephens 1991)” (Anderson and Levy, 2002: 768). During the 1970s new research began to be conducted on the over 40s (Vaillant, 1973; Rosenberg, 1995). Ball and Snarr (1969: 6) found that in their test of the maturation hypothesis “most of the Puerto Rican opiate addicts had not given up drugs - 67% were still using heroin, or were incarcerated, at time of follow-up”. Anderson and Levy (2002: 768) found that “rather than having ‘matured out’ of the life, [their users] remained active but hidden”. Capel and Peppers (1978) also lend credence to this notion of the older user hiding or adapting, as do Glantz and Backenheimer (1988).

Winick's theory has all but been disproved. Older illegal drug users do not simply 'mature out' of their use and instead are much more likely to learn strategies to adapt and hide their use. Nevertheless, the impact that Winick's work had means that research on older illegal drug users is still scarce.

2.2.3 Review of Specific Research

The most relevant previous research for this study can be divided into three categories. There is a body of work that is vaguely related to this research. By considering this research a picture of the field can be drawn, and that this research is necessary can be emphasised. There are also two pieces of research that build categories of adult users. Finally, there are three pieces of research that are very close in nature to this current study. Each of these three categories will be dealt with in turn.

Four pieces of research in particular make up the first category: Capel et al. (1972), Bergman and Amir (1973), Petersen (1978), and Joseph (1995). The majority of this research is old, having been conducted in the 1960s and 1970s, American, and based on institutional samples. However, this research does at least acknowledge the existence of older illegal drug users.

Capel et al. (1972) conducted research in New Orleans in the 1970s and found 38 white male opiates users between the ages of 48 and 75 (Table 2.2). Interviews were conducted "as to their age of addiction, years of addiction, drugs of choice and of abuse, including marijuana, marital status, work habits, arrest, imprisonments, and life-style" (Capel et al., 1972: 106). Their results showed that the number of older opiate users was higher than expected, that they had different use patterns to younger users, and that they incorporated self-protective measures in order to keep their use hidden.

Table 2.2: Opiate Users in New Orleans

38 White Long-Term Opiate Users (Capel et al., 1972: 103)			
	Mean	SD	Range
Age	58.97	7.05	48-73
No. years on opiates	35.42	9.67	13-59

Bergman and Amir (1973) conducted research in Israel into deviant behaviour among older adults – the study of illegal drug use was only a subsection of the research. They examined the criminal records of adults over 60 years of age over a five-year period – 1960 to 1964. The majority of older drug users were ‘Orientals’ using predominantly hashish and their drug use was put down to cultural differences (Bergman and Amir, 1973).

Petersen (1978) conducted research in the 1960s in America on hospital patients. He found that “ten percent of 2,932 admissions to the Public Health Service Hospitals at Lexington, Kentucky and Fort Worth, Texas during 1963 were persons aged 50 and over. Five percent of one New Orleans methadone maintenance program in 1969-70 was identified as being aged 45 and over. In addition, 38 addicts between 45-75 were identified in the community who were not enrolled in any treatment program” (Petersen, 1978: 307). Similar results were found in the follow up study” (Whittington and Petersen, 1979).

All of this research identifies the existence of older illegal drug users, but otherwise it is not particularly relevant here. It is dated, conducted outside of the UK, and tends to focus on institutional samples.

Joseph (1995) conducted research into substance misuse, including alcohol, illicit drugs, tobacco, and psychoactive medications, in nursing homes. While users in nursing homes will be vastly different from those living in the community, this research still provides insight into older illegal drug users. Joseph (1995: 153) found that “with the exception of prescription drugs, the

problem of substance misuse in NHS has been almost entirely ignored”. He also found that “the prevalence of illicit drug use among the elderly is not well documented but appears to be much less frequent than problem drinking [and that] illicit drug use is most often reported among persons with a history of lifetime alcohol dependence ” (Joseph, 1995: 1963). Once again, this study has the merit of acknowledging the existence of older illegal drug users, and is more recent. However, as it involves patients in American nursing homes, its utility here is limited.

The second category consists of two pieces of research: Faupel (1991) and Murphy et al. (1989). Both of these pieces of research acknowledge not only that older users exist, but they also begin to recognise different patterns of drug use. These pieces of research are not immediately comparable to the current research as they only consider the use of one drug (heroin and cocaine respectively) and are based on ‘adult’ samples (so are not focused exclusively on the ‘older’ user). Their importance here instead lies in their introduction of the idea of drug using careers over the life course, and their building of categories of use.

Faupel (1991) conducted research into heroin use and created “a chart of four common patterns of heroin use [Table 2.3], which depend on two key elements: the availability of the drug and the underlying structure of the user’s life” (Carnwath and Smith, 2002: 80). He saw drug use as a ‘career’ which allowed for the consideration of “issues such as career entry, career mobility and retirement, providing a different perspective from that of a battle against pharmacology” (Carnwath and Smith, 2002: 80).

Table 2.3: Patterns of Heroin Use

	High Availability	Low Availability
High Structure	Stable User	Occasional User
Low Structure	Free-Wheeling User	Street Junkie

The 'stable user' is a dependent user who can afford it: "sufficient income is available to finance dependent heroin use, but also to cope with other responsibilities such as supporting a family and paying rent. Usually at this stage ways of reducing the cost of heroin have been discovered, perhaps through contact with dealers, through participation at some level in the network or by getting hold of a medical prescription" (Carnwath and Smith, 2002: 82-83). Members of the medical profession – doctors, nurses, pharmacists – fall into this group.

The 'occasional user' follows a 'normal' life structured around jobs, careers, family, and other leisure pursuits. Income levels are not high enough to maintain a regular habit and involvement in drug culture or criminality is low (Carnwath and Smith, 2002). This can be a stable pattern over the life course or can occur at the beginning or end of a drug using career.

The 'free-wheeling' user indulges in excessive use; "normal routines are lost and drugs are available in huge quantities [...] many find their habit spins out of control to the detriment of their health" (Carnwath and Smith, 2002: 84). This pattern of use is not sustainable over the long term.

'Street junkie' is the fourth category of heroin users. This is probably the popular conception because junkies, unlike stable users, are very visible and recognisable. "Moreover, they are often partaking in activities that bring them people's attention, such as aggressive begging, clumsy shoplifting or selling The Big Issue" (Carnwath and Smith, 2002: 85). This category is characterised by a loss of life structure and reduced access to heroin (Carnwath and Smith, 2002).

These patterns of heroin use are based on four factors: "the availability of the drug; the degree of structure in a user's life; the presence of competing interests and activities; and informal rules and social sanctions in the local subculture" (Carnwath and Smith, 2002: 90). This research shows that the modern heroin user can be "the casual user, not just the addict with a heavy habit" (Carnwath and Smith, 2002: 186).

Although this research does not specifically look at older users, it does focus on adult users. Whilst focussing on heroin use, it does provide grounding for research into non-problematic illegal drug use. It is also a good example of research into drug users that explores different patterns of use and acknowledges drug use careers.

Murphy et al. (1989), as part of a larger study, interviewed “a small network of cocaine users first studied in 1975 in order to discover how their cocaine use had changed over time and what problems they had encountered” (Murphy et al., 1989: 427). The sample in this research had been “ingesting powdered cocaine intranasally for an average of 3 years” (Murphy et al., 1989: 427) at the time the research was conducted, had a median age of 26 years with the oldest user at 51 year of age, and were followed for eleven years. The final sample contained 21 respondents. The results of this research found four types of ‘career use patterns’: continuous controlled use, from controlled to heavy to controlled use, controlled to heavy use to abstinence, from controlled use to abstinence.²⁰

The first type of ‘career use pattern’, continuous controlled use, applied to one-third of the respondents who “reported moderate use patterns throughout the full 11 years”. The users in this category “never experienced any legal, social, or health related difficulties as a result of [their] cocaine use” (Murphy et al., 1989: 432). This group demonstrates cautious, moderate use, resulting in positive drug experiences (Murphy et al., 1989).

The second type of ‘career use pattern’ is from controlled to heavy to controlled use. The type applied to seven of the respondents. It involves using large amounts of cocaine “during regular binges or used on a daily basis for periods ranging from a few months to 3 years” (Murphy et al., 1989: 432). The

²⁰ There was one respondent who did not fit into any of the four categories. Instead she engaged in continued heavy use: “she is the one respondent who bears some resemblance to the tragic figure of a compulsive cocaine abuser depicted in the popular media” (Murphy et al., 1989: 434).

difference, however, “between these users and those who eventually quit entirely is that their cocaine use was never a serious problem for them, nor did their spouses, employers, or friends view them as problematic users. All were able to sustain their careers and family lives” (Murphy et al., 1989: 432). This group, then, is characterised by great binges, but not to the detriment of the rest of their lives.

The third type of ‘career use pattern’ is controlled to heavy use to abstinence. Five respondents fit into this category. Those in this category used cocaine moderately to begin with (over five or six years on average), “but then began to escalate their use to what they came to see as uncontrolled and detrimental levels”. Indeed, “as a group they used the most cocaine for the longest periods and reported the most cocaine-related problems” (Murphy et al., 1989: 433). Eventually, however, members of this group stop using altogether.

The fourth type of ‘career use pattern’ is from controlled use to abstinence. Only two respondents fell into this category and they were both women. They are quite similar to the continuous controlled group with the exception that they eventually stop using cocaine altogether. Both respondents in this category used for about 10 problem free years before stopping (Murphy et al., 1989).

The findings of this research “suggest that while serious abuse potential exists, addiction is not a uniform outcome of sustained use and that long-term controlled use is possible [and suggest the] importance of user norms and informal social controls in mitigating against the force of pharmacological and physiological factors leading toward dependence or addiction” (Murphy et al., 1989: 427). Whilst its relevance here is limited by the fact that it only examines cocaine use, employs a younger sample, and is dated, its value lies in its identification of older users and the variety of lifetime use patterns and the possibility of drug using careers.

The third category of relevant research consists of those pieces of research that are more directly compatible with the present study. These are the studies by Notley (2005), Sullum (2003) and Pearson (2001). These pieces of research not

only acknowledge the existence of older users and that drug use over the life course is possible, but also provide findings that can be directly compared with the findings of this research²¹. Indeed Notley (2005) actually specifically addresses older illegal drug users.

Notley (2005) conducted qualitative research into adult ‘non-problematic’ drug users. Forty in-depth interviews of adults aged between 25 and 58 years of age were conducted: These were “open-ended qualitative interviews [that] explored personal histories of substance use over time, covering patterns and perceptions of use” (Notley, 2005: 281). The sample was obtained through snowball sampling. This resulted in a non-institutional sample, which had a mean age of 36 years. The research identified four analytical groups that were grounded in the data: archetypal users, realistic users, searchers, and traders.

‘Archetypal users’ are older and are predominantly cannabis users, although they will occasionally use other illegal drugs. They have strong legal and political views about illegal drugs in general and their own drug use in particular, and they are likely to be involved, or have been involved, in alternative subpopulations in relation to their drug use. Drug use for this group is either an integral part of their everyday life or an occasional reconnection with the past.

‘Realistic users’ are regular cannabis users who also use other drugs on occasion, particularly dance drugs. Drug use for this group is a matter of cost-benefit analysis – to use or not to use is negotiated along these lines. They have in place strict controls in order to maximise potential benefits and minimise costs. They lead predominantly ‘straight’ lives, only dipping into drug using at designated times or places.

‘Searchers’ use drugs as a vehicle for self-discovery and enlightenment and see their use as an integral part of self-understanding and self-development. Use for this group is not integrated into everyday life, but occurs sporadically. Various

²¹ For a discussion of this, see Chapter 5.

substances are used and are used during specific episodes in their life. Searchers' use can be seen as simultaneously controlled and uncontrolled; it is controlled for the majority of the time, but uncontrolled during binges. This group "is both united by individual conceptualizations of drug use, and splintered by the diversity of experiences" (Notley 2005: 284).

'Traders' base their use on economics. 'Purchasing patterns' and 'narratives related to buying and selling' are what drive their illegal drug use. They have knowledge of and are likely to be involved in the 'black market' and other underground subcultures surround illegal drugs. They have also at some point in their lives dealt drugs on some level. Tending to exhibit heavier and more problematic use in comparison to the other categories, they also use a variety of different drugs. For traders "drug use is subjectively viewed as a consumption choice within society, which they see as relatively lacking in boundaries and rules" (Notley, 2005: 287).

Although Notley's sample is younger than that of the current research, and as such the results are not completely comparable, this remains the closest and most relevant research in relation to the current study. However, Notley's categories are grounded in her data, and by her own admission her sample size is not that large. Therefore the categories are unlikely to be universally representative.²²

Sullum (2003) discusses the 'normalisation' of drug use in his book *Saying Yes: In Defence of Drug Use*. The book discusses drug use in general and covers people of all ages, including older users. His research relies heavily on drug use surveys, including the National Household Survey On Drug Abuse and the Monitoring The Future Study (both American). In addition to the survey data, Sullum also draws "on detailed interviews with thirty-two users. Most were conducted on the telephone or in person; the rest were carried out by email" (Sullum, 2003: 5). The sample of interview respondents is "self-selected in response to [the author's] request for "controlled drug users", so it is not

²² For further discussion, see Chapter 5.

necessarily representative” (Sullum, 2003: 6). Although Sullum’s research does not focus exclusively on older drug users and is based predominantly on American data, it does successfully illustrate that older users do exist, that drug use can be incorporated into people’s everyday lives, and it therefore provides a good piece of comparative research for the current study.²³

Pearson (2001) carried out an ethnographic study in a London pub. His aim was to “identify and discuss aspects of an often unremarked aspect of drug use in modern Britain – that involving adults” (Pearson, 2001: 192). Older illegal drug users were not the focus of his research but, as they were present in the pub, they are discussed as part of his research. Pearson’s fieldwork took place over seven years and involved the observation of a variety of different adult friendship networks (Pearson, 2001). His sample, a core network of 28 males (and 12 of their female partners) and a fringe network of an additional 30 people, were predominantly white working class men who chiefly used cannabis and cocaine (although to a lesser, albeit increasing, degree) and who frequented one of two London pubs.

Pearson (2001: 192) found that the “use of drugs was “normalised” within these adult networks not in the sense that everybody used drugs all the time, but that the use of certain illicit drugs in certain ways was seen as an entirely routine aspect of everyday life”. Illegal “drugs have become a routine and “normal” aspect of life among people who are mainly otherwise law-abiding and hard-working fellow citizens” (Pearson, 2001: 192). Although Pearson’s research does not focus exclusively on older illegal drug users, it does provide a good point of comparison for the current research, as he outlines how drugs are perceived and used in everyday life among ‘normal’ adults.

²³ Sullum argues for ‘tolerance and temperance’ in relation to illegal drugs. He is opposed to prohibition, suggesting that “the same social and economic forces that encourage moderation in drinking – the need to earn a living, a sense of obligation to family and friends, the desire to see oneself and be perceived by others as responsible and productive – would encourage moderation on the use of other drugs” (Sullum, 2003: 272).

2.3 Demographics and Drugs

This section explores the relationship between different demographic characteristics and illegal drug use. The demographic characteristics that are examined are: gender, ethnicity, marital status, children, education, employment and occupation, drug of choice, context of consumption, and social class. Although the research examined in this section does relate to illegal drug use amongst older adults in some way, it is not directly comparable with the present research. Nevertheless, due to the dearth of research in this area, the research analysed in this section does provide the best grounding available for the present research.

2.3.1 Gender

Historically, the majority of 'drug' users were women (Capel and Peppers, 1978; Terry and Pellens, 1928): As Bean (1974:103) notes, "from 1946 to 1964 females outnumbered males, apart from the 4 years 1949-1953". However, more recently this trend has shifted and now drug users are predominantly male: "after 1963 the number of male addicts increased at a much faster rate, and by 1969 were 4 times greater" (Bean, 1974: 103).

Aitken et al's (2000: 214) study into "the associations between sociodemographic and other substance use variables" also found that males had higher incidence rates compared to females in his sample of 30 to 37 year olds: "current users were more likely to be male" (Aitken et al., 2000: 224). Anderson and Levy (2002) in an American study of adults between the ages of 50 and 68 years of age found that 63% of their respondents were male. Notley (2005) found a male to female ratio of 7:3.

In 2000, Plant et al. (2002) conducted research involving a "single-phase, cross-sectional survey of a sample of [2027] adults aged 18 and over in Britain" (Plant et al., 2002: 25). The research found that of adults 55 years of age and older, more males (2%) than females (1%) reported recent (past year) use of illegal

drugs (mostly cannabis) (Plant et al., 2002). However, while “females were much less likely than males to have used illicit drugs in the past year, [those] who had used illicit drugs were more likely than males to report adverse consequences” (Plant et al., 2002: 32). Glantz and Backenheimer (1988) found that illegal drug use among ‘elderly’ women was generally not problematic, especially in comparison to alcohol and prescription drug abuse. Nevertheless, they argued that this was “the case with the elderly in general, [and that] as younger cohorts of women age, their greater involvement with illegal drug use will increase the probability that they will be involved with illegal drug abuse during their elder years” (Glantz and Backenheimer, 1988: 18-19).

All of the above research suggests that men are more likely than women to be using illegal drugs.²⁴

2.3.2 Ethnicity

Ethnicity is another staple demographic characteristic that it is examined in criminological research. In terms of drug use, ethnicity often differs based on other variables such as age, drug used, and where the research was conducted. It might also be the case that it is ethnicity is a function of these other factors. The examination of ethnicity in relation to older illegal drug users is considerably affected by the small sample sizes that dominate this type of research. Notley (2005), whose sample size was very small, had an all white sample. In their study of powdered cocaine users, Murphy et al. (1989) also found the majority to be white, while Anderson and Levy (2002) found that the majority of their sample was black (96%). As such, no clear-cut link between ethnicity and older illegal drug use can be identified.

²⁴ One may question the validity of the above research as it may be a simple reflection of use patterns; men spend more time in public space and therefore their use is more visible, while women spend more time in private areas, resulting in their use being more hidden.

2.3.3 Marital Status

Another traditional demographic characteristic is marital status. Some research has found that the majority of older users are married or living with a long-term partner. For example Notley (2005) found that 57.5% of users were married or living with a long-term partner, echoing the earlier findings of Whittington and Petersen (1979).²⁵ However, other research has found that older users are primarily single and living alone. Anderson and Levy (2002) found that 80% of their sample was single. Cohen and Sas (1994) found that of their experienced cocaine users, only 14% had ever been married and only 25% were living with a partner. Aitken et al. (2000) also found that incidence rates were higher among the previously married. In their study of 'ageing addicts not on maintenance', Capel et al. (1972) and Schuckit (1977) found that the majority of their respondents were divorced or separated, while 39% had never been married.

Yamaguchi and Kandel (1985: 1284) applied event history analysis to life and drug histories "to specify the causal sequence that underlie the associations between marijuana use and family roles observed in cross-sectional data [and found] inverse relationships with marriage and being a parent; positive relationships with separation/divorce". Yamaguchi and Kandel (1985: 1286) found that "marijuana use is consistently found to be inversely related to being married and to being a parent but positively related to being divorced or to living with a partner".²⁶ For Yamaguchi and Kandel (1985) marriage is incompatible with current marijuana use. Therefore, current users will tend to either not enter into or postpone marriage, or, if already in a state of marriage, will exit it.

Overall, there is conflicting research as to the relationship of marital status with older adult's illegal drug use. Some research finds that the majority of users are married or living with a long-term partner, while other research finds that users are single, being either never married or divorced or separated. Like ethnicity,

²⁵ Note that Whittington and Petersen studied physician narcotic addicts.

²⁶ See also Bachman et al. (1984), Clayton and Voss (1977), Kandel (1984), Miller and Cisin (1980).

this could be a reflection of other factors and characteristics, such as drug type and use pattern, as well as economic and social status.

2.3.4 Children

Notley (2005) found that only 37% of her respondents had children. Cohen and Sas (1994) found that very few of their sample had children living at home and Yamaguchi and Kandel (1985) found that there is an inverse relationship between being a current marijuana user and being a parent, with current users either not being parent or postponing parenthood. However, Anderson and Levy (2002) found that 90% of their sample were parents.

Another important issue is how users feel that their use affects their parenting and the relationship they have with their children. Murphy et al. (1989: 428), in his small-scale study of cocaine users, found that many of his respondents “expressed concerns about what to tell their children about drugs and whether or not to reveal both past and present drugs use to their children”. They also found that the “responsibilities of parenting were often cited as important factors in limiting drug use, especially cocaine use, although there were no reports that cocaine use had caused problems between parents and children” (Murphy et al., 1989: 429).

In sum, although some research has found that older users do not have children, or do not have children living at home²⁷, other research has found that older users are parents. The effects of drug use on parenting is also a concern that many older users appear to share.

2.3.5 Education

Research on the educational attainment of drug users has produced varying findings. Some research has found that users are well educated. Murphy et al.’s (1989) cocaine users were generally considered to be ‘educated’. Whittington

²⁷ Note that not having children living at home could be more a function of age than a function of drug use, with children having left home.

and Petersen's (1979) physician narcotic addicts were also educated. Cohen and Sas (1994) also found that their sample of adult users were better educated than their age cohort counterparts.

Other research, however, has found that users lack educational attainment or have failed to complete their educational careers. Aitken et al. (2000: 220) found that incidence rates were higher among "high school dropouts [and that] incidence rates are negatively related to college education. Anderson and Levy (2002: 763) found that many of their respondents "lacked the educational skills necessary to compete in today's labor market. [...] For example, 37% had not completed high school, while 63% had a high school diploma or slightly more. None were college graduates".

Once again, research has proved inconclusive; some research has found that their samples contain predominantly educated people, while other research has found the opposite of this.

2.3.6 Employment Status and Occupation

The fifth demographic characteristic is a combination of employment status and occupation. This looks at whether or not users are employed and if employed, what that employment is. This section will also look at income.

In terms of employment, Notley (2005) found that 72.5% of her sample were employed, including self-employed, and that 12.5% were in adult full time education. Only 2% were unemployed, with a further 3% on long-term disability. As did Cohen and Sas (1994) who had similar findings; 60% of their sample was in full or part time employment. All of Whittington and Petersen's (1979) sample were, of course, employed as general practitioners. Capel et al. (1972) found only two of his 30 respondents hustling whilst two-thirds were steadily employed, working part time, on Social Security, pensions, or welfare. Aitken et al. (2000), on the other hand, found that current users in his sample were more likely to be unemployed.

The most telling contribution in this area is that of Kandel and Yamaguchi (1987). They conducted a study into the relationship between patterns illegal drug use and job mobility. They collected longitudinal life and drug histories of a cohort of young adults who were aged between 24 and 25 years of age at the point of study. They found that illegal drug use is an important factor in predicting high job mobility and unemployment, however, “the causal order between job turnover and drug use is far from clear [...] Drugs could lead to separation from a job; job separation could lead to the use of drugs” (Kandel and Yamaguchi, 1987: 837). Drug users therefore “experience a higher risk of terminating employment and higher risks of unemployment [however, based on their assumptions] the association between employment instability and drug use [...] reflects primarily a selection effect [...] whereby drug users are individuals who would be likely to experience employment instability irrespective of their drug behaviour” (Kandel and Yamaguchi, 1987: 874).

Cohen and Sas (1994) found that the occupations of their experienced users varied. They found “students at some educational institution (15%), artists and art related occupations (24%), higher occupational strata like doctors, managers, high level administrators, higher education personnel, computer services (15%), medium and low level occupational strata employees like nurses, handymen, hairdressers (20%) and people working in hotel/bar/restaurant business (10%)” (Cohen and Sas, 1994: 74). Rosenberg (1995: 1936) found that his interviewees “often worked multiple jobs, both legitimate and illegitimate”. On income, Cohen and Sas (1994) found that among their users, the high income group contained 4% of the sample, while the low income group contained 14% of the sample.

The existing research again fails to offer solid conclusions about the relationship between illegal drug use and employment. Some of the research finds high employment among current adult illegal drug users, while others find the two incompatible. As for types of occupation, current users fall into a range of different jobs, with a range of different incomes. The existing research therefore cannot accurately discern an applicable pattern for either.

2.3.7 Drugs of Choice

In exploring what illegal drug or drugs older users tend to favour, it is important to remember that some users will stick to one drug, whilst others will engage with a whole repertoire of substance, both legal and illegal. It is also important to remember that some research looks specifically at certain types of drug use, and so their samples are inevitably skewed.

Nevertheless, it is possible to say with a reasonable degree of certainty that the number one drug of choice among older users is cannabis. Numerous pieces of previous research indicate this (Chambers, 1971; DuPont, 1979; Rosenberg, 1995). The most frequently used drug in Notley's recent (2005) study was cannabis. Chen and Kandel (1995) also found that the most used drug was cannabis, followed by cocaine and non-prescribed minor tranquilisers. Kandel et al. (1992) also found that for both men and women marijuana use tends to precede the use of other illegal drugs.

Another popular choice among older users is heroin (Chambers, 1971; DuPont, 1979; Rosenberg, 1995). However, Pascerelli (1974: 109) found that "few now use heroin, because of its poor quality, although earlier in their lives heroin and morphine were the drugs of choice", most giving up heroin for legally manufactured opiates. Atkinson (1984) also found that older users tend to be longstanding users of opiates.

While some older users will only engage with one drug, others will engage with a variety of different substances. Medalia (1982: 140) found that the elderly users in his research "engage in occasional or regular use of psychedelics such as marijuana, cocaine, heroin, LSD for recreational or expressive purposes" and predicts that the use of psychedelics by older adults will increase as "the population at large, and as recreational drug users of the 60s grow into their sixties" (Medalia, 1982: 140). Pascarelli (1974: 110) found that his "elderly patients undergoing methadone treatment occasionally reveal patterns of multiple drug use", including barbiturates, diazepam (valium), amitriptyline,

cocaine, alcohol, as well as other substances, and that such multiple use is on the rise.

There have also been interesting findings regarding what drugs older users do *not* use. Research has found that older users tend to be unsatisfied with methadone and do not engage with crack cocaine (Petersen et al., 1979; Pottieger and Inciardi, 1981; Rosenberg, 1995; Solomon and Stark, 1993).

Undoubtedly, however, although older illegal drug users have been found to use a variety of drugs, there is good evidence to suggest that marijuana is the most popular drug of choice among older users. It is the most commonly and frequently used illegal drug by older adults.

2.3.8 Context of Consumption

Older illegal drug users exhibit different consumption patterns than their younger counterparts. Older users have many different reasons for their use of drugs. Some older adults use drugs to reduce boredom (Jackson, 1969; Rosenberg, 1995). Other adults use drugs for having fun (Jackson, 1969; Rosenberg, 1995). For Cohen and Sas (1994: 88) “the most important settings for cocaine use were “going out”, “going to parties” and “social gatherings with friends”.

Existing research has found that in order for older users to maintain their use over the life course, they have had to adopt concealing measures. Pascarella and Fisher (1974) “argue that older addicts have survived because they manage their habit relatively well and keep a low profile” (Rosenberg, 1995: 1938). They also argue that it is the physical limitations and reduced income that come with aging that compel older users to retreat from the street life and assume lower profiles, often moving away from opiate use. Whittington and Petersen (1979) found the older user to exhibit adaptive techniques in order to create and maintain a low profile in the community.

There are different reasons for older users to engage in illegal drug use. Some are compelled by boredom, while others are seeking pleasure. There is also some degree of consensus that older users employ more methods in order to hide their use.

2.3.9 Class

Some researchers have found that their sample comprised of people from predominantly middle-class backgrounds. Indeed, it has been noted that that “the risks and impact of cocaine use may well be more substantial for users with fewer socioeconomic resources and opportunities” (Murphy et al., 1989: 430). Atkinson (1984: 8-9) also found that “elderly abusers tend to be middle class and conform even less to Skid Row and other socially deviant stereotypes than do younger abusers”.

One potential reason why more older illegal drug users are from the middle class is provided by Rosenberg (1995). He found that “drug users who obtained drugs from their associations with other drug users tended to be younger and lower class, while drug users who obtained drugs through their professions as doctors or other medical practitioners were older and from the middle classes” (1995: 1928-1932).

Of course, many older illegal drug users are not from the middle class²⁸, but the research does suggest that a higher proportion of older users than younger users are. One possible reason for this is the different sources that users obtain their drug supplies from.

²⁸ See Measham et al. (1994: 288) for a commentary on 1980s surveys and their “ten main summary statements about prevalence, profiles and trends, which pertain mainly to teenagers and young adults over the past decade”, including that illegal drug use “has generally been found to be more prevalent in particular sub-groups: young adults compared with over-40s; boys compared with girls; working-class compared with middle-class people; and urban compared with rural residents”. See also Stuntz (1998) for an interesting account of the relationship between illegal drugs and class.

2.4. Contemporary Concepts

A great deal of current research on illegal drug use has focussed on the fields of non-problematic drug use and the notion of normalisation. These will both be examined in detail in the following two sections.

2.4.1 Non-Problematic Drug Use

Non-problematic illegal drug use is a theme that has become increasingly prominent within drugs research and literature. Dalgarno (2006) defines 'non-problematic drug use' as "an activity a large number of the population pursue and enjoy with little or no averse outcome in terms of detriment to either themselves or the community". Similarly, Warburton et al (2005: 45) define it as "the absence of disruption to normal daily activity". The term non-problematic is often used inter-changeably with 'recreational' (Goode, 1969), 'non-dependent' (McSweeney and Turnbull, 2007; Warburton et al, 2005), 'controlled dependent' (McSweeney and Turnbull, 2007; Warburton et al, 2005), and 'unobtrusive' (Dalgarno and Shewan, 2005; Shewan and Dalgarno, 2005). The term 'non-problematic' is used here rather than 'recreational' as the latter is often criticised for it is generally tied to certain types of drugs rather than patterns of use (Dalgarno and Shewan, 2005). The term 'unobtrusive'²⁹ has emerged relatively recently and its utility is still being debated, and the terms 'non-dependent' and 'controlled dependent' have pharmacological connotations. The notion of non-problematic drug use is not necessarily widely popular, amongst the public at large. Of course, this does not preclude it from being a useful notion (Dalgarno and Shewan, 2005).

Non-problematic use has been explored through a variety of recent research. This research has variously focussed on cannabis (Coggans et al, 2004), heroin

²⁹ The term 'unobtrusive' recognises "that some patterns of heroin use can be relatively non-intrusive to the individual user and to society, and also incorporates the recognition of a continuum of heroin use without making assumptions about the inevitability of movement along that continuum" (Shewan and Dalgarno, 2005: 45).

(McSweeney and Turnbull, 2007; Shewan and Dalgarno, 2005; Shewan et al, 1998; Warburton et al, 2005), and dance drugs (Dalgarno and Shewan, 1996; Moore and Measham, 2008; Shewan et al, 2000).

Research into non-problematic use looks at drug use not just in terms of its pharmacological effects, but also takes into account the set and setting and use³⁰ (Dalgarno, 2007; Dalgarno and Shewan, 1996; Dalgarno and Shewan, 2005; Moore and Measham, 2008; Shewan and Dalgarno, 2005; Shewan et al, 2000; Warburton, 2005). Set “is a crucial factor in controlled, recreational, unobtrusive drug use [...] being knowledgeable, thoughtful and well-prepared for using drugs, pretty well any drug, minimizes the risks and dangerousness of the experience, and maximizes positive aspects of the experience” (Dalgarno and Shewan, 2005: 264). Setting is important in that there clearly are certain environments where it is more or less safe to engage in drug related activities, and others where this is not the case. The notion of setting thus includes the “immediate environmental surroundings when taking drugs, the social network around the user, and broader socio-economic factors” (Shewan et al, 2000: 451). Highly visible drug use is often associated with problematic drug use as a result of the inappropriate setting within which the use is taking place. Dalgarno and Shewan (2005: 264) argue that “[i]f the “set” and “setting” are correct, the “drug” itself becomes largely irrelevant and can be used with a higher degree of safety, with the effects being as intended for and expected by the user”. Clearly, set and setting are vital in any consideration of non-problematic use.

In addition to the notions of set and setting, and closely related to them, a number of common themes have emerged in the research into non-problematic drug use. These are initiation, motivation for use, ebbs and flows of drug careers, and harm reduction techniques. Each will be dealt with in turn.

³⁰ Drug experiences have been broken down into three component parts: Drug, set, and setting. Research focuses on how these three components interact (Cohen, 1995; Weil, 1972; Zinberg, 1984).

Initiation

Three aspects of the initiation into drug use will be considered: These are age at first use, first illegal substance, and reasons behind initiation. Studies of problematic users have found that first use of an illegal drug occurred at 14 or 15 years of age (Edmunds et al, 1998; Hearnden et al, 2000; Turnbull et al, 2000). Similarly, Warburton et al (2005: 9) found that 70% of their non-problematic heroin using population first tried “an illegal drug between the ages of 13 and 16 years”. So even though “[f]irst use of any illegal drug and of heroin, on average, began later for [non-problematic] users than it did for research samples of vulnerable young people” (Warburton et al, 2005: 13), the majority of users tried illegal drugs for the first time in their teenage years. The first illegal drug used tends to be cannabis: In their study of non-problematic heroin users Warburton et al (2005) found that 68% of their sample had initiated illegal drug use with cannabis. Reasons for initiation tend to vary depending upon which substance is used, although the most common reason among non-problematic users for first trying a drug is curiosity (Dalgarno, 2006; Dalgarno and Shewan, 1996; Warburton et al, 2005). This applies to cannabis (Dalgarno, 2006), heroin (Warburton et al, 2005)³¹, and ketamine (Dalgarno and Shewan, 1996)³². Overall, it is clear that most non-problematic users start their drug careers in their teens through the use of cannabis spurred on by curiosity.

Motivation

The overriding motivation for non-problematic users to use drugs is enjoyment: People use drugs because they enjoy the effects (Dalgarno, 2006; Warburton et al, 2005). Beyond this, a small number of users talk of ‘self-medicating’ as a motivation for drug use in general (Dalgarno, 2006). There is also a range of

³¹ Hedonism and rebellious behaviour were the next most common reasons given for heroin initiation (Warburton et al 2005). Others first tried heroin for its pharmacological effects (Dalgarno, 2006).

³² Other reasons given for ketamine initiation include it being recommended by others (Dalgarno and Shewan, 1996), and an interest in the effects of a psychoactive substance (Dalgarno, 2006; Dalgarno and Shewan, 1996).

motivational factors specific to particular drugs. The main motivation behind cannabis use is relaxation (Coggans et al, 2004; Dalgarno, 2006). This is also the case for heroin use (Dalgarno, 2006; Warburton et al, 2005), followed by the buzz and physical feeling that is generated (Warburton et al, 2005). Non-problematic users predominantly use ecstasy to fuel all night dancing (Dalgarno, 2006). A variety of motivations for using ketamine are given by non-problematic users, including the facilitation of visionary experiences (Dalgarno, 2006), the facilitation of self exploration & introspection, curiosity, relaxation (Dalgarno and Shewan, 1996), and pleasure or simply 'having fun' (Dalgarno and Shewan, 1996; Hunt et al, 2007, Measham et al, 2001; Moore and Measham, 2008). Non-problematic users of salvia divinorum gave the facilitation of visionary experiences as their main motivation for use (Dalgarno, 2006; Dalgarno, 2007). Overall, the main motivation for the non-problematic use of illegal drugs is enjoyment. Other common motivations include relaxation and pleasure in the drug's effects (whether this be a 'buzz', a physical feeling, or the facilitation of visionary experiences).

Changing Drug Careers

Almost all drug users go through ebbs and flows of drug use over the course of their drug using careers. Patterns of use over time tend to be characterised by variation and fluidity, although not in all cases: "some individuals maintain consistent patterns of use for prolonged periods of time, whereas others can have different patterns of use at different times" (Warburton et al, 2005: 15). This variation and fluidity is influenced by a variety of different obligations, commitments, and responsibilities, such as "employment, partners, college courses or family" (Warburton et al, 2005: 34), or chance encounters with certain friends and associates (ibid.). Changing patterns of use are not solely down to individual decision making in a solitary and lonely vacuum; "narratives of change rarely sustained themselves in isolation but instead were informed, reinforced and continually developed throughout our respondents' interaction with significant others" (McSweeney and Turnbull, 2007: 13).

A period of experimentation and trial and error features strongly as a part of non-problematic drug use. Users will engage “with various patterns of use before finding one that best suited their situation (Warburton et al, 2005: 38). Dalgarno (2006: 10) illustrates this experimental phase as follows: “the usual pattern was to experiment with a drug they’d no experience of and if they liked it then they’d continue with it. If, on the other hand, the effects weren’t to the user’s taste then they would either not use it again or (as was more often the case) take the opportunity to use the drug again – but possibly preparing differently – to either confirm or refute their initial opinion”. Experimentation is thus a central feature of non-problematic use, particularly in the early stages of use. Users need to know which drugs agree with them and which do not, as well as knowing the boundaries and parameters of their drug use; knowing such information can help in maintaining non-problematic status.

In terms of intentions of future use, the general feeling was that ‘if it ain’t broke don’t fix it’ (Warburton et al 2005). Most non-problematic users “expressed a degree of comfort with their [drug] use and did not see a point in the immediate future when they would want to stop”; as drug use “is currently causing them no difficulties [...] there is no reason to stop” (Warburton et al, 2005: 51). However, there are certain circumstances under which stopping would be considered according to research. These include if the effects of the drug stopped being enjoyable³³, if “maintaining a supply became too intense”, or as a result of pregnancy or a new family (Warburton et al, 2005). In their follow up study McSweeney and Turnbull (2007) found that two thirds of their heroin users had reduced or stopped use. The main reasons for this were because of employment or the need to perform professionally, recent health problems, pregnancy and child birth, becoming bored with the routine of using, and unpleasant withdrawal symptoms. McSweeney and Turnbull (2007: 9) grouped these reason into three categories: “reinterpreting the using lifestyle; reconstructing the sense of self; and using key events to provide explanations for a reduction or cessation of use”. Reasons for an *increase* in heroin use in

³³ For instance, Dalgarno and Shewan’s ketamine users claimed they would consider cessation if they became “bored” with the drug (1996).

Warburton et al's study were personal and professional problems, the need for self-medication, and the need to counter the effects of other drugs (Warburton et al, 2005). In sum, most non-problematic users could not see themselves stopping in the immediate future, although they felt that they might stop under certain circumstances. If users do reduce or stop their consumption it tends to be because of the circumstances they had already identified as having the potential to make them stop.

Harm Reduction

In order to maintain drug use in a non-problematic way, users put in place various harm reduction techniques (Shewan et al, 2000). Some users put in place formal or informal 'rules' governing their use and regulating their consumption (Coggans et al, 2004; Warburton et al, 2005). Using 'rules' is not universal but "very much dependent on the individual, their using environment and experience" (Warburton et al, 2005, 32), and may or may not be formalised. Users in research by Coggans et al (2004)³⁴ and Warburton et al (2005)³⁵ spoke of relatively formalised sets of rules. Other harm reduction techniques include fostering outside interests and maintaining non-heroin using friendships (Warburton et al, 2005), restricting access or not having direct access to dealers (Warburton et al, 2005), planning and preparation for drug using episodes (Shewan et al, 2000, 'context management activities' (Moore and Measham, 2008), and 'test-lines' (Moore and Measham, 2008). While none of these harm reduction techniques were mentioned in relation to specific using 'rules' they could still be interpreted as more informal using rules; in effect these were rules put in place by the users even if they were not explicitly recognised as such.

³⁴ Examples of personal 'rules' in the study by Coggans et al's included: "certain constraints on their using cannabis: using when appropriate and not to personal detriment; not using cannabis in front of children; nor giving cannabis to children; and respecting the views of non-users of cannabis" (2004: 309).

³⁵ Examples of 'using rules' in Warburton et al's study included: "not injecting heroin; not buying heroin if they could not afford it; not using heroin for more than two/three days consecutively; being in the right frame of mind before using heroin, i.e. not using it to escape from problems in life but using for enjoyment; buying a set amount and not buying any more once that had run out" (2005: 32).

Although some of the above harm reduction techniques do deal with issues around set and setting, they are not expressly used with set and setting in mind. However, other users deliberately attempt to manipulate set and setting in order to minimise harm and maximise benefit: “Participants described a range of coping strategies for dealing with such experiences, which partly derived from an appreciation of the interaction between drug, set and setting” (Shewan et al, 2000: 449). In terms of set, Warburton et al (2005: 38) found that “direct or indirect experience of heroin helped to mould [users’] individual reasons and mechanisms for controlling heroin use”; here, previous knowledge and understanding of the drug and its effects helped prepare users’ frame of mind prior to actually using. This preparation allowed users to use in a more informed and controlled manner. Harm reduction techniques concerned with setting tended to revolve around “where [users] used and who they used with. This allowed them to use heroin in safe, comfortable and relaxing environments, which helped create the conditions in which controlled use was possible” (Warburton et al, 2005: 28). Shewan et al (2000) also identified manipulation of setting through the use of supportive friends and social support networks to offset negative consequences. Clearly, the control of set and setting are viewed by many drug users as integral harm reduction techniques which promote non-problematic drug use.

Dalgarno (2006: 4) provides an excellent summary of the use of harm reduction techniques used by non-problematic drug users: “For all that all drug users are perceived as risk takers; in the case of non-problematic users the risks taken are educated and often calculated. As a group they tend to be well informed about their drug choice [...] and this has the effect of reducing the potential risks of any drug using episode”. Non-problematic users employ a variety of harm reduction techniques including formal and informal using ‘rules’, as well as the very explicit manipulation of set and setting to minimise the harm and maximise the benefit of their drug using experiences.

Conclusion

Non-problematic drug use is an area where considerable research has been done recently (Coggans et al, 2004; Dalgarno 2006; Dalgarno, 2007; Dalgarno and Shewan, 1996; Dalgarno and Shewan, 2005; McSweeney and Turnbull, 2007; Shewan and Dalgarno, 2005; Shewan et al, 1998; Shewan et al, 2000; Warburton et al, 2005). Set and setting are an integral part of non-problematic drug use and are just as important as the drug's pharmacological effects. Other components of non-problematic drug use include initiation, motivation, changes over the drug career, and harm reduction techniques; as Warburton (2005) suggests, "the absence of negative consequences for the individual [drug] user, their family, friends and society as a whole was an important part of defining control".³⁶

2.4.2 Normalisation

The normalisation thesis came out of the North West Longitudinal Study (Measham et al, 1994; Measham et al, 1998; Measham et al, 2001; Parker et al, 1995, Parker et al, 1998; Parker et al, 2002; Williams and Parker, 2001). Normalisation is rather more nuanced than the label may imply. The notion "cannot be reduced to the intuitive phrase 'it's normal for young people to take drugs'; that is both to oversimplify and overstate the case". Instead, normalisation suggests that recreational drug use has moved from the "margins *towards* the centre of youth culture where it joins many other accommodated 'deviant' activities" (Parker et al, 1998: 152 – original italics). Normalisation is essentially "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 as an activity confined to minority subcultures" (Manning, 2007: 49). The theory is limited to "the use of certain drugs, primarily cannabis but also nitrites, amphetamines and equivocally LSD and ecstasy" (Parker et al, 1998: 152).

³⁶ Interestingly, much of the work on non-problematic use echoes that of Becker (1963), who argued in *Outsiders* that drug users use for pleasure but their continued use is dependent upon access, hiding use from non users, and self-justification.

Normalisation is 'measured' through six concepts: drug availability; drug trying; drug use; being 'drug wise'; future intentions; and cultural accommodation of the illicit (Parker et al, 1998). These six measures will be briefly dealt with in turn.

Drug availability is measured by the percentage of young people who have been in situations to try or buy illegal substances. In their original research, Parker et al (1998: 153) found an "incremental rise in drug offer situations throughout adolescence, so that by the age of 15 a majority of [...] respondents had been in situations where drugs were available to try or buy and by 18 almost all had been in such situations". Drug availability is an important part of normalisation as it is the ready availability of illegal substances that is the start of the normalisation process.

Drug trying is measured by the numbers of young people who have tried an illegal substance, and in the original research relied on self-report data. Parker et al (1998: 153) plotted an increase in drug trying throughout the 1990s: "At the beginning of the decade we were finding that one or two in ten young people, by the age of 18, had ever tried a drug. Prevalence has climbed with each adolescent cohort so that from five to six in ten young Britons are now disclosing drug trying by this age". The significance of this lies not simply in the increase in overall rates of drug trying, but also in that the "normative nature of drug trying has been further demonstrated by the closure of gender and social class differences" (Parker et al, 1998: 153), as well as a reduction in the age of drug initiation (McKeganey and Norrie, 1999).

The third component of normalisation is current drug use. Around a quarter of Parker et al's (1998) original sample engaged in regular patterns of drug using behaviour. In terms of regular use patterns they note that "young people, by and large, make recognisable cost-benefit assessments and the fact the so many broadly settle primarily for cannabis rather than poly drug use is a clear illustration of this" (Parker et al, 1998: 154). This increase in regular adolescent drug use, whilst patently not the sole basis for the normalisation thesis, is an integral facet of it.

Being 'drug wise' is the fourth component of the normalisation thesis. This element of the theory suggests that not only do regular drug users have considerable knowledge of the 'recreational drugs scene', but so do abstainers, prospective triers, and former users (Parker et al, 1998). While this could be considered as something of a 'soft' measure of normalisation, "it is nevertheless an important signal that abstainers have to negotiate and renegotiate their drugs status given that by simply being sociable, studying, training, working and going out at the weekends they regularly receive drug offers and observe drug use" (Parker et al, 1998: 155). This spread of drugs knowledge and understanding beyond the traditional subcultural boundaries of immediate users is an important component of the normalisation thesis.

The fifth factor of normalisation looks at young people's future intentions in terms of illegal drug use. Parker et al (1998: 156) found "over a third of *former triers* returning to *in transition* and no less than 37 per cent of those previously *in transition* becoming *current drug users*". The central importance of this for the normalisation thesis is that adolescent users seem to be moving from occasional drug trying to more sustained long term use and experimentation as they enter young adulthood: "This open-mindedness about future drug use, often by young adults who went through their adolescence without taking illicit drugs, is a further dimension in our particular thesis of normalisation" (Parker et al, 1998: 156).

The cultural accommodation of the illicit is the sixth and final dimension of the normalisation thesis. The increasing accommodation of illegal drugs is occurring not only because young people are using more illegal drugs. Rather, the point is that "British youth culture has accommodated and perhaps facilitated recreational drug use both in terms of what is acceptable for young people to do and in absorbing and accommodating the language and imagery of drugs via fashion, media, music and drink industries" (Parker et al, 1998: 157). Additionally, drug use is becoming one routine activity among many; "most adolescents and young users merely fit their leisure into busy lives and then in turn fit their drug use into their leisure and 'time out' to compete alongside

sport, holidays, romance, shopping, nights out, drinking and, most important of all, having a laugh with friends” (Parker et al, 1998: 156-7). This ‘blurring of the licit and illicit’ is key to the normalisation thesis (Parker et al, 1998: 157).

In sum, normalisation concerns “the accommodation of previously ‘deviant’ activities into mainstream cultural arrangements” (Parker et al, 1998: 156). According to Parker et al (1998), their empirical data from the North West Longitudinal Study demonstrates, across the six measures, the plausibility of the normalisation thesis. A raft of further work has built upon the original thesis. This work looks at “how drug use fits into contemporary culture, how the relevant issues are constructed and discussed within that culture, what the personal and social benefits (as well as disadvantages) are of using drugs, what meanings are of drug experiences and how these are cognitively represented, as well as how and why normal drug enjoyment does not lead to dependence” (Hammersley, 2005: 202-203). Parker (2005: 212) remains committed to the central ideas of the thesis, arguing that when considering each of the measures, “the process of the normalisation of ‘sensible’ recreational drug use continues”, and in terms of cannabis use, “the process is sufficiently advanced to allow the claim that recreational cannabis use is largely normalized”.

The normalisation thesis has in some senses become something of an academic orthodoxy. However, there have been a number of criticisms mounted against it. Most famously, Shiner and Newburn (1996, 1997, 1999) argue that the extent of illicit drug use as well as claims about the normative context of drug use have been exaggerated (1999: 142). At the heart of most of the critiques of the theory is the idea that it is “too expansive, over simplistic, reliant on the distinction between recreational and dependent drug use and exaggerated” (Blackman, 2007: 54). Indeed, Blackman (2007) has argued that the normalisation thesis is too focussed upon the present. For him, normalisation in various forms has been going on for some time; he outlines four post-war ‘phases’ of normalisation (2004: 51) and has also traced drug use as a part of “normalised activities back to ancient, classical and Victorian societies (2007: Ch 5).

Some critics point to weaknesses in the methodological underpinnings of Parker et al's original work (Ramsey and Partridge, 1999; Shiner and Newburn, 1997; Shiner and Newburn, 1999). It is felt that "the normalisation thesis follows too closely the voice of the researched", and as such is largely biographical and descriptive (Blackman, 2007: 54). This relates to a theoretical criticism. Shiner and Newburn (1997) argue that the theory uses data to support a pre-given theoretical position (see also Blackman, 2007: 55).

Elsewhere, critics have argued that the normalisation theory, despite its author's best intentions, provides implicit support for the hard-line stance of the government on prohibition (Blackman 2007: 52). As Blackman argues "drug prohibition has a major problem accepting the normalisation thesis because the so-called 'recreational drugs' listed by Parker, including ecstasy and LSD, are defined as Class A drugs" (Blackman, 2007: 54). Partly in response to the idea that drugs are becoming normalised among youth, a generally prohibitionist government can argue for ever tougher and more punitive drug policies to combat such normalisation. Whilst such policies are patently unable to meet their objectives, ideas of normalisation continue to fuel the prohibitionist fire. As a result, the "British government's formal classification of these drugs actively refuses to accept any degree of normalisation or acceptability" (Blackman, 2007: 54).³⁷

Despite these criticisms, Shiner and Newburn *do* accept that despite the exaggeration and simplification of the normalisation thesis, drug use amongst the young is increasing, albeit only steadily (and has fluctuated in the US) (1997:525). Furthermore, Parker and his colleagues have responded to the criticisms mounted against their theory through their growing body of work, and note that it is an early and less nuanced version of the theory that was the subject of the initial critique from Shiner and Newburn (see, for example Measham and Shiner 2009: 2-3). More recently Measham and Shiner (2009) have attempted something of a *rapprochement* between the two camps, arguing that they both see drug use among the young as an example of 'structured

³⁷ On this subject, see also Barton (2003).

action' or 'situated choice', despite their other differences (ibid.: 10). Regardless of the potential weaknesses of the theory, there is little doubt that normalisation alerts us to some important features of the leisure lives, drug consumption and general milieu of the young. The extent to which it is applicable to older users is something that has yet to be explored.

2.4.3. Attitudes Towards Drugs

Shiner and Pearson (2002) analysed two public opinion surveys that were commissioned by the Independent Inquiry into the Misuse of Drugs Act, which reported in 2000. The surveys were largely concerned with how young people and adults assess the harms associated with different illicit drugs. Shiner and Pearson's analysis suggested that the received wisdom that "young people use drugs; older people disapprove" (2002: 75) is seriously flawed. As Shiner and Pearson point out (2002: 82), previous work has often buttressed this image. For instance, according to Hirst and McCamley-Finney young people are "constantly surprised at adults' perceptions of drugs as something dangerous or unusual as, for most of them, they are part of their life" (1994: 42). Coffield and Gofton claimed that drug use is considered unproblematic by most young people but a problem by "their uncomprehending parents [. . .] their largely uninformed teachers and [. . .] the police" (1994: 1, 3). Parker et al (1998: 59) noted that "our respondents [. . .] have recognised the need to be economical with the truth about their drug use when talking with adults. Parents' conceptions of risk and danger in respect of drugs are, to their mind, so misinformed and exaggerated that they regard lying as an act of concern for their elders' mental health".

Shiner and Pearson found a quite different, more complex situation. Their suggestion is that the "views of adults are remarkably similar to those of young people aged 15-16 years, and suggest that the received notion of a generation gap is no longer applicable in terms of attitudes towards the risks posed by illicit drugs. While both groups appear to be thoroughly convinced of the harmfulness of heroin, cocaine and ecstasy, both view

cannabis as being considerably less harmful than other illicit substances” (2002: 82). For Shiner and Pearson “generational relations are not nearly so clear-cut and opposed as they are often assumed to be” (ibid: 83). Clearly, this finding is of significance for the present study.³⁸

2.5 Conclusion

The major problem in conducting literature searches for research into drug use is the lack of consistent terminology. The first facet of this problem is the different definitions of drug ‘use’. The terms use, abuse, and addict among others are often used interchangeably within the research. The second facet of the problem concerns what is meant by ‘older adult’; what is the age cut off for older adult and what terminology is used to represent this age?

There are a range of other problems associated with studying the relationship between age and illegal drug use. Firstly there are difficulties in studying older illegal drug users themselves; how are they to be identified, and how is the research to be designed? The maturation hypothesis has also helped to make research in this area scarce, and so any project is operating in something of a vacuum, albeit one that is now being filled. Three pieces of previous research that looks at older illegal drug users most closely resemble this study, and provide useful pointers and ideas upon which to base the work.

There is also a dearth of directly comparable research that looks at the relationship between illegal drug use among older adults and demographic characteristics. From the research that does exist, very few firm conclusions can be drawn. Research does suggest that the majority of older illegal drug users are male, and that the drug of choice is cannabis. Beyond this, there is little that

³⁸ Shiner and Pearson also suggest that young people’s continuing concern over the effects of drugs other than cannabis, and the corresponding attitudes of adults, makes any simple version of the normalization thesis difficult to sustain (2002: 84).

can be said with any degree of certainty on the subjects of ethnicity, marital status, parenthood, education, employment status, and reasons for use.

In addition to research focussed specifically on the relationship between illegal drug use and age, three contemporary fields of research are also relevant here: non-problematic drug use, normalisation and attitudinal studies. Research on non-problematic drug use explores use that does not cause harm to the user or those around them. Integral to this use pattern are set and setting, and studies also focus on initiation, motivation, changes over the drug career, and harm reduction techniques. Normalisation, as developed by Parker and his colleagues, contends that illicit drug use among adolescents is becoming normalised, and this can be measured through six dimensions: drug availability; drug trying; drug use; being drugwise; future intentions; and cultural accommodation of the illicit (Parker et al, 1998). Contemporary research has also looked at the similarities and differences between the attitudes of young and old drug users, suggesting that these are gradually converging (Shiner and Pearson 2002).

The need for further research into illegal drug use among older adults is clear.

3. Methodology

This chapter is divided into three parts: quantitative methodology, qualitative methodology, and ethical considerations. The first section will present the methods used to analyse the quantitative data. The second section will outline and discuss the techniques used to collect the qualitative data. The third section examines the ethical issues that the data raises.

Quantitative methodology (section 1) presents the methods used to analyse the research's statistical data. The British Crime Survey and the data set used in this research are presented first. This is followed by a discussion of the variables and the statistics used in the secondary data analysis of the data set.

Qualitative methodology (section 2) outlines and discusses the techniques used to collect the interview data. The original data collection and interview plan are presented first. This is followed by a discussion of the problems encountered during the field work and the reasons behind these difficulties. Finally, the manner in which these difficulties were resolved is discussed.

Ethical considerations (section 3) examines the ethical issues that arose out of the research. General ethical issues surrounding criminological research and illegal activity will be addressed first. Then, the pivotal issues of informed consent and confidentiality will be explored in greater detail.

3.1 Quantitative Methodology

This section outlines the methods that were used to statistically analyse the British Crime Survey (BCS) data. Firstly, the BCS and the data set used will be discussed (3.1.1). Then the variables used (3.1.2) and the statistical tests employed (3.1.3) will be elaborated.

3.1.1 British Crime Survey and Data Set

Secondary data analysis of the British Crime Survey (BCS) represents the quantitative aspect of this research. The BCS is a random household survey covering England and Wales, which interviews people aged sixteen years of age and older about their experiences of crime and the criminal justice system in the past year. In essence, however, the BCS is a victimisation survey. Along with questions surrounding various forms of victimisation, it also asks about house fires, sexual assault, and drug use. The first BCS was run in 1982; however, drug questions were not included until 1994. Drug questions are only asked of those aged between 16 and 59 years of age and include four questions about sixteen illegal drugs (Table 3.1): respondents are asked whether they have ever heard of X, ever used X, used X in the last year, and used X in the last month (only positive responses move on to the next question). Recently two additional questions³⁹ on drugs were added as part of the Government's Drug Strategy⁴⁰. However, these are only asked of those aged between 16 and 24. As of 2001/02 the BCS has become an annual survey, and a range of new sampling techniques were introduced.⁴¹

³⁹ "In 2001, additional questions were added to this module asking those who had taken drugs at what age they first took them and how easy they thought it was to get particular drugs. These additional questions were only asked of respondents aged 16 to 24. In 2002-3, the questions on ease of access were dropped after 6 months. In their place, a new set of questions asking about frequency of drug use were added for those who had taken drugs in the last 12 months" (Bolling et al., 2003:17-18).

⁴⁰ See Home Office (1998) and Home Office (2002).

⁴¹ For further information on the BCS and its sampling techniques see Appendix 1.

Table 3.1: BCS drug questions

BCS Drug Questions	Illegal Drugs
Have you ever heard of ... ?	Amphetamines Amyl nitrite Anabolic steroids
Have you ever taken ... ?	Cannabis Cocaine powder Crack cocaine
Have you taken ... in the last year?	Ecstasy Glues Heroin
Have you taken ... in the last month?	LSD Magic mushrooms Methadone Tranquilisers Other pill Other smoke Other drug

The main data set that is used in this research is the BCS run of 2001/02.⁴² This data set consists of 32,824 units (individuals) and was collected between April 2001 and March 2002, covering experiences of victimisation from April 2000 to March 2002. Of the sample there were 378 recent drug users aged between 40 and 59 years. While the main data set being used is the 2001/02 run of the BCS, other runs will also be used in order to examine longer-term trends.

3.1.2 Variables

The secondary data analysis of the BCS used 36 variables divided into two categories: demographic characteristics and criminological characteristics. From their original source in the BCS, variables were either been left unchanged, recoded or created. The 36 variables used and their origins are presented in Table 3.2.

⁴² The BCS 2001/02 data was taken from the UK Data Archive, deposited by the Home Office – Research, Development and Statistics Directorate. Neither the UK Data Archive nor the Home Office – Research, Development and Statistics Directorate, who carried out the original analysis and collection of the data, bear any responsibility for the further analysis or interpretation of the data. Material from Crown copyright records made available through the Home Office and the UK Data Archive has been used by permission of the Controller of Her Majesty’s Stationery Office and the Queen’s Printer for Scotland.

Table 3.2: Variables

LABEL	NAME	TYPE
Demographic Characteristics		
Gender	sex	Unchanged
Ethnicity	ethn4	Recoded
Marital Status	mars2	Created
Children	children	Recoded
Further (Secondary) Education	educ2	Created
Higher (Tertiary) Education	educ3	Created
Any paid work in last week	work	Recoded
Hours Away from Home	hoursaway	Recoded
Total Household Income	hhin2	Recoded
Financially Managing	manage	Recoded
General Health	genh2	Recoded
Long-Standing Illness/Disability	illness	Recoded
Drink Alcohol	drink	Recoded
Drink Alcohol (Frequency)	drink2	Recoded
Smoking Household	smok2	Recoded
Visit Pub in Last Month	pub2	Recoded
Visit Club in Last Month	club2	Recoded
Criminological Characteristics		
Increasing Crime Rate	incrcrimerate	Recoded
Quality of Neighbourhood	qualneigh	Created – Scale
Member of Neighbourhood Watch	mbrnbrw1	Recoded
Visible Neighbourhood Quality	visqualneig	Created – Scale
Close Community	closecom	Created – Scale
Level of worry about victimisation	worried	Created – Scale
Is respondent victim or not	victim	Unchanged
Likelihood of Victimization	likeliness	Created – Scale
Witnessed a Crime	witness	Created
Contact Police about Victimization	whatcoa	Unchanged
View of Police	persview1	Recoded
Attitude towards CJS	attitudecjs	Created – Scale
Are sentences too lenient	sentsev1	Recoded
Level of Confidence in the CJS	confidence	Created – Scale
Contact with Police	contactpol	Created
Contact with CJS	contactcjs	Created
Recent Contact with CJS	Contactcjs2	Created
Have you ever been arrested by police	everarr	Unchanged
Have you been arrested by police in last 2 years	arrwhen	Unchanged

Variable Construction

This section explains how various variables used in the analysis were constructed.

Non-Recent Users

A new variable was created dividing recent users (last 12 months) from non-recent users. To create this new variable, sixteen questions on last year drug use were combined. Respondents had three options as an answer: 'Yes', 'No', and 'Don't want to answer'. Before combining the sixteen variables, 'Don't want to answer' was recoded into 'systems missing'. This was done, as answering in this way did not necessarily mean that the respondent had not used the drug in the last year; indeed, respondents who had used the given drug in the last year would have more motivation to answer in this fashion. There were 67 responses of 'Don't want to answer', 29 of which were in relation to last year cannabis use.

Non-Users

This new variable separated recent users from non-users. The difference between this variable and 'non-recent users' is that 'non-recent users' only separates recent from non-recent, while non-users separates out never users from past, but not recent users. This variable was created by combining last month/year use and never used/heard of; meaning that 'ever taken' was left out of the analysis.

Of these two possible ways to categorise the counter to recent drug use, non-recent users (including both past users, as well as never users) and never users, non-recent users was chosen as the best category. Non-recent users were chosen as they produced slightly larger sample sizes. When comparing the output from both possible categories, they showed almost identical percentages.

Quality of Neighbourhood

Combining eight variables that focussed on problems in the respondent's locale created the quality of neighbourhood variable. These included:

- How much of a problem are noisy neighbours or parties?
- How much of a problem are teenagers hanging around?
- How much of a problem are people sleeping rough?
- How much of a problem is rubbish or litter?
- How much of a problem is vandalism, graffiti, etc?
- How much of a problem are people using or dealing drugs?
- How much of a problem are people being drunk or rowdy?
- How much of a problem are abandoned cars are in area?

All eight variables had response categories of: 'Very big problem', 'Fairly big problem', 'Not a very big problem', 'Not a problem at all'. The response options of 'Don't Know' and 'Refused' were recoded as system missing before the eight variables were combined in an additive scale of 8 to 32, where 8 represented the most problematic. For use in cross-tabular analysis, 8 to 25 were recoded as 'poor' quality of neighbourhood, while 26 through 32 were recoded as 'good' quality of neighbourhood. When loaded into a factor analysis, one component was found, with an alpha of 0.832.

Visible Neighbourhood Quality

A new variable was created to measure the visible quality of a neighbourhood. This variable was created using three variables: how common are things like rubbish, vandalism and run-down houses in the area. Unlike other variables, the interviewer filled in these questions, based on a visual assessment of the area around the interviewee's house. The three variables themselves were:

- In the immediate area, how common is litter/rubbish?
- How common is vandalism, graffiti or damage to property?
- How common are homes in poor condition/ run-down?

The response categories for these three variables were: 'Very common', 'Fairly common', 'Not very common', and 'Not at all common'. Once combined, a scale from 3 to 12 was created, where 3 represented a visibly shoddy neighbourhood. This was then recoded into a dichotomous variable, with 3-11 representing a visibly poor neighbourhood and 12 representing a visibly good neighbourhood. The factor analysis produced one component, with an alpha value of 0.880.

Tight-knit Neighbourhood

This variable was created by combining six variables that asked about how tight knit the respondents local community was. The six variables that were included were:

What kind of area do you live in?

This area is a close tight knit community

This is a place where people look after others

Most people in the area trust one another

I am happy asking people to keep an eye on my house

People will call police if someone acts suspiciously

Originally a seventh variable (Is this an area where neighbours look out for each other?) was included. However this variable did not fit well into the factor analysis. The response categories for all but the first variable were: 'Strongly agree', 'Tend to agree', 'Neither agree nor disagree', 'Tend to disagree', 'Strongly disagree'. The response categories for the first variable (What kind of area do you live in?) were: 'Help each other', 'Mixture', 'Go own way'. Although these are different from the other response categories, they still move in the same direction and represent the same ideas as in the other response categories, so it was felt that it was acceptable to combine them. The combined variables created a 23-point scale from 6 to 28. The variable was then recoded into three: 6 to 10 was recoded as 'high', 11-14 was recoded as 'medium' and

15-28 was recoded as 'low' in terms of community closeness. The factor analysis identified one component, with an alpha of 0.860.

Level of Worry About Victimization

This scale variable is created through the addition of seven variables. Originally, twelve variables were examined with a view to inclusion in the scale. However, a higher Cronbach's alpha was obtained by including just seven. There were various reasons for this: three of the variables had a time frame (last month) attached to them, and two variables asked about worry of victimisation at work, specifically when working with members of the public. The remaining seven variables asked more generic questions about worry, incorporating neither a time frame nor a location. Thus, the seven final variables were:

How worried are you about having your home broken into?

How worried are you about being mugged and robbed?

How worried are you about having your car stolen?

How worried are you about having things stolen from car?

How worried are you about being raped?

How worried are you about being physically attacked by strangers?

How worried are you about being insulted or pestered by anybody?

The final additive scale went from 7 to 28, with 7 being the most worried and 28 being the least worried. This was then recoded into a trichotomous variable, with categories of 'high', 'medium', and 'low'. The factor analysis extracted two components. This is theoretically sound, as it divides the crimes about which people worry about into personal crime (How worried about being mugged and robbed, How worried about being raped, How worried about being physically attacked by strangers, How worried about being insulted or pestered by anybody) and property crimes (How worried about having home broken into, How worried about having car stolen, How worried about having things stolen from car). Including both these components in the final variable is important as they represent two different aspects of potential victimisation. The reliability analysis produced an alpha of 0.864.

Likelihood of Victimisation

This variable is also a scale and was created through the addition of five variables. Originally seven variables were selected. However, based on the factor analysis and the reliability test, two variables were discarded. They were the ones that asked respondents about how likely they felt about being victimised by a member of the public at work. In addition, discarding these variables was useful as not everybody deals with the public at work. The following are the five variables that were included:

How likely is it you will be burgled in next year?

How likely is it your vehicle will be stolen?

How likely is it your things in your vehicle will be stolen?

How likely is it you will be mugged or robbed?

How likely is it you will be attacked or physically assaulted?

The scale went from 5 through to 20, 5 being most likely and 20 being least likely. This scale was made into a dichotomous variable of 'likely' and 'unlikely'. The factor analysis produced one component and the reliability analysis gave an alpha of 0.841.

Witnessed a Crime

This variable was created using the variables:

Witnessed any crime: Vandalism to property or car

Witnessed any crime: Stealing from a car

Witnessed any crime: Serious fight or assault

A 'yes' to any of these was counted as a 'yes' in the new witness variable.

Attitudes towards CJS

This variable was created through the additive combination of ten variables.

These variables are:

- How good a job are the adult courts doing?
- How well are witnesses treated by police?
- How well are witnesses treated by courts?
- How good a job are the police doing?
- How good a job are the Crown Prosecution Service doing?
- How good a job are judges doing?
- How good a job are magistrates doing?
- How good a job are the prisons doing?
- How good a job are the probation services doing?
- How good a job are the juvenile courts doing?

The final scale was between 10 and 48: 10 representing positive views towards the criminal justice system and 48 representing negative views towards the criminal justice system. This variable was then reduced to a trichotomous variable of 'positive' (10-26), 'neutral' (27-30), and 'negative' (31-48). The factor analysis identified two components: attitudes towards the police and witnesses load as one component, the other eight variables load on the other component. This is probably the straightforward result of the different interactions that the public has with, on the one hand, the police and as witnesses, and on the other, the remaining areas of the CJS. As such, it is not surprising that these components load separately. However, as both areas are integral to the criminal justice system, both components are included in the final analysis. The reliability test showed an alpha of 0.885.

3.1.3 Statistical Tests

The secondary data analysis consisted of three tests: frequencies (univariate), hypothesis testing (bivariate), and logistic regression (multivariate). In this analysis, 'older' means between 40 and 59 years of age, 'drug user' means

someone who has used one or more of sixteen listed substances (see Table 3.1), and 'recent' means having used at least one of the sixteen substances in the last year.

Frequencies

Frequencies looked at the number and percentage of older recent drug users in relation to a variety of demographic characteristics. A total of seventeen variables were examined; all were recoded in dichotomous variables. The demographic variables and their respective response categories are listed in Table 3.3.

Table 3.3: Demographic Variables

VARIABLE	RESPONSE CATEGORIES
Gender	Male
	Female
Ethnicity	White
	Non-white
Marital Status	Single
	Married
Children	Yes
	No
Secondary Education	Yes
	No
Tertiary Education	Yes
	No
Paid Work in last 7 Days	Yes
	No
Hours Away from Home	Less than 7 hours
	7 or more hours
Total Household Income	£20 000 and below
	Above £20 000
Financially Managing	Yes
	No
General Health	Good
	Poor
Long-Standing Illness	Yes
	No
Drink Alcohol	Yes
	No
Drink Alcohol (Once/Week)	Yes
	No
Smoking Household	Yes
	No
Visited Pub in Last Month	Yes
	No
Visited Club in Last Month	Yes
	No

Hypothesis Testing

Hypothesis testing involved the analysis of nineteen variables through crosstabulation and chi-square and looked at older recent drug users in relation to older non-recent drug users. The criminological variables and their response

categories are listed in Table 3.4. The nineteen hypotheses are divided into four categories: community, victimisation, attitudes towards the CJS, and experiences of the CJS.

The relationship between crime and geographical location has been part of the criminological agenda since the research of the Chicago School, which introduced, *inter alia*, the well known ideas of ‘concentric zones’ and ‘social disorganisation’ (Burgess, 1928; Shaw and McKay, 1931). Today, their legacy lives on in what is often termed ‘environmental’ or ‘ecological’ criminology (Brantingham and Brantingham, 1991), which explores community and neighbourhood influences on criminal activity and victimisation. This literature brings together a number of different factors to signify neighbourhood ‘disadvantage’ or ‘disorganisation’⁴³. The range of factors used may partly explain why there is no consistency between studies on the relationship between drug use and neighbourhood disadvantage or disorganisation. Some researchers have found that there is a relationship between the two (Boardman et al, 2001; Lambert et al, 2004) while others have not (Ford and Beveridge, 2006; Yabiku et al, 2007). Interestingly in terms of this study, Ford and Beveridge (2006: 377) found that “while neighborhood disadvantage, minority concentration, & density are strongly related to increased levels of visible drug problems, these characteristics are not significantly related to [overall] drug use”. This suggests a great deal of ‘invisible’ drug use potentially across a range of neighborhood types. This, along with the generally inconclusive nature of the work in this area, makes an examination of the following 5 hypotheses (focussing on the relationship between older recent drug use and community or neighbourhood disadvantage) particularly pertinent.

⁴³ Boardman et al (2001) define neighbourhood disadvantage as the percentage of inhabitants living below the poverty line, the percentage of households with female heads, the male unemployment rate, and the percentage of families receiving public assistance. Lambert et al (2004) define neighbourhood disorganisation as perceived violence, perceived safety, and perceived drug use and availability, while Yabiku et al (2007) define it as unemployment, poverty, education, and violent crime rate. All definitions share similar themes, with poverty, unemployment, and violence central.

Community Hypotheses

- 1- Older recent drug users live in areas with increasing crime rates compared to older non-recent users.
- 2- Older recent drug users live in worse neighbourhoods compared to older non-recent users.
- 3- Older recent drug users are less likely to be involved in Neighbourhood Watch programs compared to older non-recent users.
- 4- Older recent drug users live in visibly shoddier neighbourhoods compared to older non-recent users.
- 5- Older non-recent drug users live in tighter knit communities than older recent drug users.

Illegal drug users, however unproblematic or recreational their use may be, would intuitively seem to be more routinely exposed to crime and criminality than non-users; the very fact of partaking in this kind of activity may be seen to carry with it the inevitability of coming into contact with a range of criminality. Therefore the victimisation of older illegal drug users, and the frequency and nature of their witnessing a crime will be explored. Past research has found a general relationship between substance use and victimisation. Research on adolescents and university students has found a significant association between substance use and victimisation, with frequent users of drugs and alcohol being at a higher risk of victimisation (Fisher et al, 1998; Windle, 1994). We may expect a similar result amongst older users. The relationship between victimisation and adult recent drug use will therefore be explored through the following five hypotheses.

Victimisation Hypotheses

6- Older recent drug users worry more about being a victim of crime compared to older non-recent users.

7- Older recent drug users are more likely to be victims of crime compared to older non-recent drug users.

8- Older recent drug users have an increased likelihood of victimisation compared to older non-recent users.

9- Older recent drug users are more likely to witness a crime compared to non-recent users.

10- Older recent drug users are more likely to contact police about victimisation compared to non-recent users.

A wide range of research has been conducted into the attitudes people hold towards the criminal justice system. Such research tends to focus upon levels of satisfaction with and confidence in the criminal justice system as a whole, with the police, the courts, sentencing policies and so on.

In the UK, research suggests that over a third of people (37%) are confident “that the CJS as a whole is effective” and over half (56%) thought “that the CJS as a whole is fair” (Moley, 2008: 117). People were also found to have “high levels of confidence in the police treating people fairly and with respect but less confidence that they were effective in dealing with crime and related issues” (ibid.: 117).

Canadian and American research has found that the public has become more critical of the criminal justice system (Doob and Roberts, 1988; Flanagan et al, 1985; Kaukinen and Colavecchia, 1999). However, some are uncomfortable with the move towards a more punitive system (Doob and Roberts, 1988; Flanagan et al, 1985; Warr, 1995), whilst others feel that sentences are too lenient (Sprott and Doob, 1997). Non-victims and people aged over 40 years

appear to have more positive views of the job the police are doing (Michalos and Zumbo, 2000).

Clearly, whilst it may be possible to measure 'overall' public satisfaction with elements of the criminal justice system, there are great variances between the attitudes of particular groups within that public. As such, it is useful to consider the attitudes on these issues of the sample in this research, given that their engagement in illegal activities has the potential to bring them into conflict with the criminal justice system. This is particularly pertinent given that Michalos and Zumbo (2000) found more positive views about aspects of the system amongst the older (over 40s) in their sample. As such, the following hypotheses will be explored.

Attitudes towards the Criminal Justice System

11- Older recent drug users have less respect for the police than do older non-recent drug users.

12- Older recent drug users have less favourable attitudes towards the Criminal Justice System compared to older non-recent drug users.

13- Older recent drug users have more lenient views on sentencing compared to older non-recent users.

14- Older recent drug users have less confidence in the Criminal Justice System compared to older non-recent users.

There is very little research that looks specifically at drug users and their experiences with the criminal justice system. As a result, two proxies will be used to shed light on this matter. The first proxy will look at the number of people who have come into contact with the criminal justice system who have used illegal drugs. The second will focus on the likelihood of victims reporting victimization where the offender is under the influence of drugs.

On the first proxy, a number of research studies have focused on drug use trends in arrestees and estimates of drug use trends amongst criminal populations. In the US, it was found that 57% of state inmates and 45% of federal inmates had used an illegal substance in the month prior to their offence (Mumola, 1999). In the UK, Bennett and Sibbitt (2000) carried out urine analysis and self-reported drug use interviews on arrestees in South Norwood, Liverpool, Nottingham and Sunderland. This research found that “69% of arrestees tested positive for at least one drug (excluding alcohol)” and that “[o]ne-third of all arrestees said that they were dependent on at least one drug (excluding alcohol and tobacco) at the time of the interview” (Bennett and Sibbitt, 2000: 1). Illegal drug use is therefore quite common among arrestees and inmates. An analysis of illegal drug use rates among arrestees and inmates is clearly not the same as an analysis of the experiences of users in the criminal justice system. However, it allows for initial exploration of this complex topic.

The second proxy looks at victim reporting. Victims appear more likely to report their victimisation to the police if the assailant was under the influence of drugs and alcohol. Hutchison (2003) found that women were significantly more likely to call the police after incidents of abuse if their partner used drugs and alcohol and were frequently drunk. However, if the victim is also under the influence of drugs and alcohol, then they are more likely to not report the incident to the police (Fisher et al, 2003). While this research does not speak to a direct relationship between drug use and experiences of the criminal justice system, it does alert us to an indirect relationship; as the majority of cases that enter the system come to official attention through victims and witnesses (Shapland, 1984) levels of reporting are centrally important to the experiences of illegal drug users.

Through the examination of these two limited but nonetheless useful proxies, it can be hypothesised that current illegal drug users will have had a greater number of experiences with the criminal justice system compared to their non-using counterparts.

Experiences of the Criminal Justice System

15- Older recent drug users have more contact with the police compared to non-recent drug users.

16- Older recent drug users have more contact with the CJS compared to non-recent users.

17- Older recent drug users have more recent contact with the CJS compared to non-recent users.

18- Older recent drug users are more likely to have been arrested compared to non-recent users.

19- Older recent drug users are more likely to have been arrested recently compared to older non-recent users.

Table 3.4: Criminological Variables

VARIABLE	RESPONSE CATEGORIES
Increasing Crime Rate	Yes
	No
Quality of Neighbourhood	Good
	Bad
Member of Neighbourhood Watch	Yes
	No
Visible Neighbourhood Quality	Good
	Poor
Close Community	High
	Medium
	Low
Level of worry about victimisation	High
	Medium
	Low
Is respondent victim or not	Not Victim
	Victim
Likelihood of Victimisation	High
	Low
Witnessed a Crime	Yes
	No
Contact Police about Victimisation	Yes
	No
View of Police	Respectful
	Disrespectful
Attitude towards CJS	Positive
	Neutral
	Negative
Are sentences too lenient	Too tough
	About right
	Too lenient
Level of Confidence in the CJS	High
	Low
Contact with Police	Yes
	No
Contact with CJS	Yes
	No
Recent Contact with CJS	Yes
	No
Have you ever been arrested by police	Yes
	No
Have you been arrested by police in last 2 years	Yes
	No

Logistic Regression

Logistic regression is a form of multivariate analysis that allows for the use of nominal dichotomous variables, especially in the independent variable. This model is often used when looking at demographic variables and drug use (Aitken et al., 2000). All 36 variables were examined in three models: demographic characteristics (Table 3.3), criminological characteristics (Table 3.4) and demographic and criminological characteristics together.

3.2 Qualitative Methodology

This section outlines and discusses the techniques used to collect the interview data. The section starts by outlining the original data collection and interview plan (3.2.1). Then, a discussion of the problems encountered during the fieldwork and the reasons behind these difficulties will be discussed (3.2.2). Finally, the manner in which these difficulties were resolved will be explained (3.2.3).

3.2.1 The Plan

The original research plan was to conduct face-to-face in-depth interviews with recent illegal drug users over the age of 50. To investigate this social phenomenon, in-depth interviews were chosen as the most appropriate research method, as they provide the most detail rich data. These interviews would then be framed within national statistics to illustrate how this smaller sample reflected national trends.

It is common in this type of research for a target number of interviews to be set. However, because of the limited extent of research in this area, the concomitant lack of knowledge of the population in question, and the difficulties previous researchers had encountered (Notley, 2005), it was decided to refrain from

setting a target that may have proven unrealisable. Similar research into illegal drug use by youths had found snowball sampling to be a successful method of locating interviewees (Ditton and Hammersley, 1996; Hammersley et al., 2002). However, it was not certain that this experience would be replicated among older users. Indeed, the process of identifying suitable older adults who were willing to be interviewed forms a crucial component of the research, for it tells us something of the suitability of the research methodology; the project can be viewed as a test of an established research methodology in a new arena, as well as an investigation into a seldom-researched group of people.

In order to obtain a sample unbiased by the criminal justice system and treatment centres, it was decided to not make contact through these organisations but rather to find users living in the community⁴⁴. Chain-referral sampling was subsequently chosen as the most theoretically appropriate method to find these older illegal drug users actively living in the community. Various initial contact points, including friends, and colleagues within the researchers department were used to locate potential participants in order to start off the sampling process. Information about the research was sent out to as many people as possible advertising that this research was taking place and looking for interest and potential participants. Departmental colleagues also sent out 'feelers' to their friends and contacts in the field of drugs research. Six to ten initial contact points from which to snowball were sought, on the assumption that this would be a strong enough base from which to recruit the desired 50 participants.

Interview

The interview is divided into two parts. Part 1 consists of demographic questions, using the same wording as the 2000 run of the British Crime Survey. Part 2 asks questions about interviewees' illegal drug careers, consisting of broad open-ended questions about past, present, future and general lifetime illegal drug use, as well as attitudes and reasons behind using. The interview

⁴⁴ For other research into non-treatment illegal drug users see: Shewan and Dalgarno, 2005; Shewan et al., 1998.

schedule in full can be found in Appendix 2. The interview was designed to last approximately an hour, being tape-recorded and subsequently transcribed and anonymised. The analyses of the interviews was done using Nud*ist.

The use of the same wording as in the BCS allows for comparison between the BCS and the research sample. Cohen and Sas (1994) use a similar check, comparing their “snowball samples on a range of variables, like age, gender, education, nationality (ethnicity), profession and income with the reference sample from the household survey” (Cohen and Sas, 1994: 73).

When using interviews to gather information, issues around the reliability of such information needs to be addressed. Reliability is closely linked to the “features of the interview itself [...] These include the place of the interview, the legal status of the subject, the feeling of the subject about giving information to the interviewer, the skill of the interviewer, and the procedure” (Maddux and Desmond, 1975: 93-94). Interviews that concern an individual’s life history are inherently problematic, for retrospective information may not always be accurate. For Maddux and Desmond (1994: 94) the conditions “which seemed to affect reliability of [interview] information included: refinement of measurement, misunderstanding of terms, elapsed time, repeated use, consequences of disclosure, the psychological defence of denial, and features of the interview”. Finally, there is always the possibility of respondents straightforwardly lying and giving false information in their interview. However, past research suggests that drug users tend to provide reliable accounts of their illicit behaviour (Ball, 1967; Maddux and Desmond, 1975).

Sampling

Chain-referral sampling is a form of non-probability sampling and is the research method of choice when researching hard to reach and hidden populations: “Research into hidden populations is not new. Researchers have employed a wide range of techniques to collect data on populations for which no easily accessible sampling frame exists” (Griffiths et al., 1993: 1618). Chain-referral sampling also allows for a sample to be created free from institutional

influences: “We wanted to recruit cocaine users via a ‘snowball’ methodology, outside institutions in the field of drug control and treatment. We wanted to know which effects and consequences of cocaine use would become visible with persons who are mainstream citizens or as close to the social stratum as possible” (Cohen and Sas, 1994: 72). The overarching assumption of chain-referral sampling is that researchers can obtain the information they are interested in, in a successful manner using non-probability sampling methods (Honigmann, 1982).

There are a variety of different types of chain-referral sampling. Chain-referral is an umbrella term for network sampling; snowball sampling is one type; respondent-driven sampling is another (Heckathorn, 1997, 2002a, 2002b; Heckathorn and Jeffri, 2001, 2003; Heckathorn et al., 2002; Magnani et al., 2005; Salganik and Heckathorn, 2004; Semaan et al., 2002). For the purposes of this research snowball sampling is being used. Neuman (2000: 199) explains snowball sampling as being “based on an analogy of a snowball, which begins small but becomes larger as it is rolled on wet snow and picks up additional snow”. He adds that snowball sampling “begins with one or a few people or cases and spreads out on the basis of links to the initial case. [...] The researcher eventually stops, either because no new names are given, indicating a closed network, or because the network is so large that it is at the limit of what he or she can study”. In its simplest form, “a network sample will work by using each individual in the sample as a sampling node to generate the next subject; this procedure being repeated until the network is exhausted” (Griffiths et al., 1993: 1619).

So in theory, the researcher is expected to go out and make contact with potential participants, then after building a reliable and trusting relationship through the interview process, ask the willing interviewees to recommend friends and acquaintances that fit the research sample. In practice this is demonstrated in the Diagram 3.1. Starting with one interview and interviewee, the researcher is passed on to a few friends and acquaintances who fit the research criteria and who are in turn interviewed and then pass on the

during the data collection process: (1) “researchers described the project to friends and colleagues who had some professional or personal contact with drug users, asking them to spread the word about the research and to refer to us anyone who might possibly be considered [appropriate]”, and (2) “[s]ubjects who went through the interview process were asked to refer other drugs users who might be interested in participating”.

Chain development and cessation is fundamental to snowball sampling: “Control is exercised in an attempt to ensure that the sample includes an array of respondents that in qualitative terms, if not in rigorous statistical ones, reflect what are thought to be the general characteristics of the population in question [...] control over the referral chains is not only selective, but is also based on *theoretical* considerations” (Biernacki and Waldorf, 1981: 155-6 – italics original). A chain is continued until it either comes to a natural end or reaches saturation point. When “the analysis has been developed to the point where it adequately comes to terms with the materials in question, some referral chains might be continued and individual cases deliberately selected for the purpose of confirming various aspects of the analysis” (Biernacki and Waldorf, 1981: 156).

There are a number of methodological problems with snowball sampling. Biernacki and Waldorf (1981) identify these as: finding respondents and starting referral chains, verifying the eligibility of potential respondents, controlling the types of chains and number of cases in any chain, and pacing and monitoring referral chains and data quality.

The problem with finding respondents can be as simple as not being able to locate potential respondents or not being able to find potential respondents that are willing to participate. Another issue with finding respondents is one of distortion, where accessible and vocal elements of the subculture are over-sampled. An example of this is that “[m]iddle-class drug users may be over-represented in such studies as they often exist on the fringes of the research community and therefore provide roads of access into the behaviour by exploiting existing friendship networks” (Griffiths et al., 1993: 1618). The

problem of finding respondents and starting referral chains was encountered during this research.

Research data based on interviews relies on the assumption that the interviewees are telling the truth. It has been argued that researchers should not take voluntary self-presentations by interviewees at face value (Douglas, 1976). This introduces the problem of verification: Is the respondent actually recounting correct and accurate information? Zinberg (1984: 11-12) discusses three verification techniques. Two of these techniques were utilised, where possible, in this research: (1) “the interviews were structured so that selected topics were raised more than once in slightly different ways at widely spaced intervals” and (2) “the subjects who were recruited by other subjects provided opportunities to cross-check data”. Data triangulation (Biernacki and Waldorf, 1981; Denzin 1970; Webb et al., 1966) using third parties was also used where possible in this research. Questions of verification inevitably lead to the issues of data validity and reliability. Validity refers to “agreement with an outside criterion” (Maddux and Desmond, 1975: 87) and can be tested for “by actively recruiting a “friend” or collateral for each subject interviewed” (Zinberg, 1984: 12). Reliability is “consistency or agreement of information given by the subject at different times” (Maddux and Desmond, 1975: 87). As only two respondents were recruited through referrals, this technique had limited utility in this research; however, it was used where appropriate.

Controlling chains and numbers of cases within a subgroup is also difficult: “Another problem that must be addressed and controlled when using the chain referral sampling method is that of limiting the number of cases within any subgroup in the sample. The researcher must continually ask: How many more cases should be collected and in what direction should the referral chain be guided? The decision here should be based on at least two considerations: representativeness of the sample and repetition of the data” (Biernacki and Waldorf, 1981: 156). When using network sampling, there is also the risk of “over-emphasis on cohesiveness in social networks [...] Individuals who shy away from group involvement may be missed or under represented” (Griffiths et al., 1993: 1618).

The generalisability of data garnered from snowballing is problematic. For Biernacki and Waldorf (1981: 150), the main issue “is the extent to which snowball sampling is dependent on social networks [and] the extent to which the method will reveal the possible variations that might be extant in the population. Or will the exclusive use of the method yield a biased sample by revealing only those cases discovered through existing social networks”? Griffiths et al. (1993: 1618), identify the problem as one of idiosyncrasy, where the “focus is on small networks that may be distinct [...] the need for generalization requires consideration of the extent to which a subcultural population may be considered representative”. While the generalisation of data an issue for all forms of non-probability sampling, “it has been suggested that theoretical developments are leading to the possibility of snowball samples becoming more open to generalization [...] The level of generalization is likely to be strengthened by the generation of large sample sizes and the replication of results” (Griffiths et al., 1993: 1619). Comparing the sample demographics in this research with the equivalent nationally collected statistics was originally intended to address the issue of generalisability. However, due to the size of the sample, this was not deemed appropriate. It is therefore not suggested that the interview sample is generalisable.

A general issue with snowball sampling is that it is heavily reliant on the researcher. It is incredibly time consuming and labour intensive, depending almost exclusively on the researcher’s resources and contacts (Griffiths et al., 1993). Therefore it is an inevitability that the quality of the research “may be heavily influenced by the quality of the researcher” (Griffiths et al., 1993: 1619). This is not necessarily a weakness, for an able and well- resourced researcher may be able to produce high quality research using this method. Nevertheless, snowball sampling’s heavy reliance on the researcher had a substantial impact on this research, which will be discussed below.

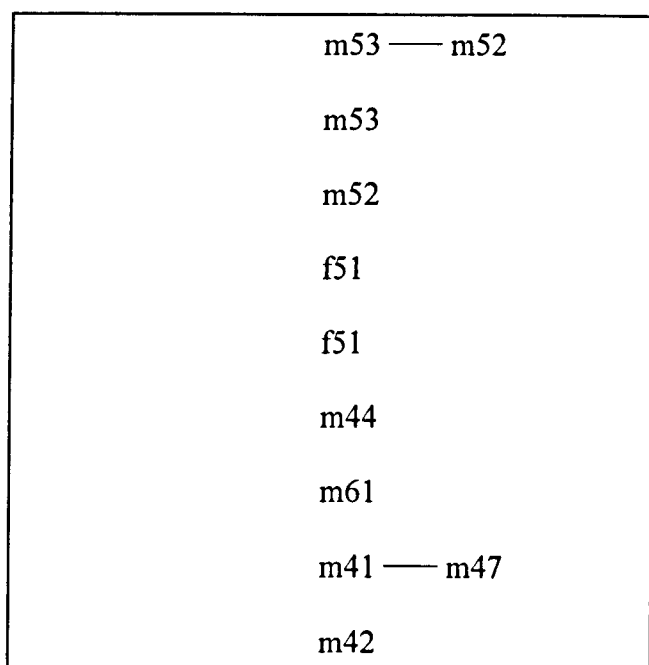
Despite the various problems associated with snowball sampling, it is the theoretically most appropriate sampling method for this research. Snowball sampling is the most effective way to locate potential respondents outside of

institutional referrals. This is an important aspect of this research as there are numerous differences “between subjects who were in contact with treatment agencies and those who were not” (Griffiths et al., 1993: 1623). Snowball sampling allows the research to locate older illegal drug users living in the community.

3.2.2 The Reality

The research encountered huge, insurmountable problems in locating and interviewing potential participants. The first 24 months of the research was spent talking to people and passing around information about the research, resulting in only a handful of initial interviews. Only one of these initial interviews actually led to a subsequent interview and could therefore be considered a ‘snowball’, however, this subsequent interview did not lead to any further interviews, meaning the end of the sampling chain. In general, the interviewees were reluctant to pass on names and their friends and acquaintances were even less likely to agree to be interviewed. What happened in reality was that at the end of a fantastic interview, the interviewee was asked if they knew of anyone who was like them and would be interested in being interviewed. They would then say that they knew some people who might be interested, but they would have to get in touch with them. After a couple weeks, the researcher would call back the interviewee, enquiring if any of their potential chain referrals were willing to be interviewed. However none of their acquaintances were willing to participate and the snowball would end at one. The final sampling chain is illustrated in Diagram 3.2. Out of the eleven interviews that were conducted, only two were the result of ‘snowballing’ and they in turn led on to no further contacts. The lack of depth in the research sample is graphically illustrated by the comparison of Diagram 3.2 to Diagram 3.1.

Diagram 3.2: Sampling Chain



It is absolutely imperative to realise that older illegal drug users *do* exist, but the issue was that they were unwilling to speak to the researcher (a stranger) about it. Over the course of two years and many conversations with various people concerning the research, a good number of potential participants were identified. However, the vast majority of these people were unwilling to be interviewed. Interestingly, some people were willing to be interviewed by their initial contact, but not by the researcher.

Reasons Behind the Reluctance

Three reasons why potential respondents could be wary of becoming involved with this research are identified. The first is that “respondents were being asked to talk openly about a topic that they were normally accustomed to keeping hidden” (Notley, 2005: 280). Older users are less likely to be comfortable talking about their drug use compared to, say, younger users involved in a more relaxed and open drug using context. Notley (2005), in her research on adult illegal drug users, experienced similar problems with her snowball sampling and

held this the reason for her difficulties. The second reason is that older adults have more to lose. For example, they may have jobs, families, and other ties to 'mainstream' society that are in jeopardy by the admission of illegal drug use). The third reason is that drug users of this age cohort started using at a time when drug use was very secretive, with tougher legal and social consequences, and they are therefore less inclined and comfortable to talk openly about it. It is a unique feature of this sample that they are doubly difficult to contact and interview because their age makes them less inclined to talk about their use as theirs is a more secretive generation, *and* because they have more to lose in the event of exposure. But, of course, this is precisely what makes this group so interesting.

It may also be the case that the personal characteristics of the researcher played a part in the difficulties of locating and interviewing older recent illegal drug users. The first personal characteristic is that of age. As the researcher was half the age of many of the potential interviewees, this potentially caused problems both in terms of locating potential interviewees as well as problems of trustworthiness. As forty and fifty year olds are not part of the immediate peer group of the researcher, there are very few social situations, and therefore opportunities, for the researcher to gain access and make initial contact with potential interviewees. In addition, potential interviewees may have been considerably less likely to have trusted somebody nearly half their age to have the requisite experience of life and drug use to make participation in the project a worthwhile exercise.

The other personal characteristic of consequence is that the interviewer is a foreign national. The main impact of this is similar to and compounds the age issue. As the interviewer has no older family members or family friends living in Britain, access to the older age group is limited. This blocks off another avenue of contact with potential interviewees. Access via family and family friends may also have potentially encouraged a more trusting relationship between interviewer and interviewee. Contacting and interviewing older illegal drug users is difficult in any case due to wider social and practical reasons, the age and nationality of the researcher made the search even more difficult.

3.2.3 The Solution

The solution to the problem of limited interview recruitment was twofold. First the age cut-off for the research was dropped from 50 years-of-age to 40 years-of-age. The second measure was introduced to compensate for the fewer number of qualitative interviews. It involved introducing more in-depth statistical analysis, and took the form of hypothesis testing and logistic regression.

3.3 Ethical Considerations

As with all research, especially criminological research, certain ethical issues need to be identified and addressed. As the data for the quantitative section of the research came in a cleaned and anonymised format, its ethical implications do not need to be considered here. The qualitative data, however, was collected in the process of carrying out this research. Therefore it requires consideration. General ethical issues surrounding criminological research and illegal activity will be examined first (3.3.1). Then, the pivotal issues of informed consent (3.3.2) and confidentiality will be discussed (3.3.3).

3.3.1 General Ethical Issues

This research undertakes to find out about people and their illegal drug use. This means that the information collected is on an activity that is illegal and that could therefore have negative legal and social consequences for participants. This is why certain precautions have been taken to safeguard the interviewees. In formal terms this has meant identifying and addressing issues around informed consent and confidentiality. In broader terms this has meant conducting the research in a manner that does not cause harm to the participants. Practically this means offering to conduct the interview in a variety of locations (interviewees home, researchers office, neutral location/coffee shop), storing

interview tapes in a secure location with the intention of destroying them at the completion of the research, and offering interviewees the opportunity of accessing the completed research.

3.3.2 Informed Consent

Participants in any research need to be properly informed about what they are about to undertake before they can agree to be involved. Informed consent is usually signified by having participants read and sign an information sheet, signifying that they understand what the research entails and agree to participate. However, in this case it was deemed inappropriate to have participants put their name to the research by signing something. Instead the principles of implied consent were employed: “implied consent can replace a signed consent slip when researchers conduct tape-recorded in-depth interviews. In this instance, the interviewers fully explain the nature of the project and the potential risks and benefits at the beginning of each interview. Next, the interviewers ask the subjects if they understand the information and are still willing to take part in the interview. Affirmative responses and completed interviews serve the purpose of implying consent in the absence of a signed consent slip. The benefit of this particular style of informed consent is the elimination of any record of the subjects’ names” (Berg, 2001:57).

In this research, potential interviewees were given a form with information about the research on it. They were then asked if they had any questions concerning the research and if they were still willing to participate. Implied consent was then inferred if, after having read the information sheet, they were still willing to be tape-recorded and interviewed.

3.3.3 Confidentiality and Anonymity

Confidentiality and anonymity are two other ethical areas that necessitate attention.⁴⁵ Anonymity cannot be assured, as the very nature of an interview means that the researcher has seen and spoken to the participant. As a result, they are no longer anonymous. However, to counter this, great measures were taken to assure confidentiality.

Zinberg (1984:9) identified nine ways to 'safeguard interviewees' identity':

1. "No subject's name or any other identifying information was available to anyone outside the research project"
2. "Interviews were tape-recorded and transcribed, and these records were assigned code numbers."
3. "Identifying information on subjects interviewed by indigenous data gatherers was known only to those data gatherers"
4. "Subjects were told that they could decline to answer any question without explaining why"
5. "They were shown how to operate the tape-recorder and invited to shut it off at any time if they wished to discuss something "off the record" or if they wanted a moment to decide whether to reveal certain information"
6. "Subjects were instructed to alter names and other identifying information concerning other people whom they might discuss"
7. "At the close of the interview, subjects were given the opportunity to review and erase any part of the tape"
8. "In writing up cases, care was taken to alter certain information so that a reader who knew that subject could not identify him."
9. "No information provided by one subject was told to another subject, even when the two were closely related and knew that both interviews had been conducted"

Of these nine, five (numbers one, two, four, eight, and nine) of Zinberg's methods were employed in this research to protect the identity of the interviewees. The first is that only the researcher knew the name and identity of all of the participants. These details were not shared with anyone else. The researcher only kept a name and contact number (if given) of the participants (in some instances only a name was known).

⁴⁵ For an interesting debate as to whether or not confidentiality is something that can be guaranteed in criminological research see: Fitzgerald and Hamilton, 1996; Fitzgerald and Hamilton, 1997; Israel, 2004.

The second precaution was that all of the interviews were tape recorded and transcribed; each tape and transcription was assigned a corresponding number. The key was in the researcher's memory, so there was not a physical list linking interviewee back to their interview. Obviously, the lack of physical list was only possible due to the small sample size in this research. Had the original sample size been reached, other methods would have been employed to protect the identity of the respondents. Also during transcription, all identifying information was changed so that the interview could not be linked back to a participant through details and characteristics (precaution eight), and interviewees were given a pseudonym for the purposes of publication.

The fourth precaution was that interviewees were told that they could decline to answer any question for any reason, and that they could stop the interview at any point. However none of the interviewees took up this option; all questions were answered in all the interviews.

Precaution nine was that no interview information was passed between interviewees, even if they knew each other. As two of the interviews were obtained through friendship links, it was important to make clear, and maintain, confidentiality between the two interviews. This was ensured by not mentioning the other interviewees thoughts and answers. If interviewees asked questions about other interviews, they were told that the information from those interviews was confidential.

3.4 Summary

The first section of this chapter discussed the BCS and the 2001/02 run of the survey that constitutes the data set that is used for this research. It then introduced the variables that are used in the analysis, as well as the univariate, bivariate, and multivariate tests that are used.

The second section examined the qualitative methodology. Snowball sampling and in-depth face-to-face interviews are used to collect the qualitative data for this research allowing for data to be collected on the life histories of older illegal drug users living in the community. Due to the problems encountered in relation to locating and interviewing potential respondents, the original research plan had to be changed. This was discussed along with potential reasons for the setback. This section concluded with the presentation of the solution and new research plan.

In any research into illegal activity there needs to be a comprehensive strategy to address the theoretical and practical ethical issues that arise. The third section of this chapter examined these ethical considerations and revolved around themes of reducing any potential harm that could occur to participants. As the quantitative aspect of this research was done through secondary data analysis of a pre-existing data set, the primary researchers will have addressed all ethical implications. The ethical issues with regard to the qualitative have been discussed and addressed and include an examination of the general ethical issues, informed consent and confidentiality.

4. Results

This chapter presents the results of this research project. The first part details the results of the quantitative analysis, including univariate (demographic characteristics), bivariate (hypothesis testing), and multivariate (logistic regression) exploration of the BCS 2001/02 dataset. The second part presents the results from the qualitative analysis, including demographic characteristics and themes drawn from the eleven in-depth interviews.

The first of three quantitative components examines the demographic characteristics of older recent drug users. Hypothesis testing is the second quantitative component. The final quantitative component is logistic regression. This section builds a picture of older recent illegal drug users in terms of both demographic and criminological characteristics. The full results from the three levels of analysis are in the following appendices:

Demographic Characteristics – Appendix 3

Hypothesis Testing – Appendix 4

Logistic Regression – Appendix 5

Qualitatively, this research looks at the results of eleven in-depth interviews with older recent illegal drug users. Demographic characteristics of the interviewees are discussed, the interviewees themselves are introduced, and key themes and ideas are extracted from the interviews and discussed. This section explores the reasons behind how and why older recent illegal drug users are using and have continued to use throughout their lives.

4.1 Quantitative

This section will present the results of the quantitative analysis, including: demographic characteristics (4.1.1), hypothesis testing (4.1.2), and logistic regression (4.1.3). The statistical analysis sample, from the 2001/02 BCS, includes 378 recent drug users aged between 40 and 59 years (Table 4.1). The drug of choice for this group of drug users is cannabis (Table 4.2).

Table 4.1: Age and recent drug use

Age (in years)	Used any Drug		
	Never Used	Used in Past	Used Recently
16 – 39	59.8%	25.1%	15.1%
40 – 59	80.5%	16.0%	3.6%

Table 4.2: Older recent drug users and drug of choice

Substance	Frequency	% of sample
Cannabis	307	2.9
Tranquillizers	38	0.4
Amphetamines	24	0.2
Cocaine	23	0.2
Ecstasy	17	0.2
Amyl Nitrate	17	0.2

4.1.1 Demographic Characteristics

Demographic characteristics for seventeen variables were analysed. These are listed in Table 4.3. Older recent users are more likely to be male than female and are less likely to be an ethnic minority. Marital status is evenly split

between those with partners and those without partners; however the majority do not have children. Over half of older recent drug users have some form of secondary (further) education and over a third have some form of tertiary (higher) education. The majority of older recent drug users did some form of paid work in the week preceding the interview and nearly 60% spend over seven hours away from home during the day. Just over half of older recent drug users have a total annual household income over £20 000, with only 10% saying it would be impossible for them to come up with £100 in an emergency (the rest said it would be either a bit of a problem or no problem at all).

Older recent drug users are more likely to say they were in good health, with nearly two-thirds reporting not to suffer from any long-standing illness, infirmity or disability. The majority of older recent drug users drink alcohol, with over three quarters drinking on average at least once a week. Only 6.7% abstain from drinking alcohol. Also, the majority of older recent users live in a smoking household. Nearly three fourths of older recent users visited a pub in the month preceding the interview. Less than 15% had visit a club within the same time frame.

The demographic picture that emerges is that older recent drug users are more likely to be white male drinkers and managing financially. They are more likely to drink alcohol at least once a week, visit a pub on a monthly basis, and live in a smoking household. They are also more likely to report being in good general health with no long-standing illness. Older recent drug users are also more likely childless with no tertiary education, having done paid work in the last seven days.

Table 4.3: Demographic characteristics of older illegal drug users

		%
Gender	Male	61.6
	Female	38.4
Ethnicity	White	96.3
	Non-white	3.7
Marital Status	Single	53.3
	Married	46.7
Children	Yes	30.4
	No	69.6
Secondary Education	Yes	57.3
	No	42.7
Tertiary Education	Yes	37.1
	No	62.9
Paid Work in last 7 Days	Yes	68.8
	No	31.2
Hours Away from Home	Less than 7 hours	40.5
	7 or more hours	59.5
Total Household Income	£20 000 and below	47.4
	Above £20 000	52.6
Financially Managing	Yes	89.9
	No	10.1
General Health	Good	69.6
	Poor	30.4
Long-Standing Illness	Yes	35.7
	No	64.3
Drink Alcohol	Yes	93.3
	No	6.7
Drink Alcohol (Once/Week)	Yes	75.7
	No	24.3
Smoking Household	Yes	72.8
	No	27.2
Visited Pub in Last Month	Yes	74.6
	No	25.4
Visited Club in Last Month	Yes	14.8
	No	85.2

4.1.2 Hypothesis Testing

Nineteen bivariate hypotheses were tested to examine how older recent drug users compared to older non-recent users across four categories: community,

victimisation, attitudes of the criminal justice system, and experiences of the criminal justice system.

Community

Five hypotheses were tested in the category of community. The results are presented in Table 4.4.

Hypothesis 1: Older recent drug users live in areas with increasing crime rates compared to older non-recent users.

The relationship presented in the crosstabulation, older recent-users are less likely than non-recent users to live in areas with an increasing crime rate. However, the relationship is not statistically significant. As there is no significant relationship between recent drug use and living in areas with increasing crime rates, the null hypothesis cannot be rejected. There is therefore no relationship between recent drug use and living in areas with an increasing crime rate.

Hypothesis 2: Older recent drug users live in worse neighbourhoods compared to older non-recent users.

This relationship is not significant, showing almost equal percentages of recent and non-recent users living in good quality neighbourhoods. As there is not a statistically significant relationship between recent drug use and quality of neighbourhood, the null hypothesis cannot be rejected. There is no relationship between recent drug use and quality of neighbourhood.

Hypothesis 3: Older recent drug users are less likely to be involved in Neighbourhood Watch programs compared to older non-recent users.

This relationship is also not statistically significant; the null hypothesis therefore cannot be rejected. Only nine recent drug users responded as to their membership in a Neighbourhood Watch program. Although the actual numbers

are small, the percentages between recent and non-recent user members of a Neighbourhood Watch program are similar. There is no relationship between recent drug use and Neighbourhood Watch membership.

Hypothesis 4: Older recent drug users live in visibly shoddier neighbourhoods compared to older non-recent users.

There is a statistically significant relationship between recent drug use and visible quality of neighbourhoods, with more recent, compared to non-recent users living in visible shoddier neighbourhoods. The null hypothesis therefore can be rejected. There is a relationship between recent drug use and quality of neighbourhood, with older recent drug users living in visibly shoddier neighbourhoods.

Hypothesis 5: Older non-recent drug users live in tighter knit communities than older recent drug users.

Non-recent drug users are more likely to live in tight knit communities compared to recent drug users. As this is a significant relationship, the null hypothesis can be rejected. Therefore there is a relationship between recent drug use and community closeness, with recent users living in less tight knit areas.

Table 4.4: Crosstabulation and Chi-square Results for Community

	Recent Users	Non-Recent Users	x ²	df	sig (p <)
Community					
Areas with increasing crime rate	43.5%	52.2%	2.041	1	ns
Good quality neighbourhood	52.7%	54.5%	0.118	1	ns
Member of Neighbourhood Watch	66.7%	63.1%	0.43	1	ns
Visibly shoddier neighbourhoods	68.8%	55.4%	26.272	1	0.001
Tight knit community	17.1%	34.6%	92.185	2	0.001

To analyse the relationship between older recent drug use and community, five variables were tested. Of these, only two were statistically significant; older recent drug users are more likely to live in visibly shoddier, less tight knit neighbourhoods. In general, older non-recent drug users, compared to recent drug users, tend to live in less shoddy and tighter knit communities.

Victimisation

Five hypotheses were tested under the heading of victimisation, the results for which are presented in Table 4.5.

Hypothesis 6: Older recent drug users worry more about being a victim of crime compared to older non-recent users.

Non-recent users, compared to recent drug users have a higher level of worry about victimisation. This is a statistically significant relationship; the null hypothesis can therefore be rejected. Older non-recent drug users worry more about being a victim of crime than recent users. There is a relationship between

recent drug use and worry about victimisation, with non-recent users having higher levels of worry.

Hypothesis 7: Older recent drug users are more likely to be victims of crime compared to older non-recent drug users.

There is a statistically significant relationship between recent drug use and victimisation, rejecting the null hypothesis. Fewer non-recent users have been a victim of crime, compared to recent users. There is a relationship between older recent drugs use and victimisation, where recent users are more likely to be victims of crime.

Hypothesis 8: Older recent drug users have an increased of likelihood of victimisation compared to older non-recent users.

This relationship is not statistically significant with more recent users, compared to non-recent users, feeling they had a high likelihood of victimisation. The null hypothesis cannot be rejected and therefore it cannot be said that there is a relationship between recent drug use and sense of likelihood of victimisation.

Hypothesis 9: Older recent drug users are more likely to witness a crime compared to non-recent users.

While only 185 respondents had witnesses a crime, 3.2% of recent users, compared to 1.7% of non-recent users, had witnessed a crime. The relationship between recent drug use and witnessing a crime is statistically significant. The null hypothesis can therefore be rejected; older recent drug users are more likely to have witnessed a crime, compared to older non-recent drug users.

Hypothesis 10: Older recent drug users are more likely to contact police about victimisation compared to non-recent users.

The relationship between recent drug use and contacting the police about victimisation is not statistically significant, with fewer recent users, compared to

non-recent, users having contacted the police. The null hypothesis cannot be rejected. There is no relationship between recent drug use and contacting the police about victimisation.

Table 4.5: Crosstabulation and Chi-square Results for Victimisation

	Recent Users	Non-Recent Users	χ^2	df	sig (p <)
Victimisation					
High level of worry about victimisation	22.4%	29.8%	6.982	2	0.05
Victims of crime	43.9%	30.7%	29.589	1	0.001
Increased likelihood of victimisation	42.2%	38.4%	0.380	1	ns
Witnessed a crime	3.2%	1.7%	4.704	1	0.05
Contact police about victimisation	22.4%	32.4%	2.141	1	ns

Of the five hypotheses tested to analyse the relationship between recent drug use and victimisation, three were statistically significant. Based on this, older recent drug users are more likely to be a victim of crime and to have witnessed a crime. However, older recent users are less likely to worry about victimisation.

Attitudes towards the Criminal Justice System

Four hypotheses were tested in relation to attitudes towards the criminal justice system. All of the results are presented in Table 4.6.

Hypothesis 11: Older recent drug users have less respect for the police than do older non-recent drug users.

Both recent and non-recent drug users were overwhelmingly respectful towards the police, with non-recent users holding slightly more respectful views towards the police compared to recent users. The null hypothesis can be rejected as the relationship is statistically significant. There is a relationship between older recent drug use and respect for the police, with non-recent drug users more likely to hold respectful views towards the police.

Hypothesis 12: Older recent drug users have less favourable attitudes towards the Criminal Justice System compared to older non-recent drug users.

The relationship between recent drug use and attitudes towards the criminal justice system is not statistically significant, with a greater number of recent users, compared to non-users holding negative attitudes towards the criminal justice system. The null hypothesis cannot be rejected; there is no relationship between recent drug use and attitudes towards the criminal justice system. Retesting the hypothesis using 'negative' and 'not negative' ('positive' and 'neutral') response categories still did not produce a statistically significant relationship.

Hypothesis 13: Older recent drug users have more lenient views on sentencing compared to older non-recent users.

The majority of respondents felt that sentences were too lenient with fewer non-recent users, compared to recent users holding this view. This relationship is not statistically significant and the null hypothesis cannot therefore be rejected. This relationship is still not statistically significant ($\chi^2 = 0.235$, $df = 1$, $p = ns$, 0.628) even after having combined the response categories 'too tough' and 'just right' into one ('not too lenient'). There is no relationship between recent drug use and views on sentencing.

Hypothesis 14: Older recent users have less confidence in the Criminal Justice System compared to older non-recent users.

The relationship between recent drug use and confidence in the criminal justice system is not statistically significant and the null hypothesis cannot therefore be rejected. While more recent users compared to non-users have low levels of confidence in the criminal justice system, as the null hypothesis cannot be rejected, there is no relationship between recent drug use and confidence in the criminal justice system.

Table 4.6: Crosstabulation and Chi-square Results for Attitudes towards the CJS

	Recent Users	Non-Recent Users	x ²	df	sig (p <)
Attitudes towards the CJS					
Respect for the police	86.7%	95.2%	4.349	1	0.05
Negative attitudes towards CJS	50.0%	35.9%	4.064	2	ns
Feel sentences are too lenient	80.7%	78.5%	0.237	2	ns
Low level of confidence in CJS	63.0%	50.0%	1.738	1	ns

In considering the relationship between recent drug use among older adults and confidence in the criminal justice system, four different hypotheses were tested. Of these, only one produced a statistically significant result. From this, recent older drug users hold generally less favourable views towards the criminal justice system than non-recent users.

Experiences of the Criminal Justice System

In examining experiences of the CJS, five hypotheses were tested, the results of which are presented in Table 4.7.

Hypothesis 15: Older recent drug users have more contact with the police compared to non-recent drug users.

More recent users than non-recent users have had contact with the police. This relationship is statistically significant, allowing us to reject the null hypothesis.

There is a relationship between older recent drug use and contact with the police, with recent users more likely to have contact with the police over older non-recent users.

Hypothesis 16: Older recent drug users have more contact with the CJS compared to non-recent users.

The relationship between recent drug use and contact with the criminal justice system is statistically significant; consequently the null hypothesis can be rejected. Nearly eighteen percent of recent users, compared to thirteen percent of non-recent users, have had some form of contact with the criminal justice system. There is a relationship between older recent drug use and contact with the CJS, with older recent users more likely to have had contact with the criminal justice system compared to non-recent users.

Hypothesis 17: Older recent drug users have more recent contact with the CJS compared to non-recent users.

Almost twice as many recent users have had recent contact with the criminal justice system compared to non-recent users. The null hypothesis can be rejected as this relationship is statistically significant. There is a relationship between older recent drug use and recent contact with the CJS, with older recent users, compared to non-recent users, more likely to have had recent contact with the criminal justice system.

Hypothesis 18: Older recent users are more likely to have been arrested compared to non-recent users.

Just over twice as many recent users, compared to non-recent users, have been arrested by the police. This is a statistically significant relationship, so the null hypothesis can be rejected. There is a relationship between older recent drug use and having been arrested, with recent users are more likely to have been arrested by the police.

Hypothesis 19: Older recent users are more likely to have been arrested recently compared to older non-recent users.

This relationship is not statistically significant; there were only 2 respondents who were both recent users and had been arrested recently. The null hypothesis cannot be rejected and it therefore cannot be said that there is a relationship between recent drug use and having recently been arrested.

Table 4.7: Crosstabulation and Chi-square Results for Experience of the CJS

	Recent Users	Non-Recent Users	x ²	df	sig (p <)
Experiences of the Criminal Justice System					
Contact with the police	23.5%	19.2%	4.432	1	0.05
Contact with CJS	17.5%	12.7%	7.547	1	0.01
Recent contact with CJS	5.3%	2.6%	10.321	1	0.01
Arrested	25.8%	12.6%	13.249	1	0.001
Recently arrested	8.7%	8.1%	0.012	1	ns

To examine the relationship between recent drug use and experiences of the criminal justice system, five variables were examined. Four of these relationships were statistically significant. In general, older recent drug users, compared to older non-recent drug users, are more likely to have experienced the criminal justice system (including contact with the police, contact with the CJS, recent contact with the CJS and having ever been arrested).

A total of nineteen hypotheses were tested over four areas. Of these ten were statistically significant. In general, older recent drug users compared to older non-recent users are more likely to live in visibly shoddier and less tight knit communities. They are less likely to worry about victimisation, but are more likely to be a victim of or witness to a crime. They are also more likely to have

experienced the criminal justice system, but are less likely to hold favourable views towards it.

4.1.3 Logistic Regression

This section presents the data from three logistic regressions run on the dataset. The first regression was run using the demographic variables, the second regression used criminological variables, and the third combined both sets of variables.

The first model created examines the relationship between recent illegal drug use and demographic characteristics. The outcome of this regression is that older illegal drug users are more likely to be single and live in a smoking household. They are also more likely to have a higher education, 'above A Level', be male and to have children. The demographic characteristic with the greatest predictive power is being single, followed by living in a smoking household. The least predictive demographic characteristics are having children and being educated above A Level (A complete list of demographic characteristics included in the model can be found in Table 4.8, significant results are in white, insignificant results are in grey).

Table 4.8: Demographic predictors of older recent illegal drug use

Single
Smoking household
Visited a club in the past month
Higher education
Male
Children
Further education
Drink Alcohol
Drink Alcohol (once/week)
Ethnicity
Financially Managing
General Health
Hours away from Home (Daytime)
Long-Term Illness or Disability
Paid work in last 7 days
Total Household Income
Visited a pub in the last month

The second model looked at the relationship between recent illegal drug use and criminological characteristics. Being a witness to a crime, living in a visibly good quality neighbourhood, having a high level of worry about victimisation, having had contact with the criminal justice system and police and being a victim of crime are all significant predictors of illegal drug use. Having witnessed a crime was the most predictive, followed by living in a visibly good neighbourhood. The least predictive were having been a victim of crime and having had contact with the police (A complete list of demographic characteristics included in the model can be found in Table 4.9, significant results are in white, insignificant results are in gray).

Table 4.9: Criminological predictors of older recent illegal drug use

Witnessed a crime
Visibly good neighbourhood quality
High level of worry about victimisation
Contact with the CJS
Victim of a crime
Contact with police
Low level of worry about victimisation

The third model combined demographic characteristics and criminological characteristics and tested their relationship with older recent illegal drug use. All but one of the significant variables was a demographic characteristic. Being single was the most important, followed by living in a smoking household. Victimisation was the least important and the only non-demographic variable (A complete list of demographic characteristics included in the model can be found in Table 4.10, significant results are in white, insignificant results are in grey). From this, the archetypal older recent drug user is a single, male, smoker who has been educated above A Level. He has children, has been the victim of a crime, and has visited a club in the past month.

Table 4.10: Demographic & Criminological predictors of older recent illegal drug use

<p>Single</p> <p>Smoking household</p> <p>Visited a club in the past month</p> <p>Higher education</p> <p>Male</p> <p>Children</p> <p>Further education</p> <p>Victim of a crime</p>
<p>Drink Alcohol</p> <p>Drink Alcohol (once/week)</p> <p>Ethnicity</p> <p>Financially Managing</p> <p>General Health</p> <p>Hours away from Home (Daytime)</p> <p>Long-Term Illness or Disability</p> <p>Paid work in last 7 days</p> <p>Total Household Income</p> <p>Visited a pub in the last month</p>

The demographic model was better at predicting older recent drug use than the criminological model. The combined model was the most predictive, although it did not explain much more than the demographic model on its own. So, when it comes to explaining older illegal drug use, criminological characteristics have very little predictive power, with demographic characteristics providing most of the explanation. As the third model held the most explanatory power, older recent drug users can best be predicted by being single, male, and a smoker. Having visited a club in the last month, being educated above A Level, having children, and being a victim of crime are, in order from strongest to weakest, the next most predictive factors.

4.1.4 Conclusion

The quantitative analysis of the 2001/02 BCS examined a total of 36 variables in univariate, bivariate and multivariate tests. The univariate analysis was an examination of demographic frequencies for older recent drug users and found that they are male, white, childless, employed, and financially managing. They are also drinkers and smokers, but report being in good health, and having visited a pub, but not a club, in the past month.

The bivariate analysis consisted of hypothesis testing. The tests found that compared to non-recent users, older recent drug users are more likely to live in visibly shoddier, less tight knit communities. They also worry less about victimisation, although are more likely to be victim of and a witness to crime. Older recent drug users, compared to non-recent users, are also more likely to have experienced the CJS, in terms of contact with police, contact with the CJS, including recent contact, and arrest rates, and are more likely to hold more negative views towards it.

Logistic regression was used for multivariate analysis. This found that the most predictive factors for older recent drug users were being a single male with children, as well as being a smoker, a drinker, a victim of crime, educated above A level, and having visited a club in the past month.

4.2 Qualitative

The qualitative analysis involves the frequency analysis of demographic characteristics, the introduction of the eleven interviewees, and the discussion of themes expressed in the in-depth interviews.

4.2.1 Demographics

Eleven in-depth interviews were conducted. Six interviewees were between 50 and 59 years of age, four were aged between 40 and 49 years, and one was aged over 60 years of age. The majority of the interviewees were male (nine of the eleven) and none belonged to an ethnic minority. All the interviewees lived in Yorkshire. The marital status of interviewees was evenly split; five lived with partners while six were single, however, only three interviewees had children. In terms of education, the majority of interviewees had some form of further education (eight of the eleven) and six of the eleven had some form of higher education. Nine of the eleven interviewees participated in paid work the week before being interviewed, with eight of the eleven spending seven or more daytime hours away from home. Just over half of the interviewees lived in households that earned over £20 000 a year (six of the eleven).

The majority (eight of eleven) of the respondents rated their general health as 'good' or 'very good', with only one respondent rating their general health as 'poor'. Along a similar line, three of the interviewees reported suffering from a long-standing illness, disability or infirmity, one of which was an asthmatic.

All of the interviewees reported drinking alcohol, with five of the eleven drinking alcohol on a daily basis with only one interviewee drinking less frequently than once a month. Half of the interviewees (six of eleven) lived in a tobacco smoking household. Most of the sample (eight of eleven) had visited a pub in the last month, however only four had visited a club.

The archetypal older recent drug using interviewee is predominantly male, childless, educated to a secondary level, employed, and living in Yorkshire. They also tended to be frequent drinkers and pub goers and rate their general health as good.

4.2.2. The Interviewees

This section will introduce the eleven interviewees who took part in the study. The focus is on their drug using career, their current patterns of use, and their general attitudes to their use.

Lenny

Lenny is a married 53 year old male with two adult children, who owns and lives in a semi-detached house in South Yorkshire. His drug of choice is cannabis, which he smokes on a regular basis, particularly at weekends but not every day and not at work. When on holiday he smokes every day. He also smokes cigarettes on holiday, something he never does at home. Lenny usually smokes alone in his back garden, and he would not smoke with or in front of people he does not really know. His normal dose is half a joint, however sometimes he may have more; this may be if he is

“out with friends, like, and you’re all around having a drink, listening to music and stuff like that”.

However, of his friends, Lenny figures only about five or six smoke and it’s not something that really comes up in conversation.

Lenny is educated to A level or equivalent, and works as a mechanic. He earns between 30,000 to 39,999 thousand pounds a year and spends, on average, more than seven hours away from home each weekday.

Lenny rates his overall general health as good and does not have any long standing illnesses or disability. On average, he drinks alcohol once or twice a week, drinking around eight units per session. This tends to take place in the pub; he does not normally go to clubs.

Lenny started using drugs aged 18. Cannabis was his first drug, and he experimented with LSD, speed and magic mushrooms during the first couple of years of his use. As his circumstances changed, his drug use waned:

“You know, I had family and children and stuff like that, it was just, it wasn’t really the thing to be doing I suppose”.

The break in use lasted for a considerable period, but Lenny restarted about “ten or twelve years ago”, as his family was getting older. Lenny has a relaxed attitude towards his consumption, stating that he does not believe it has negatively affected his life and that he does not consider himself an ‘abuser’.

Matt

Matt is a 52 year old male who is married with children. He rents his semi-detached home in South Yorkshire. He is educated to ‘A’ Level or equivalent, and is currently self-employed, earning between 25,000 and 29,999 pounds a year. He tends to be away from home for seven or more hours each weekday, and although he does not go to clubs, he does go to the pub three or four days a week, despite the fact that he is

“not an absolute great lover of drink.”

Matt is a smoker, but regards his general health as good and has no long standing illness.

Matt’s drug career started at the age of “15 or 16”, with half a tab of LSD:

“that was my introduction to drugs [...] we didn’t know what it was anyway”.

As a late teenager and an apprentice in his early 20s, Matt indulged in what he describes as “heavy use”, as part of the early 70s progressive rock scene. This included speed, LSD and cannabis. Later he became a farm worker, and problems of access, amongst other things, meant that he did not use drugs for

around a decade. This period also coincided with the birth of his children. Later, he moved back into a town, and resumed casual use.

Today his use largely consists of cannabis with the occasional use of cocaine:

“I will do a line of cocaine at Christmas [...] spirit of Christmas [...] it’s like a treat to myself”.

Matt smokes at home, or in a group which is always constituted of the same friends. He is generally relaxed about his use and although he is a little concerned at the potential long term health effects, despite rating his and his friends’ use over time as “sensible”.

Ned

Ned is 53, and divorced with adult children. He is educated to ‘O’ Level/GCSE level, and lives in his own semi detached home. He is not currently working, having suffered a physical injury unrelated to drug use. He tends to spend a lot of time at home (being out of the house on a weekday for between 1 and 3 hours) and earns between 5,000 and 9,999 pounds a year.

He began to use drugs at 17 years of age when offered amphetamine by a friend. Since then, he has generally been a regular user of amphetamine, with breaks in use when he was married (for 5 years) and in prison. Despite occasional experimentation with other drugs, Ned has always returned to amphetamine. Cannabis “just makes me depressed”, and heroin, which he tried in the 80s, made him sick.

“if it isn’t amphetamines I don’t want it.”

Today, Ned uses amphetamines almost every day “just to keep meself kicking on if you like”. He takes the drug largely within the same group of friends,

“with different people sorta my age that sorta go to soul all night discotheques”

Ned describes his general health as very good general with no illnesses to speak of. He is a non-smoker, and goes to the pub no more than once a week, preferring the club. His attitude towards his use is somewhat contradictory. On the one hand he has thought about getting a maintaining script but is concerned about the consequences of visiting the doctor and getting his use recorded “on paper” for future job prospects and such like. On the other, he feels his use is not ‘doing him any harm’, and if necessary he believes he could come off amphetamines in two weeks. Above all, he still enjoys his use.

Ollie

Ollie is 52, married with children who live at home. He is educated to degree level and lives in his own detached house. Ollie owns a company that employs more than 25 people, and as such spends large amounts of time during the week away from home.

His initial experiences with drugs came at the age of 18 and centered on cannabis, although he also experimented, albeit rarely, with acid and speed. His use during his university days was “driven by economic factors” and he stopped after completing his degree:

“Different time, different place, different people”.

During this period he fathered two children with his wife, but by his early 40s he was suffering from depression and his psychiatrist suggested that cannabis would be a better stress relief mechanism than his increasing drinking, so he resumed use. Today, he uses cannabis almost every day when it is available to him. Very occasionally Ollie will also use cocaine. One or two of his friends and work colleagues also smoke, but Ollie’s use tends to be at home with his wife.

“Normally I wouldn’t look for something out of my own sort of networking environment”.

Ollie rates his general health as very good with no illnesses. He visits the pub three times a week and drinks four units of alcohol a day. He does not frequent clubs and is a non-smoker, although he does use tobacco in joints.

Although he has considered reducing his use, Ollie is sanguine about his use:

“Why? I think it’s quite enjoyable to be perfectly honest”.

He points out that it has not prevented him becoming “reasonably successful” in business, and he has allowed his children kids to smoke cannabis in the house and is aware of their wider drug experiments, believing that it is better that such things are “above board”.

Pat

Pat is 51 and lives with partner. She has no qualifications and lives in her flat rent-free. She is not currently working and earns between 5,000-9,999 pounds per year. She spends most of her time at home.

Pat started smoking cannabis at age 14 when she asked a friend if she could try some. By this stage she was already drinking whisky. For a time after this her illegal drug use was light, although her drinking continued to be heavy. Her marriage saw a significant increase in her use of amphetamines. This continued after her children were born, and she also tried a wide variety of other drugs including crack and heroin. Though her use, particularly of amphetamines, has been consistent, there have been peaks and troughs. A spell in prison saw her stop use, but periods of depression see it increase.

Pat generally uses amphetamines every day, and also occasionally ecstasy and cannabis. She injects amphetamines.

“Could be 30 or 40 times a day” [injecting].

Her use now tends to take place with her partner; her clubbing has decreased over the last few years. She also consumes around 20 units of alcohol every day and smokes.

Pat rates her general health as very bad. She suffers from rheumatoid arthritis and she has a number of other persistent illnesses. She has problems with her veins and her skin, including gangrene. She blames this on her drug use:

“Even though it’s made me ill, I still carry on with it”.

Drug use has also affected her family life; her daughter does not allow Pat to look after her grandchildren anymore. She also hides the extent of her injecting from her children. Her drug use has also caused financial pressure:

“It’s ruining our lives money wise”.

Despite her consistently heavy use, Pat did manage to hold down four jobs when her children were young, and she worked full time at a now closed firm for ten years.

Of all the interviewees, Pat’s use is the heaviest and, on the face of it would seem to be the most destructive. However, it is Pat’s drinking that perhaps has the most debilitating effect on her, although of course it is difficult to separate the effects of this from the effects of her drug use.

“I mean obviously it has to have affected my life, hasn’t it? But honestly and truthfully, I don’t know where I would have been now if I hadn’t have took em”.

Quinn

Quinn is 51 years old, is single and has never married. She has no children and lives in a rented flat. She is educated to ‘O’ Level/GCSE and earns between 5,000-9,999 pounds per year. Quinn is self employed and spends between five

and seven hours a day out of the home. Quinn rates her general health as fair, although she does have some illnesses.

Quinn's drug career began as a 13-14 year old, experimenting with cannabis with a friend. At age 19 she attended a party hosted by a local rock band who supplied LSD. This triggered a period of experimentation; her cannabis use became regular, as did her use of LSD, and she also used magic mushrooms and amphetamines. A new boyfriend saw her dabble with cocaine and heroin. From hippy beginnings, she began to embrace a more "upmarket, clubby" style and a new social circle, and began using ecstasy. She has been a fairly consistent user, but the death of an addicted boyfriend saw her stop for a time.

Today, Quinn mainly uses cannabis, and occasionally cocaine. She avoids other drugs, including those which she once used regularly, including amphetamine and LSD. She smokes and drinks more than she did at the height of her drug consumption, drinking and visiting the pub one or two days a week and tending to consume around three units of alcohol a day.

Her drug use is less connected to a social circle today, and she smokes alone:

"I don't want to be in that sort of druggy scene anymore really".

Quinn is philosophical about her drug use:

"I don't think it's affected me [...] I sometimes wonder how my life would have been if I'd have gone down a different road"

She does not particularly consider drug use to be her main vice:

"I've probably wasted more of my life on men than drugs".

Roger

Roger is 44 and single, having never married, and has no children. He has a higher degree and lives in a terraced house which he bought with a mortgage. Roger works as an employer/manager in a small organization that employs less than 25 people. His work means he is outside of the home for 7 hours or more a week day. He earns between 25,000 and 29,999 pounds per year.

Roger feels that his general health is good, and he had no illnesses.

Roger drinks regularly both at home and in pubs. He is also a tobacco smoker. Drinking is an important part of his social life; it is an activity engaged in with a close knit group of friends, some of whom have been part of the group since school days.

Roger's drug career started at 16, smoking cannabis with friends. By this age the groups had already started drinking. They also experimented with magic mushrooms and, later, LSD. As they entered adulthood, they became part of the punk scene, and became heavily into its drug of choice—speed. The group also began to use valium to deal with the comedown.

After the age of 25, cannabis came to dominate Roger's drug use. He also used ecstasy in its late 80s/ early 90s heyday. Since then, he has settled into consistent use of cannabis.

For Roger, using cannabis is part of the social experience that centres on drinking in his friendship group, which includes his brother:

“I've never taken drugs and not drank”.

Roger is very relaxed about his drug use and gives it very little thought. He does acknowledge that his use has somewhat 'settled down' as he has become older.

“I’ve finally reached the age of reason”.

Simon

Simon is 61 and divorced. He has no children. He lives in a mortgaged terraced house, and works as an employer/manager in a small firm which employs less than 25 people, earning 20,000-24,999 pounds per year. Simon has a PhD.

Simon’s initial experience of drugs came at the age of 18/19. He and a group of friends went away for the weekend and unbeknown to Simon, someone brought along some cannabis. This led to light use a couple of times a month. At university his use became slightly heavier, but following completion of his degree, he had a twenty year period where his use was only very occasional. Periods of stress led to an increase in use.

Commencing a PhD relatively late in life saw an increase in use. This was both as a result of being in a university environment again, and also for stress relief and to aid sleep:

“Towards the end of my PhD I was probably using it daily”.

Following completion of his thesis, Simon moved house and his use became less regular. Now, he smokes cannabis only occasionally, and not as part of a social group:

“I basically smoke on my own”.

Simon has been reluctant to experiment with drugs other than cannabis. His addiction to smoking led him to worry that he could easily become addicted to “dangerous” substances.

Simon rates his general health as very good, and reports no illness. Drinking has somewhat taken the place of cannabis for him recently; he drinks every day,

although lightly, and visits the pub 1 and 3 times a week. However, he has no plans to permanently cease use of cannabis.

“I could say that I’ve virtually stopped now, but stopping for ever and ever, I don’t see it as a problem, probably not”.

Tom

Tom is 41 and single, having never been married and without children. He lives in a mortgaged flat and is educated to degree level. Tom tends to be out of the house for long periods as he is a self-employed gardener, earning between 5,000 and 9,999 pounds each year. He rates his general health as good.

Tom smokes tobacco, and is a light drinker, visiting the pub between one and three times a week.

His first experience with drugs came at school, with light use of cannabis. For a time he also experimented with LSD, using it around half a dozen times a year across a two to three year period.

After working in a number of “physical” jobs after leaving university, Tom made a conscious decision to seek an “alternative”:

“I decided to make my attempt to drop out after that, so it was a bit of a planned process”.

As part of this planning, Tom “wanted something [...] sustainable in the long term”. As such, he settled on cannabis rather than drugs that he had seen have negative effects on associates. Tom’s decision has resulted in steady and consistent use over an extended period, through periods of both paid and self employment:

“It’s been steady for the last nearly 20 years[...] relatively continuous”.

To smokes six to twelve cannabis joints with tobacco each day. His use patterns depend upon his “needs and demands for the day”; if he is engaged in “something pleasant like gardening” he will smoke freely, but this is not always the case:

“Especially if I’ve got a meeting, or interfacing with others, then I tend to stay straight until after that”

Tom’s approach to illegal drug use is perhaps the most planned and thought-through of all the interviewees. Tom is the only interviewee for whom drug use arguably forms a central component of their identity, rather than being a mere aid to leisure relaxation, or a necessary crutch. Nevertheless, Tom’s use has still been combined with what, to all intents and purposes, looks like a reasonably conventional life (various jobs, partners, education). It is more that the manner in which Tom conceives his drug use, related to his broadly hippy-esque anti-consumerist stance, is different to the other interviewees.

Uri

Uri is 47 and single. He has never married and has no children. He lives in a rented flat. Uri’s work means he is out of the house for the bulk of the working day (seven hours plus). He earns between 5,000 and 9,999 pounds per year. He rates his general health as very good, and has no illnesses.

Uri drinks more or less every day (about five units each day) and visits the pub once or twice a week. He also occasionally visits clubs.

Uri’s initial experience with drugs came at age 18/19 when he began to share cannabis joints with colleagues after work. Despite various moves he always tended to find a group of people who were users, so his cannabis use remained reasonably constant. He experimented briefly with magic mushrooms and attempted to grow his own opium poppies, but this proved labour intensive and the feeling was “not particularly attractive”. A spell as a shopkeeper tempered

his use a little as he was concerned to not be stoned when dealing with the public.

“My work got more serious, [...] things to do. I was busy then, I guess I just slowed down a bit”

Uri currently uses cannabis regularly, sometimes every day. He rates his current use as:

“Occasional to steady”.

He never smokes in public, tending to smoke alone in the privacy of his home:

“Most joints I probably have by myself actually. Come home from work, late at night, sometimes before I go out on a date”.

Uri’s attitude to drugs is straightforward and uncomplicated; “yeah, yeah, no regrets, no regrets”. He is comfortable with his use, and suggests a simple reason for it:

“Relaxation, I think that’s what it is”.

Vince

42 year old Vince is married with no children. He has a higher degree. He lives in a semi-detached house which is of shared ownership. He earns over 50,000 pounds per year. Vince rates his general health as fair, although he does suffer from other illnesses, notably asthma. He drinks less than once a month and does not visit pubs and clubs, nor does he smoke tobacco.

His first drugs experience involved smoking cannabis in his bedroom with friend at age 15. Very quickly after this, he developed a regular pattern of use as part of a group of friends. During this period, Vince also tried magic mushrooms and LSD (once). He also tried cocaine a couple of times a little

later in the early 80s, although at this time “it wasn’t that easy to get coke [...] it was expensive”.

Vince largely gave up drugs at age 19. He felt it was affecting his life in a negative way. This included making it more difficult to study and engendering a feeling of “depression” and “alienation”. He would very occasionally indulge in this period, however.

He started use again in 1996. He describes his life at this stage as happier and more stable. This encouraged him to try cannabis use again. Initially, he used very regularly, but his use settled down and is now at a level that he feels is sustainable; sometimes he does not smoke cannabis for up to half a year:

“A kind of holiday activity, it’s a holiday activity, but the activity itself is also a holiday, if that makes sense”.

Vince’s use is sporadic for a number of reasons: he does not want it to affect his work, he is concerned about his asthma, and he and his wife are trying for a baby.

When Vince does smoke, he always uses cannabis that he himself has grown. He smokes in his home, and his wife occasionally joins him. He sees himself continuing to grow even if he gives up use himself; for him the process of growing is pleasurable.

During Vince’s teenage years there were both positive and negative aspects to drug use. However, now not only is happier in general, but he attempts to manage use in ways to maximise the benefits:

“I very much doubt if I would have stayed in the job I’m in now as long if I hadn’t used that as a crutch, as something I go back to occasionally or that I can always take refuge in”

Indeed, Vince feels he will probably only completely cease use for health reasons.

“The idea that I’d never do it again would seem a shame because it’s something that is pleasurable”.

4.2.3 Interview Themes

This section presents the themes and issues taken from the interviews. Four main themes, incorporating sixteen minor themes were identified (Table 4.11).

Table 4.11: Interview Themes

Drug use over the life course	First experience
	Experimentation & Drugs used
	Changes in use
	Current use
	Stopping
Reasons behind use	Continuation of use
	Health
	Happy with use
Affect of use on life	Affect on life
	Work
	Family/Friends
	Knowledge of use
	Control
Deviant?	Legality
	Alcohol
	Dealer

Each of these themes will be discussed in greater detail below.

Drug use over the life course

Participants expressed many thoughts and ideas on how their drug use has changed throughout their life. From this, five minor themes were pulled out of the interviews: First experience, Experimentation and drugs used, Changes in use, Current use, and Stopping. Put together, these five themes illustrate how older recent drug users use has change over the life course.

First Experience

At first experience of illegal drug use, all of the respondents were in their teenage years, between 14 and 19 years of age. The three drugs of choice at induction were marijuana, LSD, and amphetamines. Initiation into illegal drug use was a social occurrence, involving either a single friend or a peer group. Respondents had a variety of reasons for initially trying illegal drugs, the two main reasons given here are (1) a general evolution of peer social interaction and (2) curiosity. Quinn comments on general evolution of peer social interaction. Pat and Tom give examples of curiosity.

Quinn (51) “So that's how it happened, so nobody actually, it was just one of those things, nobody actually said 'oh really try this', it just really happened. Do you know what I mean? Just sorta came from nowhere really”

Pat (51) “I were curious actually, it were, there were this lad that I that I knew were a drug user and I knew him quite well and I just asked him one day if I could try it, that were it”

Tom (41) “Partly is was um, it was an appeal because of the illegality and unknown which made it more interesting”

Experimentation & Drugs Used

Experimenting generally occurred early on in respondents' drug using careers, and generally occurred during a period of heavier use.

Lenny (53) “I do generally think that when you're younger, I mean the only reason that I'm sure that I tried anything else, was is like when you're younger you think 'ah well, I'll have a go at that', you know, you know, see what it's like”

During this period, interviewees used a variety of different drugs.

Lenny (53) a “when I was younger, I did a little bit of this and a bit of that”

Ned (53) “I did try other little bits and bobs, but as far as I was concerned it just didn't do it for me what amphetamines do and that's it and if isn't amphetamines I don't want it”

Olie (52) “When I was younger I went through a period of about two years were I took quite a lot of speed. Um, and I never really bothered about Acid too much, I think you got too too out of control on that, didn't really like being quite that far out of control”

Changes in use

Drug use changed with life circumstances throughout the life course. This involved stopping altogether and starting again, as well as going through periods of lighter and heavier use. Changes in life circumstance included marriage, children, change in occupation, moving house or going on holiday (although this list is not exhaustive). Getting married, and specifically starting a family generally saw a decline, if not complete cessation.

Lenny (53) “when I got married and everything, [...] stopped alright, I mean I didn't really smoke so long and I got married and that and I never really bothered, I mean for a long time. You know when the children were young I never even bothered”

There was one exception to this, and while her consumption pattern did change, it changed in favour of greater use.

Pat (51), “when I got married, when I got married I started using speed and that. Speed and blow, got right into t’blow then, right heavy. Uh, started getting into speed and just a bit of whatever was going”

Going on holiday often heralded a period of heavier use or use of other (not the usual) drugs.

Matt (52) “Christmas I think it is, normally, I’m a bit embarrassed about, I will do a line of cocaine at Christmas, but that is it and I won’t buy it! Somebody else will buy and say, “you wanna a line?” It’s like Christmas, like spirit of Christmas, I mean you must know what it’s like, but that’ll be it, you know what I mean, it’ll be like one line and that’ll be it. It’s like a treat to myself [...] Christmas, it’s like a Christmas treat; you know what I mean”

Use in relation to changing occupation depended on what profession was being changed from and what profession was being changed to.

Simon (61) “I started back again, using cannabis regularly when uh I went to university [...] and just started to being a student and again you’d go to parties and there’d be cannabis there”

Moving house or location often resulted in the start of a lighter period of use or temporary cessation (often because there was neither an established social network of other users nor the availability).

Matt (52) “It wasn’t available, it wasn’t peer pressured, you know what I mean. I’d literally made a complete break from friends”

Simon (61) “when I came down here, there wasn’t any, I didn’t really know people that were sort of into smoking cannabis [...] and now it’s, I mean now like since I came down here, my cannabis use [...] really it was a change of circumstance and not knowing people and not knowing people who were smoking cannabis”

Uri (47) “friends who smoked a lot. And it changed when I went to _____, so often as not it’s the people you know, socialising. That means a lot, more than anything”.

Current Use

There are two patterns of current use among these respondents. One group use illegal drugs on a daily basis.

Ned (53) “I don’t think it’s any different today as what it was then, only that I do have a little bit everyday, everyday now just to keep meself kicking on if you like, which if I’m sat there doing nothing all day, eh, then I get very bored so I’ll just do that”

Tom (41) “it’s ah it’s been steady for the last nearly 20 years, 18 years, no yeah call it 20 years and that would be relatively continuous usage. Tend to smoke just tobacco in the morning and then depending on my needs and demands for the day, then I might become intoxicated with marijuana in the afternoon, if I’m doing something pleasant like gardening. Or, especially if I’ve got a meeting, or interfacing with others, then I tend to stay straight until after that”

The other group uses on a more occasionally basis.

Olie (52) “there’s breaks all the time really. And then, but then there can be quite concentrated periods, I mean I might go, I might go three months and smoke everyday and then I might you know not smoke anything for a month, you know, so it’s just how it is, just what you know, there’s no real underlying pattern to it”

However, both groups, regardless of use pattern, have generally stuck to one drug of choice (marijuana and amphetamines).

Stopping

Two main reasons were given for potentially stopping. The first is a change in life circumstance. Two examples of this included a change in familial circumstances or a change in work circumstance. An example of change in familial circumstances is expressed by Ned and Uri comments on change in work circumstance.

Ned (53) “Um, yeah I mean, it just depends I mean, certainly if I got married and or were with somebody eh and not going out to these [events] then I suppose I would do [stop], but I have no reason not to”

Uri (47) “Um, I don’t plan on stopping. [...] [But] I could yeah, change of environment, change of work. Yeah, if I had to worry about work, different types of work”

The second reason was for health reasons (predominantly physical). If they found their use negatively affecting their health, they would consider stopping.

Vince (42) “Uh, only if, only for health reasons. And that would either be for physical health or for mental health. [...] so yeah I think really only for medical health reasons. That would be only reason that I would maybe want to stop taking it”

However, none of the eleven could see themselves stopping in the long term.

In general, older recent illegal drug users started using at a young age, in their ‘teens’ and did most of their experimenting not long after getting into the scene. They then stopped and started, as well as going through periods of heavier and lighter use, depending on other life factors (moving location, changing jobs, starting a family). As Olie (52) puts it “I just think it um, different place, different time, different people”. While near the start of their drug using careers, patterns of use were more sporadic, both in terms of drugs used and circumstances of use, as they got older, they settled onto a preferred drug

(cannabis and speed) and a preferred use pattern, with occasional use of another drug in special circumstances (ecstasy and cocaine).

Reasons behind use

This is the second major theme and it focuses on why participants feel that they have continued using illegal drugs over their life course. To do this, three minor themes (continuation of use, health and happy with use) will be explored.

Continuation of use

The majority of interviewees said that they had continued using throughout their lives because it was an activity that they enjoyed.

Lenny (53) “Well I don't mind doing it I suppose. Since, well obviously since I have a good laugh with it as well, which obviously I quite enjoy, yeah I don't mind doing it”.

Other reasons given for continued use include, habit, an escape from life, or personal taste

Olie (52) “I suppose, I'm trying to find an analogy really, um maybe I, maybe it's no different to you know you drink wine or you drink spirits, you know, I mean I, yeah I think I think it's probably as simple as that, you know, it's just personal taste and I don't think it's anymore complicated than that”.

Two further reasons are as a partner in life and as something integral to their related consumption of music.

Tom (41) “maybe it is partly a partner in some sense, obviously not a human partner, but uh a companion in life, has opened up and allowed the genuine real open experience of life in”

Ned (53) “No only, soul music's kept going for last 30 years so I supposed I have (laughs)”.

Health

There are a variety of health reasons that people have given for their continued use of illegal drugs. The most frequently stated reason is self-medication, predominantly for stress relief and relaxation.

Matt (52) “Using cannabis I use it simply and solely as a stress relief, it's just a way, rather than using alcohol”

Vince (42) “But I think mainly, mainly a positive effect, quite therapeutic and I very much doubt if I would have stayed in the job I'm in now as long if I hadn't used that as a crutch, as something that I go back to occasionally or that I can always take refuge in occasionally, to escape the kind of stress that I experience in my job. So, I've come very close to packing it in a lot of times and I suspect that using it and using it in a therapeutic way has actually helped me to in the longer term survive work”

Another self-medication reason for use is for coping with depression, and physical pain.

Tom (41) “I'd say self medicating, in terms of alleviating depression or coping with stress or accepting one of these conditions in life you can't do anything about”

Pat (51) “I tried heroin, heroin, uh, but a lot of times heroin were for the pain, cause I were in that much pain”

Simultaneously, the feeling that their use is not negatively affecting their health is another reason given for continued use.

Ned (53) “But, while it's there I enjoy, I mean, it, it's not doing me any harm or I don't think it's doing me any harm but I've never had any ill or sick to say it is”

Happy with Use

All but one of the interviewees are happy with their continued drug use, as expressed by their lack of regret over their use. If they were given the choice to redo their lives, most would chose to use illegal drugs the second time around as well.

Olie (52) “Well if I lived again I 'd do it all again”

In examining the reasons behind why older recent drug users have continued using illegal drugs throughout their lives, three themes were observed. In general, interviewees continued using because they enjoyed the experience. Given the opportunity to repeat their lives, all but one would continue to use illegal drugs. Apart from enjoyment, self-medication, specifically for stress, depression and physical pain, was another reason given for continued use.

Affect of use on life

This section looks at how interviewees feel that their continued drug use has affected their lives. Six minor themes are incorporated into this section: affect on life, work, family/friends, knowledge of use, health and control.

Affect on life

In considering how illegal drug use has generally affected their lives, most interviewees felt that it had not had a great impact on it.

Matt (52) “So generally speaking, I don’t think it's affected me much”

One interviewee felt that his drug use had a greater and more negative affect on him when he was a teenager, but that recently, it has had a lesser effect.

Vince (42) “quite significantly, because I think, because of when I started doing it and the fact that when I was doing it as a teenager, I was doing it in excess, so

you know it affected my, my education, my I think my exam results, although, it's hard to tell cause you can blame one thing like that, but to me it's also just to do with, some baggage that I also had myself, which I think really, the drugs exacerbated if you like. But they were certainly part of that, they certainly part of something, I think maybe they probably changed; they changed my identity to some extent. Because it took me to places and had me mixing with people I wouldn't have done otherwise. And in many ways that quite a positive thing. But it was negative in in terms of I suppose achieving, having a career, that kind of thing, in those early stages. I think in recent years, in recent years it might have had a lesser effect. But I think mainly, mainly a positive effect, quite therapeutic”

While another interviewee feels that it has badly affected her life, although she simultaneously admits that does not know where she would be today without them.

Pat (51) “Um, badly really because, you know, you don't face reality do yeah, it's all false. Your outlook on life's false. You think it's better than what it is. I wouldn't recommend it to nobody, actually. [...] I suppose has, I mean obviously it's got to have affected me life, hadn't it. But honestly and truthfully, I don't know where I would have been now if I hadn't have took em”

Work

There are different thoughts on how drug use has affected the interviewees working lives. The predominant comment is that it is not something to be mixed with work, and it therefore has little or no impact on their working life. The biggest concern expressed was the consequences of other people at work finding out about their drug use.

Lenny (53) “the kick it is, once they find out that's it like, you know I'd have to pack it in I think”

In contrast to this, one interviewee said that not only did people at work know that he smoked but that there was a work based social smoking group.

Olie (52) “a few people at work here who I know do, it kinda creates a kinda marginal social subculture, although you know I wouldn't smoke at work and I certainly wouldn't expect them to”

Family/Friends

Again, in general, it was not thought that drug use had adversely affected family and friend relations. In terms of friendship relations, it was not seen as an issue whether or not friends did or did not partake in drug use.

Vince (42) “but obviously I've got quite a lot of friends who don't, who are not interested and they don't take drugs and it hasn't affected those relationships negatively”

Some feel that their drug use enhances their friendships, especially with other users.

Uri (47) “there's sorta comradeship among smokers as well, exists and it kind of binds friendship, bonds, friendship bonds. I would say it goes with it, part of it, it goes with it”

Vince (42) “I don't think it's affected my relationships in any way at all. It serves, it serves as kind of a social, it's helped in some relationships in a way, you know, the drug itself comes as a certain kind of currency of friendship amongst people, you know, who use it. So, it's a nice present to give to people, that kind of people. Something you can share with people. So, in that sense I think it's quite a positive, has quite a positive affect on relationships with certain people who are interested”

In terms of family relations, a lot of interviewees have partners that share in their drug use, and do not generally think that it has affected their children

(often because their use was either light or non-existent while their children were young).

Olie (52) “Um, with, my wife joins me. She's of similar age and obviously of similar sort of background and upbringing so uh with my wife”

Knowledge of use

Interviewees in general seem to regard knowledge of use (other people knowing about their illegal drug use) as predominantly a private thing, although, there seems to be a division between family and friends and the rest of the world when it comes to knowledge about use. Illegal drug use is seen as a private affair.

Lenny (53) “I know a few people who smoke and I mean well you don't necessarily go advertising the fact [...] I don't particularly want anyone knowing my business as such”

Friends and family are often privy to more knowledge, but not necessarily always the whole truth.

Pat (51) “Me sons, it don't matter, it didn't matter, in fact it still doesn't matter about me sons, whether they know I am or not, as long as they don't know I'm injecting”

Health

Two general trends emerge on the issue of how prolonged drug use has affected health. One is that their drug use has not negatively affected their health (at least no more than any of the other hazards of modern living).

Uri (47) “Um, I know that, the bad bit is the smoking, has tar and the rest, cancer. I do put that in perspective, yeah, cause I'm on the streets a lot [biking and breathing in pollution]”

The other is that their drug use has affected existing medical conditions.

Vince (42) “I think it probably has, I’ve had, because of my asthma, I mean I’m getting older so, and there are other things which I’m allergic to, but I can’t believe that smoking anything, is going to very good for you, you know, for your lungs and your respiratory system”

Control

Nearly all of the interviewees have, either consciously or unconsciously, established control mechanisms over their drug use. One mechanism is looking for and acknowledging how and when their drug use is negatively affecting other aspects of their life.

Quinn (51) “I never ever got to the point where, whenever ever I took anything, as soon as I started to feel not very good or I’d feel run down or I’d look at myself in the mirror and my skin would look a bit, you know, like dry or I’d look tired, I’d stop taking things for a while. So I always had this like self-preservation, ye OK, that's enough, stop”

Vince (42) “I always knew it was something that I liked, I just knew that were costs and something that had to be managed and so I left it alone for a long time because I felt, I also felt that it needed to achieve some things in my life and that this was gonna prevent me from doing that”

Another mechanism is a reaction to seeing a friend or acquaintance lose control.

Matt (52) “I lost 3 friends who died of heroin overdose. And put them in the ground, [...] and there was about 28, 30 women that stood around crying and he coulda went out with any one of them and that's what broke my heart about it all and that's what stopped me from going on to the harder stuff”

A third mechanism is the adoption of a life philosophy of moderation.

Lenny (53) “I always used to say, I say it doesn't matter what you do, if you do too much of anything, as in now drinking, or say sex is the same, if you have too much of anything, it's not good for you, it doesn't matter what it is, I mean drugs, drink, food, you name it and isn't be good for you if you get too much of it, and that's the same as drugs isn't? So I mean well, I think I'm sensible”

When looking at how drug use has affected people's lives, six themes were examined: affect on life, work, family/friends, knowledge of use, health, and control. Overall, interviewees did not feel that their drug use has negatively affected their lives, whether it is work, family or socially related. Neither did they think that it affected their general health although some felt that it did affect some pre-existing medical conditions. Use is considered a private affair; interviewees have integrated control mechanisms into their lives, enabling them to increase the positive affects and minimise the negative affects of their life long drug use.

Deviant?

A fourth theme brought out in the interviews was how people saw their drug use in terms of the legal and deviant overtones. The following three areas were incorporated under this broader theme: legality, alcohol, and dealer.

Legality

Not surprisingly, the legality of drug use comes into play for older users. The general thoughts are a combination of not understanding why it is illegal and simply not thinking of it as illegal. An example of not understanding why it is illegal is given by Ned.

Ned (53) “I don't think it should, I don't [see] any reason what so ever I can't understand for the life of me why, why it's illegal. I just don't comprehend that, that bit, if I'm going out and doing something to upset anybody or hurt anybody I could understand it“

An example of not thinking of it as illegal is Olie.

Olie (52) "I've never really thought about it as being illegal. Um, I have quite radical views about the kind of denial that we live in and I just I just find the whole thing quite juvenile the way this society approaches the whole issue"

One respondent was not concerned about his use or possession of illegal drugs, but was concerned instead about the legality of it in terms of his growing it.

Vince (42) "Having it and consuming it really doesn't bother me very much. It's just a fact that I think growing is considered to be more of a serious, more of a serious crime and I could get into more trouble for doing it. And that, you know that could affect me, my professional standing, even my job possibly"

Alcohol

Almost all of the interviewees compared, at some point during the interview, their drug use to other similar legal substances (alcohol and cigarettes), putting all three into the same category. In general, drug use was treated comparably to alcohol, often taking them simultaneously.

Ned (53) "There's no difference between me doing what I'm doing and anybody going out and having a drink"

Quinn (51) "Um, once again like somebody has, somebody has a glass of wine, you know, when they go out, I might have the odd joint and a line of coke. I don't really see, to me I don't really see the difference"

Roger (44) "I don't think I've smoked dope and not drank. I've never taken drugs and not drank"

Some even found illegal drugs as a superior alternative.

Matt (52) “had a couple of drink and couple of joints, so [...] really drunk, you know what I mean, which is more mellow. It's not like beer, I don't have to get up and go to the toilet, I don't wake up with a hang over in the morning”

Dealer

A few of the interviewees, conscious of the exposure to illegal subcultures required by the act of purchasing drugs, took measures to avoid that contact. Some chose to rely solely on home-grown in a bid to avoid this interaction.

Vince (42) “I grow it myself; I don't buy it from anywhere else. Cause I'm not particularly interested in engaging with any of that, those scenes, if you like. And also I don't like the products, that's the other thing, you know, a lot of the things that people sell are not all the good or they're kinda these super sort of hybrids and all that, which I don't like. So I kind of pretty much control, control the whole thing. Don't have any off those extra contacts, other than friends”

Others limited their exposure by always purchasing their supplies from the same dealer (often over many years).

Uri (47) “If it wasn't around, I wouldn't go out of my way to look for it, I wouldn't make special arrangements. Actually, I've had the same dealer for, gee 10 years”

Older recent drug users do not always specifically think of the legal repercussions of their drug use, often not recognising their lack of legal status. This is illustrated in their frequent comparison to legal substances, mainly alcohol. They do however minimise their exposure by either physically, by growing their own or only using one dealer, or mentally through the association of their use with other legal activities (i.e. drinking alcohol).

Conclusion

Four main themes, including sixteen minor themes, were extricated from the interviews of older recent illegal drug users. These included looking at issues surrounding changes in use over the life course, reasons for use, how use has affected their lives, and issues surrounding legality and deviancy. In general, older recent drug users started their careers young and did their experimenting early on. Use then started, stopped, got heavier and lighter in response to external life factors, settling down into a drug and use pattern of choice later on in life. Most do not see themselves stopping permanently, but are open to the possibility.

The most common reason given for continued drug use is that they enjoy it and are generally happy with their use. Simultaneously, along with enjoying the experience, many also use it for self-medication purposes. Most interviewees did not feel that their drug use has negatively affected their lives, but keep external knowledge of use to a minimum. Most feel that in general term, it has not negatively affected their health, although it might aggravate pre-existing medical conditions. Control mechanisms have been developed to help ensure that potential negative affects are kept at bay.

When looking at the legal and deviancy issues surrounding their drug use, interviewees neither understood nor agreed with the legal status of their drug of choice. To illustrate this point, many compared their drug use with alcohol use (both specifically and generally). The area where the most recognition of legal status is exhibited is when they are discussing the acquisition of their supplies.

4.2.4 Conclusion

The analysis of the qualitative data included the examination of eighteen demographic factors, along with the identification and discussion of four main, and sixteen minor, themes.

The demographic factors examined include: gender, marital and family status, ethnicity, education, household income, general health and long-standing illness, frequency of drinking and visiting clubs and pubs, smoking, working and where they lived. From this it was found that the interviewees are more likely to be white, drinkers from Yorkshire. They are probably male, working, in good general health and away from home for more than 7 daytime weekday hours. It is expected that they hold some form of secondary education, visit the pub at least once a month and be childless. About half are single, earning over £20 000 a year, living in a smoking household and drinking every week.

Key themes that were extracted and examined from the interviews were, changes in drug use over time, reasons behind drug use, the affects of drug use on life, and the legal and deviant implications of drug use were extracted and examined. Changes in drug use over the life course starts with the initial teenage experience of illegal drug use and is followed closely by a period of heavier, experimental use. Use then starts, stops, and gets heavier and lighter in response to other life choices and circumstances. Current use tends to reflect a more stable form of use, both in terms of drug selection and patterns of use. None of the interviewees see themselves permanently stopping, but do acknowledge that changing life circumstance might mean that they do.

One reason behind continued use is that interviewees enjoy their use and are happy with their use. Another reason is one of self-medication, whether it be for stress, depression or physical pain. In looking at how their drug use has affected their life, most of the interviewees felt that it had not, both in general terms, as well as in more specific terms of work and family and friends. They also did not feel that it negatively affects their general health, although some had concerns that it might exacerbate certain existing medical conditions. To try and ensure that they would not be affected negatively by their drug use, interviewees incorporated control mechanisms into their use patterns.

The fact that illegal drugs are illegal makes the legality and deviancy of drug use a relevant issue to older recent illegal drug users. While consciously this issues does not seem to play much upon their minds, with the expression of

views of either not understanding why they are illegal, or simply not thinking or worrying about the illegality of it. All of the interviewees compared drug use to alcohol consumption, showing how interviewees often see them as one and the same. The effort by many interviewees to reduce contact with the distribution networks to a bare minimum might speak to an unconscious realisation of their illegality. So while, they may not say they think or worry about legal issues, some their actions could be seen as portraying a slightly different view.

5. Discussion

This chapter presents a discussion of the research findings in relation to the broader social, political, and criminological context. Fundamentally, this research project seeks to actually identify that a significant group of older illegal drug users exists, despite the fact that they are a poorly researched, 'hidden' population. As such, this chapter identifies the group in question, and goes on to outline some of its key characteristics, places said group into sociological and theoretical context, and considers some of the implications of the research.

The chapter is divided into three parts. The first section presents a summary and discussion of the findings from both the quantitative and qualitative components of the research. Links between results from the two components are identified, as well as links to other relevant research (as identified in chapter two). The second section discusses the findings in relation to criminological theory. Anomie and subcultural theory (and its more recent offspring, post-subcultural theory) were identified in chapter one as providing useful starting points and ways of thinking about older illegal drug users. These theories, and ideas surrounding the late or post modernisation of society will be returned to in the context of the results. What light does theory shed on the results, and what do the results tell us about the theories? The final section puts forth suggestions for future research and discusses policy. Suggestions for future research mainly stem from the methodological issues that dominated the research process. Policy is discussed from the standpoint of the research findings.

5.1 Summary and Discussion of Findings

This section presents a summary and discussion of the quantitative (5.1.1) and qualitative (5.1.2) findings of the research. Links between the findings will then

be explored (5.1.3). Finally, the findings will be discussed in relation to some of the existing literature on this subject (5.1.4). This includes three previous pieces of research which specifically examined older illegal drug users, and three contemporary concepts in drug research, all of which were introduced in the literature review.

5.1.1 Summary and Discussion of Quantitative Findings

Based on the quantitative analysis older recent illegal drug users tend to be single, white males. They generally report good health and are not suffering from longstanding illnesses. Older recent illegal drug users tend to be frequent drinkers and smokers, drinking on a weekly or even more frequent basis. They also tend to visit pubs and clubs at least monthly. Older recent illegal drug users tend to be in paid employment and describe themselves as 'managing' financially. However, they do tend to live in visibly shoddy neighbourhoods, where communities that are relatively less tight-knit exist. This corresponds with existing research which has found a link between 'neighbourhood' (or 'community') 'disadvantage' (or 'disorganisation') and illegal drug use (Boardman et al, 2001; Lambert et al, 2004). Further research could potentially focus upon Ford and Beveridge's (2006) findings, and examine the difference between illegal drug use and *visible* illegal drug use.

Older recent illegal drug users are more likely than older non-recent users to be victims of and witness to crime, although they are less likely to worry about crime and victimisation. Of course, for older illegal drug users actually witnessing crime is something of a given; by their very nature older illegal drug users will witness criminal activity on a regular basis. This may include the purchase, use, possession, growth, or any other activity that is required to gain access to drugs. On the other hand, it is notable that this group is more likely to be a victim of crime, for thinking of drug users as victims is perhaps not particularly common among the general population. This, however, corresponds with the existing literature which has identified a relationship between drug use and victimisation (Fisher et al, 1998; Widom et al, 2006;

Windle, 1994). On the other hand, older recent users are less likely to worry about victimisation.

Older illegal drug users are also more likely to have personally experienced the CJS, both in the longer term and more recently; this includes contact with the police (including having being arrested), and the Criminal Justice System. This corresponds with related literature which finds that arrestees and inmates are more like to have used illegal drugs (Bennett and Sibbitt, 2000; Mumola, 1999) and that victims are more likely to contact the police if the offender is a drug user (Hutchison, 2003). Overall, they are more likely to hold less favourable views towards the CJS. Once again, this is something of an expected result. Contact with the police and the CJS in general could be seen as part and parcel of engaging with an activity such as illegal drug use, regardless of age. However, it is difficult to ascertain whether the negative views of CJS stem from drug use itself, unrelated experiences, or a combination of the two. Existing literature (Doob and Roberts, 1988; Flanagan et al, 1985; Kaukinen and Colavecchia, 1999; Michalos and Zumbo 2000; Sprott and Doob, 1997; Warr, 1995) in this area tends to focus upon the public in general and not specifically illegal drug users. However, the results here seem to suggest that there are not significant differences between users' and non-users' attitudes towards the police and the criminal justice system; users' attitudes largely mirror those of the general public.

What is notable about the profile of older illegal drug users is, for the most part, the startling normalcy or conventional nature of the group. Far from being unhealthy, weak down and outs unable to hold down jobs, or bohemians artists using substances for inspiration, or whatever other drug stereotypes exists, our older illegal drug users, at first glance, betray many of the characteristics of ordinary members of society. They do tend to live in shoddier, less tight knit communities, but this in itself is not unusual. Their higher than normal contact with crime, police and the CJS, and their negative image of these institutions, can in part be explained by the fact that they indulge in an illegal activity. However, they consider themselves to be in good health and report no longstanding illnesses, they drink and smoke in pubs and clubs, and they have

paid employment and are able to get by financially. Such characteristics are also those of the majority of the British population. It seems that not only do a significant number of older illegal drug users exist in society, but, for the most part, they are ordinary, conventional members of that society. This image of older illegal drug users is further confirmed by the qualitative findings.

5.1.2 Summary and Discussion of Qualitative Findings

The analysis of the qualitative data included the examination of eighteen demographic factors, along with the identification and discussion of four main, and sixteen minor, themes.

Demographically, the archetypal older recent drug using interviewee is predominantly male, childless, educated to a secondary level, and employed. They also tend to be frequent drinkers and pub goers and they rate their general health as good. Approximately half are single, earn over £20 000 a year, and live in a smoking household.

In terms of drug use and life choices, four main themes were identified. These include changes in use over the life course, reasons for use, how use has affected their lives, and issues surrounding legality and deviancy. Older recent drug users started their careers young and did their experimenting early on. Use then started, stopped, and got heavier and lighter in response to external life factors. Although future use is expected to fluctuate in response to external influences in a similar manner, drug use does tend to settle down into more patterned use later in life; current use tends to be relatively stable.

This fluctuating pattern of drug use makes more sense when it is viewed alongside a conventional understanding of how people live their lives. As people emerge into adulthood in their mid to late teens and early twenties, there is ample scope for experimentation and discovery. People at this stage of their lives enjoy greater freedom in terms of time, money, and responsibility. Use therefore tends to be heavier and encompasses a wider range of drugs at this point. Over time, users learn through trial and error their preferences (likes and

dislikes in terms of substances) and limits (how much and what makes them feel good, how much and what makes them feel sick, how much can their body handle, what frame of mind they need to be in to enjoy the effects). As these individual limits and preferences are gradually discovered, and increasing responsibilities (job, family, etc.) materialise, it is reasonable to suppose that consumption patterns in general would tend to stabilise. However, this research contradicts the maturation hypothesis. Not all drug users stop their drug use when they hit middle age. In this regard, illegal drug use over the life course is little different from other hobbies and leisure activities. Internal factors such as learning what one enjoys, and external factors such as employment shape drug consumption patterns over the life course just as they shape all aspects of a person's leisure.

In general, interviewees did their experimenting earlier on in their drug using careers. Current use therefore tends to centre on one drug (marijuana & amphetamine), with the occasional use of a few other drugs, perhaps on a special occasion (E & cocaine). For these respondents, drug use changed with life circumstances. This meant that changes in marital or parental status, changes in employment, changes in peer groups, and changes in location led to changes in drug use patterns. Respondents saw drug use as something secondary to rest of their lives; it did not represent their 'master' status. As such, illegal drug use is not inherently an uncontrolled, problematic, and life destroying phenomena. For many users it is quite the opposite.

Of course, this research sought out users living 'normal' lives in the community. As such, it is to a degree inevitable that the research would uncover users whose drug use has not had overly deleterious effects on their lives. The suggestion is *not* that *all* drug use is unproblematic. The suggestion is rather that among this sector of the population, illegal drug use is not necessarily problematic, and that it can be combined with more conventional and mainstream modes of living.

Two main motivations lie behind the continued use of illegal drugs: enjoyment and self-medication. The most common reason given for continued drug use is enjoyment. Interviewees were generally happy with their use. Given the

opportunity to repeat their lives, the majority would make the decision to use illegal drugs again the second time around. While some do see their use as destructive, most consider it to be a positive aspect of their life. The second main reason for continued use was self-medication. Drug use can help to ease problems such as stress, depression and physical pain. In this regard illegal drug use can be seen as one of many options. Some people choose legal means of self-medication such as smoking, drinking, herbal remedies or even spa treatments and the like. Some of the interviewees simply favoured illegal drug use from this range of choices. As well as giving reasons for continuing use, interviewees also gave a number of reasons against stopping use. These predominantly reflected an attitude that the drugs themselves and the lifestyle choices that have been made around them were not harmful to their overall health and wellbeing (or at least no more harmful than other everyday risks).

The majority of interviewees felt that their illegal drug use had not negatively affected their lives, both in general terms, as well as in more specific terms of work and family and friends. They also did not feel that it negatively affects their general health, although some had concerns that it might exacerbate certain existing medical conditions. To try to ensure that they would not be affected negatively by their drug use (and to increase the positive affects), interviewees incorporated control mechanisms into their use patterns⁴⁶. Again, this is akin to other leisure pursuits, which may be indulged in only sporadically and do not attain dominant status in people's lives. The control mechanisms that our older users implement have a similar effect.

As illegal drug use is by definition illegal, it is not surprising that issues surrounding legality were prominent in the interviews. The interviewees are often unconcerned about the legal repercussions of their drug use, and often do not recognise its lack of legal status. The one area where the issue of legality does tend to be recognised is in the acquisition of supplies. However, the general lack of knowledge surrounding the legality of their drugs of choice is

⁴⁶ Shewan et al. (2000) found similar coping strategies among their ecstasy users.

evidenced by the frequent comparison of illegal drugs with alcohol consumption.

Nevertheless, the consistent analogy that older illegal drug users make between their illegal drug consumption and alcohol consumption *is* an enlightening one. There are as many different patterns of drinking as there are drinkers. Drinking can be healthy, problematic, a source of self-medication, drunk occasionally or regularly, and consumed solitarily or socially. Drinking can be heavy or light and it can involve mixing drinks or sticking to just one. The same can be said for illegal drugs, as the interviews suggest. This indicates that our older illegal drug users not only see their drug use as broadly comparable with widespread alcohol consumption, but also that they see it as a normal, and not necessarily defining part of what is otherwise a largely conventional lifestyle.

5.1.3 Comparison between Quantitative and Qualitative Findings

The comparison between the interview and data set findings is restricted to a qualitative overview of similarities within the demographic data. Originally, the intention was for the interview sample to be compared statistically to the national sample presented by the BCS. In this manner, it would have been possible to see how far the interview sample was representative of national trends. However, due to the limited interview sample size this is neither practical nor logical.

Both samples suggest that older illegal drug users tend to be male, white, and employed. The interview sample reflects the national sample in that most users feel they are generally in good health with no long-term illnesses or infirmities. Similarly, in both samples older users also drink and are frequent pub goers. Nationally, older users tend to be single, from smoking households, and frequent club goers. However, only approximately half of the interview sample exhibited these characteristics. The older users in the interview sample tended to have children, secondary education, and an annual income over £20 000. These qualities did not correspond to the national sample.

So, although it is patently not possible to say that the interview sample statistically compares to the national sample, there are distinct similarities between the two samples that can be noted. Equally, while the qualitative data from the interview sample cannot be assumed to represent the older illegal drug using population at large, the similarities between the two samples are such that the data cannot be disregarded as an aberration. From the demographic data that is available, the research sample does bear some resemblance to the national BCS sample.

5.1.4 Discussion in Reference to the Literature

This section discusses the results of the study in terms of some of the literature introduced earlier. Firstly, the specific research that focuses on older illegal drug users will be discussed, followed by a discussion of the results in relation to the contemporary concepts of non-problematic use, normalisation, and attitudinal differences between young and old.

Discussion in terms of Specific Research

Three recent pieces of research have looked at older illegal drug users. One of these specifically researched older illegal drug users, whilst the other two uncovered older illegal drug users during the course of related research. As such, findings pertaining to older illegal drug users are presented as part of the wider research.

The recent research that focussed upon older illegal drug users is that of Notley (2005). Notley conducted qualitative research of adult 'non-problematic' drug users. Forty in-depth interviews of adults over 25 years were carried out. Notley suggests four analytical groups can be identified: archetypal users, realistic users, searchers, and traders.

Archetypal users are older and are predominantly cannabis users with the occasional use of other drugs. They hold strong views on the politics and legalities of illegal drug use. They are likely to be or have been part of an

alternative subpopulation, particularly when they were younger. They can be subdivided into two groups: those for whom drug use is an integral part of daily life and those for whom it is an occasional and fleeting reconnection with their past.

Some of the users interviewed for this research exhibit some of the characteristics that Notley associates with archetypal users. There are similarities in terms of age and drug of choice, with interviewees engaging in normalised use of cannabis. Indeed, as archetypal users, according to Notley, are older, one would expect the interviewees in this research to fall under this category. However, apart from the similarities in terms of age and drug of choice, there is little else in common. The users in this research do not exhibit the same level of political and legal awareness that Notley predicts. Only two interviewees talked about the political implications and motivations for their drug use, while the rest seemed rather oblivious to them.⁴⁷ In addition, the users in this research were not generally involved in youth movements, nor do they hark back to their younger days. As a result, although it successfully identifies age and drug of choice, the applicability of Notley's category of archetypal users to this study would appear to be limited.

Realistic users, Notley's second type of user, are regular cannabis users who are also likely to use a range of other illegal substances, particularly dance drugs. They negotiate on an individual basis a cost-benefit analysis of their use and proceed accordingly. They create and adhere to rituals of control in order to maximise the benefits and minimise the cost of their use. As Notley puts it, realistic users "are likely to exhibit socially 'normal' or 'straight' identities, simply tapping into drug using subcultures at weekends, or as and when drug using experiences are undertaken" (2005: 284).

Once again, certain characteristics of this group appear to fit with the sample used here, whilst others do not. The biggest similarities are the use of cost-benefit analysis to determine when, what, and with whom illegal drug use will

⁴⁷ Both of these interviewees were part of the same social network.

take place and the use of discourses of control within their daily lives in terms of their illegal drug use. However, the sample interviewed for this research did not see their drug use as a deviant weekend act. Instead, their use was conceptualised as an integral, if not defining, part of their day-to-day lives. So Notley's notion of a 'normal' identity with cost-benefit and control procedures echoes the feelings of the interview sample here, but they bring these procedures are part of everyday life rather than just at weekends or other periods of concentrated leisure.

The majority of users in this research exhibit a combination of features from Notley's archetypal and realistic groups. They are regular cannabis users over the age of forty, with occasional use of other, predominantly dance, drugs. They tend to weigh up the pros and cons of their use and instil various rituals in their lives which act as checks and balances and aim to ensure that negative impacts are minimised.

Searchers, Notley's third type of illegal drug user, see "drug use as neither normalised nor [...] as a leisure consumption choice, but [view it] as being a vehicle to self-discovery or enlightenment [...] the searcher group is both united by individual conceptualizations of drug use, and splintered by the diversity of experiences" (Notley 2005: 284). Drug use for this type of user is sporadic; various illegal substances are used at different points during their drug using careers. There is no real concept of integration or normalisation of drug use with the rest of their lives. Instead, drug use is seen as a mechanism which can aid self-understanding and self-development. In terms of drug use over the life course, searchers "can be understood as being both very controlled (during periods of little or no use) and very uncontrolled (during unbounded searching experiences)" (Notley, 2005: 286).

Searchers were not found in the sample under investigation in this research. However, it was more evident when research subjects discussed their earlier patterns of drug use. This sporadic type of drug aimed at self-discovery is much more common among younger users whose drug using careers are nascent. Interviewees hinted that this pattern of illegal drug use is difficult to maintain,

and none of the older users were able to continue with this type of use over the long term. Over time, the interviewees settled into a pattern of drug use that most accentuated the positives and minimised the negatives.

Economic discourse is central to traders, the fourth and final type of illegal drug users identified by Notley. For this group “purchasing patterns and narratives related to buying and selling illicit substances as part of the ‘black market’ [...are] subjectively important areas of discussion” (Notley, 2005: 286). Traders have been or are presently involved in dealing illegal drugs and have knowledge of and involvement in underground subcultures. For Notley, they demonstrated “significant knowledge about how the black market operated ranging from understanding the hierarchy of key players involved in the drugs trade, to a detailed knowledge of how one should act when operating in that world” (2005: 285). They tend to exhibit heavier drug use in comparison to the other types of users, with a variety of different drugs being taken over the years. This can result in problematic use. For traders “drug use is subjectively viewed as a consumption choice within society, which they see as relatively lacking in boundaries and rules” (Notley, 2005: 287).

Once again, this research did not interview any users that could potentially fall into this category. Some interviewees talked about dealing in the past or growing their own cannabis, although this generally concerned smaller quantities. However, none expressed any serious involvement in the black market or underground subcultures. Again, the view that the economic side of illegal drug use was something predominantly for the young was also expressed by the interviewees.

Notley’s analytical groups are of limited utility in analysing the sample researched here. It may well be the case that Notley’s own research subjects can be neatly organised into one of four categories, although at times it is difficult to see on what basis Notley has placed members of her sample in a particular category. However, many of the users in this research exhibited aspects of more than one analytical group. They resist being forced into a single analytical group. The division between archetypal and realistic users in

particular appears to be rather artificial and manufactured. On the basis of the sample here, this division has been imposed where in reality none exists, and therefore it fails to accurately reflect the complex reality of the day-to-day life of older illegal drug users.

One potential reason why the sample here does not fit into the typology proposed by Notley is that she focussed on a younger age group of illegal drug users and generated her categories from that group. Perhaps because older drug users have, in general, successfully integrated their illegal drug use into their lives, and combine illegal drug use with careers, partners and the like, much more variation exists. This is not the case in, for example, youth movements, where demographic characteristics may be largely shared. One might even argue that there are as many different types of older illegal drug use as there are users, and while similarities can be drawn between age, drug of choice, coping techniques and motivations, the various permutations and combinations of these factors make it very difficult to formulate coherent analytical groups.⁴⁸

Notley's work can potentially be of use, however, if the four categories are not treated as catch-all constructs but as ideal types. In this way, research subjects can be placed at varying points on a continuum and a more precise picture of their nature constructed. Nevertheless, this alone would not make the categories of searchers and traders any more relevant to this particular demographic.

The second piece of research of note is Pearson's ethnographic study carried out in a London pub (2001). Whilst this does not specifically focus upon older drug users, such people were present within the social circle being observed. Pearson (2001: 169) carried out "observational fieldwork among a number of different adult friendship networks in inner London over a 7-year period [having become] aware of patterns of illicit drug use (mainly cannabis, but also more recently cocaine) among white adult working class males who frequented a public house in the neighbourhood". Ultimately, Pearson research focussed on a core

⁴⁸ Notley's research also lacks a quantitative component and therefore does not offer any opportunity for further comparison.

network of 28 males (and 12 of their female partners) and a fringe network of an additional 30 people.

There are many similarities between Pearson's findings and the findings of this research. As with this research, Pearson (2001: 173-4) too found that the "most commonly used illicit drug among these networks, as one might expect, was cannabis". Another area of similarity is the reluctance of illegal drug users to be open about their activities with strangers. One of the major setbacks of this research was convincing people to be interviewed. Similarly, Pearson (2001: 176) found that "away from the "home base" of [the local pub], and in the presence of strangers, [casual use of cannabis] tended to be more discrete because people were perfectly aware at all time that this was an illegal activity although it was accepted as a normal aspect of everyday life".

A key finding of Pearson's research is that a "crucial feature of these men's lives (and those of their wives and partners) is that they did not think of themselves as "drug users" – it is merely something that they do, or do not do, as an ancillary to other aspects of their lives, whether work or leisure – and who only rarely, if ever, gather together for the purposes of consuming drugs" (Pearson, 2001: 173). Furthermore, Pearson's (2001: 173) "was not a "drug subculture" in which drugs were a central feature of people's lives; rather these were people for whom use was a peripheral but "normal" aspect of life" (2001: 173). This echoes perfectly the findings of this project and the sentiments that the older illegal drug users interviewed for this research voiced. So, although Pearson's research predominantly involved younger adult users, they exhibited the same self-perceptions as the older users studied here.⁴⁹

⁴⁹ There are other findings of Pearson's (2001: 189-91) research that reflect the findings of this project. Among them are a dislike among the group under study for people "being too obvious about using any kind of illicit drug", and "talking excessively about drugs [as it] was regarded as boring". Furthermore, "excessive drug use was also disapproved [...] although this was seen as more the fault of the individual than the drug".

There are differences between the groups under study that require caution to be exercised when comparing their similarities. Pearson's study is based around a friendship network formed in relation to a physical location, whereas this research encompasses a variety of different friendship networks from a range of locations. Also, Pearson's population was on average younger than the users interviewed in this research. However, despite this, that the findings in this research reflect those of Pearson's suggests that the themes encountered in both are applicable across a range of different illegal drug using communities. A more coherent and complete picture of older illegal drug users thus begins to emerge.

The third piece of relevant research was conducted by Sullum (2003). Sullum considers the 'normalisation' of drug use and as part of this talked to older as well as younger users in an attempt to discover their patterns of drug use. Many of the attitudes of Sullum's subjects reflect those of the subjects of this research. Examples of this include a "pioneering software designer in his 50s who smoked marijuana nearly every day for about 15 years, generally taking a puff or two in the evening while reading the paper or drinking a glass of wine", a "factory production manager in his 50s who snorted cocaine around 100 times at parties and found that "it gave a very pleasant high," helped him think, and made him more talkative" and a "social worker in her 50s who uses heroin from time to time as a complement to rest and relaxation" (Sullum, 15/06/2003). The software designer expresses sentiments of enjoyment similar to those expressed by the subjects of this research. He also compares his drug use to alcohol consumption, another common theme of this research. The factory production manager uses cocaine at parties to increase his enjoyment of the situation. Many of the interviewees in this research also talked about cocaine (and ecstasy) use in party and celebratory social situations, commenting on how it enhanced their enjoyment. Rest and relaxation was another theme mentioned by both interviewees in Sullum's sample as well as this research's sample. As such, Sullum's findings about the older members of his sample quite closely resemble and reflect those found in this research. Once again, a more coherent and complete picture of older illegal drug users thus begins to emerge.

These three pieces of research taken together represent a large proportion of contemporary knowledge of older illegal drug use. While Notley's research resembles this project most closely, her drug users types are only minimally useful here. Pearson and Sullum's research, although they do not focus specifically on older illegal drug users, provide very similar findings to this research. Indeed, a process of triangulation has occurred here, with three separate and independent sources producing very similar findings; this research supports the findings of Pearson and Sullum, but does so specifically in the realm of older users. As such, knowledge about older drug users continues to grow, and this research is a significant addition, confirming earlier ideas and refining others.

Contemporary Concepts

Three contemporary concepts in drug research, non-problematic use, normalisation, and attitudinal differences between young and old, were introduced in the literature review. This section discusses them in light of the results.

Non-Problematic Use

It is clear that many of the themes discussed in the literature on non-problematic use are very relevant to the interviewees. Set, as Dalgarno and Shewan (2005: 264) point out, "is a crucial factor in controlled, recreational, unobtrusive drug use [...] being knowledgeable, thoughtful and well-prepared for using drugs, pretty well any drug, minimizes the risks and dangerousness of the experience, and maximizes positive aspects of the experience". The interviewees exhibited a high degree of knowledge of the effects of different drugs on them, and had tailored their use over the years in order to maximise the benefits of use, which tended to be targeted towards stress relief and self medication. The vast majority of interviewees also reported no significant health problems, suggesting a degree of knowledge and management of the risks of sustained, heavy use. The immediate environment and peer group 'setting' (Shewan et al, 2000: 451) was also important; interviewees overwhelmingly used drugs in their own home,

which clearly can be controlled to the liking of the user, and either alone or with a very small group of family or friends. In short, there were very few variables left to chance; as Dalgarno and Shewan (2005: 264) argue “[i]f the “set” and “setting” are correct, the “drug” itself becomes largely irrelevant and can be used with a higher degree of safety, with the effects being as intended for and expected by the user”.

Research into non-problematic use has seen a number of themes emerge. These themes, discussed earlier, are initiation, motivation for use, ebbs and flows of drug careers, and harm reduction techniques. In terms of initiation, the interviewees supported Warburton’s (2005) finding that most non-problematic users first tried illegal drugs in their teens, particularly between 13 and 16 years of age, and initiation began with cannabis.⁵⁰ All the interviewees were aged between 14-19 at the time of initiation, and the drugs they tried were marijuana, LSD, and amphetamines. Curiosity tends to be the chief reason for initiation (Dalgarno, 2006). Again this is supported by the interviewees in this sample; they suggested that peer group interactions and curiosity were the reasons for initiation. Broadly speaking, the results confirm the findings of previous research in this area.

Non-problematic users tend to use drugs simply because they enjoy the effects⁵¹; for cannabis users this tends to be its facilitation of relaxation (Coggans et al, 2004; Dalgarno, 2006; Warburton et al, 2005). This was also confirmed by the interviewees, who talked of the pleasant effects of drug use. For many of the sample, self-medication, predominantly for stress relief and relaxation, was particularly important. Coping with physical and mental pain was also mentioned by the interviewees.

Non-problematic research suggests that, for the most part, patterns of use vary over time. Employment, family, education and interactions with significant others are particularly influential in use patterns at any given time; changes in these areas of life can lead to changes in use (McSweeney and Turnbull, 2007;

⁵⁰ Warburton’s research concerns non-problematic heroin users.

⁵¹ This recalls the work of Becker (1963).

Warburton et al, 2005). Again, these notions were confirmed by the interviewees, for whom drug use changed with life circumstances throughout the life course. This involved stopping altogether and starting again, as well as going through periods of lighter and heavier use. Changes in circumstances that affected use that were mentioned by the interviewees included marriage, the birth of children, changes in occupation, moving house or going on holiday. Getting married and, in particular, starting a family generally (but not always) saw a decline in use, if not complete cessation. Moving house did likewise; this tended to be because connections to the social circle of users or dealers were lost. Going on holiday often heralded a period of heavier use or use of other (not the usual) drugs. Changes of occupation tended to impact upon use, but in more ambiguous ways; much depended upon the demands of the occupation being moved into. Becoming a student, for instance, often led to heavier and more experimental use. Non-problematic research also suggests that a period of experimentation and trial and error features strongly as a part of non-problematic use. Users tend to engage “with various patterns of use before finding one that best suited their situation (Warburton et al, 2005: 38). Experimentation, particularly in the early stages of use, is thus a central feature of non-problematic use. This was overwhelmingly the case with the interviewees. Experimentation generally occurred early on in respondents’ drug using careers, in the teens or early twenties, at a time when use was heavier. A variety of different drugs was used. Users quickly came to favour one drug over others, and though experimentation may have continued for a time, it was invariably this drug that users eventually ‘settled’ on. Non-problematic researchers have found that, in general, non-problematic users, who are not experiencing any problems related to their use, see no reason and have no intentions to stop provided circumstances do not significantly change (Warburton et al 2005). Although the interviewees suggested that significant changes to their circumstances (work, family) or health problems associated with drug use would make them consider stopping⁵², none of the interviewees envisaged themselves stopping in the long term.

⁵² Interviewees here tended to talk of physical health problems; as already suggested, many of the interviewees saw positive health benefits from their drug use, particularly regarding stress relief and relaxation.

Research into non-problematic use has also pointed to the techniques of harm reduction that such users put in place. These include formal and informal 'rules' governing consumption (Coggans et al, 2004; Warburton et al, 2005), fostering outside interests and maintaining non-heroin using friendships (Warburton et al, 2005), restricting access or not having direct access to dealers (Warburton et al, 2005), planning and preparation for drug using episodes (Shewan et al, 2000), 'context management activities' (Moore and Measham, 2008), and 'test-lines' (Moore and Measham, 2008). Other users more explicitly attempt to manipulate set and setting (Shewan et al, 2000: 449), including an understanding of the affects of drugs from previous experience, and the use of supportive friends and social networks. Although almost all the interviewees established control mechanisms, the full range of techniques outlined in previous research were not encountered. In addition, the techniques adopted by the interviewees were perhaps not as sophisticated as the previous research uncovered. Interviewees tended to look for physical signs of failing health such as tiredness or dry skin. Such techniques could be classed as 'informal' rules. Also, interviewees adopted a general philosophy of moderation in all aspects of life. A desire to achieve in other areas of life such as work, and reactions to seeing friends or acquaintances lose control also triggered tendencies towards control. As seen above, interviewees also made attempts at control set and setting, both through their knowledge of drugs and their effects and by using drugs in the home environment. Overall, the interviewees were perhaps not as rigorous in their harm reduction efforts as subjects in previous research, but this is compensated for by their experience and knowledge of drugs which ensure their use is controlled and managed.

Nevertheless, broadly speaking the interviewees in this research largely confirmed previous work on non problematic drug use. Their control of set and setting, their initiation into drug use, their motivations for use, the ebbs and flows of their drug careers, and the harm reduction techniques they employ all echo findings from previous literature. In short, previous work on non-problematic drug use convincingly describes the use of the present sample.

Normalisation

As discussed above, the normalisation debate has attracted a voluminous literature. Even those who dispute the extent and nature of normalisation tend to accept that the notion of normalisation alerts us to some important features of contemporary leisure and drug consumption. However, the debate focuses on normalisation amongst the *young*. The extent to which normalisation is applicable to older users is something that has yet to be explored. Although this study did not expressly set out to measure normalisation amongst older illegal drug users, it is possible on the basis of the analysis to make some tentative suggestions about the extent of normalisation amongst this group. This can be done through focussing on Parker et al's (1998) six measures of normalisation which were described earlier: drug availability; drug trying; drug use; being 'drug wise'; future intentions; and cultural accommodation of the illicit.

Drug availability is measured by the percentage of people who have been in situations to try or buy illegal substances. In their original research, Parker et al (1998: 153) found that by the age of 15 the majority of their respondents had been in situations where drugs were available to try or buy and by 18 almost all had been in such situations. Recent runs of the British Crime Survey ask 16-24 year olds how easy it would be for them to get hold of drugs. However, the same question is not asked of older adults. As such, it is difficult to come to firm conclusions regarding drug availability for older adults. Nevertheless, the interviewees in the sample here were all able to access drugs relatively easily, and had a consistent source of supply. This suggests that, if necessary, older adults are able to access drugs, although some form of 'insider' knowledge is useful.

Drug trying is measured by the numbers of young people who have tried an illegal substance. Parker et al (1998: 153) found that five to six in ten young people reported drug trying by the age of 18. This represented a significant increase since the beginning of the 1990s. The British Crime Survey also suggests an increase in rates of drug trying amongst older adults. In 2001/02, 36% of 40-59 year olds reported having tried a drug in the last year. This was

up from 2.6% in 1994. Clearly, whilst this is a significant increase in percentage terms, the numbers involved are considerably lower than amongst the younger cohort. Given the small numbers involved, it would be rather difficult to speak of a 'normalisation' of drug trying amongst older adults, despite the increase over recent years.

Current drug use concerns regular patterns of drug using behaviour. Around a quarter of Parker et al's (1998) original sample engaged in such patterns. Many made cost-benefit assessments and tended to settle for cannabis rather than poly drug use. The same is true of the older adult interviewees in the present sample. These experienced users had long employed cost-benefit assessments and their use had tended to settle into a sustainable and regular patterns. As with Parker et al's (1998) younger users, cannabis was overwhelmingly the drug of choice, with occasional forays into alternatives, and use tended to occur in familiar and regular settings and contexts. On this measure, the normalisation thesis is entirely plausible when applied to an older age group.

Being 'drug wise' refers to the idea that not only do regular drug users have considerable knowledge of the 'recreational drugs scene', but so do abstainers, prospective triers, and former users (Parker et al, 1998). This spread of drugs knowledge was found to have occurred to a large degree amongst young people. It is difficult to interrogate this idea on the basis of the interviewee sample here as all interviewees were users. However, the British Crime Survey does ask people of all ages if they have heard of or taken particular drugs. Across all age categories, almost all respondents have heard of, for example, cannabis and heroin, and large proportions of people have heard of other drugs. This suggests such drugs have entered popular consciousness across the generations, but clearly a far more in-depth study would be needed to investigate this further.

The fifth measure of normalisation concerns people's future intentions in terms of illegal drug use. Parker et al (1998: 156) found that adolescent users seem to be moving from occasional drug trying to more sustained long term use and experimentation as they enter young adulthood. Similarly, the interviewees in this research had tended to use drugs since adolescence, despite ebbs and flows

in their use. Every interviewee suggested that they had no intentions of giving up drug use, although most refused to rule out the possibility of cessation on the basis of changed circumstances, for instance in family or work life. As this research did not look at non-users and their intentions, and the British Crime Survey does not ask older non-users if they would consider using drugs in the future, a far more in-depth piece of research would be needed to adequately address this measure of normalisation. Tentatively, however, it is possible to observe how the users in the present sample shared similar attitudes regarding future use to their younger counterparts.

The cultural accommodation of the illicit is the sixth and final dimension of the normalisation thesis. Parker et al (1998: 157) describe this as being a process through which “British youth culture has accommodated and perhaps facilitated recreational drug use both in terms of what is acceptable for young people to do and in absorbing and accommodating the language and imagery of drugs via fashion, media, music and drink industries”. Partly as result of this, drug use becomes a routine activity, a simple leisure choice among many other available choices. It is far from clear that similar things are occurring further up the age range. Drug use is seen as a choice that can aid leisure and relaxation, but the interviewees remained extremely cautious about divulging their use to others. Although some work colleagues were aware of the interviewees’ use, one of the most consistent concerns expressed by the interviewees was the consequences of other people at work finding out about their drug use. Friendships with both users and non-users were maintained by the interviewees, and although close friends and family members often knew of the interviewees’ drug use, care was still taken in deciding who was informed about their drug use, and often the information given was selective. In short, drug use was generally considered a very private matter, shared with only a few fellow users and close friends and family members. Thus, the evidence for normalisation on this measure is patchy at best. The cautious nature of users in revealing details of their use suggests cultural accommodation has not occurred on the scale it has amongst the young.

Indeed, the same is true of the normalisation thesis as a whole. Although on some measures normalisation appears to be occurring to some degree (such as current use patterns and future intentions), there is very little evidence of normalisation on other measures, for instance the widespread cultural accommodation of use. Perhaps most importantly, despite increases in rates of trying amongst older adults, the numbers are still very small indeed; given this, it is very difficult to claim that drug use has become normalised amongst older adults in the same way that it is possible to make the claim with regard to young people. It is worth reiterating that this study was not designed to test the normalisation thesis with regard to older adults, and as such these conclusions are tentative in the extreme. A much more detailed and larger study would be needed to fully test the thesis, but on the basis of the findings here, such a study could reasonably hypothesise that normalisation, if it is occurring at all amongst older adults, is doing so in a far more protracted manner than amongst the young.⁵³ Nevertheless, one tantalising theoretical prospect is raised; as the current younger generation grows older, the process of normalisation may begin to spread far beyond its current bounds.

Attitudinal Differences Between Young and Old

Shiner and Pearson (2002) suggest that the received wisdom that “young people use drugs; older people disapprove” (2002: 75) is seriously flawed.⁵⁴ Instead, they describe a more complex situation. Their findings suggest that the “views of adults are remarkably similar to those of young people aged 15–16 years, and suggest that the received notion of a generation gap is no longer applicable in terms of attitudes towards the risks posed by illicit drugs. While both groups appear to be thoroughly convinced of the harmfulness of heroin, cocaine and ecstasy, both view cannabis as being considerably less harmful than other illicit

⁵³On the face of it this may seem to buttress Shiner and Newburn (1996, 1997, 1999) and Blackman’s (2007) warnings that, amongst other things, the normalisation thesis is exaggerated and over-simplistic. Yet it is important to remember that Parker et al’s (1998) claims for normalisation are very narrow; they claim normalisation only of particular drugs (such as cannabis) and only among the young.

⁵⁴ See literature review above for further details of this work.

substances” (2002: 82). In one sense, the data in this study supports this. The interviewees, as experienced long term users, had a sanguine attitude towards many illegal drugs and their effects, and had learned to use drugs in such a way as to maximise their benefit and minimise their negative consequences. Without exception, cannabis was viewed as being non-problematic, even more so than legal drugs such as alcohol and tobacco. However, the interviewees’ reluctance to divulge full details of their use to all their family members, friends, work colleagues and employers suggests that such attitudes are not held universally. There would appear to still be a number of older adults who are not quite so comfortable with the notion of illegal drugs as the interviewees. As such, the situation is perhaps yet more complex than Shiner and Pearson allow. Within the older age group, there are clearly those who share attitudes more readily associated with younger people. Yet conversely, there are also those who are not quite so relaxed about the use of illegal drugs. The ‘generation gap’ may well be eroding, but it has perhaps not completely disappeared just yet.

5.2 Theory

In chapter 1 it was suggested that the criminological theories of anomie and subcultures offer valuable starting points from which to think about older drug users. This section will consider the theories once again in light of the research findings. Although the theories offer some useful insights into the nature of older illegal drug use, they fall well short of providing a complete and thorough explanation. Indeed, the findings highlight some of the limitations of the theories. One obvious limitation is that the two theories are rather dated. It is no surprise that theories of such vintage struggle to capture the complexities and nuances of older illegal drug use at the dawn of the 21st century. Because of this, the theories’ utility will be assessed in the light of ideas surrounding ‘late’ or ‘post’ modern developments in society. There is widespread sociological consensus that socio-economic and political changes over the last thirty years or so have ushered in a distinctive new phase of human development. This section

will seek to theoretically understand the illegal drug use of older adults in this changing context.⁵⁵

Firstly, subcultural theory in the light of late modernity will be dealt with (5.2.1) before our attention switches to anomie theory and late modernity (5.2.2.).

5.2.1 Subcultural Theory, Late Modernity and the Illegal Drug Use of Older Adults

One may expect that subcultural theory would be capable of providing a robust explanation of the illegal drug use of older adults. After all, the population in question is, by definition, a subcultural element in society. However, although subcultural theory does provide some insight into the phenomenon, many of its propositions are difficult to sustain in the face of late modernity.

Sutherland's theory of 'differential association' (1939) is still remarkably applicable. The idea that criminal behaviour is learned from others in everyday, "mundane" (Downes and Rock, 2003: 74) but intimate social settings, is one that is largely confirmed by our sample. Interviewees recalled that the influence of older brothers and friends was crucial in the commencement of their drug taking careers; the deviant act was passed down the generations just as Sutherland argued. On the evidence of this research, Sutherland's 'differential association' remains capable of providing insight.

⁵⁵ For the sake of clarity and style, these developments will be referred to as 'late modern' ones from this point on. Although some writers maintain that we have entered a 'post' modern era (Lyotard, 1984; Best and Kellner, 1991; Edegworth, 2003), the 'late' modern label has become more popular over recent years (see especially Giddens and Pierson, 1998). Despite the differences in terminology, the substantive points made by members of each camp are consistent; the two labels are, in this context at least, interchangeable. Note that there are also other labels attached to the same phenomenon, such as 'high' or 'radical' modernity (Giddens, 1990; Giddens and Pierson, 1998), 'reflexive' modernity (Beck, 1992; Lash and Urry; 1987) and even 'liquid' modernity (Bauman, 1992). Again, these labels refer to the same ideas and are largely interchangeable.

Cohen's (1955) is perhaps the classic subcultural theory. But the extent to which his theories are applicable to the population under scrutiny here is open to question. In the first place, Cohen's focus was on working class boys in American schools who were struggling to meet the middle class standards by which they were judged. Clearly, this is a world away from the group that is the focus of this study. Cohen's boys suffered from 'status frustration', which in certain cases led to a 'reaction formation', where the middle class values that are the source of strain are rejected, and a common solution is found in the delinquent subculture, whose values are non-utilitarian, negativistic, and often malicious. It would be difficult to argue that our older illegal drug users underwent this process. The majority have jobs, some well paid, and have worked consistently through their lives. Their lifestyles are relatively conventional, and even if they have rejected aspirational ideas of social climbing and consumption as an end in itself (and even this is not clear), they have certainly not completely turned middle class values on their head. A second reason to question the validity of Cohen's findings for this group is that the drug taking uncovered by this study although not necessarily a solitary experience, tends not to be socially driven. Although our subjects may have started their drug taking careers as members of a well defined group or subculture, there is no sense today that drug taking is part of a shared 'common solution' to the problem of unattainable middle class values. At most, the research sample has rejected conventional middle class notions and techniques of leisure and relaxation. Here, Cohen's ideas may be useful, for they can help to highlight how our subjects have substituted their own version of leisure for the one that is conventionally seen as legitimate and rewarding. Even then, it is not clear that the motivations behind drug use are any different from more conventional leisure pursuits (relaxation or excitement), and in addition much of what is conventionally called the middle class also indulge in drug taking as part of their leisure.

A more fundamental problem with Cohen's theory is its straightforward division of society into a working class and a middle class. In late modern conditions, such a clean division is difficult to sustain. Since the demise of the great manufacturing and extractive industries, the rump of the working class

(and the occupational communities that they lived in) has dissolved. A multitude of occupational, interest and geographically based groups now exist (Lash and Urry, 1987). Whatever value- consensus may have existed at one time is increasingly fragmented. It is much more difficult to place people into one of two large class groupings. In such a context, it is increasingly difficult to argue that subcultures form as a reaction against a dominant set of values. It is here where Cohen's ideas show their age most clearly. Indeed, even with the relatively small sample researched here, it is almost impossible to neatly place each subject in a particular class. Although some members of the sample are employed in conventionally working class industries, others indulge in illegal and borderline legal activities in order to make money⁵⁶ and could be said to be part of the growing 'underclass', a group largely excluded from mainstream employment and consumption opportunities.⁵⁷ Furthermore, some members of the sample have positively embraced middle class values, even if their backgrounds are not obviously middle class ones: one member of the sample, for example, had set up and was the CEO of an internet business.

In short, Cohen does not significantly aid a theoretical understanding of the illegal drug use of older adults. However, the limitations of his theory are useful as they help to direct attention to more useful perspectives.

In contradistinction to Cohen, Downes (1966) argued that in the UK, where class divisions were more firmly entrenched and accepted by the populous, status frustration was not so much of a problem as in the US. Rather than reacting against middle class values, British working class boys simply dissociated themselves from school and work and saw deviance as a form of leisure. Unsurprisingly, given its UK focus, this idea would seem to capture the experiences of our sample a little more accurately. There was little evidence of a reaction against middle class values amongst the interviewees, but an almost universal agreement that drug use aided relaxation and leisure. This can take

⁵⁶ For example, the sale of dubiously sourced alcohol and tobacco.

⁵⁷ The term underclass was popularised by American Charles Murray's 1984 work *Losing Ground*, although similar concepts have long been part of sociology: Karl Marx used the term 'lumpenproletariat' to describe the lowest strata of society.

many forms; smoking cannabis in the home, using cocaine at parties, or taking ecstasy in clubs. But there is a clear common thread: just as rowdyism, fighting, theft and vandalism enhanced the leisure time of Downes' boys in dull, miserable England, so drugs enhance the leisure time of the older people in this study. The view of illegal drug use not being a reaction against dominant values also dovetails with the rather apolitical nature of many of the research subjects. There is simply a desire for either enhanced relaxation or a desire to 'make something happen' on a night out or at a party. No lofty ideals are being pursued, no rebellious reactions are being cultivated.

Although Downes' work is more relevant than Cohen's, there are still difficulties. Downes' subjects were young working class boys in inner city London. Their need for deviance-enhanced leisure was born of a lack of money and opportunity. For the bulk of our research sample, in reasonably well paid employment, this is not so much of a problem, and yet they still choose deviant activity. Downes does not tell us why people from across different social strata with the means to pursue more legitimate leisure activities would choose to consistently break the law. In addition, Downes' narrow focus on a small group of working class boys in east London means that care should be exercised when applying his ideas to other demographics. This problem is rendered particularly acute in late modernity, where class identities have fragmented. Consumption is increasingly replacing work at the heart of personal identity, and this leads to a more differentiated population, with varying interests and needs.⁵⁸ The sample used here reflects this. Despite being of the same age and using illegal drugs, they share little else in common. They have different backgrounds, their existing situations are sharply distinguished, and their outlooks on life vary greatly. As such, it is increasingly difficult to mount a single explanation for their illegal drug use. Of course, this has always been a problem for research projects of this nature, but the differentiated population of late modernity has made the task more acute.

⁵⁸ This is reflected in the overwhelming rise of new political and social movements, which tend to be concerned with narrow and well defined areas. The best examples of this are the groups that make up the environmental movement and the anti-globalisation movement.

David Matza's (1961, 1964, 1969) work on subcultures also has some relevancy. Matza argued that group or peer pressure is an important trigger in the process of becoming deviant. As we saw above in relation to the Sutherland's theory of differential association, this has certainly been the case for our older illegal drug users. Matza was concerned to stress that delinquency is willed behaviour, the outcome of free choice, rather than a determined outcome of social or psychological factors. Matza talks of a state of 'drift', in which controls are loosened and deviancy is a possible outcome. Once techniques of neutralisation or justification have been mastered, the deviant is free to drift between convention and crime. These ideas capture something of the experiences of the research sample here. The subjects are people with certain commitments to the dominant social order, be they jobs, families or homes. These are essentially 'ordinary' people. Their drug use has been intermittent and changing over their life course. At times, drug use was lighter, at times heavier. The drug of choice changed over time. As such, the subjects' drug use is clearly the product of willed behaviour; these are people very much in control and fully aware of their actions. Matza's theorisation of the chosen, willed nature of deviancy captures this. This focus on free choice is also relevant for older illegal drug users because the peer pressure and group use that often characterised the beginning of their drug careers has been replaced by a relatively unconstrained choice to continue using drugs. In addition, the fragmentation of class blocs, the rise of individualism and consumerism and the decline in value consensus associated with late modernity makes it essential that any theorisation makes room for the preferences and choices of individual actors. As Adams and Brownsword put it, "explanation should start with the reasons and purposes of individual actors" (1992: xii).

However, Matza's theory can be not simply and straightforwardly applied to older illegal drug users. Like all the subcultural theorists, Matza's focus was on young delinquent boys. He argues that the onset of adulthood leads to a sharp decline in the amount of deviancy. Clearly, this was not the case for the group under study here, who have, relatively consistently, engaged in deviant behaviour throughout their lives as a matter of course. As Foster (1990) has

argued, it may be the case that delinquency continues, but it becomes less visible and more discreet; this tallies with the interviewees who said that their primary site of drug consumption was in the home and at parties with friends.

On a more general level, subcultural theory, with its focus on group deviance, struggles to come to terms with the often solitary nature of illegal drug use among the over 40s. Smoking cannabis for the purposes of relaxation at home is far beyond the purview of the theories. So while subcultural theory may be useful in uncovering some of the reasons why our sample began using drugs, it struggles to comprehend their continuing and ever-evolving deviance. Its overwhelming focus on social class is also limiting, for the sample here is drawn from different social classes, and the rather crude division of society into working and middle classes is increasingly difficult to sustain in a complex and fragmenting late modern world. Finally, these subcultural theories focus exclusively on males. The two female interviewees in this research had experiences that were, in some respects, quite different from their male counterparts. One woman in particular, a quite heavy user, had initially got into drugs consistently while working as a prostitute and living with a pimp. This was clearly outside of the scope of experience of the male interviewees. Although Sutherland's work on differential association may be still be of relevance, a theory that more accurately captures the specifics of the female experience would be useful.

Clearly, although subcultural theory provides some valuable insights into the nature and causes of illegal drug use among older people, it is found badly lacking when it comes to providing a more complete and unified explanation. Of course, it would be a major surprise if theories developed through the study of teenage gangs in the middle of the last century could perform this task, and one should not expect them to do so. However, older illegal drug use in the context of late modernity brings some of the contemporary limitations of this group of theories into sharp relief.

The more recent work of the 'post-subcultural' theorists also fails to provide a plausible explanation for the drug use of the older adult interviewees in the

present sample. Redhead's (1993, 1997) central idea, that subcultures utilise consumption choices and create identities and meanings that can be liberating from subordination, seems somewhat removed from the rather more mundane reality of the drug use of the interviewees. Although their use of drugs can potentially be seen as akin to a consumption choice in the pursuit of leisure or relaxation, it did little to bestow identity and was not seen as part of their 'master status'. Similarly, Maffesoli's notion of 'neo-tribes' (1996), with its focus on fluidity and occasional gathering and dispersal, and ambience expressed through style, also bears little resemblance to the drug users interviewed in this study. Their use is somewhat more prosaic, targeted at simple relaxation, and their consumption tends to be inconspicuously low key, in the home. Emancipation through critical, self-aware consumption (Miles 2000), or resistance through the intricate subtleties of club culture (Malbon 1998, 1999) do not figure prominently as goals, either consciously or unconsciously, of the interviewees.⁵⁹

Indeed, the often criticised (Blackman, 2005; Hesmondhalgh, 2005; Shildrick and MacDonald, 2006) focus of post-subcultural theory on music and dance cultures, spectacular youth styles and middle class youth renders it largely unable to comprehend the illegal drug use of older adults. More serious, however, is its reluctance to consider structurally embedded inequalities, and its privileging of agency over social constraint; Shildrick and MacDonald (2006:136), as noted earlier, argue that "youth cultural identities, leisure lives and consumption practices remain imbued with the facts of material and social circumstances".⁶⁰ Measham and Shiner's (2009) notions of 'structured action' or 'situated choice' capture the reality of drug use among the interviewees far more plausibly. Time and again, and with no exceptions, interviewees' drug use was primarily dictated by the social circumstances of their lives. Changes in living arrangements, changes in professional or work arrangements, changes in family structure; it was these mundane aspects of life that governed drug use

⁵⁹ However, drug use perhaps does provide stability in an increasingly unstable world for the interviewees through aiding relaxation and alleviating stress; Miles (2000) makes a similar point, although for him this stability is achieved through the performance of varying identities.

⁶⁰ See also Blackman (2004: Ch 4) and Measham and Shiner (2009).

and led to the increases, decreases, and altered patterns of consumption. Emancipation from an ill-defined oppression or the self-aware expression of flamboyant styles paled into insignificance in the face of such structural determinants.⁶¹ This was brought into particularly sharp relief due to the fact that the interviewees were all from an area which had suffered immense social hardship in the ongoing transition from a Fordist economy of large scale manufacturing and extractive industry to a post-Fordist, post-industrial economy. Many times interviewees alluded to the difficulties of gaining employment in such circumstances, and the difficulties of relocating and retraining in the effort to find work; each change in this regard brought accompanying changes in drug consumption levels and patterns.

Young has forwarded a notion of subculture that dovetails with Shiner and Measham's (2009) ideas on 'structured action' or 'situated choice', and avoids the pitfalls of post-subcultural work by remaining anchored in an appreciation of material circumstances. In many ways this builds upon his famous early work, *The Drugtakers* (1971). The idea that 'formal' values of productiveness and 'subterranean' values of fun and leisure were mutually dependent upon one another in the sense that individuals must produce in order to consume, and consume in order to produce (1971: 128). This certainly captures something of the drug taking careers of the interviewees; their drug use is generally used as a relaxation or stress relief aid; stress derived at least in part from the pressures and uncertainties (or what Young calls the 'vertigo' (2007)) of living and working in a late modern economy. Yet whilst drug use offers, in this sense, something of an escape from the material realities of life, it is only through work that the time and money is realised which makes the choice to take drugs in a sustained and sustainable way possible.⁶² These old ideas remind us that

⁶¹ Indeed, other than some lingering 1960s 'counter-cultural' notions expressed by one interviewee in particular, such things were not mentioned whatsoever.

⁶² On the other hand, Young's idea of 'bohemian', middle class youth increasingly demanding 'authentic play' as a precursor to an increasingly leisured future does not appear to have been played out; certainly no evidence for it emerges from the present sample of drugtakers'.

drug use is intimately bound up with the material realities of life, and are borne out, without exception, by the experiences of the interviewees.⁶³

Young's more recent work on subculture then suggests that, rather like in the classic model, "people find themselves in particular structural positions in the world and, in order to solve the problems which such positions engender, they evolve subcultural solutions to attempt to tackle them" (1999: 89-90). However, subcultures in conditions of late modernity "are not always intense and relatively coherent, but can be more dispersed, withdrawn and atomistic, with little value consensus and an almost inherent transience (Young, 2007: 195). The fragmented nature of late modern society thus manifests itself in the kinds of subcultural groupings that emerge. Gone are the days of Fordism, with its large class blocs, homogenous sets of norms and values, and shared leisure time and interests. The interviewees are not part of any such well defined group. Although they have all evolved the same drug taking solution to perceived problems, they are not part of a tightly bound community with a set of shared values. They are by definition, whether company director or part of the 'underclass', members of a drug taking subculture, but beyond this there is very little which binds them together. Theirs would appear to be the quintessential late modern subcultural grouping.

Sumner's (1994) argument that the lack of consensus in late modernity has rendered deviance impossible also has interesting implications here. On the face of it, the interviewees' reluctance to reveal their drug use to all but a few close friends and associates, and their concerns about hiding their use from employers would seem to suggest that, firstly, there *is* something of a consensus on illegal drug use, secondly, that consensus is firmly against such use, and thirdly, the interviewees recognise as much and hide their use in response.⁶⁴

⁶³ Interestingly, this suggests that the success of the legitimate economy and contemporary capitalism is aided, in some small part, by the illegal activity of drug use. As the interview data shows, the stress relief afforded by drug use helps many users cope with the difficulties of working life, and as such contributes to the overall health of the 'system'.

⁶⁴ In *Outsiders* (1963), Becker argued that continued use of drugs depended in part upon users being able to hide their use from non-users.

However, if read in conjunction with the notion of normalisation, the idea of the end of deviance may point to interesting further avenues of research. Is the 'consensus' against which deviance is to be measured gradually changing, and if so is drug use likely to become further accepted? One could plausibly argue that this has been happening since the 1960s. On the other hand, if the 'consensus' is being broken up by late modernity with nothing to replace it, then drug use may become just another activity with little in the way of 'counter-cultural' or rebellious significance. This is rather as it is seen now by the interviewees themselves.⁶⁵

In short, traditional subcultural theory seems too outdated to deal with contemporary realities, and post subcultural theory does not have the tools to comprehend the material reality so plainly at the heart of older adults' illegal drug use. However, the kind of analysis hinted at by Measham and Shiner's (2009) notions of 'structured action' or 'situated choice' and Young's refined version of subcultural theory do account rather more plausibly for the drug use amongst the present sample. Sumner's argument on the collapse of the possibility of deviance must also be borne in mind. It is these leads that should be followed in any further in-depth exploration of the subject.

5.2.2 Anomie Theory, Late Modernity and the Illegal Drug Use of Older Adults

Like subcultural theory, anomie theories offer some potentially interesting and applicable insights into the illegal drug use of older adults, but there are elements of the theories that are problematic when applied to this particular population. However, anomie theories tend to be able to accommodate more easily ideas surrounding late modernity.

Merton's (1938) idea that the culturally formed 'American dream' is the driving force of society and, as a result, the source of strain, remains an appealing one.

⁶⁵ If, in the absence of consensus on what should be criminalized or what is acceptable behavior, illegal drug use becomes 'just another activity', its continuing status as illegal lends credibility to Sumner's notion of 'censure' (1990, 1994).

Although Merton's focus was on early 20th century America, it can quite plausibly be argued that the goal of material wealth is more a central part of society today than ever before. Consumerism and individualism, always at the heart of American cultural life, were decisively established as mainstream cultural goals in the UK during the Thatcher years. In today's late modern Britain, consumerism is a central facet of everyday life. Global brands dominate the marketplace, the service sector has boomed at the expense of the manufacturing sector, and people are increasingly judged on the quality and manner of their consumption. Indeed, consumption has increasingly come to define individuals in the same way that work did just a generation or two ago. The process of self-definition through consumption has been aided by the fact that citizenship and welfare rights have been progressively rolled back, changing what it means to be a citizen of the country. Where welfare rights persist, they are increasingly awarded on a contractual basis rather than as basic minimums that all are entitled to (Edgeworth, 2003).

In such an environment, the chances of strain occurring are heightened. People are seduced more than ever by the consumer dream. But the late modern collapse of stable employment and its replacement by short term, part time, low paid, contracted work, and the rolling back of the interventionist, welfarist state, means that access to the riches of consumerism is unstable and unequal. It would be a greater surprise if strain were *not* to occur in late modernity. In this sense Merton's theory still identifies one of the defining features of contemporary society.

Given this, one may expect the deviant adaptations of retreatism and rebellion to still capture something of the essence of our older illegal drug users. However, this research seems to highlight the limitations of Merton's categories. Retreatists and rebels, according to Merton, reject the culturally prescribed goal of 'money-success' and the means available to attain it, with rebels creating their own goals and means in place of the abandoned ones. But the interviewees patently did not reject the value system and culturally approved goals of contemporary society. Most held down jobs, had homes, and were reasonably if

not well paid. Once again, their lives were essentially conventional ones. There was certainly no significant processes of retreatism or rebellion occurring.

One major criticism of Merton's theory is that 'money success' is and has never been the only goal in a diverse and complex society; Merton himself recognised this (Downes and Rock, 2003: 118). As Downes and Rock suggest, however, "to pursue a variety of goals is not [...] to transcend the goal of 'money success', which is at its most potent when legitimised by 'higher' things" such as 'family' (2003: 118). Certainly 'money-success' remains a powerful driving force for the great majority of people in society, but one should be aware of other things that may drive older illegal drug users. The necessity of such an awareness is rendered progressively more important in late modern times where it is increasingly difficult to argue that wide consensus as to goals and means exists, such is the fragmented nature of 'society'. Some of the people interviewed for this project showed a distinctly lukewarm attitude to the trappings of consumerism, even if this was not driven by a coherent political or philosophical ideology.

Merton then, provides useful signposts as to why the members of our sample persist with illegal drug use. The pressures of impossible to satisfy consumerist desires may lead to deviant reactions. However, Merton's categories of reaction cannot capture the subtleties of older illegal drug users who choose to deviate for a variety of reasons, whilst remaining at least partly committed to the dominant social order and all that it entails.

Emile Durkheim's two notions of anomie (1952, 1964) are both potentially of relevance, as, with remarkable prescience, they capture something of the nature of late modern society. Firstly, for Durkheim the move from a mechanical to an organic society sees the emergence of a more complex division of labour and the disintegration of shared values. Secondly, he argues that the disturbances caused by major economic change and the concomitant weakening of social and governmental regulation can remove limits on the aspirations of individuals. In both these circumstances, a state of anomie can result. The fetters on acceptable behaviour are removed and deviancy may increase. As they are concerned with

rapid and destabilising change in society, both these notions of anomie, in their most general sense, are applicable today.

The older drug users researched here have lived through momentous social change. As chapter 1 suggested, in late modern society traditional class groupings and occupational communities have declined, consumption has replaced work as the key definer of self-identity, global economic forces have undermined national sovereignty and esoteric new social and political movements have emerged. In such a context consensus around values appears to be steadily declining.

Older illegal drug users may therefore be responding in a similar way to Durkheim's suicides. Faced with a lack of social regulation, the increasing impotence of the state in the face of global economic processes, and no clear and dominant set of norms, their behaviour is relatively unconstrained, and the act of taking drugs can no longer be seen as an aberration or a contravention of widely held standards. This makes sense in the late modern context where the various different groups that have emerged from the fractured class system are less bound together; no longer do relatively large scale occupational communities such as coal mining towns and villages enjoy a sense of shared fate. Drug use therefore ceases to rub up against widely held social consensus and it becomes normalised. This is certainly something that resonates with the sample at hand. For the majority of them, drug use was seen as a relatively normal counterpart to a relatively normal life. That this may not have been the case, say, fifty years ago, lends credence to the anomie theory. Although change is always a constant in society, late modernity has seen the acceleration and intensification of change, and the concomitant loosening of social bonds. This group are the first to live their entire adult lives in this milieu, and as such it is scarcely surprising that they see their drug use and their lives as normal.

Of course, Durkheim's theory has been much criticised (see Downes and Rock, 2003: Ch 5), and the suggestion is not that it should be adopted root and branch as a complete and finished explanation for the illegal drug use of older adults. But, more so than other theories, it seems well placed to capture the strains that

result from rapid, large scale social change such as that brought about by the processes of late modernity.

5.2.3 Summary

This is very much a first attempt to come to a theoretical understanding of the illegal drug use of older people. The theories that have been utilised are dated and have been frequently and comprehensively criticised. Indeed, their inability to comprehend much of the phenomenon of illegal drug use among older adults undermines further any remaining claims that they may have to a complete understating of deviant activities. Therefore the suggestion is not to adopt them wholesale, but to use the theories as a mechanism through which interesting questions can be asked. What emerges is the beginnings of an understanding of illegal drug use among older adults. Subcultural theory suggests ways in which older adults first became involved with illegal drugs and their motivations for doing so; the work of Sutherland, Downes and Matza is particularly interesting in these respects. Anomie theory, on the other hand, remains relevant for it directs attention to the pressures that people face in society. Anomie provides tools with which to analyse rampant consumerism, socio-economic turmoil and the erosion of value consensus. This is crucial, for in today's late modern world, the effects on individuals of rapid and destabilising change are potentially massive. Anomie theory would thus seem to be better placed than post-subcultural theory to explore contemporary drug use as the latter fails to take sufficient account of these material factors.

5.3 The Way Forward – Future Research & Policy

This section presents suggestions for future research (5.3.1) and policy (5.3.2) on the basis of this research. The suggestions for future research stem largely from issues with the methodology of this project, while the policy suggestions are based upon the research findings.

5.3.1 Future Research

This is an area of limited previous research, but one with great potential. Continuing research is, however, absolutely essential in order to build upon the beginnings made by this and other projects. Crucially, the methodological issues faced by this research project need to be addressed. This will allow for more comprehensive research to be conducted in the future, providing a fuller and more in-depth picture of this little researched population.

For this area of research to flourish, the issue that must be addressed as a priority is the locating of potential interviewees. There are a variety of ways that this could be improved. The first way would be to expand the number of researchers locating and carrying out interviews. More researchers would mean more contacts and fewer degrees of separation between the interviewer and interviewee. Varying the age, gender, social circumstances and leisure pursuits of the researchers would also increase the potential interviewee base. If this were to be done, older researchers, those engaged in a music scene (for example Northern Soul or those who attend music festivals), those with close ties (family or friendship) with older members of the population, and those with previous drug research links would provide better starting points for sampling chains.

Privilege Access Interviewer (PAI) teams are another potential way to carry the research forward by expanding the potential interviewee base. PAI's can be "established quickly and can generate a large volume of data in a short period of time", and "can access a broad sweep of a localized drug-using subculture" (Griffiths et al., 1993: 1625, 1617). The key requirements of a PAI "is that the interviewer has privileged access to the study population, a level of access that is not available to orthodox research staff" and can "successfully conduct a set of interviews" (Griffiths et al., 1993: 1617, 1620). PAI teams have "the benefit of contacting a wide range of subjects who share the predetermined sample characteristics, but may not be part of the same social network" (Griffiths et al., 1993: 1620). While the use of PAI teams would not solve all the problems involved in accessing hidden populations of drug users, the use of such teams is undoubtedly "a fruitful methodological strategy that can be successfully

employed for the quick collection of data, from diverse networks of drug users, by use of a structured instrument” (Griffiths et al., 1993: 1625).

Another method that could potentially be employed to locate potential interviewees is to actively use interviewees to recruit further subjects. This is often referred to as chain referral sampling. This differs from the sampling used in this research as it takes involvement of the interviewees’ one step further. Instead of merely asking for referrals, interviewees are asked to physically locate and bring in their subsequent link in the referral chain. A reward system is implemented in order to compensate interviewees for their time and effort. Biernacki and Waldorf (1981: 152) found that these “locators served two interrelated purposes; first, because of their particular pasts, occupations, social positions and/or lifestyles, they had relatively easy access to certain data sources and, as a result, could make contacts for possible interviews more efficiently than could the researcher. Second, because the locators often knew the persons referred to the study, they could verify the respondents’ accounts”. Essentially, this system leads to more interviewee-driven research, where the researched do more of the ‘leg work’. The hope is that some of the trust issues involved in being interviewed by a complete stranger are alleviated. It is debatable whether payment would have rendered the interviewees in this research more inclined to be interviewed, as trust was unquestionably the major issue for them. Most interviewees also agreed to be interviewed because they wanted to talk about their experiences, and were curious and interested in the research. Paying the interviewees may therefore not have brought in any further participants.

A fourth way in which future research could be improved is the use of the self-completion format. If utilised in conjunction with in-depth interviews this could potentially provide very detailed and accurate information. Previous research has found that compared to telephone and interviewer led interviews, self-report administration produced significantly higher counts of current drug use, specifically marijuana (Aitken et al., 2000; Schober et al., 1992). Increasing accuracy in this manner may be useful in aiding a more precise comparison with the national sample. One of the main drawbacks of this research was the small interview sample. This meant it was not feasible to statistically compare this

sample to the national sample (provided by the BCS). Increased sample size and the use of a self-completion component would allow for such a valuable comparison to occur.

An increased research budget would also benefit future research of this type. This would help to alleviate the costs associated with travel. As this research is a self-funded PhD there were no extra funds to cover travel expenses. One willing interviewee was located in Devon. An effort was made to snowball and pre-arrange further interviews in the area; however, this met with much the same response as the rest of the snowballing. It was therefore deemed uneconomical to travel for a single interview. Had there been a travel budget, such contacts could have been used to their full potential, with trips being taken on spec with the ability to snowball on site. A larger budget would also enable interviewees to be compensated. Previous research has found this to be a valuable way to locate interviewees. Biernacki and Waldorf (1981: 152) used "both paid and unpaid persons to help locate new respondents and start additional referral chains". The ability to compensate interviewees for their time and effort could have encouraged more people to be interviewed. As noted above, however, the issue of trust was of far greater importance to the interviewees in this study.

Finally, a lengthier timescale would have been beneficial to this research and future research would do well to bear this in mind. Again, as this is PhD research, there was a very strict timeframe within which the research had to be completed. Had there been a more flexible time frame, more potential interviewees could have been located and interviewed. Equally there would have been more potential for snowball chains to develop.

Indeed, the main source of research's limitations is that it is a PhD. A properly staffed project, with a budget and longer timeframe would benefit future research, but are clearly not compatible with the PhD environment. The most important improvement that a future project should make would be the creation of a larger sample size. The use of a self-completion component might also increase the accuracy of the research.

5.3.2 Policy

This section will consider the direction of policy in the UK, and the consequences of this direction for non-problematic older illegal drug users such as the ones that were interviewed for this study. Broadly speaking, it will be suggested that the position of the interviewees and people like them is becoming more precarious as a result of policy shifts, but also that the very existence of such users raises questions about the direction of policy in this country.

As Shiner (2006) outlines, the notion that drugs should be subject to legal control is very much a product of the twentieth century. By the early part of that century, “two distinct sets of views had emerged about how drugs should be regulated” (Shiner, 2006 59-60). The ‘moral’ conception of drugs as a vice requiring legal control was challenged by a ‘medical’ view, arguing that drug use was an addiction or disease requiring treatment (Berridge, 1979; South, 2002). This is echoed today by MacGregor’s (1999) distinction between policies of ‘care’ and policies of ‘control’; the former tend to manage drug users through health and social care systems and constitute a pragmatic approach, the latter manages through the criminal justice system and is more moralistic and ideological. In a sense, both these responses point to an acceptance of drug use as normalised. The pragmatic approach comes to terms with this by attempting to limit the harms associated with drug use.⁶⁶ The more moralistic, controlling approach also accepts the *fact* of normalisation, but uses it instead as a rationale to increase “popular preventative” measures and a growing punitiveness (Blackman, 2004: 56-8) and increasing recourse to criminal justice measures (Huggins, 2007).

⁶⁶ This could, in part, be a response to what Dorn and Lee (1999: 97) call the ‘nervous 1990s’, during which states have been grappling with a sense of crisis in criminal justice agencies and in their own ability to regulate conduct and prevent crime. One response has been to settle for “modest improvements at the margins”; better risk and resource management, reduction of fear of crime and expenditure, greater support for victims. “These have become the less than heroic policy objectives which are replacing the idea of winning a war against crime”.

The USA is generally given as the prime example of a regime of 'control', whereas European regimes are typically more pragmatic. British policy has tended to blend elements of the two, with a shifting balance over time (South 2002). Following the mid-20th century heyday of the 'British system', concerns about increasing drug use saw a shift towards a regime of control with a central role for the criminal justice system. Indeed, "by the mid-1980s British policy had come to be defined in terms of a 'war on drugs'" (Shiner, 2006: 60). This has persisted to this day.

The radical attack on the prohibition of drugs was led by the new deviancy theorists of the 1960s. JS Mill's 'harm principle', which argued that power can only be exercised over somebody in order to prevent harm to others, not himself, was frequently invoked (for example see Young, 1971: 222).⁶⁷ Schur (1965) and Duster (1970) suggested that drug use is a "victimless crime". Not only was prohibition unlikely to change behaviour, but it was also likely to create illicit markets. Young (1971) agreed, and developed "an early formulation of harm reduction" (Shiner 2006: 67) which emphasised the need for safer usage methods, alternative drugs, and the maintenance of user subcultures. Yet as Shiner suggests, "the notion that self-harm is insufficient to justify coercion can be challenged on a number of grounds"; he notes situations where the use of law protecting individuals from harming themselves is uncontroversial, such as the use of seatbelts and motorcycle helmets. Use of the law in this way, he suggests "tends to be regarded as legitimate where the damage is serious, typically unintentional and hard to reverse. Illegal drugs are, to varying degrees, associated with precisely this type of risk and the case for intervention is arguably made stronger by the extent to which they reduce the power of choice" (ibid: 67-8). For Lacey (1988: 110), then, there is a limited role for paternalistic legislation prohibiting the harm of inflicting or possibly

⁶⁷ As Ruggiero (1999) notes, the basis for British drugs law is also the principle of harmfulness, but harm to oneself is included in this: "The state, or so the argument goes, has a responsibility to protect its members from causing harm, mainly to others but also to themselves" (Shiner 2006: 61).

even seriously risking grave, long-term and certain damage to one's own capacities.⁶⁸

Even though it may be the case that the philosophical argument against prohibition is not straightforward, “the practical case against prohibition is strong” (Shiner, 2006; 68). As Measham and Shiner (2009) suggest, it is clear that “illicit drug use can not be legislated out of existence”. Of course, prohibition has been a successful political project that despite its failure in terms of crime control has been used to justify extended state authority and control (Elvins 2003). It is clear that there is no immediate prospect of legalisation, and it is this context that any sensible policy recommendations must take into account.⁶⁹ Despite their non-problematic use of drugs, which tends to be combined with otherwise largely conventional lives, and the fact that they usually indulge in very private settings, the interviewees in this study are unlikely to see their pastime decriminalised in the near future.

There is a sense in which British drugs policy faces what Hughes, Lart and Higate (2006: ii) call a “crossroads”. There is a possibility that this could “usher in a more Europeanized model of tolerance towards drug users. However, like so much policy development in Britain, history suggests that we remain torn between the contrasting models and approaches characteristic of the United States on the one hand and elements of the European Union on the other”. It seems that the balance between the ‘care’ and ‘control’ tendencies in the UK are still unresolved. In general, however, it seems that UK policy is drifting ever closer towards the US model.

Stimson (2000) has stridently criticised the government on precisely this point. He argues that since 1997, there has been “a switch from a ‘healthy drugs policy’ to an ‘unhealthy’ one, characterized by the conflation of drug use with crime, the drug user with criminality and the co-option of treatment as a means

⁶⁸ Shiner (2006: 68) adds that the notion that drug use is a victimless crime is also open to doubt.

⁶⁹ In this vein, Shiner (2006; 69) suggests that restorative justice principles would provide a suitable basis for a reconfigured role for law.

of tackling crime” (Lart, 2006: 92). Hunt and Stevens (2004) suggest that at the core of the shift in British policy has been a change in the conceptualization of harm. “Whereas harm reduction in the 1980s and early 1990s meant reduction of harm to the drug user, by the late 1990s it had come to mean harm by the drug user, to those emblematic families and communities” (Lart, 2006: 92).

Indeed, the fortunes of ‘harm reduction’ or ‘minimisation’ strategies in the UK provides a useful indicator of wider shifts in policy. As Keene (1997: 124-5) outlines, harm minimisation refers to strategies for reducing the harm associated with drug misuse rather than the treatment of drug dependence. This may include such activities as basic health care, drug prescribing, the issuing of clean needles and other equipment, national and local information campaigns, counselling and so on. As such, it stands between prevention and treatment as a pragmatic alternative approach to drug misuse, and indeed non-problematic recreational use. Harm minimisation developed initially as a response to HIV in the 1980s. Stimson (1988, 1990, 1995) provides much evidence to suggest that it was successful in the UK. This led to its gradual expansion,⁷⁰ but Stimson (2000) warned that the change in policy emphasis since 1997 could endanger this progress.⁷¹

Stimson’s concerns over the implications of the New Labour strategy (a strategy outlined in *Tackling Drugs to Build a Better Britain* (Home Office, 1998)) led to the formation of the UK Harm Reduction Alliance, a body including drugs workers, researchers and users. The Alliance campaigned for harm reduction

⁷⁰ See Bennett and Holloway (2005: 29) for an example of a typical campaign aimed at largely non-problematic users; the ‘safer clubbing’ guide issued to club owners contained information aimed at reducing the number of club related deaths. It included tips on preventing drugs being brought into and used in clubs, as well as methods for ensuring that there are adequate supplies of drinking water, no overcrowding, air conditioning and ventilation.

⁷¹ Blackman (2004: 185), on the other hand, outlines how European drug policy, best evidenced in the Netherlands, and also the policies of Canada and Australia focus on proportional civil penalties such as fines, warnings and confiscations, and harm reduction. Attempts have also been made in the Netherlands to separate the markets for hard and soft drugs. Such differentiation is resisted by the prohibition lobby. All these efforts together represent a contemporary version of the pragmatic stance towards drug use.

initiatives to be strengthened. As Lart (2006: 102) outlines, the updated 2002 strategy (Home Office, 2002) did include references to harm reduction; however, the emphasis on crime, and on the use of the criminal justice system as a means of accessing and channelling drug misusers into treatment remained. Most new funding was aimed at criminal justice measures, such as the Drug Treatment and Testing Orders (and by extension its successor, the Drug Rehabilitation Requirement which is one of the 12 possible requirements of a community sentence). The 2008-2018 strategy, *Drugs: Protecting Families and Communities* (Home Office, 2008) also makes little reference to harm reduction measures. “Innovative treatments,” such as injectable heroin and methadone, “where they have been proved to work and reduce crime” (ibid: 6) are mentioned, as are “harm minimisation measures including needle exchange and drug-assisted treatments that encourage drug users to enter treatment”. The strategy also talks of “rolling out the prescription of injectable heroin and methadone to clients who do not respond to other forms of treatment, subject to the findings, due in 2009, of pilots exploring the use of this type of treatment” (ibid: 29-30). Nevertheless, the overall tenor of the strategy is overwhelmingly focused on criminal justice measures.

All in all, it seems clear that the UK is moving towards a model of ‘control’ similar to that of the US. Given this, drug use is likely to remain prohibited and criminal justice measures will increasingly become the main method through which drug users are dealt with. Yet such policies are overwhelmingly based upon a notion of drug use as inherently problematic. As Sullum (15/6/2003) suggests, the “fact that responsible drug use is not only possible but typical has important implications for the drug policy debate. Honest supporters of the drug laws have to acknowledge that the case for prohibition rests on a morally questionable premise: that it’s acceptable to punish one group of people for the sins of another – in this case that the majority of drug users who do not harm others or even themselves, should suffer because of a minority’s failure to exercise self-control”. In the pursuit of policies of ‘control’, the government has seemingly ignored this fact. As a result, the interviewees in this study, despite their use being non-problematic and despite leading otherwise conventional lifestyles, run the risk of becoming embroiled in the criminal justice system

every time they use drugs. Indeed, even though “lower-end users” such as the interviewees tend not to be a central concern for policy makers (though of course their use remains prohibited by law), when Ian Blair was appointed as the Metropolitan Police Commissioner in 2005 (a position he held until late 2008) it was announced that “middle-class dinner party cocaine takers” would be subject to increased policing efforts (Hughes and Anthony, 2006; 76). Most of the interviewees from Yorkshire patently do not quite fit this description. However, such moves would undoubtedly be of concern to anybody whose illegal drug use is essentially private.

Also of note in UK policy is a move towards what MacGregor (1999: 79) terms local ‘community partnerships’ as the state retreats from public services and funding for health and social care services is tightened. This is in line with the New Labour ethos of the reponsibilisation of communities, families and individuals. The Government’s 2008 drug strategy talks of giving “a stronger role to communities” through means such as using neighbourhood police intelligence on dealers (Home Office, 2008: 5), and outlines how, in return for benefit payments, claimants will have a responsibility to move successfully through treatment and into employment” (ibid: 6). This move towards responsabilisation and the local has accompanied the re-emergence of a concern with social degeneracy and decay (MacGregor 1999: 82). One consequence of this is that some drug users, particularly problem users, could be excluded as locally based partnerships have tended to favour American style moralistic policies of control. Those users who are unable to ‘move successfully through treatment’ risk not only losing their benefit payments but also being excluded from local social support networks and employment opportunities. As MacGregor (ibid: 83) puts it “a new stratum of vagrants excluded from each parish’s social provision could emerge. Their place in society might be in a grey underworld or in segregated jobless ghettos or in prisons”. This could be particularly concerning for older, non-problematic illegal drug users. If they do find themselves becoming embroiled in the criminal justice system, there is a danger that not only would they lose their livelihood, but they may be forced to engage with groups that take a harsh view of their use. Social exclusion could potentially result.

In summary, perhaps the best policy in terms of the interviewees' interests would be a legalisation of the substances that they indulge in. As this section has shown, that is unlikely to happen in the present climate, in which policies of US style 'control' are being pursued. Perhaps the next best policy from the interviewees' perspective would be a renewed focus on harm reduction measures. Although these tend to be directed more towards problematic users, advice services, needle exchanges and the like may be useful to some non-problematic users too. The interviewees in this study, with their lengthy drug careers and detailed knowledge of what works for them, are not in dire need of such services, but they would probably not be unwelcome. However, these services appear to be increasingly marginal in terms of UK policy. The upshot of all this is that life is becoming increasingly fraught for the interviewees and others like them. As drugs policy becomes seemingly ever tougher, their situation is becoming increasingly precarious. A brush with the criminal justice system is perhaps becoming increasingly likely despite the private nature and unproblematic status of the interviewees' drug use. The consequences of this could be catastrophic. Livelihoods could be lost, families placed under strain, and, depending upon the nature of the engagement with the criminal justice system and its related agencies, some form of exclusion could result. In effect, conventional lives could be damaged significantly.

The very fact that such non-problematic users exist, have sustained their use over a long period of time, and have otherwise conventional working and family lives suggests that on a practical level, government policy is misguided. Whilst it may not be the case that the government is expressly attempting to clamp down on this kind of use (despite Ian Blair's warning to the dinner party cocaine users), the situation of non-problematic users is becoming progressively more difficult. At the very least some kind of distinction could be drawn between problematic and non-problematic use, although of course such a path is a fraught one.⁷² Fundamentally, the existence and unremarkable lifestyles of the

⁷² Of course, illegal drug use is predominantly associated with those users that are the most visible – people that use in public (on the streets) or that draw attention to their use (through the CJS and in hospitals). Illegal drug use is

non-problematic older illegal drug users discussed in this research brings into sharp relief some of the absurdities of the UK's drift toward a more punitive, 'controlling' policy position.

5.4 Conclusion

This chapter presented a discussion of the research findings in relation to the broader social, political, and criminological context.

The research found that the older illegal drug users in the sample had tended to experiment earlier on in their drug using careers. Today, it was more likely that just one drug was commonly used (marijuana & amphetamine), with the occasional use of a few other drugs (E & cocaine). The interviewees' drug use changes in line with life circumstances. Crucially, respondents saw drug use as something secondary to rest of their lives; it did not represent their master status. Although it was not possible to statistically compare this research's sample with the national sample, they two did appear be relatively similar.

There is little related research in this area. Three pieces of note are those of Notley, Pearson, and Sullum. In general, their findings tallied quite closely with the findings of this project. Older illegal drug users tend to see drug use as an everyday part of their lives. They rationalise and attempt to control it, as they would any other activity. Drug use is a part of their fairly conventional lifestyles. Some have had problems with their drug use, some have not, some are secretive about their drug use, some are not, some have drugs playing a major role in their day to day lives, some have drugs play a very minor or secondary role.

generally not associated with use in private or use that does not come to the attention of the authorities. "In the absence of evidence to the contrary, people naturally assume that most illegal drug users are like the ones they notice, who are apt to be the least discreet and the most anti-social" (Sullum, 15/06/2003). This too feeds into policy, which focuses squarely on the visible users of illegal drugs.

The ideas found in the work on non-problematic drug use were largely confirmed by the findings here. This is particularly so in terms of the ebbs and flows of drug careers, but also in terms of, *inter alia*, the control of set and setting and harm minimisation strategies. However, no real evidence was found in support of the normalisation thesis amongst this age group, although the study was not designed to test this, of course. In addition, a more complex picture of the attitudes of older adults towards drugs than that in existing research was hinted at; whilst users may be relatively relaxed about drug use, the same may not be able to be said about older non-users.

Selected criminological theories aided understanding of the phenomena. Subcultural and anomie theories provide thought-provoking analyses of illegal drug use amongst older adults. They do not provide a complete or total explanation, but bring into view points of interest and direct attention to important issues. However, the theories, being somewhat dated, must be read in the light of late modern developments to society. In this way, they can provide the grounding for further research into illegal drug users amongst the older population.

Any future research must also bear in mind the methodological issues that blighted this study. A larger group of researchers, including PAI teams, a greater budget, more time, and the inclusion of a self-completion element would all benefit future projects.

It was also suggested that current drugs policy, moving as it is towards a position of 'control', is making life more precarious for the users in this study, despite the fact that it is younger and more visible users that are its real focus.

Ultimately, the research project has identified that a significant group of older illegal drug users exists, despite the fact that they are a poorly researched, 'hidden' population. It has drawn attention to this group, and uncovered some of its key characteristics. As such, this project is a prolegomenon for more detailed and in depth study of this unique group of people.

Conclusion

This research not only confirms the existence of older illegal drug users, but it has also begun to create a picture of the types of use that this subpopulation indulge in, their motivations, and the social, historical and theoretical context of their use. The research is a prolegomena; it provides a base from which further research can be developed.

Chapter one, after clarifying the terms 'older' and 'illegal', suggested that there were several reasons why this research is important. Crucially, older illegal drug users are a largely hidden population who are inadequately researched. Furthermore, the research that does exist tends to be out of date, American-based, and employs institutional rather than community sampling. In addition, this population of users seems to be significantly increasing in numbers. As such, research into older illegal drug users living in the community is both vital and timely. It has important ramifications in terms of what we know about this growing minority in current society, the realities of contemporary drug use, and the suitability and effectiveness of drugs policies.

Chapter one also situated this research in its socio-historical, cultural and theoretical context. The subsection of the population that is being researched in this study is among the first generation of 'recreational' illegal drug users. They are the first set of people who have lived their entire teenage and adult lives in a milieu where, within subcultures and increasingly within mainstream society, recreational drug use is both relatively 'normal' and accepted, and simultaneously illegal. The criminological theories of anomie and subcultures, although they cannot provide comprehensive or total explanations of the phenomena at hand, do offer useful ways of thinking and posing questions about drug use among older adults. This is particularly the case when these theories are viewed through a 'late' or 'post' modern lens; this is something written into the structure of so-called 'post-subcultural' work.

Chapter two outlined the existing research and literature in the area of adult drug use. The problems inherent in literature searching on this topic were considered; 'use' is often seen as interchangeable with, for example, 'abuse' or 'addict', whilst 'older adult' is interchangeable with 'elderly' or with a variety of age cut off points.

Chapter two then went on to examine the relationship between age and illegal drug use. The problems encountered when studying older illegal drug users were discussed. These include the problems of identification and research design. The influence of the maturation hypothesis was also considered; it stated that people 'mature' out of drug use, and it therefore closed off attempts to study older users. However this theory is now considered obsolete, and so the academic environment is more receptive to studies of this nature. Recent research that does focus on older illegal drug users (Notley (2005), Sullum (2003), and Pearson (2001)) was thus considered.

Chapter two also explored the relationship between adult drug use and demographic characteristics. Research in this vein is inconclusive as to what demographic characteristics older drug share (except, of course, their age, although different studies interpret 'old' to mean various different things). Different sampling techniques, drug definitions and research methodologies are also utilised, but research does suggest that adult users are predominantly male and use cannabis.

Chapter Two concluded with an analysis of three important areas of contemporary research; non-problematic use, the normalisation debate, and attitudinal differences between young and old alike. A range of factors in non-problematic use was explored, the normalisation debate was introduced, and research into the attitudes of young and old discussed. Clearly there is much that is relevant in these contemporary strands for this study

Chapter three discussed the methodological road map along which the research was conducted. The quantitative section of this chapter started with an introduction to the BCS and to the 2001/02 run of the survey that constitutes the

data set that is used for this research.⁷³ The variables that were used in the analysis and the statistical tests that were used in the research (including frequencies, crosstabulations, chi-square, and logistic regression) were introduced. The qualitative section of the chapter introduced the methodology used to collect the relevant data. It discussed the problems encountered and the remedies taken during this element of the research process. The research used snowball sampling and in-depth face-to-face interviews which allowed data to be collected on the life histories of the participants. However, due to the problems encountered during the sampling process in recruiting and encouraging participation, measures were introduced to increase the viability of the research project.

Chapter three also discussed the ethical considerations raised by the research. As with any criminological research there are inherent ethical concerns and pitfalls that need to be addressed. In this research, the main issue was ensuring that any potential harm to participants was minimised, and the issues of informed consent and confidentiality.⁷⁴

Chapter four presented the results of the research. The quantitative component of the research was made up of univariate, bivariate and multivariate tests on a total of 36 variables divided into demographic and criminological characteristics. The univariate analysis examined the demographic frequencies for older recent drug users and found that they tend to be male, white, childless, employed, financially managing, and healthy. They are also drinkers and smokers and have frequented a pub, but not a club, in the past month. Hypothesis testing made up the bivariate analysis. Comparing older recent users to older non-recent users, these tests found that older recent users are more likely to have experienced the CJS; this includes contact with the police, contact with the CJS, and having been arrested. Older recent users are also more likely to be victims of and witnesses to crime. They are more likely to hold more

⁷³ Further details can be found in Appendix one.

⁷⁴ There were fewer concerns surrounding the quantitative component, as these will have been addressed by the primary researchers; the data set was accessed in an anonymised format.

negative views towards the CJS and to worry less about victimisation. They are also more likely to live in visibly shoddier, less tight-knit communities. The multivariate analysis consisted of logistic regression. The most predictive factors for recent drug use by older adults are being single, male, a parent, a smoker, a drinker, a victim of crime, as well as being educated to A level or above, and having visited a club in the past month.

The results of the qualitative component of the research were also communicated in chapter four. The interview findings and examination of eighteen demographic factors were presented, along with the identification and discussion of four main and sixteen minor themes. The demographic characteristics were matched to those identified in the BCS. The interview sample is predominantly made up of white males. They tended to be working, in good general health and away from home for more than 7 daytime weekday hours. They hold some form of secondary education, visit the pub at least once a month and are childless. About half are single, earning over £20 000 a year, living in a smoking household and drinking every week.

The interview analysis saw four main themes and sixteen minor themes extracted from the interviews and examined. The first main theme was changes in drug use over time. Users' drug careers tended to begin with an initial teenage experience, followed closely by a period of heavier, experimental use. Use then started and stopped, and got heavier and lighter in response to other life choices and circumstances. Current use tended to be more stable. None of the respondents could envisage themselves permanently stopping. The second theme concerned the reasons behind drug use. These included enjoyment and the creation of feelings of happiness, and self-medication for stress, depression or physical pain. The third theme was the effects of drug use on life. The majority of the interviewees felt that illegal drug use had not negatively affected their work, their family, their friends, or their general health. All the interviewees cultivated control mechanisms in order to reduce the potential negative affects of their illegal drug use. The fourth theme was the legal and deviant implications of drug use. By its very nature 'illegal' drug use has legal and deviant implications. However, the legality of use was not an issue which

many of the interviewees thought or worried about; all the interviewees compared drug use to alcohol consumption, often seeing them as one and the same thing. Nevertheless, many made an effort to limit their contact with distribution networks.

Chapter five discussed the research findings in relation to the broader socio-historical, cultural, political, and criminological context surrounding the research. In summing up the findings of the research, the chapter suggested that the interviewees' drug use changed in line with life circumstances. As such, illegal drug use was not their 'master status'; respondents saw drug use as something secondary to rest of their lives. Although a statistical comparison between the quantitative and qualitative sample is not possible, the two samples are relatively similar when compared along demographic lines. In addition, other relevant research (Notley (2005), Sullum (2003), Pearson (2001)) does, in general, correspond quite closely with the finding of this project. Older illegal drug users tend to see drug use as an everyday part of their otherwise fairly conventional lives. They rationalise and attempt to control it, as they would any other activity. This is in line with previous findings on non-problematic use. However, the results of the study do not provide support for the normalisation thesis amongst this age group. Attitudes across this age group were also seemingly more complex than previous research has allowed.

Chapter five also demonstrated how subcultural and anomie theory can provide useful insights and ways of thinking about older illegal drug use. The suggestion was that subcultural theory provides insight into the causes and motivations of older illegal drug use, but cannot provide a complete or unified explanation. Indeed, conditions of late modernity bring some of the contemporary limitations of subcultural theory into sharp relief. Similarly, anomie theory offers a series of insights into older illegal drug use, but cannot outline a complete explanation. However, Durkheim's version of anomie dovetails neatly with themes of late modernity, and as such offers interesting avenues down which future thinking on older illegal drug use can progress. This ageing theory provides a more convincing account of older illegal drug use

than contemporary post-subcultural theory for it more thoroughly takes into account material circumstances.

Chapter five made a number of suggestions regarding the potential future direction of research of this nature. These were particularly related to the methodological issues that arose during this research. Recommendations included having a larger group of researchers, PAI teams, a greater budget, more time, and the inclusion of a self-completion element. In addition, it was suggested that current drugs policy in the UK will potentially make the lives of older illegal drug users increasingly precarious.

Ultimately, this research can serve as a starting point for further study into illegal drug use by older adults. The research has identified that a significant group of older illegal drug users exists, despite the fact that they are a poorly researched, 'hidden' population. As well as drawing attention to this group, it has uncovered some of its key characteristics. This research is therefore a prolegomenon for more detailed and in depth study of this unique group of people.

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APPENDIX 1: British Crime Survey

The British Crime Survey (BCS) is a social research survey looking into crime and victimisation in England and Wales. Member of the public are asked questions about “the experiences of property crimes of the household (e.g. burglary) and personal crimes (e.g. theft from a person) which they themselves have experienced” (Bolling et al, 2003: 1). The Research, Statistics and Development Directorate managed the 2001 run of the BCS for the Home Office. The BCS is “one of the largest social research surveys conducted in England and Wales. The 2001 BCS was, at the time, the largest ever conducted, with a target sample of 40,000 households in England and Wales, consisting of a representative cross-section of 37,000 households and a special booster sample of 3,000 non-white adults” (Bolling et al, 2003: 1).

As of 2001, “nine waves of the BCS [...had been] carried out in England and Wales, in 1982, 1984, 1988, 1992, 1994, 1996, 1998, 2000 and 2001” (UK Data Archive). In “1982 and 1988 surveys were also conducted in Scotland [but since] 1993, separate *Scottish Crime Surveys* have been conducted approximately once every three years” (UK Data Archive), the most recent run being 2003. In January 2007, the third edition of the study saw “the drugs self-completion data file [...] replaced with a new version that includes further derived variables” (UK Data Archive).

The reference frame consists of a twelve-month period. Traditionally this was tied to the calendar year; however in 2001 this was changed to a continuous rolling reference period of the twelve months before the interview. Each run of the BCS is developed in collaboration with an external research organisation (Bolling et al., 2002). The BCS is a repeated cross-sectional study, using a multi-stage stratified random sample. The unit of analysis is individual adults aged 16 and over in private households in England and Wales.

The BCS consists of face-to-face interviewing alongside self-completion sections. The wording of the questions is kept the same across the different runs of the survey allowing for longitudinal tracking of responses and respondents are asked to disclose any victimisation irregardless of whether or not they had reported the incident to the police allowing for a more accurate count of crime compared to the police recorded statistics, although for the most accurate picture of crime the BCS should be used in conjunction with the police recorded statistics. The BCS also allows for greater scope as it goes “well beyond the counting of criminal incidents”; it also “collects extensive information about the victims of crime, the circumstances in which incidents occur and the behaviour of offenders in committing crimes. In this way, the survey provides information to inform crime reduction measures and to gauge their effectiveness” (Bolling et al., 2003: 1). The BCS “has also been successful at developing special measures to estimate the extent of domestic violence, stalking and sexual victimisation, which are probably the least reported to the police, but among the most serious of crimes in their impact on victims” (UK Data Archive). In addition to collecting information on victimisation, the BCS is used to “collect high quality information on a range of other crime-related topics, which are designed to inform the Home Office’s other performance targets [including] contacts between the public and the police, attitudes towards aspects of the criminal justice system and exposure to illegal drugs” (Bolling et al, 2003: 1), as well as house fires.

2001-2002 BCS Data Set

The data set used in this research is the 2001-2002 run of the BCS, which is the tenth run of the BCS. The majority of the information comes from the UK Data Archive (UK Data Archive). The dates of the field work are from April 2001 to March 2002, which covers people’s experiences of crime between April 2000 and March 2002. The sample contained 32 824 respondents, with an ethnic booster sample of 3 744 respondents.

The data set “includes information from the non-victim form and victim form questionnaires [as well as] self-completion modules on drugs and drinking

behaviour” (UK Data Archive). The non-victim form is a questionnaire which covers ‘respondent-level data’, including “fear of crime, perception of antisocial behaviour, victimisation screener questions, performance of the criminal justice system (CJS), experiences of the police, attitudes to the CJS, crime prevention and security, victims and the CJS, and demographic information” (UK Data Archive). The victim form reports on the ‘offence-level data’ where “each incident constitutes a separate victim form” (UK Data Archive). Each respondent is asked about a maximum of six different incidents. The topics that are covered per incident include: “the nature and circumstances of the incident, details of offenders, security measures, costs, emotional reactions, contact with the CJS and outcomes where known” (UK Data Archive). The offence-level data is then matched back to the respondent-level data.

APPENDIX 2: Interview Schedule

Information Sheet

Hello, my name is Jaime Waters and I am a PhD student at the University of Sheffield. I am studying the life experiences and drug careers of older adults. As part of my research, I am conducting interviews with current (within the last year) illicit drug users (amphetamines, cannabis, cocaine, crack, ecstasy, heroin, LSD, magic mushrooms, methadone, tranquilizers, etc.) aged around 50 living in Britain.

One of the reasons for doing this research is that there is little research that looks at illegal drug use among older adults and the research that does exist, is old (1990s and earlier), predominantly American based, and looks largely at alcohol use and prescription / over-the-counter misuse. Another reason is to examine the differences and/or similarities between illicit drug use among older drug users compared with the forms of drug use commonly associated with younger users. Finally, the importance of this research is that it may highlight specific problems encountered by older drug users, and/or perhaps provide evidence to show that drug use does not exclude having a long, happy and productive life.

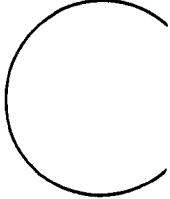
The interview is divided into two parts: questions about you and questions about your drug use, and should take approximately an hour of your time. In the interests of accuracy, I would like to tape record the interview. In order to protect your identity, all identifying factors will be omitted from the transcription and the tape will be erased. If you have any concerns about this, please feel free to discuss them with me. If you agree to participate, you do not have to answer any question that you feel uncomfortable with.

All data will be kept anonymous and confidential.

If you wish to contact me, you can either call me on 07930 634 002 or email me at J.Waters@Sheffield.ac.uk

Demographic Form

1. What was age on last birthday?
2. In terms of your Marital Status, are you ...
 1. ...single, that is, never married
 2. ...married and living with [husband/wife]
 3. ...married and separated from [husband/wife]
 4. ...divorced
 5. ...or widowed?
3. [*If not married and living with spouse*] May I just check, are you living with someone in this household as a couple?
 1. Yes
 2. No
 3. SPONTANEOUS ONLY - Same sex couple
4. How would you best describe your household?
 1. No Children
 2. Adults and Children
 3. Lone parent
 4. Head of household aged 60+
5. Please choose one answer on this card [CARD A] to indicate your cultural background:
6. Do you have any of the qualifications listed on this card [CARD B]?
 1. Yes
 2. No
7. [*If answer is Yes*] Starting from the top of the card, please look down the list of qualifications and tell me the number of the first one you come to that you have passed.
8. What type of house do you live in? [*If possible, answer without asking*]
 1. Detached house
 2. Semi-detached house
 3. Terraced house
 4. Maisonette
 5. Purpose built flat
 6. Converted flat
 7. Other types (incl. caravans/mobile homes)

- 
9. I would like to know about your overall HOUSEHOLD income from all sources in the last year. This includes earnings from employment or self-employment, income from benefits and pensions, and income from other sources such as interest from savings.

Please look at this card [CARD C] and tell me which number represents your TOTAL HOUSEHOLD INCOME in the last year from all sources BEFORE tax and other deductions.

10. In which way do you occupy this accommodation? [CARD D]

1. Own it outright
2. Buying it with the help of a mortgage or loan
3. Pay part rent and part mortgage (shared ownership)
4. Rent it
5. Live here rent free (inc. rent free in relative/friend's property, excluding squatting)
6. Squatting

11. I would now like to ask you for a few further details about yourself [and your household]. How is your health in general? Would you say it is...

1. Very good
2. Good
3. Fair
4. Bad
5. or very bad?

12. Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.

1. Yes
2. No

13. How often do you usually drink alcohol, whether it's wine, beer, spirits or any other kind of drink containing alcohol? [CARD E]

1. Once or more a day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. 1 or 2 days a week
5. 2 or 3 times a month
6. About once a month
7. Less than once a month
8. Less than once a year
9. Never

14. [If answers 1-8] On the days when you do drink alcohol, on average how many units of alcohol do you have in a day? What we mean by a unit of alcohol is a 1/2 pint of beer, a glass of wine, or a single measure of spirit or liqueur.

0..50

15. And in the last month, how many times did you visit a pub or winebar in the evening? [CARD F]

1. None
2. Between 1 and 3 times (Less than once a week)
3. Between 4 and 8 times (Once to twice a week)
4. Between 9 and 12 times (About 3 times a week)
5. More than 12 times (Almost every day)

16. Still thinking about the last month, how many times did you visit a nightclub or disco? [CARD F]

1. None
2. Between 1 and 3 times (Less than once a week)
3. Between 4 and 8 times (Once to twice a week)
4. Between 9 and 12 times (About 3 times a week)
5. More than 12 times (Almost every day)

17. Do you or does anyone else in your household smoke cigarettes, cigars or a pipe?

1. Yes
2. No

18. Thinking about an average weekday, how many hours do you spend away from your home during the day?

1. None
2. Under 1
3. 1 but under 3
4. 3 but under 5
5. 5 but under 7
6. 7 or more

19. Did you do any paid work in the seven days ending last Sunday, either as an employee or as self-employed?

1. Yes
2. No

20. Could you give me a brief description of what you do for a living:

Interview Form

1. Thinking back, what was your initial experience with illegal drug use?

When did you start using drugs?
What drugs were you using?
Why did you start using?
Who did you start using drugs with?
Where did you use drugs? (using environment)
Under what circumstances did you start using drugs?
How did you feel about your drug use?
Where did you get drugs from?

2. How has your drug use evolved over your life time?

How have the substances, amounts, methods of ingestion, and using environment changed over the years?
Why has your drug use changed?
What are the reasons behind your changes in substance use?
How have the people you have used drugs with changed over the years?
How has where you've gotten your drugs from changed?

3. Can you describe a pattern which your drug use has followed?

Do you divide your drug use into different periods?

4. How would you describe your current drug use?

Currently what drugs are you using?
How often are you currently using?
What are your reasons for current use?
Who do you use drugs with currently?
Where do you currently use?
Where do you get your drugs from?

5. How do you think illegal drug use has affected your life? (career, family, parenthood, relationships, health)

6. Why do you think that you have continued using drugs throughout your life?

7. Is there anything else that you would like to tell me?

Past, present or future?

8. Would it be possible to contact you again?

Post-Interview Form

Date:

City:

Location of Interview:

Length:

Interviewee's Gender:

Comments:

Interview Form
Demographic Cards

CARD A

- A. White - British
- B. White - Irish
- C. White – Other White Background
- D. Mixed – White and Black Caribbean
- E. Mixed – White and Black African
- F. Mixed – White and Asian
- G. Mixed – Any Other Mixed Background
- H. Asian or Asian British – Indian
- I. Asian or Asian British – Pakistani
- J. Asian or Asian British – Bangladeshi
- K. Asian or Asian British – Other Asian Background
- L. Black or Black British – Caribbean
- M. Black or Black British – African
- N. Black or Black British – Other Black Background
- O. Chinese
- P. Other ethnic group

CARD B

- 1. Higher degree/postgraduate qualifications
- 2. First degree (including B. Ed.)
Postgraduate diplomas/Certificates (inc. PGCE)
Professional qualifications at degree level (e.g. chartered accountant/surveyor)
NVQ/SVQ Level 4 or 5
- 3. Diplomas in higher education/other H.E. qualifications
HNC/HND/BTEC Higher
Teaching qualifications for schools/further education (below degree level)
Nursing/other medical qualifications (below degree level)
RSA Higher Diploma
- 4. A/AS levels/SCE Higher/Scottish Certificate 6th Year Studies
NVQ/SVQ/GSVQ level 3/GNVQ Advanced
ONC/OND/BTEC National
City and Guilds Advanced Craft/Final level/ Part III/RSA
Advanced Diploma
- 5. Trade Apprenticeships
- 6. O Level/GCSE grades A-C/SCE Standard/Ordinary grades 1-3
CSE grade 1
NVQ/SVQ/GSVQ level 2/GNVQ intermediate
BTEC/SCOTVEC first/General diploma
City and Guilds Craft/Ordinary level/Part II/RSA Diploma
- 7. O Level/GCSE grades D-G/SCE Standard/Ordinary below grade 3
CSE grades 2-5

NVQ/SVQ/GSVQ level 1/GNVQ foundation
BTEC/SCOTVEC first/General Certificate
City and Guilds part 1/RSA Stage I-III
SCOTVEC modules/Junior certificate

8. Other qualifications (including overseas)

CARD C

	Annual	Weekly
1.	Under £2,500	Under £50
2.	£2,500 - £4,999	£50 - £99
3.	£5,000 - £9,999	£100 - £199
4.	£10,000 - £14,999	£200 - £289
5.	£15,000 - £19,999	£290 - £389
6.	£20,000 - £24,999	£390 - £489
7.	£25,000 - £29,999	£490 - £579
8.	£30,000 - £34,999	£580 - £679
9.	£35,000 - £39,999	£680 - £769
10.	£40,000 - £44,999	£770 - £869
11.	£45,000 - £49,999	£870 - £969
12.	£50,000 or more	£970 or more

CARD D

1. Own it outright
2. Buying it with the help of a mortgage or loan
3. Pay part rent and part mortgage (shared ownership)
4. Rent it
5. Live here rent free (inc. rent free in relative/friend's property, excluding squatting)
6. Squatting

CARD E

1. Once or more a day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. 1 or 2 days a week
5. 2 or 3 times a month
6. About once a month
7. Less than once a month
8. Less than once a year
9. Never

CARD F

1. None
2. Between 1 and 3 times (Less than once a week)

3. Between 4 and 8 times (Once to twice a week)
4. Between 9 and 12 times (About 3 times a week)
5. More than 12 times (Almost every day)

CARD G

1. Employer / Manager in government, industry, commerce – employ 25 or more
2. Employer / Manager in industry, commerce, government – employ less than 25
3. Professional worker – self employed
4. Professional worker – employee
5. Non manual – ancillary worker, artist, foremen, supervisor
6. Junior non manual worker
7. Personal services worker
8. Forman, Supervisor – manual
9. Skilled manual worker
10. Semi-skilled manual worker
11. Unskilled manual worker
12. Own accounts worker (other than professional)
13. Farmer – employer / manager
14. Farmer – own account
15. Agricultural worker
16. Member of the armed forces

APPENDIX 3: Demographic Characteristics

Frequency Tables

1. Older adults, drug use and gender

Gender	Used any Drug		
	Never Used	Used in Past	Used Recently
Male	3898 (45.6%)	974 (57.4%)	233 (61.6%)
Female	4651 (54.4%)	722 (42.6%)	145 (38.4%)
Total	8549 (100.0%)	1696 (100.0%)	378 (100.0%)

2. Older adults, drug use and ethnicity

Ethnicity	Used any Drug		
	Never Used	Used in Past	Used Recently
White	6047 (94.8%)	1180 (97.4%)	258 (96.3%)
Non-White	334 (5.2%)	31 (2.6%)	10 (3.7%)
Total	6381 (100.0%)	1211 (100.0%)	268 (100.0%)

3. Older adults, drug use and marital status

Marital status	Used any Drug		
	Never Used	Used in Past	Used Recently
Single	2468 (28.9%)	599 (35.3%)	201 (53.3%)
Partner	6076 (71.1%)	1097 (64.7%)	176 (46.7%)
Total	8544 (100.0%)	1696 (100.0%)	377 (100.0%)

4. Older adults, drug use and children

Children	Used any Drug		
	Never Used	Used in Past	Used Recently
No	5804 (71.8%)	1043 (63.3%)	259 (69.6%)
Yes	2275 (28.2%)	605 (36.7%)	113 (30.4%)
Total	8079 (100.0%)	1648 (100.0%)	372 (100.0%)

5. Older adults, drug use and education

Education	Used any Drug		
	Never Used	Used in Past	Used Recently
High	3549 (44.3%)	980 (61.0%)	207 (57.3%)
Low	4467 (55.7%)	627 (39.0%)	154 (42.7%)
Total	8016 (100.0%)	1607 (100.0%)	361 (100.0%)

6. Older adults, drug use and education

Education	Used any Drug		
	Never Used	Used in Past	Used Recently
Above A Level	2221 (27.7%)	651 (40.5%)	134 (37.1%)
A Level & Below	5795 (72.3%)	956 (59.5%)	227 (62.9%)
Total	8016 (100.0%)	1607 (100.0%)	361 (100.0%)

7. Older adults, drug use and paid work in last 7 days

Paid work in last 7 days	Used any Drug		
	Never Used	Used in Past	Used Recently
Yes	6066 (71.3%)	1338 (78.9%)	260 (68.8%)
No	2444 (28.7%)	357 (21.1%)	118 (31.2%)
Total	8510 (100.0%)	1695 (100.0%)	378 (100.0%)

8. Older adults, drug use and hours away from home

Hours away from home	Used any Drug		
	Never Used	Used in Past	Used Recently
Under 7	3834 (45.0%)	600 (35.4%)	153 (40.5%)
7 or more	4694 (55.0%)	1093 (64.6%)	225 (59.5%)
Total	8528 (100.0%)	1693 (100.0%)	378 (100.0%)

9. Older adults, drug use and total household income

Total household income	Used any Drug		
	Never Used	Used in Past	Used Recently
High	4014 (60.0%)	1022 (68.9%)	181 (52.6%)
Low	2677 (40.0%)	461 (31.1%)	163 (47.4%)
Total	6691 (100.0%)	1483 (100.0%)	344 (100.0%)

10. Older adults, drug use and financially managing

Financially managing	Used any Drug		
	Never Used	Used in Past	Used Recently
No	457 (5.4%)	86 (5.1%)	38 (10.1%)
Yes	7995 (94.6%)	1608 (94.9%)	339 (89.9%)
Total	8452 (100.0%)	1694 (100.0%)	377 (100.0%)

11. Older adults, drug use and general health

General health	Used any Drug		
	Never Used	Used in Past	Used Recently
Good	6475 (76.0%)	1340 (79.0%)	263 (69.6%)
Poor	2047 (24.0%)	356 (21.0%)	115 (30.4%)
Total	8522 (100.0%)	1696 (100.0%)	378 (100.0%)

12. Older adults, drug use and long-standing illness

Long-standing illness	Used any Drug		
	Never Used	Used in Past	Used Recently
Yes	2170 (25.5%)	441 (26.1%)	135 (35.7%)
No	6342 (74.5%)	1250 (73.9%)	243 (64.3%)
Total	8512 (100.0%)	1691 (100.0%)	378 (100.0%)

13. Older adults, drug use and drinking alcohol

Drinking alcohol	Used any Drug		
	Never Used	Used in Past	Used Recently
Yes	5630 (88.4%)	1143 (94.4%)	250 (89.5%)
No	740 (11.6%)	68 (5.6%)	18 (6.7%)
Total	6370 (100.0%)	1211 (100.0%)	268 (100.0%)

14. Older adults, drug use and frequency of drinking alcohol

Frequency drinking alcohol	Used any Drug		
	Never Used	Used in Past	Used Recently
Once a week +	3988 (62.6%)	929 (76.7%)	203 (75.7%)
Once a year +	1642 (25.8%)	214 (17.7%)	47 (17.5%)
Never	740 (11.6%)	68 (5.6%)	18 (6.7%)
Total	6370 (100.0%)	1211 (100.0%)	268 (100.0%)

15. Older adults, drug use and smoking household

Smoking household	Used any Drug		
	Never Used	Used in Past	Used Recently
Yes	3151 (37.0%)	780 (46.0%)	275 (72.8%)
No	5368 (63.0%)	916 (54.0%)	103 (27.2%)
Total	8519 (100.0%)	1696 (100.0%)	378 (100.0%)

16. Older adults, drug use and visit pub in last month

Visit pub in last month	Used any Drug		
	Never Used	Used in Past	Used Recently
No	3677 (43.0%)	495 (29.2%)	96 (25.4%)
Yes	4871 (57.0%)	1201 (70.8%)	282 (74.6%)
Total	8548 (100.0%)	1696 (100.0%)	378 (100.0%)

17. Older adults, drug use and visit club in last month

Visit club in last month	Used any Drug		
	Never Used	Used in Past	Used Recently
No	8149 (95.3%)	1553 (91.6%)	322 (85.2%)
Yes	399 (4.7%)	143 (8.4%)	56 (14.8%)
Total	8548 (100.0%)	1696 (100.0%)	378 (100.0%)

APPENDIX 4: Hypothesis Testing

Crosstabulation Tables

Community Hypotheses

Hypothesis 1: Older recent drug users live in areas with increasing crime rates compared to older non-recent users.

Increasing Crime Rate	Recent Use of any Illegal Drug	
	No	Yes
Yes	1199 (52.2%)	30 (43.5%)
No	1098 (47.8%)	39 (56.5%)
Total	2297 (100.0%)	69 (100.0%)
Pearson Chi-Square = 2.041, df = 1, sig = 0.153; N = 2366; 0 cells (0.0%) have expected count less than 5		

Hypothesis 2: Older recent drug users live in worse neighbourhoods compared to older non-recent users.

Quality of Neighbourhood	Recent Use of any Illegal Drug	
	No	Yes
Good	1279 (54.5%)	49 (52.7%)
Bad	1068 (45.5%)	44 (47.3%)
Total	2347 (100.0%)	39 (100.0%)
Pearson Chi-Square = 0.118, df = 1, sig = 0.731; N = 2440; 0 cells (0.0%) have expected count less than 5		

Hypothesis 3: Older recent drug users are less likely to be involved in Neighbourhood Watch programs compared to older non-recent users.

Member of Neighbourhood Watch	Recent Use of any Illegal Drug	
	No	Yes
Yes	226 (63.3%)	6 (66.7%)
No	131 (36.7%)	3 (33.3%)
Total	357 (100.0%)	9 (100.0%)
Pearson Chi-Square = 0.043, df = 1, sig = 0.836; N = 366; 1 cell (25.0%) have expected count less than 5		

Hypothesis 4: Older recent drug users live in visibly shoddier neighbourhoods compared to older non-recent users.

Visible Neighbourhood Quality	Recent Use of any Illegal Drug	
	No	Yes
Good	4557 (44.6%)	118 (31.2%)
Poor	5661 (55.4%)	260 (68.8%)
Total	10218 (100.0%)	378 (100.0%)
Pearson Chi-Square = 26.472, df = 1, sig = 0.000; N = 10596; 0 cell (0.0%) have expected count less than 5		

Hypothesis 5: Older non-recent drug users live in tighter knit communities than older recent drug users.

Close Community	Recent Use of any Illegal Drug	
	No	Yes
High	1825 (34.6%)	66 (17.1%)
Medium	1768 (33.5%)	109 (28.2%)
Low	1688 (32.0%)	212 (54.8%)
Total	10218 (100.0%)	378 (100.0%)
Pearson Chi-Square = 92.185, df = 2, sig = 0.000; N = 5668; 0 cell (0.0%) have expected count less than 5		

Victimisation Hypotheses

Hypothesis 6: Older recent drug users worry more about being a victim of crime compared to older non-recent users.

Level of Worry about Victimisation	Recent Use of any Illegal Drug	
	No	Yes
High	2318 (29.8%)	58 (22.4%)
Medium	2308 (29.7%)	81 (31.3%)
Low	3148 (40.5%)	120 (46.3%)
Total	7774 (100.0%)	259 (100.0%)
Pearson Chi-Square = 6.982, df = 2, sig = 0.030; N = 8033; 0 cell (0.0%) have expected count less than 5		

Hypothesis 7: Older recent drug users are more likely to be victims of crime compared to older non-recent drug users.

Respondent Victimisation	Recent Use of any Illegal Drug	
	No	Yes
Not Victim	7098 (69.3%)	212 (56.1%)
Victim	3147 (30.7%)	166 (43.9%)
Total	10245 (100.0%)	378 (100.0%)

Pearson Chi-Square = 29.589, df = 1, sig = 0.000; N = 10623; 0 cell (0.0%) have expected count less than 5

Hypothesis 8: Older recent drug users have an increased of likelihood of victimisation compared to older non-recent users.

Likelihood of Victimisation	Recent Use of any Illegal Drug	
	No	Yes
High	751 (38.4%)	27 (42.2%)
Low	1206 (61.6%)	37 (57.8%)
Total	1957 (100.0%)	64 (100.0%)

Pearson Chi-Square = 0.380, df = 1, sig = 0.537; N = 2021; 0 cell (0.0%) have expected count less than 5

Hypothesis 9: Older recent drug users are more likely to witness a crime compared to non-recent users.

Witnessed a Crime	Recent Use of any Illegal Drug	
	No	Yes
No	10072 (98.3%)	366 (96.8%)
Yes	173 (1.7%)	12 (3.2%)
Total	10245 (100.0%)	378 (100.0%)

Pearson Chi-Square = 4.704, df = 1, sig = 0.030; N = 10623; 0 cell (0.0%) have expected count less than 5

Hypothesis 10: Older recent drug users are more likely to contact police about victimisation compared to non-recent users.

Contact with Police	Recent Use of any Illegal Drug	
	No	Yes
No	635 (67.6%)	38 (77.6%)
Yes	305 (32.4%)	11 (22.4%)
Total	940 (100.0%)	49 (100.0%)

Pearson Chi-Square = 2.121, df = 1, sig = 0.143; N = 989; 0 cell (0.0%) have expected count less than 5

Attitudes of the Criminal Justice System Hypotheses

Hypothesis 11: Older recent drug users have less respect for the police than do older non-recent drug users.

View of Police	Recent Use of any Illegal Drug	
	No	Yes
Respectful	887 (95.2%)	26 (86.7%)
Disrespectful	45 (4.8%)	4 (13.3%)
Total	932 (100.0%)	30 (100.0%)

Pearson Chi-Square = 4.349, df = 1, sig = 0.037; N = 962; 1 cell (25.0%) have expected count less than 5

Hypothesis 12: Older recent drug users have less favourable attitudes towards the Criminal Justice System compared to older non-recent drug users.

Attitudes towards CJS	Recent Use of any Illegal Drug	
	No	Yes
Positive	401 (31.5%)	12 (30.0%)
Neutral	414 (32.6%)	8 (20.0%)
Negative	456 (35.9%)	20 (50.0%)
Total	1271 (100.0%)	40 (100.0%)

Pearson Chi-Square = 4.064, df = 2, sig = 0.131; N = 1311; 0 cell (0.0%) have expected count less than 5

Attitudes towards CJS	Recent Use of any Illegal Drug	
	No	Yes
Not Negative	815 (64.1%)	20 (50.0%)
Negative	456 (35.9%)	20 (50.0%)
Total	1271 (100.0%)	40 (100.0%)

Pearson Chi-Square = 3.345, df = 1, sig = 0.067; N = 1311; 0 cells (0.0%) have expected count less than 5

Hypothesis 13: Older recent drug users have more lenient views on sentencing compared to older non-recent users.

Sentencing	Recent Use of any Illegal Drug	
	No	Yes
Too Tough	36 (1.4%)	1 (1.2%)
About Right	513 (20.1%)	15 (18.1%)
Too Lenient	2005 (78.5%)	67 (80.7%)
Total	2554 (100.0%)	83 (100.0%)

Pearson Chi-Square = 0.237, df = 2, sig = 0.888; N = 2637; 1 cell (16.7%) have expected count less than 5

	Recent Use of any Illegal Drug	
Sentencing	No	Yes
Not Too Lenient	549 (21.5%)	16 (19.3%)
Too Lenient	2005 (78.5%)	67 (80.7%)
Total	2554 (100.0%)	83 (100.0%)
Pearson Chi-Square = 0.235, df = 1, sig = 0.628; N = 2637; 0 cells (0.0%) have expected count less than 5		

Hypothesis 14: Older recent users have less confidence in the Criminal Justice System compared to older non-recent users.

	Recent Use of any Illegal Drug	
Level of Confidence in CJS	No	Yes
High	303 (50.0%)	10 (37.0%)
Low	303 (50.0%)	17 (63.0%)
Total	606 (100.0%)	27 (100.0%)
Pearson Chi-Square = 1.738, df = 1, sig = 0.187; N = 633; 0 cells (0.0%) have expected count less than 5		

Experiences of the Criminal Justice System Hypotheses

Hypothesis 15: Older recent drug users have more contact with the police compared to non-recent drug users.

	Recent Use of any Illegal Drug	
Contact with Police	No	Yes
No	8279 (80.8%)	289 (76.5%)
Yes	1966 (19.2%)	89 (23.5%)
Total	10245 (100.0%)	378 (100.0%)
Pearson Chi-Square = 4.432, df = 1, sig = 0.035; N = 10623; 0 cells (0.0%) have expected count less than 5		

Hypothesis 16: Older recent drug users have more contact with the CJS compared to non-recent users.

	Recent Use of any Illegal Drug	
Contact with CJS	No	Yes
No	8949 (87.3%)	312 (82.5%)
Yes	1296 (12.7%)	66 (17.5%)
Total	10245 (100.0%)	378 (100.0%)
Pearson Chi-Square = 7.547, df = 1, sig = 0.006; N = 10623; 0 cells (0.0%) have expected count less than 5		

Hypothesis 17: Older recent drug users have more recent contact with the CJS compared to non-recent users.

Recent Contact with CJS	Recent Use of any Illegal Drug	
	No	Yes
No	9981 (97.4%)	358 (94.7%)
Yes	264 (2.6%)	20 (5.3%)
Total	10245 (100.0%)	378 (100.0%)
Pearson Chi-Square = 10.321, df = 1, sig = 0.001; N = 10623; 0 cells (0.0%) have expected count less than 5		

Hypothesis 18: Older recent users are more likely to have been arrested compared to non-recent users.

Ever been Arrested	Recent Use of any Illegal Drug	
	No	Yes
Yes	335 (12.6%)	23 (25.8%)
No	2318 (87.4%)	66 (74.2%)
Total	2653 (100.0%)	89 (100.0%)
Pearson Chi-Square = 13.249, df = 1, sig = 0.000; N = 2742; 0 cells (0.0%) have expected count less than 5		

Hypothesis 19: Older recent users are more likely to have been arrested recently compared to older non-recent users.

Arrested Recently	Recent Use of any Illegal Drug	
	No	Yes
Yes	27 (8.1%)	2 (8.7%)
No	308 (91.9%)	21 (91.3%)
Total	335 (100.0%)	23 (100.0%)
Pearson Chi-Square = 0.012, df = 1, sig = 0.914; N = 358; 1 cell (25.0%) have expected count less than 5		

APPENDIX 5: Logistic Regression

Demographic predictors of older illegal drug use

		Exp (B)	Sig.
Children	No	0.62	**
	Yes (base)	1.00	**
Drink Alcohol	No	0.98	
	Yes (base)	1.00	
Drink Alcohol	Less than once a week	0.78	
	Once a week or more (base)	1.00	
Education	A level or below	0.68	*
	Above A level (base)	1.00	*
Education	Low	0.56	**
	High (base)	1.00	**
Ethnicity	Non-White	0.95	
	White (base)	1.00	
Financially Managing	No	1.52	
	Yes (base)	1.00	
Gender	Female	0.60	**
	Male (base)	1.00	**
General Health	Poor	0.95	
	Good (base)	1.00	
Hours away from Home (Daytime)	Under 7	1.09	
	7 or more (base)	1.00	
Long-Term Illness or Disability	No	0.69	
	Yes (base)	1.00	
Marital Status	Single	2.23	***
	Married (base)	1.00	***
Paid work in last 7 days	No	1.09	
	Yes (base)	1.00	
Smoking Household	No	0.23	***
	Yes (base)	1.00	***
Total Household Income	Low	1.15	
	High (base)	1.00	
Visited a club in the last month	No	0.33	***
	Yes (base)	1.00	***
Visited a pub in the last month	No	0.70	
	Yes (base)	1.00	

Notes:

- i. *** = $p < 0.001$
- ii. ** = $p < 0.01$
- iii. * = $p < 0.05$
- iv. Model $\chi^2 = 237.618$ ($p < 0.001$)
- v. Nagelkerke $R^2 = 0.143$
- vi. Hosmer and Lemeshow = 8.870 (ns)

Criminological predictors of older illegal drug use

		Exp (B)	Sig.
Contact with the CJS	No	0.64	*
	Yes (base)	1.00	*
Contact with the Police	No	0.70	*
	Yes (base)	1.00	*
High Level of Worry	No	1.46	*
	Yes (base)	1.00	*
Victim of Crime	No	0.65	**
	Yes (base)	1.00	**
Low Level of Worry	No	0.85	
	Yes (base)	1.00	
Recent Contact with the CJS	No	0.54	
	Yes (base)	1.00	
Witnessed a Crime	No	0.35	**
	Yes (base)	1.00	**
Visual Quality of Neighbourhood	Poor	1.65	***
	Good (base)	1.00	***

Notes:

- vii. *** = $p < 0.001$
- viii. ** = $p < 0.01$
- ix. *** = $p < 0.05$
- x. Model $\chi^2 = 61.495$ ($p < 0.001$)
- xi. Nagelkerke $R^2 = 0.031$
- xii. Hosmer and Lemeshow = 11.396 (ns)

Demographic and Criminological predictors of older illegal drug use

		Exp (B)	Sig.
Children	No	0.64	**
	Yes (base)	1.00	**
Contact with the CJS	No	1.13	
	Yes (base)	1.00	
Contact with the Police	No	0.83	
	Yes (base)	1.00	
Drink Alcohol	No	1.01	
	Yes (base)	1.00	
Drink Alcohol	Less than once a week	0.75	
	Once a week or more (base)	1.00	
Education	A level or below	0.68	*
	Above A level (base)	1.00	*
Education	Low	0.56	**
	High (base)	1.00	**
Ethnicity	Non-White	0.89	
	White (base)	1.00	
Financially Managing	No	1.45	
	Yes (base)	1.00	
Gender	Female	0.60	**
	Male (base)	1.00	**
General Health	Poor	0.93	
	Good (base)	1.00	
Hours away from Home (Daytime)	Under 7	1.11	
	7 or more (base)	1.00	
Long-Term Illness / Disability	No	0.71	
	Yes (base)	1.00	
Marital Status	Single	2.18	***
	Married (base)	1.00	***
Paid work in last 7 days	No	1.09	
	Yes (base)	1.00	
Recent Contact with the CJS	No	0.51	
	Yes (base)	1.00	
Smoking Household	No	0.24	***
	Yes (base)	1.00	***
Total Household Income	Low	1.12	
	High (base)	1.00	
Victim of Crime	No	0.70	*
	Yes (base)	1.00	*
Visited a club in the last month	No	0.34	***
	Yes (base)	1.00	***
Visited a pub in the last month	No	0.71	
	Yes (base)	1.00	
Visual Quality of Neighbourhood	Poor	1.30	
	Good (base)	1.00	

Notes:

- xiii. *** = $p < 0.001$
- xiv. ** = $p < 0.01$
- xv. *** = $p < 0.05$
- xvi. Model $\chi^2 = 252.105$ ($p < 0.001$)
- xvii. Nagelkerke $R^2 = 0.152$
- xviii. Hosmer and Lemeshow = 7.067 (ns)