What Influences Young People's Use of Drugs? A qualitative study of decision-making

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ABSTRACT Recent surveys in the UK indicate that approximately half of all young people aged 16-22 have used an illegal drug. Despite such observations, remarkably little research has been conducted in the UK about the motivating factors which shape the decisions that young people make to use drugs or alcohol. This paper reports on a qualitative study exploring the range of factors which young people reported to be influential over such decisions. Results are presented from in-depth interviews conducted with 50 16-21-year-olds. Analysis of the data revealed individual-level influences (the perceived functions of drug use (or specific purpose for using a particular substance), drug-related expectancies, physical/psychological state, commitments and boundaries) and social/contextual-level influences (environment, availability, finance, friends/peers and media) on decision-making. Of these, the perceived function for using a particular substance was identified as particularly influential. The findings are related to existing drug prevention approaches and opportunities for their further development are discussed.

Introduction

In the UK, surveys suggest that the number of young people who have tried illegal drugs has increased during the past decade. The 1996 British Crime Survey reported that 35% of 16-19-year-olds had ever used cannabis, as had 42% of young people aged between 20 and 24 years (Ramsay & Spiller, 1997). Use of the so-called 'dance drugs' was also prevalent, with amphetamine use reported by 16% of 16-19-year-olds and 21% of 20-24-year-olds; followed by LSD (used by 10% and 14%, respectively) and then ecstasy (9% and 13%). In 1995, a Health Education Authority (HEA) survey in England reported similar findings and concluded that over half of all 16-22-year-olds have tried an illicit drug (HEA, 1997). The survey also points to an increase in the number of young people who have been offered drugs (Aldridge et al., 1995; Balding, 1996; HEA, 1997). This suggests that although the number of people experimenting with illicit drugs has risen, for various reasons a significant number of young people have also decided to resist use.

Numerous etiological theories of substance use amongst young people have been advanced (see Lettieri et al., 1980, for discussion). The influence of the environment or 'setting' where substance use takes place on behaviour has also been recognized (Zinberg, 1984). In general, early work regarded individuals as essentially passive and influenced by social and environmental circumstances (e.g. Elliott et al., 1989, 1985) while more recent perspectives have focused on active decision-making in which an individual considers the costs and benefits of taking a substance (e.g. Ajzen, 1985, 1988; Langer & Warheit, 1992).

Much of the work in this area has tended to focus on the decision to initiate into use of a given substance. However, although this decision is an important one, once initiation has occurred, an individual's decisions about substance use do not cease. Decisions are made about whether to use the substance on subsequent occasions and if so, how much to consume. Glasner & Loughlin (1987) observed that there were certain occasions when almost all of the young people in their study (including the heaviest users) decided against using drugs. They suggested that users had fairly rigid rules governing their drug-taking behaviour and established certain boundaries that they would not cross. The majority of their sample regarded their substance use as reflecting self-controlled choices.

There is evidence that young people's beliefs or expectancies about the effects of alcohol predict future drinking patterns (Christiansen et al., 1989). However, little is known about the effects of other substance-use expectancies. It seems that expectancies concerning the effects of specific drugs are not necessarily solely based on their pharmacological effects, but are heavily influenced by reports from peers and socio-cultural factors (Stacy et al., 1994). Studies have also explored the reasons and motivations cited by substance users for their behaviour. In some reports, these reasons vary from quite broad statements (e.g. to feel better) to more specific roles or functions for use (e.g. to increase self-confidence). However, much of this literature focuses on 'drugs' as a generic concept and makes few distinctions between different types of illicit substances (e.g. Butler et al., 1981; Carman, 1979; Cato, 1992; McKay et al., 1992; Newcomb et al., 1988).

A considerable range of approaches and methods have been employed by drug education and prevention programmes. Some recent efforts have focused on the role of peers, the family, and attitudes and values held by an individual. These programmes have attempted to train young people to resist tempting forces such as 'peer pressure'. Others have used peer-educators to deliver drug prevention messages on the assumption that such messengers are more credible to a young population and are more likely to succeed. An alternative approach has been to encourage diversionary activities as alternatives to drug use. A central premise of this work is that young people use drugs because they lack access to other satisfying activities or because they are bored (Coggans & Watson, 1995). Thus it is hoped that providing young people with attractive alternatives to drug use with which to fill their leisure time will reduce motivations to

use drugs.

There has been little qualitative study of the processes involved in substance-related decision-making. The identification of influential factors and exploration of their relative importance, could help to develop and inform new approaches to prevention and education. The primary objective of this paper is to describe the critical influences on substance-related decision-making amongst a sample of young users.

Method

Fifty young people (24 male, 26 female) were interviewed. Their average age was 18.5 years (range 16-21). All participants were recruited from the south of England using snowballing techniques with seven starting points with the aim of obtaining a range of ages, occupations (and thus incomes) and social backgrounds. The starting points included: a charity for homeless young people, a Further Education College, a youth club, a student nurse, a Higher Education College and a drug dealer. Given the aims of the study, a purposive sampling procedure was employed to recruit a diverse range of young people whose experience of substance use was in excess of national norms for this age range. Consequently, selection was not intended to provide a representative sample of young people from this age group. For more detail on the methods used, see Boys et al., 1999.

A brief, structured interviewer-administered questionnaire was used to record demographic characteristics and lifetime use and recent consumption patterns of five target substances: alcohol, cannabis, amphetamines, LSD and ecstasy use, based on procedures developed by Marsden et al. (in press). A semi-structured interview was then employed to discuss the following topics: drug use of friends, personal drug use experience, decision-making and reasons for not using drugs. Respondents were encouraged to give as much information as they wanted to in response to questions. Interviews were tape-recorded with the interviewee's consent, and subsequently transcribed. A synthesis of analytic induction and grounded theory (Glaser & Strauss, 1967) was used to guide the analysis of the qualitative data.

Results

Sample Characteristics

The majority of respondents (n=36; 72%) described their ethnic origin as 'white'; nine (18%) as African-Caribbean or Black British; three (6%) as mixed race and two (4°/0) as Asian. Half the sample reported that they were living with their parent(s). Nine were living in temporary hostels or on the street and the remainder were currently living in rented accommodation. Twenty-seven respondents were in some form of education; 13 had full-time work and the remaining 10 were unemployed.

All reported having drunk alcohol with friends, and the majority of the sample had also smoked tobacco (96%) or used cannabis (94%). Seventy per cent of the sample had used amphetamines, 54% ecstasy (MDMA) and 42% LSD (see Table 1). Analyses of rates of lifetime use of these substances did not differ between male and female respondents (x2 values did not exceed 2.81 for any comparison, p = 0.09 or greater).

In the context of the qualitative interview, none of the respondents described dependent patterns of use of the five targets. No respondent reported using substances to relieve withdrawal symptoms or craving.

Respondents were asked to estimate their weekly discretionary disposable income. This was defined as money in excess of that which was needed to pay for accommodation and other living costs. Estimates of this income ranged from £14 to £420 with a mean of £75 (median = £50) per week. Spending priorities varied, though most respondents cited socializing, night-club entrance fees and also buying alcohol or drugs.

Table 1. Patterns of substance use ($n = 50$)

	Lifetime use (%)	Last 12 months (%)	Days used in past 90 days (%) (95% C.I.)
Alcohol	98	98	39 (29.2–48.6)
Cigarettes	96	82	88 (79.2–97.0)
Cannabis	94	84	58 (46.7–68.6)
Amphetamines	70	54	15 (5.4–25.4)
Ecstasy	54	46	16 (7.7–25.2)
LSD	42	20	16 (2.6–29.6)
Cocaine powder	32	Not recorded	
Heroin	20	Not recorded	
Benzodiazepines	12	Not recorded	
Other opiates	10	Not recorded	
Crack cocaine	4	Not recorded	

[redacted]

Table 2. Functions reported for use of different substances

- Increase energy
- Relax
- Dance
- Get away from problems
- Help manage effects from other drugs
- Decrease inhibitions
- Relieve boredom
- Relieve depressive thoughts
- Suppress appetite/diet
- Increase motivation to get things done
- Facilitate work
- Increase confidence

[redacted]