

This is an Accepted Manuscript of an article published by Taylor & Francis in *Drugs: Education, Prevention and Policy* on 26 May 2016, available  
online: <http://dx.doi.org/10.1080/09687637.2016.1176991>

## SPECIAL FOCUS

### Chillin, buzzin, getting mangled, and coming down

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#### Abstract

**Aims:** This paper examines differentiated normalisation through the lens of young drug users from a marginalised neighbourhood where drugs are readily available, prevalence rates are high, and a flourishing drugs market operates. **Methods:** This paper draws from the ethnographic fieldwork component of a research study aimed at exploring patterns of drug use, associated drug-related harms and the operation of the local drugs economy in the risk environment of a Dublin neighbourhood (O’Gorman et al., 2013). The study uses a critical interpretivist methodology to explore the role and meaning of drug use from the users’ perspective. **Findings:** The narratives of these marginalised young people illustrate how drug use and drug choices are shaped by different intentions, avowed identities and diverse structural, temporal and socio-spatial settings. Their routines and drug repertoires echo the (mainly) reasoned consumption choices, the cost–benefit analyses and the emphasis on pleasure and fun ascribed to recreational drug users, including those who underpin the normalisation concept. However, their drug using practices continue to be rendered deviant due to their experience of social exclusion; exclusion from consumption-orientated lifestyles and from the nighttime economy; and their inclusion in the informal drugs economy. **Conclusion:** Normalisation is relative (not just differentiated) to the social status of the drug user. A reconstructed normalisation thesis inclusive of class (and race, and gender) could explore why the use of similar drugs and similar drug using behaviours by different social groups is differentially accommodated and accepted by mainstream society.

#### Keywords

Normalisation, recreational drug use, marginalisation, class

#### History

Received 15 June 2015

Revised 4 April 2016

Accepted 6 April 2016

Published online 2 2 2

#### Introduction

The spatial clustering of the drug-related harms associated with injecting heroin use in marginalised urban neighbourhoods emerged as a key theme of drugs research in the 1980s and 1990s (see Hartnoll, 1995; Parker, Bakx & Newcombe, 1988; Pearson, 1987). In the communities affected, residents shared a historical experience of social exclusion including multiple and interconnected deprivations such as poverty, unemployment, educational disadvantage and poor housing (ACMD, 1998; Buchanan, 2006; Foster, 2000, O’ Gorman, 2000). Rhodes’ (2002) concept of the risk environment life provided a useful framework for exploring the socio-spatial clustering of drug related harms shaped by adverse political, economic and social policies (O’ Gorman, 2004). Nonetheless, dominant public and political discourses continue to construct ‘problem drug use’ as a function of individual and cultural pathology (Fraser & Moore, 2008; Moore, 2012), ignoring the structural underpinnings of problem drug use (Buchanan, 2006; Seddon, 2005) and the problematisation process itself (Bancroft, 2009; Moore, 2012).

Since the 1990s, new patterns and trends in drug consumption have emerged and evolved in response to local and global changes in drug production and distribution, as well as shifts in consumer demand influenced by accessibility, affordability, quality, cultural trends, etc. (Agar, 2003; EMCDDA, 2013; UNODC, 2013). Drug use has become a more prevalent phenomenon across age, gender, class, and ethnic groups (EMCDDA, 2013). The consumption of an assortment of licit and illicit substances – typically the combined use of alcohol, cannabis, stimulants and hallucinogens – has become a regular feature of weekend and festive socialising in diverse youth cultural worlds (EMCDDA, 2012).

The normalisation thesis developed by Parker and colleagues at the University of Manchester (Measham, Aldridge, & Parker, 2001; Measham, Newcombe, & Parker, 1994; Parker, Aldridge, & Measham, 1998) sought to conceptualise this new phenomenon of recreational drug use as a non-deviant practice. The core elements of this concept posited that recreational drug use has become normalised and accommodated into the social and cultural practices of different social groups and a common feature of youth cultural worlds among users and non-users alike. These recreational drug users were presented as rational actors, accommodating sensible drug use within their cultural and

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leisure pursuits and calculating cost – benefit risk assessments of their drug choices from a range of less physically addictive drugs. Crucially, they were deemed ordinary, conventional young people – conformists who did not reject mainstream values outside of their drug use.

The situated context of recreational drug use within a ‘leisure-pleasure landscape’ (Parker et al., 1998, p. 25) explored in the work of Hunt, Evans and Kares (2007), Pennay and Moore (2010) among others, emphasised the fun, joys and pleasure of drug use and an embedding of narratives of ‘illegal leisure’ within consumption-oriented lifestyles and burgeoning night-time economies bolstered by the commodification of leisure goods and the marketing of drug referenced products (see Blackman, 2004; Taylor, 2000).

Although South (1999, p. 6) noted that ‘something profound’ had happened in relation to the place of drugs in everyday life since the 1980s; analysing the nature of that ‘something’ remains a contested process. The normalisation thesis as an explanatory tool has received its share of critique, including retrospective reflections by some of those involved in the original studies (see Aldridge, Measham, & Williams, 2011; Measham & Shiner, 2009; Measham, Williams, & Aldridge, 2011). Key aspects of the critiques suggested that the thesis over simplified young people’s perceptions of drug use and exaggerated its extent (Shiner & Newburn, 1997); misrepresented drug use as uniform and homogenous (Pennay & Moore, 2010; Shildrick 2002); and queried its undifferentiated use of the term ‘drugs’ (Shiner & Newburn, 1997, p. 524). Researchers working with marginalised drug users noted how the thesis excluded other forms of drug use and obscured the ways in which traditional patterns of inequality impact on youth drug use (Shildrick, 2002) and suggested a more differentiated understanding of normalisation whereby different types of drugs and different types of drug use may be normalised for different groups of young people (MacDonald & Marsh, 2002; Shildrick, 2002).

The questionable value of the normalisation thesis for exploring drug use in marginalised communities reflected my own misgivings with the concept. As the thesis began to gain currency in the drugs field, I was in the throes of conducting the fieldwork for my PhD – a multi-site ethnographic and qualitative study of heroin users situated within the context of a marginalised risk environment in Dublin (O’Gorman, 2004). I attended a seminar Trinity College Dublin where Howard Parker presented findings from the North West England Longitudinal Study. I recall, prompted by the entry in my fieldwork diary from that evening, a frustration with the study’s overt concern with recreational drug users as ‘otherwise law abiding young citizens’ and the caution that ‘the problem drug-user heroin scene’ might influence the recreational drug scene (1998, p. 8). For me, then as now, this view appeared to disregard the social, spatial and structural embeddedness of problematic drug use and the consequent unlikelihood that recreational users would ‘cross the Rubicon’ dividing recreational drug use from problematic heroin use (see Parker et al., 1998, p. 132; MacDonald & Marsh, 2002, p. 35). Inadvertently, or not, the thesis had served to deepen the polarity between drug users regarded as deserving or undeserving (MacGregor, 1999); integrated or marginalised

(Eisenbach-Stangl, Moskalewicz & Thom, 2009); normal or deviant (Rødner Snitzman, 2007) and the ongoing construction of a deviant outsider (Becker, 1957) in the regard of the social audience (Erikson, 1964).

These concerns mirrored the structure versus agency debates regarding patterns of drug use (see Measham & Shiner, 2009). The privileging of agency over structure in the initial normalisation thesis and the capacity for recreational drug users’ ‘controlled loss of control’ (Measham, 2002, p. 309) seemed to reinforce the image of the deviant ‘other’ and the ‘disordered citizen’ (Pennay & Moore, 2010, p. 569) whose drug use was associated with irrational and undisciplined behaviour and linked to the loss of agency and identity (Fraser & Moore, 2008; Fraser & Valentine, 2008; Pennay & Moore, 2010).

The movement of illicit drug use from the margins of youth subculture into the mainstream and its broader cultural accommodation in the wider society (Parker et al., 1998; Parker, Williams, & Aldridge, 2002) suggested a diminution of the stigma associated with illicit drug use. However, the management and negotiation of stigma as an ongoing multi-layered process at the micro level has been a key focus of both the normalisation literature and its critics. Shiner and Newburn (1997, p. 523) argued that young people sought to neutralise their guilt and shame about using drugs by subscribing to the normative discourse that ‘drugs are bad’. Rødner Snitzman (2008, p. 456) illustrated the micro-politics that drug users engage in, such as ‘othering discourses’, to challenge the stigma attached to them. Pennay and Moore (2010) illustrated the variations in how users within a friendship network negotiated the stigma associated with drug use from avowing the need for self-regulation to valorising the pursuit of pleasure. Green and Moore (2013) noted how methamphetamine smokers managed stigma by concealing their use from their peers.

Arguably, stigma and identity are differentiated by drug type and the social status of the user (see Bancroft, 2009; Seddon, 2005). Marginalised young people in excluded neighbourhoods manage a stigmatised identity as part of their everyday world (Buchanan, 2004; Buchanan & Young, 2000) and, as observed by Byrne (1999, p. 121) ‘are badged by the space they occupy’. Adding a drug using identity to this mix elevates the level of stigma they experience.

These issues led to additional questions for my own research journey and an exploration of the ‘problematizing process’ (Moore, 2012) – how and why certain types of drug use and drug users are problematised over others and the role class, power and social exclusion play in this construct. Linked to this was the pondering as to what happens to drug use on the margins when recreational drug use moves to and becomes normalised (with all the caveats noted above) in the mainstream.

## Methods

This paper draws from a research study aimed at exploring patterns of drug use, associated drug-related harms and the operation of the local drugs economy in the risk environment of a Dublin neighbourhood (O’Gorman et al., 2013). The study takes a critical interpretivist approach developed over

241 time by the Principal Investigator (PI) to understand the lived  
 242 experience of drug use at a neighbourhood level (see  
 243 O' Gorman, 2005, 2008, 2014a,b, 2015). This methodology  
 244 is a sociologically grounded mixed-method approach based  
 245 on the collection and analysis of ethnographic (street conver-  
 246 sations) and qualitative data (in-depth interviews and focus  
 247 groups) situated within an analysis of drug trend indicators,  
 248 local socio-economic data and the prevailing political and  
 249 policy environment. This research approach uses induction  
 250 and triangulation to validate and cross-check data and arrive  
 251 at an in-depth understanding of drug consumption practices  
 252 and drug-related harms at the individual and community  
 253 level.

254 This paper draws from the ethnographic fieldwork  
 255 component of this study which aimed to examine drug use  
 256 from the user's perspective - their intentions, choices,  
 257 boundaries, and risks - as well as getting a sense of users'  
 258 lives and the role and meaning drugs play in their lives. The  
 259 Principal Investigator worked with a team of four privileged  
 260 access community fieldworkers who had ready access to  
 261 local drug scenes and users (see Griffiths, Gossop, Powis, &  
 262 Strang, 1993) to conduct a series of ethnographic observa-  
 263 tions and conversations with residents and drug users in their  
 264 natural locations (Bourgois, 1995; Hobbs, 2001; Pearson,  
 265 1992). Over 180 h of ethnographic fieldwork were conducted  
 266 with members of the fieldwork team working in pairs  
 267 usually in batches of three hourly sessions at different times  
 268 and days to try and capture a broad as possible sense of drug  
 269 use in the area.

270 Fieldworkers took notes during (where possible) and after  
 271 each session and this information was synthesised and  
 272 interrogated in a series of group discussions facilitated by  
 273 the PI as part of an inductive analytical process seeking to  
 274 identify key themes and issues. In presenting the findings,  
 275 quotations are used for illustration and participants' names are  
 276 anonymised.

277 Contacts were established with approximately 30 young  
 278 adults aged 17-24 who had a public presence in the  
 279 community at the time of the research. Two-thirds of the  
 280 drug users we encountered were male, reflecting the gendered  
 281 pattern of public space.

282 Ethical approval for this study was obtained from the  
 283 Human Research Ethics Committee, University College  
 284 Dublin, Ireland. The ethos underpinning this community  
 285 research methodology seeks to minimise the traditional power  
 286 imbalance between the researchers and the researched;  
 287 maximise our understanding from the perspective of the  
 288 affected communities; and to ensure that dignity and respect  
 289 underpin the social relations of the research process. Time  
 290 was taken to build trust and rapport with the participants and  
 291 to discuss the aims of the research study so participants could  
 292 make an informed judgement about whether they wish to  
 293 participate or not. Informed consent was negotiated verbally  
 294 on an ongoing basis and participants assured they could  
 295 withdraw at any time. Care was taken to ensure participants  
 296 and their input was anonymised.

297 The study began in July 2012 with the bulk of the  
 298 fieldwork being conducted between then and December  
 299 2012: the findings reflect the local drugs situation at that  
 300 time.

## Findings

The young participants describe themselves as being from  
 'the schemes' (social housing) and from 'the street'. They do  
 not necessarily represent drug users in the general population,  
 or even drug users in their neighbourhoods, though they do  
 represent young active drug users who have a public presence  
 in the neighbourhoods - a presence which is perceived as  
 problematic by the state and many people in their community.

About two-thirds of the thirty or so young people who  
 participated in the fieldwork were 'lads' - males aged  
 between 17 and 24 years - into 'street drinking', taking drugs  
 and hanging around their neighbourhood. About half were  
 early school leavers, the rest had completed school. Eight  
 were linked in with local state run training programmes, the  
 remainder were unemployed. Almost all were living at home  
 and receiving a 'jobseekers' welfare payment - between 80  
 and 100 euros per week depending on their age. From that,  
 they deducted 'me Ma's money' for their food and lodgings, a  
 contribution towards their children's keep, if they were  
 parents, then phone and internet bills, after which there was  
 little left.

As a community, the neighbourhood under study had  
 disproportionately experienced the structural violence of the  
 state (see Wacquant, 2008) in terms of its poor policy  
 outcomes and disproportionate levels of educational disad-  
 vantage, unemployment, poor housing, ill health, imprison-  
 ment, etc. The area benefitted little from the 1996 to 2006  
 economic boom - an era of almost full employment with one  
 of the highest rates of GDP (Gross Domestic Product) per  
 capita in the world (Murphy & Kirby, 2011). The subsequent  
 Great Recession and the enforcement of a post-boom austerity  
 programme by the European Troika (European Commission,  
 European Central Bank and the International Monetary  
 Fund), and a compliant national government, disproportion-  
 ally affected the more vulnerable and less well off (Caritas,  
 2014). By 2011, people in the neighbourhood had experi-  
 enced a significantly disproportionate increase in unemploy-  
 ment and the area was ranked among the most deprived in the  
 state (O' Gorman et al., 2013).

The neighbourhood had been one of a number of  
 marginalised areas of Dublin city beset by epidemic levels  
 of heroin use among young people in the 1990s (O' Gorman,  
 2014a). In addition to active street drug markets, the area had  
 gained a national reputation as the organisational base for the  
 wholesale distribution of drugs and experienced high levels of  
 drug-related violence and deaths associated with the oper-  
 ations of the drugs economy (O' Gorman, 2014b). Here, as in  
 other marginalised communities, with limited opportunities in  
 the formal economy and the increasing retrenchment of the  
 welfare state (particularly the decreased level of social and  
 economic supports for young people), a ready supply of  
 labour for the drugs economy could be found (O' Gorman,  
 2005).

## Doing differentiated normalisation

The young research participants had few externally imposed  
 structures and routines to their days and a lot of free time with  
 few financial resources. Hanging out in their friendship  
 groups accounted for a significant part of their everyday

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361 world. On the street, they congregated at different ‘hot spots’  
 362 – in the car-park of the cluster of local shops and the post-  
 363 office; sitting on the low church wall; and, in the front gardens  
 364 of gable-end houses, as well as in more secluded spaces in  
 365 fields and parks nearby – the waft of cannabis lingers in the  
 366 air around them.

367 The drug-using repertoire of this group contained a few  
 368 core substances that were easily accessible and affordable in  
 369 the locality. These reflected the main drugs used in the  
 370 general population (see NACD, 2011). Alcohol was their first  
 371 drug of choice, mainly cans of cheap beer which, as Jason<sup>1</sup>  
 372 described, were ‘cheaper than a litre of milk’. Occasionally at  
 373 the weekend they would access cheap spirits, mainly vodka  
 374 which was favoured by the young women. Alcohol along with  
 375 ‘weed’ (herbal cannabis) and ‘tablets’ (mainly benzodiazep-  
 376 ines and the so-called ‘Z drugs’ – Zimovane, Zopiclone, etc.<sup>2</sup>)  
 377 formed the baseline of their consumption. Research observa-  
 378 tions and conversations indicated that all three drugs (alcohol,  
 379 cannabis and tablets) were culturally accommodated within  
 380 the neighbourhood. A particularly strong level of acceptance  
 381 of cannabis use was noted, among users and non-users alike  
 382 ‘everybody smokes it’; ‘sure a joint is like a cigarette’; and  
 383 ‘it’s only a relaxer’. Similar views were voiced about the use  
 384 of tablets:

385  
 386 Yellies (Diazepam 5 mg) and blueys (Diazepam 10 mg),  
 387 everybody takes them and that’s an everyday drug, not just  
 388 at the weekend.

389 On an almost daily basis, the lads would hang out in the  
 390 streets where they lived smoking a few joints.

#### 392 Drug intentions: agency and structure

393 Patterns emerged from the young people’s drug stories which  
 394 indicated that their drug use and drug combinations, although  
 395 diverse and complex, contained elements of functional and  
 396 rational action with regard to their drug choices and drug use  
 397 intentions. These actions were mediated by temporal and  
 398 spatial settings as well as structural opportunities and  
 399 constraints and on a daily basis the young people negotiated  
 400 an intricate interplay between structure and agency which  
 401 shaped their drug consumption practices. Patterns of drug use  
 402 were shaped by availability and accessibility (for example,  
 403 having to travel to another area to score would act as a  
 404 deterrence); affordability (depending on their current finan-  
 405 cial situation); the reputed quality of the substance (the  
 406 mitigation of bad ‘come downs’ was an ongoing concern);  
 407 and the responsibilities they had for that day (such as  
 408 housework, child care, odd jobs, welfare appointments) with a  
 409 further differentiation between drug use that was regarded as  
 410 appropriate or functional for weekdays and weekends.

411 During the week, their drug-taking intent is to ‘chill’. For  
 412 this, the combination of ‘weed and tablets’ was regarded as ‘a  
 413 lovely mix’; ‘from Monday to Thursday it’s just the weed and  
 414 tablets’. As Keano described ‘a few ‘roche’ [Diazepam] and a  
 415 bit of hash, just all day have a lovely buzz’.

416 For these young people, the weekend usually ‘kicked off’  
 417 on Thursdays and heralded a shift in their drug consumption  
 418 practices. Then their decision-making processes became more  
 419 nuanced illustrating a negotiation between current and desired  
 420

mood and whether they wished to enhance or dispel their  
 421 current mood. For example, all were in agreement that if they  
 422 wished to enhance an existing good mood ecstasy was the  
 423 drug of choice. As Kev described ‘the happy feeling is the  
 424 time for the Es’. Or, if they sought a particular effect (up,  
 425 down or ‘straightner’) a range of drug combinations would be  
 426 considered.

427  
 428 Four categories of intention were identified along a  
 429 continuum of effects – ‘chillin’, ‘buzzin’, ‘getting mangled’  
 430 and ‘coming down’. Each intention was embedded in a set of  
 431 polydrug combinations to achieve the desired effect:

- 432 • ‘Chillin’ – a combination of one or more of cannabis,  
 433 alcohol and ‘tablets’;
- 434 • ‘Buzzin’ – alcohol with ecstasy, cocaine and/or NPSs;
- 435 • ‘Getting mangled’ entailed a higher level of polysub-  
 436 stance use mixing larger quantities of stimulants and  
 437 hallucinogens; and
- 438 • ‘Coming down’ which was eased with combinations of  
 439 herbal cannabis and tablets (see Table 1).

440 The young people’s focus on pleasure seeking, on ‘coming  
 441 up’ and having a good time was balanced by their concern  
 442 with mitigating potentially severe ‘come downs’. In this  
 443 respect, they perceived quality to be less about the level of  
 444 high a substance could achieve and more about the level of  
 445 low they experienced after using it. At the time of the  
 446 fieldwork, NPS (new psychoactive substances) had gone out  
 447 of favour with the young people after a period of popularity.  
 448 Following the introduction of drug control legislation in  
 449 Ireland in 2010 prohibiting the sale of ‘legal highs’, NPS  
 450 ‘went underground’ and onto the illegal drugs market and at  
 451 the time of the fieldwork were treated with caution by the  
 452 group, as Johnno described ‘you can get a bad buzz off it’. In  
 453 their wake, ecstasy had re-emerged as a drug of choice though  
 454 it too had previously been disregarded for poor quality, as  
 455 Damo related: ‘back about 2 years ago the Es were rubbish  
 456 but these are woah’. Others related equally enthusiastic  
 457 verdicts: ‘a bag of E dust and you’d be boom! – hits you  
 458 straight in the eyes [all laugh]’; and ‘that’s all we do now  
 459 again is just yokes [ecstasy]’. The high benefit-cost ratio, in  
 460 terms of the level of effect in relation to its cost, was an  
 461 additional attraction:

462  
 463 The most popular drug at the weekend would be Es, it is  
 464 the cheapest drug you can get and it’s the most get out of it  
 465 drug you can get (Keith).

#### 468 The leisure–pleasure landscape

469 Different drug intentions required different settings.  
 470 Weekday drug use (cannabis, tablets and alcohol) took  
 471 place mainly at home, in a front garden [the layout of the  
 472 neighbourhood was of small terraced houses with small front  
 473 and back gardens], or on the street with a few mates. At the  
 474 weekends, small groups would meet in someone’s home for  
 475 a few ‘tins’ [cans of beer] or ‘shots’ [of spirits]: ‘you’d have  
 476 to get a few into you before you’d go out’. Hectic social  
 477 media communication would begin as the evening pro-  
 478 gressed and plans developed. Lynne described how they  
 479 would start texting and ‘facebooking’ each other checking to  
 480

Table 1. Drug use intentions - young persistent drug users.

	Chillin	Buzzin	Getting Mangled	Coming Down
Cannabis (Herbal)	*			*
'Tablets' (mainly benzodiazepines)	*			*
Ecstasy		*	*	
New psychoactive substances		*	*	
Cocaine powder		*	*	
Ketamine			*	
Alcohol	*	*		

see who was 'up for a good one' ; enquiring;; are you getting a few bomboms [ecstasy pills]? ; and texting around their friendship group: 'are you on it?' ; 'are you on it?' ; 'are you on it?' in the lead up to a meeting.

Moving on up to 'buzzin' and 'getting mangled' was a more collective group activity and required a different setting - a house party in a 'free gaff' (that is, where there was no adult in a supervisory role in a house or apartment); a derelict house; or an isolated park or field where music and dancing would enhance the experience and they could get 'completely out of it' . Anna described:

We would do E, sniff [cocaine], and speed - the three of them together - it's a lethal [brilliant] buzz.

The young people had little access to the venues of the formal nighttime economy to hang out or party. They were not interested in frequenting the local 'old man boozers' [pubs] and related how they were refused admittance to clubs who seemed to set arbitrary entrance policies - 'over 25s', 'regulars only', etc. when they sought access. In any case, the young people reported that alcohol was more affordable as a take-out and they preferred the freedom of creating their own entertainment spaces.

### Across the Rubicon

Despite being open to drug experimentation, having access to heroin and crack cocaine in their neighbourhood, and experiencing the type of social exclusion associated with dependent use, these young people had not strayed across 'the Rubicon' into the territory of using drugs associated with dependency (MacDonald & Marsh, 2002; Parker et al., 1998). Their narratives of differentiation illustrated a fierce resistance to the inclusion of heroin, crack cocaine, or intravenous drug use into their drug-using repertoire. Dekko summed up their bounded drugs repertoire as 'Es, weed, tablets - everything bar crack and heroin' which enabled them to clearly differentiate themselves from the 'junkies' in their neighbourhood - older habitual drug users with a history of intravenous drug use and a preference for 'tablets', alcohol, methadone, heroin and crack cocaine (O' Gorman et al., 2013). Their aversion to these drugs and a mode of administration (IV drug use) they equated with being 'strung out' underpinned their scathing descriptions of dishevelled junkies 'goofing off' around the neighbourhood despite knowing many of the 'junkies' personally as neighbours and/or family members. Their strongly held view that 'gear [heroin] would get you strung out and leave you like a

junkie' was so common that they found it difficult to identify a peer that had crossed this Rubicon:

No [in response to my question about heroin use] there was very, very few maybe you could get one out of ten lads that probably had a taste for it, but it's still the older generation, crack as well (Dave).

Naah [to using needles] - couldn't tell you anyone my age who is using needles (Keith).

### Availability and access

The area the young people lived in was a key site for the drug distribution trade for Dublin city and access and availability to of a range of drugs was not a difficulty, although cost often was. All the males in the group had varying degrees of involvement with the drugs economy, although their employment in the sector was on a rather ad hoc basis and they were contacted for work as and when needed by the local distributors to sell, store, bag and/or distribute drugs and money. Their consequent erratic levels of disposable income among the group added a further layer of complexity to the social relations of their drug use. For example, there was a high level of drug sharing among the friendship groups and 'sorting out' peers who were short of money [either by giving money or drugs], in the anticipation that this 'gift' would be reciprocated in turn: 'If you're short, friends will sort you out' . As Mikko described:

You would be offered a sniff of coke or an E. Like one E is a fiver (€5), no one is going to - like I wouldn't go back to them and say 'have you got that fiver?'

Involvement in the drugs trade had downsides. For many of the young people, building up a drug-related debt put them at risk of drug-related violence. Such debts would start to build up by getting 'a lay on' [credit] from someone at a higher level of the drugs market if they had no money, as Ronan described:

R: You don't even need money for drugs you just go out and you see the right person and you say yeah 'give us that until next week' .

AO' G: How much tick [credit] would you get?

R: Depends on who it's off, how much they can afford and how much you know the person

AO' G: So would you go around to a few people?

R: Nah that's the worst thing - loads of people do - they are planning on getting out with not playing - that's why people get a batter [hit] - if I get some off him, then him, then him then I'd have to watch for five people instead of just getting it off him and watch for him.

Unpaid debts were punished, Desi considered that 'you get a box around for owing 50 euro' . The young people reported harsh punishments being meted out to enforce the servicing of drug-related debts including severe beatings and shootings. Overall, violence was seen to be an accepted and normalised means of resolving disputes.

A further downside of their contact with the drugs economy was that it brought them to the attention of the



601 *Gardaí* [police]. Johnno related how they received: ‘ a lot of  
602 hassle and hidings [beatings]’ and were in effect over-  
603 policed:

604  
605 They class a crime as loitering just standing around doing  
606 nothing and we’ re saying ‘what do you want us to do, there  
607 is nothing to do’ .

608  
609 The level of drug-related harm experienced by these  
610 young people through their engagement with the drugs  
611 economy added to and exacerbated the risk environment  
612 they inhabited.

## 613 Discussion

614  
615 The narratives of the marginalised young people doing a form  
616 of differentiated normalisation, illustrate how drug use and  
617 drug choices are shaped by different intentions, avowed  
618 identities and diverse structural, temporal and socio-spatial  
619 settings. Their routines of ‘chillin’ , ‘buzzin’ , ‘getting  
620 mangled’ and ‘coming down’ echo the (mainly) reasoned  
621 consumption choices, the cost – benefit analyses and the  
622 emphasis on pleasure and fun of recreational drug users,  
623 including those who underpin the normalisation concept.

624 This marginalised group were situated within a high-risk  
625 environment which traditionally has facilitated the use of the  
626 types of drugs associated with dependency. The concern of  
627 Parker et al. (1998) of a potential erosion of the cultural  
628 barriers that separated mainstream recreational drug use from  
629 the more problematic forms of drug use engaged in by  
630 marginalised young people has not come to pass. Indeed, as  
631 reported here, the opposite has occurred – the young people  
632 have adopted the normative practices assigned to mainstream  
633 recreational drug use.

634 The roots of this cultural shift at the margins can be traced  
635 to the young people’ s conscious construction of an alternative  
636 drug-using identity in opposition to that of the ‘strung out  
637 junkies’ in their neighbourhood. This identity rested on three  
638 key elements. First, their fierce resistance to the drugs and  
639 mode of administration associated with being ‘strung out’  
640 (in this case heroin, crack cocaine and intravenous drug use).  
641 Second, the wide social distance they created from them by  
642 contributing to the othering and stigmatisation of the  
643 ‘junkies’ through name calling and ‘slagging’ [insulting  
644 teasing] their behaviour; and thirdly, their emphasis on  
645 rational agency via narratives of drug using choices. In  
646 adopting this identity they perform an antithesis to the  
647 problematised drug user associated with their neighbourhood –  
648 typically constructed as being incompatible with reason,  
649 rationality and discipline and linked with loss of identity  
650 and agency (Fraser & Valentine, 2008; Pennay & Moore,  
651 2010). By stigmatising other drug users (similar to the  
652 process described by Rødner Sznitman, 2008), they essen-  
653 tially deflected the stigma associated with chaotic drug use  
654 from themselves.

655 This group’ s construction of a drug using identity was  
656 observed to be based on fun and pleasure, and weighing up  
657 the costs and benefits of using different drugs against  
658 concerns about after-effects, and their social responsibilities –  
659 much similar to the considerations of mainstream drug  
660 users. Yet, by inhabiting a high-risk environment their

consumption practices remain outside the framework of the  
normalisation thesis and its derivatives. The concept of  
normalised drug use is inseparable from the context of  
commodified leisure whereas these marginalised youth have  
a largely de-commodified existence and they are excluded  
from the licensed leisure economy through lack of resources  
and the cultural habitus to pass muster of the nightclub  
security. Their ‘leisure – pleasure landscape’ (Parker et al.,  
1998, p. 25) and the cultural spaces of consumption  
available to them (unlicensed raves, parks, fields, house  
parties) are situated outside of the licensed leisure night-time  
economy. And, as Measham (2004a,b) notes, these de-  
commodified spaces have become criminalised in contrast to  
the process of commodification of criminal culture in  
licensed leisure spaces.

These young people are additionally criminalised by their  
participation in the drugs labour market which, somewhat  
ironically, supplies the licensed nighttime economy with its  
fuel for illegal leisure. Though, the mainstream and margin-  
alised drug users rely heavily on social networks and friends  
to access drugs. For the recreational users, ‘sorting friends  
out’ is constructed as a sign of trust and friendship rather than  
as a criminal offence (Aldridge et al., 2011). They purchase  
their drugs through layers of friendship and acquaintance  
networks: ‘friends, and friends of friends’ (Parker, 2000, p. 6)  
and by and large are cushioned by several degrees of  
separation from direct contact with the drugs economy. As  
Aldridge et al. (2011) note their contact with ‘drug dealers’ is  
very rare and drugs are exchanged in private spaces rarely  
monitored by the police. In contrast, the young marginalised  
people are active in the drugs economy rendering them  
subject to drug-related violence from the operators of the  
drugs economy and the officers of the state.

Despite their uptake of mainstream recreational drug  
consumption practices, the marginalised youth’ s exclusion  
from the means of production and consumption and their  
inclusion in the drugs economy perpetuates the public and  
political perception that they are *not otherwise conforming* to  
the values of a neo-liberal society. Their position is redolent  
of Young’ s analysis (1999, p. 86) of marginalised young  
people caught up in a ‘bulimic world of cultural inclusion and  
social exclusion’ and by continuing to be constructed as  
deviant they remain suitable objects of surveillance and  
control by the state (Matza, 1964) and subjects less deserving  
of welfare protection (MacGregor, 2012).

## Conclusion

The concept of normalisation presented a new frame of  
reference for perceiving drug users as being controlled rather  
than chaotic, disciplined rather than disorganised, and  
proactive recreational consumers of drugs and drug-refer-  
enced goods (music, film, fashion, etc.) rather than passive  
dependent addicts. The concept rested on the notion that the  
sensible use of certain types of drugs by otherwise conform-  
ing youth had become culturally accommodated in the  
mainstream. Arguably these normative views were linked to  
the potential for recreational drug use and its associated  
cultural lifestyle to be appropriated for commodification  
within the free market economy.

Inadvertently, by privileging certain types of drugs and certain types of drug-using behaviours, the normalisation thesis exacerbated the othering of young people on the margins. Both normalisation and differentiated normalisation focused on the drugs being used at the expense of the power and status of its users. Despite these marginalised young people adopting the cultural practices of mainstream recreational use, they remain outsiders.

Normalisation is relative (not just differentiated) to the social status of the drug user. A reconstructed normalisation thesis inclusive of class (and race, and gender) could address issues of exclusion and inclusion and incorporate a class analysis into exploring why the use of similar drugs and similar drug using behaviours by different social groups is differentially accommodated and accepted by mainstream society.

## Acknowledgements

I would like to acknowledge the support of John Bennett, co-ordinator of the Task Force and the contribution of the team of fieldworkers (Kerri Moore, Kevin Pigott, Kristina Napier, Alan Driscoll, Darren Emerson, Robert Mooney, Cara Fennelly, Pamela Gately and Mary Foley) who assisted with the data collection, as well as all those who participated in the research. The views expressed here are those of the author and do not necessarily reflect the views of those above.

Many additional thanks to the anonymous referees of this paper and their very helpful suggestions and comments.

## Declaration of interest

This paper is drawn from a research study commissioned and funded by the Finglas-Cabra Drugs Task Force, Dublin.

## Notes

- Names of participants have been changed to protect their anonymity.
- The term 'tablets' was used to describe an assortment of medication prescribed largely for the treatment of insomnia and anxiety such as the benzodiazepines alprazolam/xanax<sup>®</sup>, diazepam/valium<sup>®</sup>, flurazepam/dalmane<sup>®</sup>, temazepam/Restoril<sup>®</sup> etc. and the 'Z drugs' such as zolpidem/stilnox<sup>®</sup>, zopiclone/zimovane<sup>®</sup>.

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