

**What Meaning Does Cannabis Have For Older  
Adults Living in Rural Areas?**

**Granville Sutton**

**A thesis submitted for the degree of Doctor of Philosophy**

**Department: University of Suffolk**

**University of Essex**

**Date of submission for examination: October 2023**

**Date of re-submission: June 4<sup>th</sup> 2024**

## Abstract

**Primary Objective-** Written from the perspective of a liberal reformist of drugs law, this thesis employs normalisation as the prime conceptual framework around which the lived experiences of sixteen older adult rurally located cannabis users are framed. In doing so cannabis inception experiences, youthful subcultural affiliations, acquiring the drug in older adulthood, the integration of cannabis into and around daily life and perceptions of prohibition are examined.

**Design –** Sixteen in-depth qualitative interviews were delivered over the telephone to a geographically dispersed participant sample.

**Findings-** Participants were introduced to cannabis by friends during adolescence and young adulthood. However, for some participants the use of cannabis continued within youthful subcultures. Daily cannabis users spoke of the long-term trust they have placed in their dealers. For less frequent users, *social supply* was the predominant acquisition route. Participants provided evidence that cannabis was a normalised part of their everyday lives as older adults. However, they remain mindful that their status as a cannabis user could be socially detrimental. For some, cannabis was valued as a substance of self-medication for conditions such as anxiety, menopause and as an antiemetic during chemotherapy. Without exception, the participants believed that legislative reform in the UK was warranted.

**Conclusions-** Whilst evidence of normalised drug use was evident in the participants responses, older adult cannabis users from rural areas remain fearful of stigma and harmed social identities. A finding supported elsewhere in the literature (e.g., Hathaway, Comeau and Erickson, 2011 and Sandberg, 2012). Older adult cannabis

users both recreational and self-medicators would welcome regulation so that they could benefit from product consistency, ease of availability, and avoid prosecution.

## Acknowledgements

First, I must convey my appreciation to my primary supervisor from the University of Suffolk, Professor Emma Bond. Your consistent support, guidance, knowledge, and project management skills greatly enriched my research degree journey. Particularly so in the final stages of this project.

It was also my incredibly good fortune to have benefitted from the guidance of Emeritus Professor Nigel South from the University of Essex. Your experience, professionalism, patience, and expertise in the field of drug research significantly enhanced my PhD experience in so many ways. To be supervised by a recipient of the British Society of Criminology's Lifetime Achievement Award was a privilege.

I also express my heartfelt appreciation to my secondary supervisor from the University of Suffolk, Doctor Paul Andell. You challenged my thinking and broadened my intellectual horizons. Through your guidance, enthusiasm, and knowledge, I realised that significance is often found in that which at first appears trivial. I thank you also for the opportunities you provided me with to lecture your undergraduate students.

My appreciation also goes to Doctor Cristian Dogaru from the University of Suffolk, who chaired my progression boards and provided me with opportunities to contribute to teaching efforts.

Due credit must be paid to the University of Suffolk Doctoral College and the University of Essex Post Graduate Research and Education Team. You represent the unsung heroes of academia.

I must also express my heartfelt gratitude to my loving family: my mum, Brenda, stepfather, Kevin and my younger siblings, Vanessa and Marcus. Your encouragement and faith kept me going through the challenging times.

My friend Kevin, I thank you for encouraging me to leave the computer and take a break occasionally.

My long-suffering teammates at Turning Point Suffolk have tolerated what must at times, have seemed to them to be my endless wittering on—a fate shared by Robin Pivett, my friend from law enforcement. Your collective encouragement and willingness to engage in debate was invaluable.

Recognition must go to the sixteen participants who trusted me and this project. You all enthusiastically contributed without any compensation other than my appreciation. I learned so very much from you all.

'Howie', you inspired me and so many others.

**1928-2023**

## List of Tables

**Table 1: Participant Demographics. Page 150.**

**Word Count: 79865.**

## Table of Contents

<b>Abstract .....</b>	<b><i>i</i></b>
<b>Acknowledgements .....</b>	<b><i>iii</i></b>
<b>List of Tables.....</b>	<b><i>v</i></b>
<b>Introduction .....</b>	<b><i>1</i></b>
<b>1 .....</b>	<b><i>1</i></b>
<b>1.1 Defining Recreational (Non-Medical) Cannabis Use.....</b>	<b><i>2</i></b>
1.1.1 Defining Recreational (Non-Medical) Cannabis Use.....	<i>3</i>
1.1.2 How is Recreational Cannabis Consumed?.....	<i>5</i>
1.1.3 Population Measurements of Cannabis Use Among Older Adults.....	<i>6</i>
1.1.4 Older Adult Cannabis Users and the Issue of Rurality.....	<i>8</i>
1.1.5 To what extent is Recreational Cannabis Use Harmful?.....	<i>11</i>
1.1.6 The UK Cannabis Market: Product Availability.....	<i>13</i>
1.1.7 Why has the UK Cannabis Market Changed?.....	<i>14</i>
1.1.8 Cannabis as a Prescribed Medication in the UK.....	<i>15</i>
1.1.9 Self-Medicating with Cannabis.....	<i>18</i>
1.1.10 Products Containing Cannabidiol (CBD).....	<i>19</i>
<b>1.2 Thesis Structure .....</b>	<b><i>21</i></b>
<b>2 Theorising the Cannabis User: Review of The Literature .....</b>	<b><i>24</i></b>
<b>2.1 Theoretical and Conceptual Framework.....</b>	<b><i>24</i></b>
<b>2.2 Symbolic Interactionism: Labelling Theory.....</b>	<b><i>26</i></b>
2.2.1 Howard S Becker: Labelling and Deviance.....	<i>28</i>
2.2.2 Erving Goffman: Labelling Theory and Everyday Life.....	<i>34</i>
<b>2.3 British Subcultural Theory.....</b>	<b><i>39</i></b>
2.3.1 Birmingham Centre for Contemporary Cultural Studies (CCCS).....	<i>40</i>
2.3.2 Cohen and Young: Sociologies of Moral Panic.....	<i>47</i>
<b>2.4 Cannabis, Stimulant Use and the Subculture of Rave.....</b>	<b><i>51</i></b>
<b>2.5 Youthful Subcultures and Aging.....</b>	<b><i>56</i></b>

<b>2.6</b>	<b><i>The Normalisation of Recreational Drug Use</i></b> .....	<b>64</b>
2.6.1	Northwest Survey: A Summary of Key findings. ....	67
2.6.2	Illegal Leisure Revisited: The Ageing Cohort.....	72
2.6.3	Normalisation: The Seven Dimensions .....	75
2.	Drug Trying.....	76
3.	Drug Use .....	76
4.	Being drugwise .....	77
5.	Future intentions .....	78
6.	Cultural accommodation of the illicit .....	79
7.	Risk-taking as a life skill.....	83
2.7	<i>Normalisation and Adult Cannabis Use</i> .....	84
2.8	<i>Social Supply of Recreational Drugs and Normalisation.</i> .....	89
2.9	<i>Normalisation: Contemporary Critiques.</i> .....	94
2.10	<i>Chapter Summary</i> .....	97
<b>3</b>	<b><i>Cannabis Control: Prohibition, Regulation and Decriminalisation</i></b> .....	<b>99</b>
3.1	<i>Introduction</i> .....	99
3.1.1	Current UK Policy: Misuse of Drugs Act 1971 .....	99
3.1.2	Policy in Practice: Community Resolutions.....	100
3.1.3	White Paper Proposals.....	101
3.1.4	The Campaign for Cannabis Law Reform .....	102
3.2	<i>Prohibition: International Alternatives</i> .....	106
3.2.1	The Canadian Model: Legalisation and Regulation.....	107
3.2.2	The US Model: State Level Regulation (Colorado) .....	113
3.2.3	The Dutch Model: Tolerance .....	117
3.2.4	The Portuguese Model: Decriminalisation of Drug Possession .....	125
3.2.5	Germany.....	127
3.3	<i>Chapter Summary</i> .....	129
<b>4</b>	<b><i>The Research Methods</i></b> .....	<b>131</b>
	The Coronavirus Pandemic as Relevant to Fieldwork. ....	131
4.1	<i>Introduction</i> .....	131



4.1.1	The Objectives and Approach of this Research .....	132
4.1.2	Researcher's Background and Positionality .....	134
4.1.3	Acknowledging the Sensitive Nature of Cannabis Research.....	137
4.1.4	Diversity and Inclusivity .....	138
4.1.5	Ontology and Epistemological Foundations .....	138
4.1.6	Symbolic Interactionism and the Research Methodology .....	141
4.1.7	Adoption of a Qualitative Methodology .....	142
4.1.8	Fundamental Limitations: Generalisability and External Validity .....	143
4.1.9	The Issue of Participant Truthfulness.....	144
4.1.10	Using Facebook to Advertise the Offline Research Project.....	146
4.1.11	Informed Consent .....	151
4.1.12	Intoxication, Capacity, and Informed Consent .....	152
4.1.13	Limitations of Confidentiality .....	153
4.1.14	Telephone Interviewing.....	154
4.1.15	The Interview Design.....	156
4.1.16	Interview Technique.....	157
4.1.17	Mitigating Harm During and After Interview .....	158
4.1.18	Experience in Delivering the Interviews by Telephone .....	160
4.1.19	Participant Feedback.....	160
4.1.20	Reflective Research Practice in the Absence of a Pilot Study .....	161
4.1.21	Mitigating Issues of Internal Validity.....	162
4.1.22	Descriptive, Interpretive and Theoretical Validity.....	162
4.1.23	Transcription.....	165
4.1.24	Data Analysis .....	166
4.1.25	Data Protection .....	168
<b>5</b>	<b><i>Cannabis Initiation: Early Experiences and Subcultural Affiliations .....</i></b>	<b>170</b>
5.1	<i>Introduction .....</i>	170
5.1.1	Rave Culture: Stimulants, Cannabis and Coming Down .....	171
5.1.2	The Cannabis Using Subculture .....	182
5.1.3	Cannabis: Student Life and Counterculture Beliefs. ....	185

5.1.4	The Pub: Friendship, Cannabis and Alcohol.....	193
5.1.5	Everyday Friendship Groups and Cannabis Inception .....	197
5.1.6	The Subculture of Doing Nothing .....	201
5.2	<i>Chapter Summary</i> .....	206
<b>6</b>	<b><i>Obtaining Cannabis Supplies in Older Adulthood</i></b> .....	<b>208</b>
6.1	<i>Introduction</i> .....	208
6.1.1	Going to the Dealer.....	209
6.1.2	Social Supply from Significant Others .....	214
6.1.3	Social Supply from Friends.....	216
6.1.4	Self-Medication: Buying THC Cannabis Vape Oil Online .....	218
6.1.5	Self- Medication: Buying THC Suppositories from an Open Market Source.....	219
6.2	<i>Chapter Summary</i> .....	221
<b>7</b>	<b><i>Cannabis: Everyday Life and Older Adult Hood</i></b> .....	<b>224</b>
7.1	<i>Introduction</i> .....	224
7.1.1	Recreational Only Users.....	225
7.1.2	Self-Medication: Cannabis and Chemotherapy .....	236
7.1.3	Recreational Use and Self Medication .....	238
7.1.4	Cannabis and Stimulant Use .....	251
7.2	<i>Chapter Summary</i> .....	256
<b>8</b>	<b><i>How is Prohibition Perceived by Older Adult Cannabis Users in the UK?</i></b> .....	<b>259</b>
8.1	<i>Introduction</i> .....	259
8.1.1	Morality as Justification for Legal Reform.....	260
8.1.2	Only Cannabis Resin Should be Legalised. ....	264
8.1.3	Legalisation/Regulation as a Revenue Opportunity .....	265
8.1.4	Choice and Consistency .....	270
8.1.5	Regulation as a Disrupter of Organised Crime .....	272
8.1.6	Regulation and Self-Medication.....	274
8.2	<i>Chapter Summary</i> .....	277
<b>9</b>	<b><i>Conclusions and Avenues for Further Research</i></b> .....	<b>279</b>
9.1	<i>Original Contributions and Socio-Legal Importance of this Study</i> .....	280

9.1.1	Implications for Established Theory: Sub-cultural and Normalised Drug Use During Adolescence and Young Adulthood.....	281
9.1.2	Cannabis Supply in Older Adulthood.....	284
9.1.3	Motivations for Cannabis Use in Older Adulthood: Recreation, Self-Medication, or Both? .....	287
9.1.4	Cannabis, Normalisation, Stigma, and the Preservation of Identity in Older Adulthood.....	289
9.2	<i>Limitations, Strengths, and Directions for Future Research</i> .....	291
9.3	<i>Thesis Summary and Concluding Comments</i> .....	294
<b>References</b> .....		<b>297</b>
<b>Appendices</b> .....		<b>346</b>

## 1 Introduction

Written from the perspective of a liberal progressive with a long standing interest in drug law reform, the objective of this research, and resulting thesis, is to illuminate the cannabis using experiences of adults aged over forty years of age (older adults) living in rural British communities – a depiction of drug use currently underrepresented in the literature. This research presents findings in the domains of early cannabis experiences, obtaining the drug in older adulthood, cannabis and everyday life and perceptions of prohibition. In doing so, the idea of *normalised recreational drug use* as proposed by Parker, Aldridge and Measham (1998) and updated by Aldridge, Measham and Williams (2011) is operationalised as the primary conceptual framework around which the participants cannabis use is framed.

Ideas drawn from symbolic interactionism (Becker, 1963., Goffman 1959 and 1963 and Plummer 2000., 2001 and 2016) proved useful for understanding the varied meanings participants attach to cannabis, their impression management strategies (particularly secret consumption), and for informing the methodological design – especially the delivery of the telephone interviews. To a lesser degree theory and research from a wide variety of writers including Young (1971 and 2009), Cohen (1972), Shapiro (1999 and 1999b) and cultural studies scholars such Hall and Jefferson (2006) further aid in the understanding of drugs and subcultures from the 1970s to the 1990s. Additional context to findings is provided by scholars such as Andes (1998), Bennett (2006) and Hodkinson (2011) all contributors to the knowledge base on how subcultural affiliations change over time.

This thesis also briefly summarises the history of current legislative responses to cannabis use in the UK and various overseas jurisdictions such as Canada, US States, The Netherlands, Portugal, and very recent changes in Germany in 2024. This literature is utilised to illustrate the participants situation as illegal drug users and their perceptions of current UK drug control policies. However, due to the limited participants sample it is not possible to propose specific legislative reform recommendations.

This introductory chapter begins by providing a working definition of recreational cannabis use and a summary of relevant background matters such as modes of ingestion, the extent of the drug's use in the UK, (according to population survey data), the potential for cannabis to be harmful, the UK cannabis market, self-medicating with cannabis and the availability of cannabis-based products for medical use (CBPM's) in the UK. The chapter concludes with a description of the structure this thesis adopts.

## **1.1 Defining Recreational (Non-Medical) Cannabis Use**

The World Health Organisation (2019, p. 1) defines cannabis (marijuana) as a psychoactive drug that *“affects mental processes, e.g., perception, consciousness, cognition or mood and emotions”*. Cannabis has been used as a psychoactive substance for thousands of years (Berke and Hernton, 1977), today no less than 2.5 per cent of the world's population uses the drug, despite it being prohibited in most jurisdictions (World Health Organisation, 2022). In the UK legislators define cannabis

as a harmful substance and consequently it is prohibited in law as a class B drug under the Misuse of Drugs Act 1971 – a topic discussed in detail in Chapter Three.

It was not until 1964 when Raphael Mechoulam isolated delta-9-tetrahydrocannabinol (THC) from the plethora of other compounds present in cannabis that the cause of plant's psychoactive effects was identified (Iversen, 2008). It took a further twenty years of painstaking research to fully establish how THC interacts with human physiology and induces altered states of consciousness (Mechoulam, 2016). It is now understood that THC stimulates endocannabinoid system neuroreceptors found in the basal ganglia, hippocampus, and cerebellum areas of the brain that are connected to functions such as cognition, pleasure, memory, and physical co-ordination. Measures of THC expressed as a percentage have become the universal measure of cannabis potency (Iversen, 2008).

### **1.1.1 Defining Recreational (Non-Medical) Cannabis Use**

For some, using the term *recreational* to describe the use of drugs for pleasure "*...remains questionable, even offensive*" (Hammersley, 2005, p. 201). Writing for the online British Medical Journal, Mann (2016, no pagination) argues that "*...recreational drugs' is a bad term. It suggests that drugs can be safe and fun. Nothing could be further from the truth. All drugs are nightmarish and dangerous*". Consistent with this type of argument prohibitionist legislators acting as 'moral entrepreneurs' (see Becker, 1963 – to follow) maintain that:

*"Drugs are illegal for a reason. They are harmful, affecting both physical and mental health, relationships, career prospects, and wider society.*

*Individuals who use so-called recreational illegal substances must understand that they are not only risking their health but funding dangerous criminals who rely on fear, exploitation, and violence” (Home Office 2022a, p. 5).*

In contrast, observations of drug use by scholars such as Coomber *et al* (2013, p. 13) have led to more pragmatic evaluations of drugs and drug users appearing in the literature:

*“...casual, experimental, and recreational use through to heavy, dependent, and problematic use...some drug use is occasional and controlled, or regular but controlled, even with drugs deemed to be inherently ‘problematic’ such as heroin and cocaine”.*

In a similar fashion drug education charity, Drugwise (2016, p. 1) defines recreational drug use as:

*“the use of drugs for pleasure or leisure. The term is often used to denote the use of ecstasy and other ‘dance drugs’ and implies that drug use has become part of someone’s lifestyle, even though they may only take drugs occasionally”.*

In their study of adolescent drug use in the Northwest of England in the mid-1990s, Parker, Aldridge and Measham (1998) utilise the term ‘recreational’ to describe the non-problematic patterns of drug use among adolescent and young adults revealed in the findings of the longitudinal Northwest Survey (see *The Normalisation of Recreational Drug Use – 2.7*). In this study, informed by the findings, recreational cannabis use is considered to be a pattern of consumption (no matter the frequency or amount) that does not interfere with the rhythms of everyday mundane living.

### 1.1.2 How is Recreational Cannabis Consumed?

When added to food cannabis is absorbed via the digestive tract. However, in the UK it is more customary for recreational users to smoke cannabis in a hand-rolled cigarette. When cannabis is mixed with tobacco, which is common practice, the creation is often referred to as a 'spliff' or 'joint'. Technological devices such as 'water bongs', pipes, and vaporisers of varying designs and sophistication offer alternative methods of inhaling cannabis smoke without the need for tobacco. When inhaled the effects of cannabis are experienced quickly and last approximately 1-2 hours. Often the user will hold the smoke in the lungs for 10-15 seconds in the belief that this technique maximises intoxication. However, studies have shown that this practice does little to increase absorption (Iversen, 2008, Nutt, 2017). When eaten, the effects of cannabis occur far less instantaneously but are more profound and long-lasting (Lamy *et al.*, 2016). Ingesting too much cannabis or being naïve to its effects can result in an acute episode of nausea and sickness (Iversen, 2008 and Nutt, 2012,). The risk of death from cannabis overdose is negligible (Rock, *et al*, 2022). However, it is well-established that cannabis intoxication can lead to accidental injury and death, particularly in cases of motor vehicle collision (Manrique-Garcia *et al.*, 2016).

According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2019), recreational cannabis is predominantly available from illicit market sources in three forms; traditional herbal ('weed'), herbal sinsemilla ('skunk') and resin ('hash', 'soap', 'block'). Cannabis oil rich in THC is available but to a much lesser degree.



The following quote from Berke and Hernton (1977, p. 33) provides detailed insight into subjective cannabis experience:

*“The first physical effects arrive fairly quickly (when smoking) a slight numb buzzing sensation affects my brain. With hashish [resin], a buzz is caused, i.e., a tingling sensation forms in the head and spread through the neck and across the shoulders. With a very powerful joint, this sensation is sometimes echoed in the legs. Usually, the first puff doesn't affect me, but the second brings a slight feeling of dizziness and I get a real 'buzz' on the third. By this I mean a sudden wave of something akin to dizziness hits me. It's difficult to describe. The best idea I can give is to say that for a moment the whole room, people and sounds around me recede into the distance and I feel as if my mind contracted for an instant. When it passes, I feel 'normal' but a bit airy-fairy”.*

### **1.1.3 Population Measurements of Cannabis Use Among Older Adults**

It is well accepted that drug use surveys such as the Crime Survey for England and Wales (CSEW) produce under-estimations. A limitation attributed to a reluctance among respondents to declare their own illegal activities (Charles *et al*, 2021). Furthermore, the CSEW does not gather responses from marginalised groups such as the homeless, nor does it obtain data from students residing on university campuses. Nevertheless, the Home Office (2019, p. 5) maintains that:

*“the CSEW provides consistent measures of drug use, obtained in the same way for each round of the survey, irrespective of any strengths or weaknesses relating to coverage or response to the survey. Hence, even if drug use estimates are lower than the true value, comparisons over time remain valid, assuming that unwillingness to report has remained at a similar level over time”.*

When this thesis was first proposed, the Home Office (2016) published detailed estimations (obtained from the CSEW) on drug use among people aged 40-59 years (older adults) as a special appendix. This resource provided a useful starting point in so much as it highlighted some intriguing trends that justified exploration. Crucially, these estimations revealed that a minority of older adults (2.5 per cent) use cannabis annually in England and Wales. This compares to a rate of 16.3 per cent for adults aged between 16 and 24 years (younger adults) and 6.7 per cent among all adults. Although older adults are a minority group of cannabis users, the 2015 estimations revealed some interesting patterns of use that merited qualitative investigation. For example, almost half (49 per cent) of older adult cannabis users reported consuming the drug on average more than once a month, compared to 40 per cent among 16–39-year-olds. Furthermore, older adults were shown to be more likely than younger adults to use the drug once or twice a week, three to five times a week and crucially more likely to use the drug daily (12 per cent) compared to younger age groups (8 per cent). Furthermore, the 2016 estimations revealed that older adults were more inclined to use cannabis resin (36 per cent) than younger cohorts (27 per cent).

Whilst being useful for comparative analysis and highlighting interesting patterns of cannabis use among older adults, prevalence estimations such as the CSEW do not provide insight into the context of cannabis use, what the drug means to those who use it, and why they make the purchasing decisions that they do. A review of the literature database revealed that very few attempts have been made to explore cannabis use among older adults. This thesis strives to address the deficit in

knowledge by directly engaging with older adults (40 years and over) and qualitatively exploring their lived experiences of being cannabis users.

#### **1.1.4 Older Adult Cannabis Users and the Issue of Rurality**

Writing at the turn of the century Henderson (2000, p. 12) noted *"We have become familiar with the notion that drugs are everywhere in the UK. Documentaries, studies, and events have become a staple of TV and papers – it's a popular subject of discussion"*. Yet, as Henderson acknowledges, there was a sparsity of knowledge on drug use in rural British communities when she was writing. Preceding Henderson the Advisory Council on the Misuse of Drugs (ACMD, 1998) acknowledged that the 1996 British Crime Survey and the OPCS Psychiatric Morbidity Survey (focussing on drug dependency) had both revealed that drug use was not the preserve of urban areas. Yet, the ACMD (1998, p. 27) notes *"Our knowledge of the nature and pattern within such rural areas however is comparatively limited as a result of the urban focus of the majority of drug misuse research"*. A review of the literature database revealed that since these collective comments were made, illicit drug use in rural areas of the UK remains a largely unexplored topic of enquiry. A deficit this thesis strives to address.

Confirming this observation, Hollis and Hankhouse (2019, p. 177) point out that *"the study of criminology is the study of urban crime and criminality historically. This is unfortunate as much of the world's land and population is not concentrated in urban areas"*. Indeed, according to official sources 90 per cent of the landmass of England is classified as being rural. The majority of which (71 per cent) is considered agricultural land (17.4 million hectares) with woodland accounting for a further 3.19

million hectares. Estimations indicate that 20.9 per cent of the population of England lives in areas defined by local authorities as being rural. In 2017, it was estimated that 15.8 per cent of England's economic output is attributable to rural area commercial activity (Scott, 2020).

Scholars of rural criminology (Carrington, Donnermeyer and DeKeseredy, 2014) critique preceding approaches. They argue that epistemic approaches are urban-centric, and criminology's preoccupation with urban areas is based on two main questionable assumptions. First, the notion that rural communities are "*relatively crime-free places of moral value*" (Carrington, Donnermeyer and DeKeseredy, 2014, p. 464). Second, the over influence of the Chicago School scholars who were preoccupied with using the city as the environment for ethnographic analysis. These factors combined have encouraged the neglect of rural crime and deviance. However, as Donnermeyer, Scott and Barclay acknowledge (2013) note the tide is starting to change in knowledge production, partly due to the emergence of green criminology (see South and Brisman, 2020) that is elucidating the frequency and varied types of criminality that occur in rural areas. Further work is linking rural criminality to wider social change issues, together these efforts have "*helped dispel notions that rural localities are crime-free*" (Donnermeyer, Scott, and Barclay, 2013, p. 70).

In the present study, most of the participants ( $n = 13$ ) described living in villages or hamlets of varying sizes. The remainder ( $n = 3$ ) reported that they lived in small rural towns. Establishing the prevalence of cannabis use among older adults living in rural areas is an activity frustrated by a lack of detailed evidence. The most recent

estimations from the CSEW (Office for National Statistics, 2020) to mention rural drug use simply report that drug use is higher in urban areas (9.6 per cent) than it is in rural areas (8 per cent). Carol Black's (2020) report, detailed though it is, merely indicates that cannabis is used by 3.6 *per cent* of adults aged 25-59 in rural areas compared to 5.8 *per cent* in urban areas.

In the sphere of drug research, rural-specific research efforts have typically been directed towards *drug problems* rather than recreational use. For example, cannabis and alcohol use in the South Australian fishing industry in the context of health and safety (Evans *et al*, 2005), addiction treatment provisions in rural UK (Holland *et al*, 2006), transitions to intravenous drug use in Appalachia (Young and Havens, 2011), HIV and intravenous drug use in the US (Havens, Oser and Leukefield, 2011), prescription drug abuse in youthful populations both in the US (Young, Glover and Havens, 2012) and in Canada (Pulver, Davison and Pickett, 2015), female drug users released from prison (Dickson *et al*, 2016), mobile consumption rooms for intravenous drug users in British Columbia (Mema *et al*, 2019), cannabis dependency, personality, and genetics in Poland (Lachowicz *et al*, 2020), suicide and drug use among farmers in the US (Kalesan *et al*, 2020), cannabis and road fatalities in the US (Azagba, Shan and Latham, 2020) and finally, cannabis use disorder and treatment provision for young adults in the US (Gupta and Petti, 2022). No research could be identified that has examined cannabis use among older adults living in rural areas of the UK. This thesis addresses this deficit in the knowledge base.

### 1.1.5 To what extent is Recreational Cannabis Use Harmful?

It would be erroneous not to acknowledge that cannabis has the potential to harm health, especially so when smoked. As Tashkin and Roth (2019, p. 596) reveal *“the frequency of chronic cough, sputum and wheeze and the presence of airway mucosal inflammation, goblet cell and vascular hyperplasia and cellular disorganisation are similar between cannabis smokers and tobacco smokers”*. However, in many jurisdictions including the UK, cannabis is routinely combusted with tobacco in joints, which frustrates attempts to differentiate the specific harms that cannabis may cause to pulmonary health (Taylor and Hall, 2003, Gates., Jaffe, and Copeland, 2014). However, the most contentious issue is the potential for cannabis, especially sinsemilla to precipitate mental health difficulties such as depression and psychosis in youthful populations (Nutt, 2017). Current advice from the Royal College of Psychiatrists (2019, no pagination) to the public on this issue is as follows:

*“Some research has shown that young people who use cannabis have an increased risk of psychosis. How strong the cannabis you use, and how often you use it, can increase the risk of developing psychosis. Using cannabis can also increase the risk of other mental health problems like depression and suicidal feelings. Research suggests that people who are already at risk of developing mental health problems might be at an increased risk of showing symptoms if they use cannabis regularly. There is also evidence that if you already have a mental health problem cannabis can, in some cases, make these problems worse”*.

Consistent with this argument, Colizzi and Murray (2018, p. 195) state that *“it is now incontrovertible that heavy use of cannabis increases the risk of psychosis. There is a dose-response relationship and high potency preparations...carry the greatest risk”*.

Furthermore, amidst much stronger varieties of sinsemilla in society there is increasing recognition that around 10 per cent of long-term cannabis users may develop 'cannabis use disorder' (CUD). A condition characterised by the presence of withdrawal symptoms such as nightmares, strange dreams, general sleep difficulties, anxiety, irritability, physical aches and pains, low mood, and reduced appetite, any of which can be unpleasant enough to lead to relapse. Consequently, CUD appears in the DSM-5 manual of mental health conditions (Copeland, Clement and Swift, 2014).

Whilst acknowledging that cannabis is potentially harmful, Nutt, King, and Phillips's (2010) two-stage 'multi-criteria decision analysis' design' study established that cannabis is comparatively safer than alcohol and tobacco, both of which are legal. Drugs were scored out of 100 according to predefined harm criteria and debated within the team. Alcohol was deemed to be the most harmful drug available in the UK with an overall score of 74. However, heroin (55) and crack cocaine (54) were agreed upon as being the most harmful prohibited drugs in the UK, followed by methamphetamine (33) and cocaine (27). Despite increases in potency (see section 1.1.6 - below) cannabis was given a harm index score of 20.

For those who wish to address their use of cannabis support is available from community drug treatment services. However, statistics confirm that between April 2021 and March 2022, half of 289,219 accessing treatment were heroin (opiate) users (49 per cent,  $n=140,558$ ). Users of non-opiate drugs *and* alcohol amounted to 34,378 and alcohol-only users a further 84,697. Cocaine, cannabis, and other drug use only

accounted for around 6 per cent ( $n= 19821$ ) of those accessing treatment (Office for Health Improvement and Disparities, 2023).

### **1.1.6 The UK Cannabis Market: Product Availability**

Cannabis resin is produced in countries such as Morocco and Afghanistan using relatively simple techniques that isolate the THC-rich resin from the cannabis plant. When compressed the resin solidifies and is trafficked around the Western World (Iversen, 2008). Traditional herbal cannabis is grown quite naturally as might be the case with any other plant. Whereas herbal sinsemilla cannabis (of which there are almost endless varieties) is grown from carefully selected feminised seeds known to produce plants rich in THC. Potency and yield are further optimised through the use of hydroponic techniques, artificial grow lights and fertilisers. It is the potent smell of sinsemilla that has led to it widely being referred to as 'skunk' (Nutt, 2017).

According to Drugwise (2023), 1oz of cannabis resin costs between £80 and £150 and sinsemilla cannabis costs between £160 and £180 per oz. Based upon an analysis of UK cannabis seizures in 2005, Potter *et al* (2008) found that the median potency of traditional herbal cannabis was 2.1 per cent, resin 3.5 per cent and sinsemilla 13.9 per cent. In 2008, based upon the analysis of seized cannabis samples, Hardwick and King (2008) for the Home Office reported that the mean THC concentration (potency) of sinsemilla was 16.2 per cent, traditional herbal cannabis 9 per cent and resin 5.9 per cent. Potter *et al* (2018) repeated the earlier study and found little difference in potency levels between 2005 and 2016.



### 1.1.7 Why has the UK Cannabis Market Changed?

Until the mid-2000s, cannabis resin was the most prevalently available form of cannabis available in the UK, now the market is dominated by potent sinsemilla varieties (Potter *et al.*, 2018). As Chapter Seven reveals the change in cannabis product availability was reflected in participant narratives provided during the interview. All but one participant reported that their first experience of using cannabis was with resin. Considering that the participants in the present study were initiated into cannabis use before this was a logical finding.

Up until the 1960s and 1970s European cannabis markets were sustained by supplies of resin smuggled in from Pakistan, Afghanistan, and Lebanon. However, the wars in Lebanon (1975-1991) and Afghanistan (1970-89) greatly interrupted production leading to a Europe-wide shortfall in supply. In response, traffickers increased the production of resin in Morocco (EMCDDA, 2019). However, during the 1980s, the Government of Morocco (GOM) directed significant resources to disrupt the production of cannabis in the Rif and North areas of the country. Initiatives included collaborating with the United Nations Office on Drugs Control (UNODC) to raise awareness of the environmental consequences of cannabis cultivation whilst promoting alternative income opportunities such as dairy goat farming and orchard plantation (US Department of State, 2006). However, an unintended outcome of the Moroccan interventions was that the market shortfall was soon filled with sinsemilla produced within the EU by organised crime groups (OCGs) (Nutt, 2017).

Evidence of the proliferation of sinsemilla is to be found in UK police seizure statistics. In 2007, there were 133,602 seizures of cannabis in England and Wales. Of this, 100,696 were for herbal cannabis varieties, 30,157 for resin and 5501 for cannabis plants grown mid-cultivation (whole plants). The most recent statistics available (year ending 2021) reveal that sinsemilla was seized on 126,534 occasions, whole plants 11,134 and resin 7460. When the number of seizures for ready-for-sale herbal (dried flowers) and part-grown plants are combined, imported resin now only accounts for 11 per cent of cannabis seizures in the UK (Home Office, 2022a). Much of the sinsemilla found in UK markets is smuggled in from mainland Europe. However, domestic production has become significant. According to the most recent estimates available (2013), more than 90 tonnes of sinsemilla is produced annually in the UK (Home Office, 2013).

#### **1.1.8 Cannabis as a Prescribed Medication in the UK.**

Evidence that cannabis has been used as a medication can be found as far back as 2000 BC. More recently, Queen Victoria reportedly used cannabis-based medications to relieve the pain of menstrual cramps. Empress Elisabeth of Austria found cannabis to be beneficial as a cough suppressant and appetite stimulant. In 1890 J Russel Reynolds (a physician to Queen Victoria) described 30 years of experience treating patients with cannabis in the *Lancet*. However, because THC had yet to be identified consistent dosing was problematic and consequently, cannabis fell out of favour in the medical community (Crocq, 2020). In the US the Cannabis Tax Act of 1937 ended medical cannabis use and curtailed research efforts (Iversen, 2008). However, as this review will now explain cannabis is once again receiving attention as a medication.

In November 2018 cannabis containing THC was rescheduled from Schedule 1 (no medicinal benefit) to Schedule 2 (medicinal benefit) of the Misuse of Drugs Regulations (MDR) and Misuse of Drugs Act 1971 (Home Office, 2018). Rescheduling created the legislative environment that permits (in principle) the prescribing of THC cannabis-based products for medical use (CBPMs). Medical cannabis law campaigners and prospective patients were initially encouraged by the rescheduling and eagerly awaited prescriptions for CBPMs via the National Health Service (NHS) (Price, 2020 and Canex, 2021). However, shortly after rescheduling, the British Medical Association (BMA) and the Royal College of General Practitioners (RCGP) issued clear guidance to its members that quenched the enthusiasm of campaigners and prospective patients alike (see Mehlmann-Wicks, 2021).

Currently, in the UK only three CBPMs meet the licencing criteria set out by the British Medical Association (BMA) for prescribing by NHS practitioners: Sativex (THC-multiple sclerosis), Epidiolex (CBD-Dravets Syndrome and Lennox-Gastaut syndrome) and Nabilone (a synthetic THC-chemotherapy antiemetic) (National Institute for Clinical Excellence 2021 and NHS, 2019). Non-licenced medications referred to as 'specials' can be prescribed by clinicians who are listed on a General Medical Council (BMC) specialist register (Mehlman-Wicks, 2021). Such clinicians typically run private practices and issue prescriptions costing between £500 and £2000 per month. Between 2018 and 2020 it has been estimated that prescribing of licensed CBPMs has been extremely limited (low hundreds) and the prescribing of specials has been virtually non-existent (Nutt *et al*, 2020).

The rescheduling of cannabis has resulted in increased efficacy research activity in the UK. However, current legislation only permits research into cannabis products destined to become Medicines and Healthcare Products Regulatory Agency (MHRA) specified CBPMs. Consequently, a legal barrier remains in place that prohibits research on cannabis products that are not destined to be classed as CBPMs by the MHRA. Whilst the UK Home Office will grant licences to research institutions to study cannabis, the process is costly and bureaucratic. Removing these barriers would be a significant step forward in facilitating the accumulation of efficacy evidence (Alexander, 2020).

For Nutt *et al* (2020) widening the availability of CBPMs would benefit greatly from the medical profession re-evaluating the appropriateness of using *randomised control testing* (RCT) in cannabis research. Nutt *et al* (2020) argue that RCT research is limited because recruitment typically targets specific conditions, rather than the average medical cannabis user who typically presents with multiple health conditions. Consequently, Nutt *et al.* (2020) argue that *patient report outcomes* (PRO) would be a more valid measure of efficacy. PROs *"put more emphasis on the patient's life and well-being and have been shown to be more sensitive to the effects of medical cannabis than traditional symptom-based measures"* (Nutt *et al.*, 2020, p. 2).

Nutt *et al*, exemplify Ueberall, Essner and Mueller-Schwefe's (2019) naturalistic study from Germany in which it was found that supplementing orthodox pain medications with an oral spray containing the cannabis compounds THC and cannabidiol (CBD) significantly improved patient outcomes. Additional positive research cited by Nutt *et*

*al* (2020) includes Bar-Lev Schleider *et al*'s (2019) cannabis oil and autism study in which **30** per cent of participants reported significant improvement in symptoms, **50** per cent moderate improvement, **6** per cent slight improvement and **8** per cent no change.

### **1.1.9 Self-Medicating with Cannabis**

Jadda *et al.* (2021 p.1) considers self-medication to be “*an element of self-care that has been traditionally defined as the taking of drugs, herbs or home remedies on one’s own initiative, or on the advice of another person without consulting a doctor*”. A review of the literature database using the keywords *self-medication* and *cannabis* as search terms returned more than 650 results indicating that people are using cannabis to treat a wide variety of conditions. Articles discuss such matters as physical and psychological distress in young adults (Wallis *et al.*, 2022), cluster headaches (Di Lorenzo *et al.*, 2015), oesophageal disorders (Luquiens *et al.*, 2015), weight management (Bersani *et al.*, 2016), ADHD (Stueber and Cuttler, 2022) and sleep disorders (Goodhines *et al.*, 2022).

In Asselin *et al.*, 2022 survey of 489 people who bought recreational cannabis from the regulated Canadian market (see chapter three), 25 per cent stated that they were self-medicating conditions such as anxiety (70 per cent), insomnia (56 per cent), pain (53 per cent), depression (37 per cent). Most of Asselins *et al.*'s participants (81 per cent) reported that they were smoking highly potent cannabis strains, thereby raising clear health concerns. Furthermore, over half (53 per cent) reported that they were concurrently being prescribed orthodox medications by a medical professional. Yet,

more than half (52 per cent) had not revealed their use of cannabis to their healthcare professional, leading Asselin (2022, p. 1) to conclude that “*concurrent use of other medications may pose some risks to individuals*”. However, the present study is limited by numbers, evidence of cannabis efficacy as a medication emerged during the interviews. Particularly as an antiemetic during chemotherapy, pain management, anxiety, past trauma and as a symptomatic relief during menopause.

#### **1.1.10 Products Containing Cannabidiol (CBD)**

Cannabidiol (CBD) was discovered in 1940 but ignored by the research community for many years because, unlike THC, CBD has no psychoactive properties (Crocq, 2020). In the present study, a minority of participants reported that they had, or were self-medicating with over the counter (OTC) CBD products. This finding reflects a trend in society, (despite the sparsity of efficacy evidence) to embrace CBD as a self-medication for conditions such as “*pain relief, anxiety, sleep disorders, stress, arthritis, relaxation, post-exercise recovery and as a general health supplement*” (Bhamra et al., 2021, p. 5734). Regarding the legality of OTC CBD products in the UK, the Home Office states:

*“CBD as an isolated substance in its pure form, would not be controlled under the MDA 1971/MDR 2001”. If a ‘product’ contains any controlled cannabinoids, unintentional or otherwise (e.g., THC or THCv), then it is highly likely that the product would be controlled. It is our understanding that it is very difficult to isolate pure CBD and, in our experience, many products, do not fully disclose their contents or provide a full spectrum analysis at an appropriate level of sensitivity to accurately and consistently determine their true content or control status”* (Home Office, 2020, no pagination).

Consistent with the Home Office, Liebling *et al.* (2022) found that only 38 per cent of products tested in the UK contained CBD levels within 10 per cent of that advertised. A further 55 per cent of products contained a mean content of 0.04 per cent THC or cannabiniol (mildly psychoactive compound). Samples also included trace amounts of a range of harmful substances including lead and arsenic, leading Liebling *et al.* (2022) to conclude that CBD products in the UK must be more tightly regulated to protect the public from harm.

At the time of writing, in the UK health and wellbeing retailers, Holland and Barret (2023) listed 225 CBD products for purchase online or from its 792 UK stores. Boots (2023) has around 80 different CBD products for sale in its 2200 UK stores and pharmacies. Products include 'Gummies' priced at £50 for sixty pieces and 'Vitality CBD' 30ml oral spray for £14.99. Many other companies now specialise in selling CBD products online, 'CBD Brothers' (no date.) being a pertinent example, that was explicitly mentioned by the only non-recreational cannabis user in this study. Products include oral drops, essential oils, gummies, and a range of items specifically for animals. Almost certainly due to the complexities of regulation and licencing, none of these retailers state that their cannabis products have any medicinal benefits. According to the Association for the Cannabinoid Industry (no date), in 2021, the UK CBD market was worth around £690m, up from £314m in 2019. Although this study touches upon the use of CBD, far more needs to be learned about the situation of the people who place their faith in these products.

## 1.2 Thesis Structure

Aside from this introductory chapter, this thesis is presented across eight chapters. **Chapter Two** focuses on a review of relevant sociological and criminological theories in a mostly chronological form. In doing so, attention is paid to symbolic interactionism in the tradition of the 'Chicago School' particularly the labelling theories of Becker (1963) and the work of Goffman (1959 and 1963). Such contributions proved useful on two levels. First for providing an established sociological perspective through which to understand the *meaning* that the participants attribute to their cannabis use and their awareness of stigma and its consequences. Second, symbolic interactionist ideas greatly informed the methodological design and participant focussed interview strategy. The focus then turns to literature that can be understood as tertiary resources that proved beneficial for providing *background context* to the participants reported lived experiences. To this end, literature from Birmingham Centre for Cultural Studies (CCCS) is briefly examined, as is the work of Young (1971) and Cohen (1972) on moral panic which resonated in the literature on rave culture and was relevant in the responses of the participants who 'went raving' during the 1990s.

Attention is then paid to what has been written about rave culture, particularly the public's reaction to the subculture during the 1990s. Predictably, as the participants aged, their involvement with raving and other subcultural affiliations declined. To understand the complexities of this finding, literature on declining subcultural memberships is briefly reviewed, again because this literature was found to have contextual worth (e.g., Andes, 1998., Bennett, 2006 and Hodkinson, 2011). Following these discussions, the literature review turns its attention to examining and evaluating



the core conceptual framework operationalised in this research, namely the normalisation thesis as proposed by Parker, Aldridge and Measham (1998), and research that has followed in its wake.

**Chapter Three** provides a summation of the Misuse of Drugs Act (MDA 1971) the primary legislation under which recreational cannabis is controlled in the UK. In doing so, attention is paid to the development of current policies, government 'white paper' policy proposals, and the long-standing campaign for policy reform. A sample of alternative international policies are detailed, specifically, Dutch 'tolerance', Canadian 'regulation', Portuguese 'decriminalisation' and US state-level 'regulation' and very recent changes in Germany. In **Chapter Four**, the research strategy is discussed. The ontological, epistemological, and theoretical positions adopted are described, justified, and evaluated. The importance of reflexivity in qualitative research is emphasised with due attention being paid to mitigating researcher bias in the context of the author's stated positionality. Given that this research focuses upon a behaviour specified in law as illegal, and ergo considered here as a 'sensitive topic', matters of ethics are embedded throughout Chapter Four.

**Chapter Five** introduces the sixteen participants as it focuses on the start of their cannabis careers. Framed around the concept of normalisation (Parker, Aldridge and Measham, 1998), early initiation experiences are examined, and the significance of, social supply, group membership, subculture and stimulant use is brought to the fore and changes in the meaning of cannabis illuminated. In **Chapter Six**, the participant's strategies for acquiring cannabis as older adults are discussed. Buying from dealers,

social supply from friends and significant others, acquiring cannabis online, and from a compassionate open market source are identified as key analytical themes. Purchasing preferences are also examined and in doing so older adults' preference for resin is revealed. **Chapter Seven** focuses on why and how the participants integrate cannabis (and to a much lesser extent stimulant drugs) into their lives. In doing so, the continuing meaning that cannabis holds to participants as a recreational substance identified, purchasing preferences are examined, patterns of use are revealed, and the extent that participants find meaning in cannabis as a form of self-medication is made salient. **Chapter Eight** casts a light on the participant's perceptions of the Misuse of Drugs Act, 1971 as it relates to cannabis prohibition and their ideas for reform. **Chapter Nine** summarises the findings from the thesis, draws conclusions, identifies the limitations of the thesis, and identifies avenues for future research efforts.

## 2 Theorising the Cannabis User: Review of The Literature

### 2.1 Theoretical and Conceptual Framework

This thesis operationalises normalisation as the primary conceptual framework around which the responses of the participants are understood and presented. The concept of 'normal' rather than deviant drug use can be traced to Lindesmith's work from 1938, and was referenced by Becker (1953, p. 236) as having an influence on how he approached his research with cannabis users (Blackman, 2023). However, as Blackman goes on to write, the modern use of the term 'normalised drug use' is credited to Howard Parker and his colleagues from Manchester University. In what some might consider to be a paradigm shift, these scholars argued that adolescent drug use (particularly cannabis) could no longer be explained in terms of deviance and/or as a feature of subcultural affiliation. Parker and his team can be quoted as arguing, *"Over the next few years, and certainly, in urban areas, non-drug trying adolescents will be a minority group. In one sense, they will be the deviants"* (Parker, Measham and Aldridge, 1995, p. 26). This research found particular operational relevance in the following dimensions of normalisation as proposed by Parker, Aldridge and Measham (1998):

Drugs availability – the extent that drugs can be purchased with relative ease.
Drug Trying – the degree to which people are willing to consider trying an illicit substance.
Drug use – the potential for people to become regular drug users.
Cultural accommodation of the illicit – the degree to which illegal drug use and drug users are tolerated by their non-drug using peers, parents, and wider society.
Future intentions – the extent that people are open to the idea of future drug use,

Furthermore, alongside operationalising normalisation as the primary analytic framework, this thesis also explores what cannabis as a substance *means* to the participants and how society structures their use of the drug – labelling theory being particularly useful in this regard (Becker, 1963., Goffman, 1959 and 1963). On the subject of ‘meaning’ British symbolic interactionist Plummer (2016, p 42-43) writes:

*“Human sociality is marked by its complex symbols: we are the meaning making, symbol manipulating animal that creates culture, history, memory identity and conversation. We pass our meanings on from generation to generation. Of course, all animals communicate, but they do not – as far as we can tell – develop such intricate signs and linguistic systems...only humans weave complex narratives about their own identities and personhood”.*

As the review goes on, contributions from the Birmingham Centre for Contemporary Cultural Studies (CCCS) are briefly discussed for these proved useful for providing context to the subcultural experiences of several of the participants. Following on from this, the moral panic theorizing of Young (1971) and Cohen (1972) are discussed for these contributions resonated in the literature on 'rave' culture. Attention then turns to an examination of the 1990s rave scene as relevant to the youthful experiences of some of the participants, particularly the use of stimulants. Predictably, participants reported that as they aged their involvement with raving and other subcultural groups diminished. Subsequently, a brief review the literature that has examined declining subcultural affiliation and age is provided (Andes, 1998., Bennett, 2006 and Hodkinson 2011).

## **2.2 Symbolic Interactionism: Labelling Theory**

Labelling theory comprises ideas from *“Durkheim, G. H. Mead, the Chicago School, Symbolic Interactionism and Conflict theory, and draws upon the idea of a self-fulfilling prophecy and the dictum of W. I. Thomas that when people define situations as real, they become real in their consequences”* (Plummer, 2000 p. 191). In the present study labelling theory proved useful for illuminating the strategies the participants employed to ensure their use of cannabis remained undetected, not only by the police but also from members of society, with whom they must interact with during the rhythms of everyday life. For most criminologists or sociologists of deviance, the first definitive statement of labelling theory is to be found in Frank Tannenbaum's 1938 book *Crime*

*and the Community* (Plummer, 2000 and Williams and McShane, 2010) in which it is argued:

*“The first dramatization of the evil which separates the child out of his group for specialized treatment plays a greater role in making the criminal than perhaps any other experience. It cannot be too often emphasized that for the child the whole situation has become different. He now lives in a different world. He has been tagged; A new and hitherto non-existent environment has been precipitated out for him. The process of making the criminal, therefore, is a process of tagging”* (Tannenbaum 1938, p. 19).

However, it was not until the 1960s that labelling theory rose to prominence particularly so in the work of the second Chicago School theorists Howard S Becker and Edwin Lemert (Plummer, 2000). It is useful to briefly examine the social context in which labelling flourished.

During the late 1950s, segments of the American public were awakening to the social injustices within their society (Williams and McShane 2010). As Ware (2013, p. 1087) notes the 1960s began with *“institutional segregation still intact and massive resistance to school integration in the South”*. Over the course of the 1960s, there were *“hundreds of boycotts, demonstrations, and protests”* (Ware, 2013, p. 1087). However, the civil rights movement not only represented African Americans but also other socially disadvantaged groups, including the mentally unwell, the impoverished, and the disabled (Williams and McShane 2010, p. 109). As Sykes (1974) writes, American academia was not immune to the social upheaval:

*“...institutions of higher education were at the centre of this storm. Students supplied much of the motive force, and the university frequently*

*served as a stage for, as well as a target of conflict. The university, however, is more than a place or a social organisation. It is also a collection of academic disciplines, and these too felt the tremors of the time. Sociology, in particular, was subjected to a barrage of criticism...*" (Sykes, 1974 p. 206).

Sykes (1974, p. 206) notes that *"If the status of sociology as a science was not exactly clear, there was no doubt about its scientific methods and objectivity. Sociology, it was said, was value-free, the claim to the cool neutrality of science was a sham"*. During these times of societal discontent, the democratic presidencies of John F Kennedy and Lyndon B Johnson pledged to create an America in which equality would be universally experienced (Williams and McShane, 2010). Yet, frustrations with Government progress on civil rights issues intensified during the 1960s. Amid the turmoil, labelling theory came to be seen as an ideal perspective through which to critique the actions of the powerful, and reveal the situation of the marginalised (Akers, Jennings and Sellers, 2017).

### **2.2.1 Howard S Becker: Labelling and Deviance**

Becker's (1963) version of labelling theory is situated in the context of social rules, those who make the rules, those who break them, and those who judge the rule breaker. In Becker's (1963, p. 2) own words:

*"All social groups make rules and attempt, at some times and under some circumstances to enforce them. Social rules define situations and the kinds of behaviour appropriate to them, specifying some actions as right and forbidding others as wrong. When a rule is enforced, the person who is supposed to have broken it may be seen as a special kind of person, one*

*who cannot be trusted to live by the rules agreed by the group. He is regarded as an outsider”.*

For Becker (1963, p. 2) rules can be “...*informal agreements, newly arrived at or encrusted with the sanction of age or tradition; rules of this kind are enforced by informal sanctions of various kinds*”. Yet, as Becker (1963) adds, the level of enforcement of these rules, be they formal or informal is contingent on evaluations of the severity of the infringement committed. Thus, the person who commits a minor traffic offence or indulges in a little too much alcohol at a party will not suffer much in the way of condemnation. In contrast, a thief when discovered, is evaluated more harshly by the wider social group, they are becoming an outsider. In cases of more significant criminality the perpetrator becomes a “*true outsider*” (Becker, 1963, p. 3).

Thus, for Becker (1963) the outsider status is not determined by the act itself but by the outcome of the “*transaction that takes place between some social group and one who is viewed by that group as a rule breaker*” (Becker, 1963, p. 10). For Becker (1963, p. 147) “*rules are the product of someone’s initiative...moral entrepreneurs...crusading reformers*” who motivated by a sense of ethics, act to eliminate that which they consider an affront to decent society. Yet, Becker argues people “*may not accept the rule by which [they are] being judged and may not regard those who judge [them] as either competent or legitimately entitled to do so*” (Becker, 1963, p. 2). On this point, those who would welcome the legalisation of cannabis in the UK, appear to exemplify Becker's argument rather well (see Chapter Three).



In his ethnography of cannabis use, published as 'Outsiders', Becker (1963) utilised his status as a jazz pianist and cannabis user to "*humanise and empathise*" (Goode, 2018, p. 1) with his participants, half of whom ( $n=25$ ), like Becker, were Jazz musicians (Becker, 1963). Becker argues against explaining cannabis use as being due to some causal psychological predisposition or deviant motive. In his own words:

*I do not think such theories can adequately account for marijuana use. In fact, marijuana is an interesting case for theories of deviance, because it illustrates the way deviant motives actually develop in the course of experience with the deviant activity. To put a complex argument in a few words instead of the deviant motives leading to the deviant behaviour, it is the other way around; the deviant behaviour in time produces the deviant motivation* (Becker, 1963, p. 42).

Becker (1963, p. 45) is clear in pointing out he was not seeking to test causal theories but was attempting to "*arrive at a general statement*" that specifies the "*sequence of changes in individual attitude and experience which always occurred when the individual became willing and able to use marijuana for pleasure*". Becker (1963) argues that the illegality of cannabis limits its access to those who participate in "*...a group organized around the values and activities opposing those of the larger conventional society*" (Becker, 1963, p. 62), simply put a *subculture*. Within the subculture, the initiate begins their cannabis career and progresses to regular use by passing through three distinct stages.

First, the novice learns from others how to get high using the correct technique. As one of Becker's (1963, p. 47) participants put it, "*...you don't smoke it like a cigarette, you draw in a lot of air and get it deep down in your system and then keep it there. Keep it*

*there as long as you can*". Becker argues that if the novice does not embrace this technique, they will not get high, and cannabis will be disregarded as a recreational substance. Having learned the correct technique, the novice must learn to *perceive* being high. Yet, not all novices are aware they have become high, as one of Becker's participants reported observing: *"As a matter of fact, I've seen a guy who was high out of his mind and didn't know it..."* (Becker, 1963, p. 48). Yet, often, the more experienced user will assist the novice to recognise they are high by way of advice and guidance. Becker goes on to argue that incidents of this nature indicated to him that:

*"being high consists of two elements: the presence of symptoms caused by marijuana use and the recognition of these symptoms and their connection by the user with his use of the drug"* (Becker, 1963, p. 49).

The third and final stage in the journey towards regular use in Becker's model is the novice learning to enjoy the cannabis experience. Yet some do not, as another of Becker's participants reported: *"...I was very sick. I walked around the room, walking around the room trying to get off, you know it just scared me at first, you know. Wasn't used to that kind of feeling"* (Becker, 1963, p. 53). According to Becker, negative early experiences often discourage future use, yet some people who are initially put off, will nevertheless become regular users. One participant reported *"distortions of spatial relationships and sounds, violent thirst and panic"* (Becker, 1963, p. 54) and did not use cannabis again for many months. But when his friends started to use the drug, he tried again and did not experience the same negative sensations. According to Becker (1963, p. 59) this participant had by way of social learning, redefined the effects of cannabis as something not to be feared but enjoyed.

On the issue of prohibition Becker (1963) argues that because so few cannabis users suffer sanctions, most are unaware of what form sanctions might take. Nonetheless, the fear of sanction is enough to ensure that *“most marijuana users are secret deviants...who expects that his relationships with nonusers will be disturbed and disrupted if they should find out”* (Becker, 1963, p. 66-67). Early in the career of the cannabis user, fear of discovery *“limits and controls...behaviour to the degree that relationships with outsiders are important to [them]”* (Becker, 1963, p. 67). As use becomes more regular, the fear of consequences both formal and informal subsides. For some the belief that they can hide the effects of the drug might lead them to use it *“under the noses of nonusers”* (Becker, 1963, p. 68). Yet, other regular users choose to mitigate the risk of discovery by associating almost entirely with cannabis users. Becker argues that unless attitudinal adjustments such as these are made, a person will not become a regular cannabis user (Becker, 1963).

On morality as a means of social control Becker, (1963, p. 73) maintains that *“the basic moral imperatives which operates here are those which require the individual to be responsible for his welfare and to be able to control his behaviour rationally...the stereotype of the dope fiend portrays a person who violates these imperatives”*. To support his position Becker quotes an article co-authored by moral entrepreneur and former head of the US Narcotic Commission H J Anslinger, whose legacy according to reformists is one of racist policy formation, aversion for Jazz music, and uncompromisingly pushing for lengthy prison sentences for drug offenders (Smith, 2018, Soloman, 2020). The extract quoted by Becker (1963) reads:

*"In the earliest stages of intoxication, the willpower is destroyed, and inhibitions and restraints are released; the moral barricades are broken down and often debauchery and sexuality result"* (Anslinger and Tompkins 1953, cited in Becker 1963 p. 73).

Becker (1963) argues that the novice user might well have believed such a commentary, yet after they become involved with cannabis, they will come to view cannabis as other members of their subculture do. Thus, the person may justify their use of cannabis by comparing it favourably to alcohol, which they might argue is more harmful yet illogically legal. Or they could advocate the use of cannabis because they believe it is beneficial, as one of Becker's participants explained:

*"I have had some that made me feel like...very invigorated and also it gives a very strong appetite. It makes you very hungry. That's probably good for some people who are underweight"* (Becker, 1963, p. 75).

Yet, Becker also found that when cannabis use becomes more regular the user might negatively re-evaluate their relationship with the drug. They may *"now look to [themselves] as well as others, like the uncontrolled dope fiend of popular mythology"* (Becker, 1963 p. 75). The person questions if they have taken a step too far towards a potentially problematic pattern of use. Those believing this of themselves might test their dependence with abrupt cessation of use, as one of Becker's interviewees explained:

*"I know it isn't habit forming but I was a little worried about how easy it would be to put it down, so I tried it. I was smoking all the time, then I just put it down for a whole week to see what would happen. Nothing happened So I knew it was cool"* (Becker, 1963, p. 76).

Based upon findings such as these, Becker concludes by arguing that “*certain morally toned conceptions about the nature of drug use and drug users thus influence the marijuana user*” (Becker, 1963, p. 77). Those who persist in the use of the drug do so because they have embraced the “*inside view he has acquired through his experiences with the drug in the company of other users*” (Becker, 1963, p. 77).

### 2.2.2 Erving Goffman: Labelling Theory and Everyday Life

Consistent with the limited literature on adult drug use (particularly Pearson, 2001) the present study found that the use of cannabis (and to a much lesser extent stimulant use) was successfully integrated into and around the rhythms and the demands of everyday life. As Back (2015, p. 832) writes, everyday life should not be overlooked as a sociological topic of enquiry:

*“There is nothing better for a sociologist full of the righteous desire to say something worth listening to than to be the bearer of bad news. It gives us a sense of purpose and public mission. Tales of social damage, hopelessness and injustice always make for a good sociological story. But the cost is that we too often look past or don’t listen to moments of the repair and hope in which a livable life is made possible. This is why an attention to everyday life matters because it offers the possibility to admit such ordinary virtues to serious attention”.* (Back, 2015, p. 832).

When examining the place of cannabis in the everyday lives of the participants, Erving Goffman’s (1959 and 1963) ideas on *secret consumption* and *stigma* proved useful as for understanding the participants desire to avoid detection. Goffman (1959) introduces the reader to ‘*The Presentation of Self in Everyday Life* (PSEL) by reasoning:

*"When an individual enters the presence of others, they commonly seek to acquire information about him or to bring into play information about them already possessed". They will be interested in his general socio-economic status, [their] conception of self, his attitude towards them, his competence, his trustworthiness etc"* (Goffman 1959, p. 13).

To understand the nature of these interactions more fully, Goffman (1959) operationalises *dramaturgy* as a conceptual framework around which to explain what he refers to as *impression management*. For Goffman, individuals are actors who give performances of their ideal selves for others (the audience) to evaluate. Goffman (1959) argues that when the audience asks themselves if a performance is legitimate, they are asking themselves if the actor is entitled to perform as they are. More simply, are they being genuine? Are they hiding something? For Goffman, impression management requires careful diligence to maintain, so much so that:

*"...at any moment in their performance, an event may occur to catch them out and badly contradict what they have openly avowed, bringing them immediate humiliation and sometimes permanent loss of reputation"* (Goffman, 1959, p. 66).

In such instances the failed actor will be perceived as not being an "*accredited incumbent of the relevant status*" (Goffman, 1959, p. 66). Consequentially, the audience questions the pretender's performance beyond the initial impersonation. In simple terms, can this person be trusted at all? Indeed, in the present study, loss of reputation is something several participants feared. For example, one male participant stated, *"I never have anything on me, ever, I know it's only hash, but no one wants any bother"*.

Of further usefulness to this thesis is Goffman's (1959, p. 50) argument that "*if an individual is to give expression to ideal standards during his performance, then [they] will have to forgo or conceal action which is inconsistent with these standards*". Goffman goes on to argue that if the action is in itself satisfying to the individual yet likely to be negatively judged, it will become an act of *secret consumption*. "*In this way, the performer is able to forgo his cake and eat it too*" (Goffman, 1959, p. 50). Goffman illustrates the universality of secret consumption by exemplifying the child who appears to publicly show disinterest in television shows aimed at younger age groups yet enjoys these shows in private. A further scenario provided by Goffman is the housewife who conceals a copy of a true romance novel yet leaves in plain sight a copy of a middle-class magazine. As this thesis will go on to demonstrate, the participants in this study frequently provided narratives revealing their secret consumption strategies. For example, a female participant, upper middle class by her admission, stored her sinsemilla cannabis in a Tupperware container so the smell would not reveal her status as a cannabis user to visitors (especially her adult children's friends).

Goffman's (1963) later work on stigma, complements PSEL and holds equal relevance to this thesis. For Goffman stigma is "*the situation of the individual who has been excluded from full social acceptance*" (Goffman, 1963, p. 9). He goes on to write that during the course of everyday life individuals are encountered in familiar settings. This familiarity enables human interaction to carry on without people being necessarily aware of the evaluations being made. As such, when an unfamiliar person comes into view, first impressions enable us to assess their 'social identity'. Goffman points out

that he prefers the term *social identity* to *social classes* because first impressions facilitate evaluations of personality and structural features such as career. Goffman (1963, p. 12) argues that “*we lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands*”.

Goffman (1963, p. 12) further reasons that it is only when we are confronted with a situation that goes against our evaluations that we realise that we have been making characterisations that “*in effect*” have created a “*virtual social identity*” for the actor. When contradictory information becomes available the actor's “*actual social identity*” is revealed. According to Goffman (1963, p. 12):

*“while a stranger is present before us, evidence can arise of him possessing an attribute that makes him different from others in the category of persons available for him to be-in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is reduced in our minds from a whole and usual person to a tainted discounted one”.*

Consequently, we come to think of that person in terms of them being imperfect. The discrediting characteristic has in effect, caused a dialectic situation to exist between the person's virtual and social identity. Several of the participants in the present study held the view that their use of cannabis could indeed result in stigmatisation. For example, a 51-year-old IT professional reported keeping his status as a cannabis user secret at work out of “*fear of judgement*”. Yet, he will discuss other matters of his private home life without such caution.

When speaking about Goffman's enduring contribution to everyday sociology, Back (2015, p. 822) notes that his “*gift for making the familiar fascinating did not sit easily*



*with the search for replicable methods of investigation*” among established 1950s American sociologists. According to Williams (1986, p. 349) “*To many commentators, Goffman's scheme of imagery suggests a sordid, disenchanting view of humans and their society, one marked with both deceit and despair*”. Yet, Williams (1986) takes issue with such an evaluation by arguing that Goffman’s work is “*anything but a trivial or cynical exercise [for it] shows just how fragile any social order is and reveals to us the potential horror in a society where the appearance of civility is just that*” (Williams, 1986, p. 349). Today Goffman’s collective works are widely regarded as being a significant contribution to sociology (Back, 2015).

In Goode's (1975, p. 570) words “*By the early 1970s the anti-labelling stance became almost as fashionable as labelling had been a decade earlier*”. For Goode (1975, p. 570), “*labelling theory isn't a theory at all...it is merely one way of looking not at deviance in general, but at some specific features of deviance*”. Neo-Marxists and ‘new criminologists’ argued that labelling was a “*neo-liberal theory that gave too little attention to the state, power and the economy*” (Plummer, 2000, p. 193). Consistent with this observation, Manders (1975, p. 53) argues that labelling theory’s conceptualisation of “*deviance and social control are thoroughly saturated with capitalist assumptions—their analytical reality is thus mired in liberal illusions*”.

Plummer (2000, p. 193) states that the political right considered labelling to be “*overly sympathetic to the criminal and deviant - a proposal for going soft on crime*”. Both mainstream and feminist criminologists took issue with labelling theory for directing attention away from the causes of deviance. On this point of criticism, Plummer (2000)

argues that to find fault with a theory for not doing what it never intended to do is somewhat unjustified. Yet, the most significant criticism is that labelling theory has received very little empirical support. However, as Akers, Jennings and Sellers (2017, p. 149) acknowledge, this does not mean that *“labels and sanctions never have the unintended consequence of making future deviance more probable. It only means that this infrequently happens exclusively because of the label”*. By the time the 1970s were over labelling fell from prominence (Petrunik, 1980), nevertheless, vestiges of the approach remain entrenched in the study of deviancy today (Muncie, 2015).

### **2.3 British Subcultural Theory**

Although Becker (1963) focussed upon a subculture of adults, the vast majority of the research on subcultures that followed, be that hippies (Young, 1971), mods and rockers (Cohen, 1972), ‘flapper’ girls (Kohn, 1997), ‘hip hop’ (Rabaka, 2013) or ravers (Shapiro, 1999 and 1999b) has portrayed these groups as temporary phases of youth. In the present study, reports of youthful subcultural involvement were frequent. For most participants, youthful subcultural affiliations were a treasured, yet a temporary phase of youth. As one former raver stated, *“... it was just a craze, no big thing”*. However, whilst this may well be the case, it was often in the context of subcultures that the participant's cannabis careers became solidified, even if not initiated.

Thus, it is necessary to examine what is known about youth subcultures in general particularly the conditions under which subcultures have been argued to emerge, how society reacts to drug involved subcultures, and what is known about subculture and age. Issues of subculture and age are temporarily parked in favour of first

examining subcultures and youth. In doing so, attention is paid to relevant concepts developed by theorists from the Centre for Contemporary Cultural Studies (CCCS). After this Young's (1971) and Cohen's (1972) theories of moral panic are discussed.

### 2.3.1 Birmingham Centre for Contemporary Cultural Studies (CCCS)

In the words of Hall and Jefferson (2006 p. xxxiii) the starting point for the work of the CCCS "*as for so many others, was Howard Becker's Outsiders – the text which for us, best signalled the break in mainstream sociology*". However, whilst Hall and Jefferson (2006) found Becker's work insightful, they did not agree that deviancy could be understood purely in terms of applied labels. It was not until Phil Cohen's work on class structures in the East End of London (published in 1972), that the CCCS scholars were able to:

*"settle [their] feelings of ambiguity and relegated transactional analysis [symbolic interactionism/labelling theory] to a marginal position in favour of a concern with the structural and cultural origins of British youth subcultures"* (Hall and Jefferson, 2006, p. xxxiii – xxxiv).

In their structural approach to subcultures, CCCS scholars placed significant value on Marxist ideas, particularly Antonio Gramsci's theory of hegemony. Which at its simplest, can be understood as "*man is not ruled by force alone but also by ideas*" (Bates, 1975, p. 358). According to Clarke *et al.* (2006, p. 30) hegemony cannot be reduced to simply being "*class rule. It requires to some degree the consent of the subordinate class, which has, in turn, to be won and secured*". Hegemony, for Clarke *et al* (2006), is therefore not guaranteed, it can be resisted and thus is not a concrete or intransient construct. Clarke *et al.* (2006, p. 31) argue that the "*working class, is by*

*definition a subordinate and cultural formation*", thus as Marx argued, capitalist production "*reproduces capital and labour in their ever-antagonistic forms*" (Clarke et al, 2006 p. 31). Clarke et al. (2006, p. 31) consider that "*English working-class culture is a peculiarly strong, densely impacted and defensive structure of this corporate kind... [that has] consistently won space from the dominant culture... it is massively orchestrated around attitudes of us and them*".

As Clarke et al. (2006, p. 41) go on to argue "*working class youth inhabit, like their parents, a distinctive structural and cultural milieu defined by territories, objects and things, relations, institutional and social practices*". Youth, as a demographic distinct from their parents, directly experience the dominant social ideologies as they engage with institutions such as:

*"the school, work (from Saturday jobs onwards), and leisure are the key institutions, Of almost equal importance – for youth above all – are the institutions and agencies of public social control: the school serves this function, but alongside it, a range of institutions from the hard coercive ones, like the police, to the softer variants – youth and social workers"* (Clarke, et al., 2006, p. 41).

For Clarke et al (2006, p. 41) it is the points of tension and/or inequality between the parent culture (working class etc.) and the dominant culture that creates the preconditions for the emergence of youthful subcultures. 1950s Britain is a good example for illuminating preconditions for a hegemonically influenced subculture to emerge. As Waters (1981) chronicles, during the 1950s, several sociologists argued that *social class* as a concept had run its course. It was said that universal state education combined with the promised benefits of the post-war consumer society

would result in the “*embourgeoisement of the British worker and consequently in the blurring of traditional class boundaries*” (Waters, 1981, p. 23). However, as time moved on it was clear that poverty had endured, and rising living standards were relative. Thus, the traditional class divisions remained largely intact (Waters, 1981). In London, the destruction caused during the war years had resulted in 1.5 million people becoming homeless with another eight million more fleeing their neighbourhoods, often permanently. Consequently, 1950s London endured significant social and structural changes brought about by the rebuilding and reorganising of its bomb-damaged areas. The affluent moved to the suburbs and the working class largely remained in the inner city (Bell, 2014).

Within this social milieu the ‘Teddy Boys’ emerged as the “*first spectacular*” (Waters, 1981, p. 25) post-war working-class subculture, noteworthy for their adoption of the upper-class Edwardian aesthetic (Waters, 1981). Clarke *et al.* (2006) assert that when subcultures (such as the Teddy Boys) react to their marginalised existence, they do so by taking on experiences of the working-class parent culture, in a way that is located within “*...their own distinctive group life and generational experience*” (Clarke *et al.*, 2006, p. 41). Even in subcultures that adopt striking visual styles not reconcilable with conventional adult attire (e.g., punks), they nonetheless maintain the ideology of the parent culture (Clarke *et al.*, 2006). On the subject of working-class subcultures more generally Clarke *et al.* (2006, p. 35) comment:

*“Working-class subcultures, we suggest, take on the shape of the level of the social and cultural class relations of subordinate classes. In themselves, they are not simply ‘ideological’ constructs. They, too, win space for the young: cultural space in the neighbourhood and institutions, real-time for*

*leisure and recreation, and actual room on the street or street corner. They serve to mark out and appropriate 'territory' in the localities. They focus on key occasions of social interaction: the weekend, the discos, the bank holiday trip, the night out in the 'centre', the standing-about-doing nothing of the weekday evening, and the Saturday match. They cluster around particular locations".*

However, Clarke *et al.* (2006, p. 35) argue that subcultures are not a solution to the challenges youth face, they merely mitigate the tedium and disadvantages that accompany working-class confinement. Subcultures express their discontent in "...ways that reproduce the gaps and discrepancies between real negotiations and symbolically displaced resolutions" (Clarke *et al* 2006, p. 35). In doing so, Clarke *et al* (2006) exemplify the Teddy Boys who were formulating a response to their class-based plight, not in actuality, but in an illusory way their "*style of dress covers the gap between largely unskilled, near lumpen real careers and life chances and, and the all-dressed-up-and-nowhere-to-go experience of Saturday evening*" (Clarke *et al*, 2006, p. 37).

Although subcultural style and fashion has been briefly discussed, it is worth examining the subject in more depth in the context of *bricolage*. Whilst none of the ravers explicitly mentioned clothing, the 'look' of the rave-goer was distinctive, as Tomlinson (1998, p. 200) describes:

*"culture of the rave is the culture of childhood, as illustrated by rave fashion, rave music, rave attitude. Primary colours and day-glo colours are standard in the raver's wardrobe. Girls and young women often don pigtails. Both*

*boys and girls have commonly been seen sucking pacifiers; toys as accessories are also the norm”.*

As Miller (2011, p. 12) points out, “*Through the differentiation of clothing we could embark upon the study of the differentiation of us...clothing [is] a kind of pseudo-language that [can] tell us about who we are*”. Originating in the work of Claude Levi-Strauss, at “*the simplest level, bricolage is...a technical metaphor for a cognitive and creative process: the consumption and generation of a mythical discourse*” (Johnson, 2012, p. 358). In his work on subcultural style, Clarke (2006, p. 149) conceptualises bricolage as “*the re-ordering and re-contextualisation of objects to communicate fresh meanings, within a total system of significances, which already includes prior and sedimented meanings attached to the objects used*”. Clarke (2006) goes on to argue that objects which hold a typical meaning, when reappropriated by the bricoleur are given a different meaning, one that signifies group membership and a “*partly negotiated opposition to the values of a wider society*” (Clarke 2006, p. 149). Therefore, bricolage in the context of a Marxist subcultural analysis becomes a transformational expression of structural difference.

Expression of difference by bricoleurs, according to Clark (2006) is apparent in the reappropriation of the 'Edwardian' aesthetic of the working-class Teddy Boys, who disrupted the original meaning (upper class) through “*transformation and rearrangement*” (Clarke, 2006, p.150) by adding bootlace ties and brothel creepers to create a novel ensemble, with an updated meaning conveying their sub-cultural identity in objective form (Clarke, 2006). However, in pointing to Hebdige's (1976 cited in Clark, 2006) work on Mod style, Clarke (2006) points out that the style they adopted

was not so radically repurposed but conveyed subcultural affiliation with a "*subtle rearrangement of objects that profoundly altered the significance of the resulting ensemble*" (Clarke, 2006, p. 150). Contributing to the subject of bricolage Hebdige (1991, p. 105) states, "*At the risk of sounding melodramatic, we could use Umberto Eco's phrase 'semiotic guerrilla warfare' to describe these subversive practices*".

As mentioned, some participants in the present study became involved with subculture of rave, others participated in groups which met for a defined social purpose. For example, going to the pub or partying with fellow students. However, two participants reported that they spent their adolescence and young adulthood out on the streets or hanging around the graveyard. Corrigan's (2006) simple concept of 'doing nothing' proved useful for contextualising the situation of these participants. Corrigan (2006, p. 84) opens his brief paper with the following clear assertion:

*"For most kids where it's at is the street, not the romantic action-packed streets of the ghetto but the wet pavements of Wigan, Shepherds Bush, and Sunderland. The major activity in this venue, the main action of British subculture is, in fact doing nothing"*.

Activities such as standing about with friends, talking about football, larking about, and throwing bottles, for Corrigan (2006, p. 84) "*come under the label of doing nothing and they represent the largest and most complex youth subculture*". As Corrigan (2006, 2006, p. 84) goes on to argue the "*major element in doing nothing is talking*", during which stories are told, often fabrications, it does not matter so long as they are interesting. As Corrigan (2006, p. 85) points out, the street is not chosen because it is interesting, it is merely "*the place where there is most chance of something happening*". In measures of boredom, it is better than being at home with parents and



preferable to the youth club. It is the street where mischief happens, born of "*weird ideas*" (Corrigan, 2006, p. 85) that lead to spontaneous activities such as smashing milk bottles.

Corrigan (2006, p.85) argues "*To ask the kids why they smash milk bottles is to ask a meaningless question*". Some youngsters go a step further; they engage in acts of vandalism, and others fight, for some fighting is "*a casual occurrence; for others, it was a major occurrence of Saturday night*" (Corrigan, 2006, p. 86). Yet, such fights are typically harmless, often described as a *scrap*, they are spontaneous "*they are merely...something in nothing*" (Corrigan, 2006, p.86). In this study, one male participant reported that he would "*hang around town...the youth club was for kids, after 16, there was nothing to do...looking back we were a lot of trouble*". A female participant reported that she "*got involved with the wrong crowd, you know the kids that just larked about...dossed about the town...not doing anything bad, just not doing anything*".

As we have seen, the work of the CCCS is steeped in Marxist structuralism, and as Brake (1995) reminds us, from this perspective history is not considered to be "*neutral, but a perpetual disclosure and working out of contradictory and conflicting class relations*" (Brake, 1995, p. 3). This is a point of contention for Muggleton (2000, p. 12) who argues that the CCCS preoccupation with class structures, more often than not, overlooked the subjective realities of the subcultural actors themselves. A comparable critique is provided by Dorn and South (1988 cited in Muggleton, 2000, p. 14) and expressed in the following terms:

*"...There was seldom, in the Birmingham Centre's work, much sense of the authenticity of the individual account, or social psychology. Male youth cultures were interpreted as systems of resistance to dominant ideologies without much regard to the question of the relations between the meaning of youth cultures for participants and that for sociologists".*

Furthermore, as Thornton (1995, p. 119) points out the CCCS adherence to historical analysis meant that they *"tended to study previously labelled social types – Mods, Rocker, Skinheads, Punks"* and failed to appreciate the significance of the media in the labelling process of youth culture. Thus, whilst the CCCS did examine the resistance of youth to dominant structure as expressed through ritual, music, and apparel it did so *"in a miraculously media-free moment when an uncontaminated homology could be safely identified"* (Thornton, 1995, p. 119). A further criticism of the CCCS writers, in general, is that they failed to consider that young people may not be reacting to their economic situation but rather are *"playing their subcultural roles for fun"* (Bennett and Kahn-Harris, 2004, p. 8).

### **2.3.2 Cohen and Young: Sociologies of Moral Panic**

The moral panic approach to subcultures as exemplified in the work of Young (1971) and Cohen (1972), preceded and differs from the CCCS theorising on several dimensions. First and foremost, whilst the CCCS downplayed the media in favour of structural factors, both Cohen and Young illuminate the role of the media as the catalyst of the antagonisms that can arise between subcultural groups and wider society. So much so that Thornton (1995, p.115) argues that *"scholars of moral panic assume that little or nothing happened prior to mass media labelling"*. Young (2009, p.

4) recalls early formulations of moral panic sought to draw into focus *“moral disturbances rooted in significant structural and value changes in society”*. Such disturbances are engrained in cultural conflicts, instigated by groups who attempt to resist and revolutionise the social order. As Young (2009, p. 4) points out:

*“There is a great deal of emotional energy involved on both sides: the police pursue the deviant with zeal, the media thrive on the controversy, the public avidly follows the outrage, and the deviants are galvanised and sometimes reconstituted by the response”*.

Young (1971) draws upon Becker's labelling theory frequently, in doing so emphasis is placed on how society reacts to illicit drugs, or more precisely those who use them - especially those groups whose way of life seems to be atypical to the majority society. The Hippies, according to Young are one such group, a movement inextricably linked to counter-cultural philosophies such as that of the psychologist Timothy Leary, who in 1966 famously advised the youthful to *‘Turn on [get high], tune in, drop out’*. Many young people followed his advice, and the hippie movement emerged in the US (Miller 2011). In time, hippies the world over embraced antifashion, a love of alternative music, drop-out politics, communal living, and a make love not war mentality (Moretta, 2017). Young's (1971) ethnographic observation of the inhabitants of Notting Hill in the 1960s revealed that, as a group the hippies were:

*“...a ready target for moral indignation: fascinating because they act out in uninhibited fashion the subterranean goals which the rest of the population desires, immediately condemnable because they do not deserve these rewards. They are a new leisured class; they exist in a limbo which is outside the workaday world of the mass of people”* (Young, 1971, p. 149).

According to Young (1971, p. 149), the hippies used drugs such as cannabis and LSD to realise their *“subterranean ideals of sexual pleasure, physical euphoria and enjoyment”* providing the *“overt justification for repressive measures against them”*. Young (1971) argues that societal perceptions of the hippies were not attributable to direct contact, but rather because of the effects of *deviancy amplification*, a phenomenon Young (1971, p. 179) attributes to the mass media in the following terms:

*“...in a sentence, it selects events which are atypical, presents them in a stereotypical fashion, and contrasts them against a backcloth of normality which is over typical. The atypical is selected because the everyday or humdrum is not interesting to read or watch, it has little news value. As a result of this, if one had little face-to-face contact with young people, one's total information about them would be in terms of extremes- drug taking, sex and wanton violence on one hand and Voluntary Services Overseas and Outward-Bound courses on the other”*.

Nonetheless, as Young (1971, p. 179) argues the newspapers are quite aware that their readers are enthralled by *“news that titillates their sensibilities and confirms their prejudices”*. Thus, the news portrays the deviant as being significantly different to the *“man on the street, that persistent illusion of consensual sociology and politics”*. Consequently, the individual deviant can be confronted with *“the wrath of all society, epitomized by its moral conscience, the popular newspaper”* (Young, 1971, p. 179).

Whilst Young applied labelling theory to the goings-on among middle-class hippies (Young, 1971) in *Folk Devils and Moral Panics*, Cohen (1972) focuses on the working-class subcultural worlds of the *Mods* and *Rockers*. It is in this contribution that Cohen

more fully explains the concept of *moral panic* (Findlay, 2009). In Cohen's (1972, p. 10) own words:

*"The media have long operated as agents of moral indignation in their own right: even if they are not self-consciously engaged in crusading or muckraking, their very reporting of certain 'facts' can be sufficient to generate concern, anxiety, indignation or panic".*

Consistent with the theorising of Becker (1963) and Young (1971), Cohen (1972, p. 11) goes on to argue: *"An initial act of deviance or normative diversity (for example in dress) is defined as being worthy of attention and is responded to punitively".* Subsequently, the deviant group becomes an outsider to mainstream society, and as a consequence of this ostracisation, the group will come to perceive themselves as different. This difference renders the group more vulnerable to *"further punitive sanctions and other forceful actions by the conformists and the system starts going around again"* (Cohen, 1972, p. 12).

Young's and Cohen's ideas on moral panics and deviancy amplification were formulated over fifty years ago. However, recent literature suggests that the concepts have enduring relevance. Coomber, Morris and Dunn (2000) report that seldom do popular press publications have quality control measures in place to ensure accurate reporting of complex subject matters such as drug use. When quality control measures are in place, these appear to be formulated to protect the publication against litigation. Taylor (2008, p. 381) argues that the *"news media and criminal justice policy seemingly mirror each other's beliefs"*. Thus, stereotypes are perpetuated by way of a joint enterprise that portrays the outsider as a societal risk which expedites marginalisation (Taylor, 2008). Indeed, as this review will go on to discuss, the tabloid

press played a pivotal role in the moral panic that attended the rave subculture of the late 1980s and early 1990s.

## **2.4 Cannabis, Stimulant Use and the Subculture of Rave.**

In the present study, five participants (one male and four females), reported that as young adults they were 'ravers' in the late 1980s and early 1990s. Frequently, these participants spoke of cannabis as a substance to be used to curtail the effects of stimulants when a night out was over. A finding consistent with the literature in which cannabis has been identified as a "*post club chill out drug*" (Measham, Parker and Aldridge, 2001, p. 111). For these participants, the regular use of stimulants ceased as they disengaged with these subcultures. However, as will be discussed later, a female participant, previously a raver, reported that she regularly goes nightclubbing. Another female participant, again a former raver reported that she has recently used MDMA at festivals. Rave culture emerged in the UK during the 1980s, a decade dominated by the politics of Thatcherism. Marren (2016, p. 8) aptly summarises life during the 1980s for many British people in his examination of Liverpool's working class:

*"the encroaching tide of unfettered, free-market capitalism, swinging cuts in public spending, privatisation of public services and the loss of British manufacturing...there is no doubt that the policies of the Thatcher government and the corresponding de-industrialisation of the British economy had an enormous impact on working-class communities in every British city".*

Against this depressing social backdrop, raving emerged, as the most significant and distinctive youth subculture since the punks and skinheads (Wilson, 2006). As Shapiro (1999, p. 24) comments:

*“...we find a generation, not only looking for alternatives to reality, for altered states of consciousness...but also in search of community, for almost tribal identification and a sense of belonging. Many young people seem to have found it on the rave scene through the use of ecstasy, with its capacity to promote empathy and fellowship among users...it would seem to be very much the right drug in the right place at the right time”.*

The birth of rave culture can be traced to the Spanish resort Ibiza during the 1980s when it was a popular holiday destination among working-class British youth (Wilson, 2006). The local nightclubs were busy importing American house music at precisely the same time that stimulant dance drugs were becoming more widely available. These convergent factors “*created a stage for the radical adaption of the American dance club*” (Wilson, 2006, p. 40). Raves then appeared in the UK as illegally organised clandestine gatherings staged in localities capable of accommodating large numbers of people (Hutson, 2000, p. 35).

According to the literature (Manning, 2007), there is much similarity between the ideological foundations of rave and the counter-cultural beliefs of the hippies. Both groups could engage in rational debates about drugs; the hippies advocated for cannabis, and the raver’s championed ecstasy. Furthermore, drug-taking among ravers was comparable to the hippie’s *shamanic* drug-taking ideology. Furthermore, both groups represented a symbolic resistance to the social context of their respective times. The style of the raver was also a throwback of sorts to the hippie days, gone

were the *"austere, serious and tight look of the post-punk fashions of the early 1980s"* (Holmes, Cossey and Park, 2023, p. 1). The 4-4 beat 'dance music' favoured by ravers proved to be a good fit with the psychoactive properties of ecstasy. The drug tends to induce a peculiar state in ravers, so they are often unaware that they are dancing in a repetitive style for considerable periods. Thus, the dancing of ravers can become a harmonised group experience (Shapiro, 1999) a phenomenon Rushkoff (1994, p. 120) describes as *"phase locked"*.

In early 1988 tabloid newspaper The Sun embraced rave as a novel dance fad and capitalised through selling a rave-inspired T-shirt. However, a moral panic was soon instigated when the tabloid went on the offensive following two ecstasy-related deaths in June and October (Cricher, 2000). A pertinent example of how The Sun perpetuated the moral panic is the cartoon-like depiction of the culture as a 'trip to hell' published on November 2<sup>nd</sup> (Franklin, 1988 cited in Transform, 2021). The next year the Daily Mail covertly attended a rave of 11,000 people at a Berkshire airstrip. The paper subsequently reported that:

*"Acid house is a façade for dealing in drugs of the worst kind on a massive scale and a cynical attempt to trap young people into drug dependency under the guise of friendly pop music events"* (Daily Mail 26<sup>th</sup> June 1989 cited in Cricher, 2000, p. 148).

The moral panic fizzled out, but additional public anxiety was stimulated in 1992 when ecstasy use started to emerge in mainstream nightclubs. In response, drug organisations started to hand out harm reduction leaflets. The next year, Manchester City Council devised a 'Safe Dancing Campaign'. However, arguably the most



enduring image of drug harm from the period is the death of Leah Betts who reportedly took an ecstasy tablet on her 18<sup>th</sup> birthday, The Betts family advocated for new drug laws as they adopted personas consistent with Becker's (1963) concept of the *moral entrepreneur*. In doing so they permitted the media to use a photo of their comatose daughter in a hospital bed. A poster campaign followed entitled '*Sorted: Just one ecstasy tablet took Leah*' (Cricher, 2000., Hurley, 2017 and Transform, 2021). However, as Thornton (1995, p. 120), points out, the negative tabloid commentaries on rave became a subject of interest for subcultural magazines. Yet, "...however much they condemned the tabloids, they revelled in the attention and boasted about sensational excess. What could be a better badge of rebellion?" It is for this reason that Thornton goes on to argue that moral panics can form the basis of effective marketing strategies aimed at youthful populations.

Initially, the police attempted to assert social control over rave culture using powers under the 1967 Private Places of Entertainment Act, Licencing Act of 1988, and the MDA. However, all this achieved was to create a situation of cat and mouse between the police and rave organisers. The preferred strategy of rave organisers was to keep the location of the upcoming event secret until the last possible moment. Thus, it was not uncommon for hordes of young people to wait at service stations (and other such localities) for the all-important announcement revealing the location of the rave (Shapiro, 1999b). In 1990, the Conservative government tried once again to assert control over raving by threatening organisers with a £20,000 fine and/or six months imprisonment. In 1994, following drug-related deaths and increasing moral panic, the Criminal Justice and Public Order Act (1994) was introduced by conservative Home

Secretary Michael Howard (Ashford and O'Brien, 2022 and Parker, 1999). At the time of implementation, section 63 of the act defined a rave as being:

*“...a gathering on land in the open air of 100 or more persons (whether or not trespassers) at which amplified music is played during the night (with or without intermissions) and is such as, by reason of its loudness and duration and the time at which it is played, is likely to cause serious distress to the inhabitants of the locality...”* (UK Government and Parliament, 2020b).

In response to introducing the CJPO three significant protests were staged in London in 1994. The Advance Party organised the first on May Day. As awareness increased, a second protest on 24 July organised by the Freedom Network stimulated 50,000 people to get involved. The third protest occurred on the 9<sup>th</sup> of October and attracted 100,000 participants. Unfortunately, this final protest march was ended by way of violent Police intervention (Banton-Heath, 2021).

In 2003, the Blair Labour Government created the Anti-Social Behaviour Act to address what they considered to be shortcomings in the 1994 Act. Under this revised attempt at social control, section 63 of the CJPO Act was amended to define raves as being gatherings of more than 20 people. The specification of 'open air' was also omitted from the act (Ashford and O'Brien, 2022). As a consequence of the updated laws, raving evolved into the commercially operated legal electronic dance music (EDM) scene. However, an illegal rave or *free party scene* continues to exist to this day, becoming a focal point for a moral panic of sorts when a minority of young people defied the Covid-19 lockdowns to party (Avis-Ward, 2020).

## 2.5 Youthful Subcultures and Aging

In the present study, all the participants used cannabis and to a lesser degree stimulant drugs in the company of others whilst they were young. However, reports of using cannabis with others in older adulthood were less frequently encountered. For most, the use of cannabis had become an act of secret consumption, a remnant of times past. As one former raver put it "... *don't go out much these days, just happy doing a day's work and having a little smoke*". Another stated, "*It's just like anything really when you're in your twenties you have mates and as you get older you have less, it's as natural as that*". Within the literature, age and subculture have received some attention. In Andes's (1998) examination of Punk careers, it is highlighted that few remain in the subculture after their twenties. Those who do, often become involved on "*a more organizational or creative level: musicians, promoters, fanzine writers, artists, etc*" (Andes, 1998, p. 218).

Bennett's (2006) ethnography of older punks in East Kent provides a more nuanced and detailed analysis. Bennett found that older punks no longer adhere to the extreme styles of their youth. Yet they maintain a link to the subculture in more subtle ways such as multiple piercings and clothing studs. However, signifiers are often worn with more casual apparel such as denim wear. Among others, Bennett observed that punk affiliation is expressed with not much more than a clothing patch or tattoo. Others, simply continue to wear all-black clothing and well-used Doc Martin boots. But no matter how discreet the stylistic cues were, they were enough to convey the individual subcultural credentials to others. As one of Bennett's (2006, p. 225) participants

reported, *"You can always tell. Maybe it's the jacket or a ...patch or something...just something there that says punk, y' know"*.

Bennett (2006, p. 225) observed that the extreme hairstyles of the 1970s were not typically displayed by the older punks, but more restrained versions were nonetheless embraced by many. Whilst this could be explained in terms of the practicalities of ageing, Bennett argues that such changes were also motivated by a commitment to employment and family. Bennet's (2006, p. 225) finding leads him to theorise that there is a *"shared understanding among older punks of having paid one's dues, in this respect, the proof of commitment residing in the individual's ongoing, but matured punk persona"*. Concurrent with the change in visual representations according to Bennet (2006, p. 226) is a:

*"shifting perception of what it actually means to be a punk"* [for these participants a] *"set of beliefs and practices that have become so ingrained in the individual that they do not need to be dramatically reconfirmed through more striking visual displays of commitment engaged in by younger punks"*.

Bennet (2006) notes that for many of his participants, the constraints of everyday life had resulted in punk becoming a more individualised experience. However, some older punks do nonetheless still engage with the scene. Given that punk remains a popular subculture for new youth, young and old punks come together on the scene. However, punk music provokes extremely vigorous and physically demanding dance styles in the 'mosh pit'. The credential of the older punks *"supplied them with the license to maintain a privileged space in the venue setting, simultaneously with the*

*crowd yet honourably discharged from the excess of the mosh pit*" (Bennett, 2006, p. 228). This position of seniority creates a situation in which the older punks could observe *"the whole event..."* (Bennett, 2006, p. 228) and adopt a self-appointed position of a grandee in which they see *"...themselves as critical overseers of the local punk scene"* (Bennett, 2006, p. 228).

Further analysis of ageing in the context of a visually striking subculture is provided in Hodkinson's (2011) analysis of UK Goths, a youthful subculture that has been described as an *"off-shoot of British Punk"* (Siegel, 2005, p. 2). According to Hodkinson (2011, p. 266):

*"consistent with comparable youth cultures, everyday goth participation revolved around classic forms of youthful hedonism, including frequent late-night clubbing, heavy alcohol and sometimes drug use, sexual exploration and transgressive forms of stylistic display".*

Hodkinson (2011, p. 266) writes that in the beginning, very few people beyond their early twenties embraced the subculture. However, many of the young devotees now aged over thirty have remained involved, whilst the number of young initiates has decreased. Simply put, goth has become an ageing subculture. Hodkinson found that publicly socialising with other goths had to fit around the responsibilities of everyday adult life. Consequently, where going out had often been at least a weekly, or twice weekly activity, with age, this had reduced to monthly, or in some cases to special occasions.

Interestingly, Hodkinson notes that in contrast to the situation of the older punks in Bennett's (2006) study, older goths remain engaged with the dancing when they do

out. This is something Hodkinson (2011, p. 269) credits to the fact that goth dancing is *“less aggressive or physical than punk or metal moshing”*. Additionally, given the age profile of the goth subculture, unlike punk, means that goths are more likely to be dancing with people their age. Nevertheless, some older goths now value venues with seating space and reduced volumes that provide a more favourable environment for conversation (Hodkinson, 2011).

Hodkinson (2011) argues that when young, his goth participants viewed employment predominately as a source of going out funds. However, as they aged, increasing financial commitments meant that greater value was placed upon work. For some, the responsibilities of adulthood were a source of tension as evidenced in the response of ‘Claire’ a 23-year-old university research administrator:

*“I s’pose right at the right at the start work was a means to an end, to get enough money, to go out with friends and to go clubbing or go drinking. And now, I...care a lot more about work and work actually hampers my social life. Because I throw all my time and energy into work...And that’s really quite sad...There is that Tuesday once-a-month thing and we always talk about going, but it’s Tuesday and ...I would have to at least book half on Wednesday the enable me to go, because I can’t go...to work still drunk or hungover and tired”* (Hodkinson, 2011, p. 269).

Hodkinson also notes that parental responsibilities often curtail the ageing goth’s ability to engage publicly with the scene. Again, the concern was being ready and able to attend to everyday demands the day after, as Mathew (aged 43) stated:

*“And also, you don’t want to be too tired...you don’t wanna be out ‘til two in the morning...and getting drunk...’Cos obviously the next morning there’s*

*a little person...wide awake...That's how it's changed as well- a bit more responsibility now"* (Hodkinson, 2011, p. 270).

However, among Hodkinson's (2011) participants, it was also found that lack of motivation is a further factor in declining goth engagement. For some, interests had become more varied, thus going out goth was just one of several social options. For others the meaning of participation had changed, as older adults they were now prepared to come together with long-term goth friends and socialise in "*restaurants or local pubs, or in one another's houses*" (Hodkinson, 2011, p. 271). For others, a crucial factor in declining involvement was "*the constantly available personal companionship they enjoyed [in long-term relationships] and a diminished desire to meet sexual partners*" (Hodkinson, 2011, p. 271).

Comparable findings are revealed in Gregory's (2009) examination of rave cessation among a cohort of female former ravers in Toronto Canada. Many of Gregory's (2009, p. 73) participants reported that they "*felt unable to reconcile active rave going with their (present and/or future) roles as friends, daughters, mother, students, employers, etc*". As one participant (Gregory, 2009, p. 73) reported:

*"What if I can't have kids because of what I've done, you know what I mean? I think women tend to start thinking about those things a lot more. I think they can only take so much. I think women at some point are like, 'ok, I've got to think about the rest of my life here'. Men, it takes that a lot longer...to think that way".*

Several of Gregory's participants provided narratives indicating that they believed one reason for men's longer-term involvement with rave culture is because they "*have*

*numerous male friends and acquaintances who hold positions behind the scenes*" (Gregory, 2009, p. 73). However, for others, the declining engagement with raving among females was attributable to changing appearance as one participant explained:

*"I think that drugs have a more ageing effect on women and prettier women come and the guys get older, and they bring the young pretty girls...Women don't look good older on the scene..."* (Gregory, 2009, p. 73).

Another participant explained the significance of appearance in her decision to reduce engagement with the rave scene significantly:

*"I came home from a party and looked in the mirror and I thought I was...an old lady-I had grey and green hair. I just looked at myself and that was when I made a decision to not do it anymore and if I did, it was going to happen very, very rarely, which it has since then"* (Gregory, 2009, p. 74).

The literature examined in this section thus far has provided insights into how participation in subcultures often decreases with age. Peter and Williams's (2019) recent article is useful here for illuminating re-engagement with raving in older adulthood. In contrast to the literature reviewed in this section thus far, Peter and William's method of choice is an online self-completion survey (conducted in 2016) of 276 adults. The survey targeted those who had been active on the Manchester rave scene between 1989 and 1995. Peter and Williams (2019, p. 816) report that "*clubbing and drug taking go hand-in-hand. Almost all the sample reported taking illegal drugs when raving and clubbing between 1989 and 1995*". Among participants 73 per cent of *current clubbers* reported that they used drugs, significantly more than among those who considered themselves to be *lapsed clubbers* (42 per cent).



Among the current clubbers, changes in patterns of drug use were revealed. When young, drugs such as “MDMA ecstasy, amphetamines, cannabis, LSD and amyl nitrate” (Peter and Williams, 2019, p. 819) proliferated. However, in 2016, it was found that cocaine was now the most popular drug to be consumed on a night out “followed by MDMA/Ecstasy, cannabis, magic mushrooms and amphetamines” (Peter and Williams, 2016, p. 816). Peter and Williams (2019, p. 819) argue that the enduring appeal of raving can be contextualised as a “lifestyle choice that facilitates the development of a maturing identity”. For Peter and Williams (2022), given that drugs and clubbing are so strongly associated, the use of drugs can also be understood in the same terms. Parker and Williams go on to argue that the use of drugs is often conceptualised as a societal harm. However, they assert that their sample provided evidence to the contrary:

*“in respect to our sample, despite their drug-taking repertoires including the consumption of Class A/Schedule 1 drugs, the contrary is the case: the results show an upward social mobility in educational attainment, as well as many being employed, in committed intimate relationships, and being parents”* (Peter and Williams, 2021, p. 820).

In the final contribution to be reviewed in this section Holmes, Crossey and Park (2023, p. 1-3) focus on the “revival of rave music in the UK” and what they refer to as a snowball sample of “first wave ravers” who are now aged in their 40s and 50s. Whilst Holmes *et al.* also focus on the role of the rave DJ, it is only the situation of the rave attendee that is considered here. Holmes, Crossey and Park (2023) argue that their first-wave ravers are now of an age that affords them the freedom to re-engage with an aspect of their younger lives that was abandoned in favour of adult responsibilities,

particularly parenting and careers. Furthermore, greater amounts of disposable income enable them to *“afford what are expensive nights out whilst perhaps feeling the need to rediscover both some of the pleasures of their youth and the sense of self and identity which went with it”* (Holmes, Crossey and Park, 2023, p. 3).

As Holmes, Crossey and Park (2023) point out, most of the iconic venues of the rave era are now long gone. What has replaced them is a multitude of events in a wide variety of venues throughout the UK, these include festivals during the day and events that conclude by 11 p.m. These new events attract crowds as large as 5000 and also much smaller gatherings of around 100 people that are typically marketed via social media. Holmes, Crossey and Park (2023, p. 11) report that often, their participants considered raving to be *“occasions; activities are booked and planned quite far in advance”*. Thus, for many, this was remarkedly different to their youthful experiences where they might frequent as many as three raves at different venues every week. The first wave ravers often compared the heritage scene to being remarkedly different to normal nightclubs that they considered to be *“off limits to older bodies and tastes”* (Holmes, Crossey and Park, 2023). As one female participant recalled:

*“That is a proper decider for me. If I go anywhere, like is there somewhere to sit down? I was way too old at the Warehouse Project as well. Where there's people going 'oh it's great you're still out clubbing' like some sort of museum exhibit”* (Holmes, Crossey and Park, 2023, p. 12).

However, as Holmes, Crossey and Park (2023, p. 14-15) go on to point out, the heritage rave scene is quite fragmented in so much as *“...ethos or vibe”* is concerned. For participants *“what constitutes the right sort of rave was the notion of collectively”*,

an aspect that has its foundations in "*rave subcultural roots and its resistance against the social and political order*". Yet, among Holmes, Crossey and Park's (2023, p. 15) participants this notion was not universally accepted, some asserted that "*whilst rave may have been political, it didn't feel it at the time; (Susie, rave fan) and that this was a 'narrative applied later' (Vinnie, professional DJ)*", for some commercialised heritage raves were considered to create an environment inconsistent with the old rave scene.

## **2.6 The Normalisation of Recreational Drug Use**

As stated, this thesis operationalises the concept of *normalisation of recreational drug use* as the primary conceptual framework augmented and enhanced with literature from subcultural theory. Principally normalisation serves to aid in our understanding of how previously deviant behaviours become accommodated and tolerated by wider society (cultural accommodation). An early example of normalisation is described by Wolfensberger (1972) with regard to the deinstitutionalisation of people with learning differences. However, it was not until the 1990s that normalisation was first utilised to explain rapid increases in adolescent drug use in the work of Measham, Newcombe and Parker (1994) from Manchester University. The research design informing the development of normalisation comprised a five-year longitudinal annual survey of young people's (aged 14-18) drug use in metropolitan Northwest of England (The 'Northwest Survey' or NWS). Given that most of the participants in the present study commenced cannabis use in the late 1980 and early 1990s, normalisation is a mode of analysis that sought to explain this generation's early relationship with drugs. It is now well established that the young adults from this period belonged to the "*most drug*

*involved generation of the twentieth century*” (Aldridge, Measham and Williams, 2011, p. 4).

Various updates were published during the course of the project; however, it was not until the late 1990s with the publication of ‘Illegal Leisure’ (Parker, Aldridge and Measham, 1998) that the full results of the NWS were specified, and normalisation explained in detail. In 2011, Illegal Leisure was updated with interview data obtained from NWS participants now aged between 22 and 27 years of age (Aldridge, Measham and Williams, 2011). Early in the project’s development the Manchester team argued that:

*“Most significantly, the proportion of young women being offered and using drugs and the prevalence of drug trying amongst young people in middle class schools, suggests a substantial social transformation is underway in respect of recreational drug use. The results of this survey, confirm a general trend apparent in other British studies. As this cohort is tracked into the 1990s, the sociological implications will be significant”* (Measham, Newcombe and Parker, 1994 p. 287).

Parker, Aldridge and Measham (1998, p.152) are clear in stating the explanatory limitations of their theorising:

*“...the normalisation thesis we have developed refers only to the use of certain drugs, primarily cannabis but also nitrates, amphetamines and equivocally LSD and ecstasy. Heroin and cocaine are not included in this*

*thesis...the minority of young people who use hard drugs the hard way are not regarded as recreational drug users by most of their peers”.*

Normalisation was boldly challenged by Shiner and Newburn (1997) who argued that the Manchester team’s interpretation of the NWS data was flawed and “*exaggerates its extent and more importantly, oversimplifies the ways in which drug use is perceived by young people*” (Shiner and Newburn, 1997, p. 524-525). Likewise, South acknowledges the increased availability of drugs in the late 1990s South (1999, p. 3) but argues: “*...drug use has not become a normal activity for all or even the majority of young people and the prohibition of drugs is still powerfully in place...*”. Drawing upon their own research with 15–16-year-olds Wibberley and Price (2000, p. 147) reported only marginal evidence that cannabis use was becoming normalised. Further criticism was put forward by Shildrick (2002) who maintained that normalisation fails to embrace the nuances of youthful drug use and as concept is “*potentially destructive...that can, and at times has been used to further demonize and pathologize youthful drug use*” (Shildrick, 2002, p. 46). Nevertheless, despite the early critiques, normalisation became established as “*something of an orthodoxy in the field*” (Measham and Shiner, 2009, p. 502). As Morgan, Sogard and Uhl (2023, p. 16) argue “*... this line of thinking still has much vigour and relevance in contemporary research*” and the durability of normalisation has much to do with the concept’s adaptability in the face of emerging drug trends. As Blackman (2023, p. 11) explains:

*“The concept has been reflexive enough to withstand either an increase or decrease in the prevalence of drug use because it describes a process which seeks to give agency to individuals and acknowledge rational choice.*

*The thesis is not caught within a stigmatising model of psychology and blame. It observes changing patterns of drug use through specific historical time periods”.*

In the first instance this section begins with a summation of the key findings of the original NWS as relevant to this thesis, followed by an examination of the seven ‘dimensions’ of normalisation. Following these discussions the section then provides a discussion of Aldridge, Measham and Williams (2011) update that usefully describes further research with members of the original NWS cohort now aged between twenty-two and twenty-seven years of age. The section then progresses to an examination of research that has operationalised normalisation to further knowledge on adult recreational drug use. Following this, the literature on social supply of drugs as relevant to this thesis is examined. The section concludes with a review of recent literature that specifies the current standing of normalisation as a barometer of contemporary recreational drug use.

### **2.6.1 Northwest Survey: A Summary of Key findings.**

The 'Northwest Survey' (NWS) launched in 1991 with a participant sample of 776 children aged between fourteen and fifteen years of age across eight schools in and around Manchester (Measham, Newcombe and Parker, 1994). The NWS asked questions about cannabis, poppers, LSD, solvents, psilocybin, amphetamine, MDMA, cocaine powder/crack, benzodiazepines, and heroin. In year one, when participants were around 14 years of age, around 59.1 per cent had been offered at least one of the specified substances. Each year this figure increased and in the final year of the

survey (when participants were 18 years of age) 91.1 per cent reported that they had been in a drug offer situation. Cannabis was the most widely offered drug across all years of the NWS rising from 54.6 in year one to 83.9 per cent in year five. On the same measure, amphetamine offers increased from 29.6 per cent to 67 per cent, LSD from 40.4 to 65.6 per cent, ecstasy from 21.4 to 62.3 per cent and cocaine from 8 to 23.7 per cent.

Predictably, concurrent with the rises in drug offers, the number of people who reported *trying* a drug also increased from 36.3 per cent in year one to 64.3 per cent in year five. Cannabis was the most widely tried drug rising from 31.7 per cent in year one to 59.0 per cent in year five, amphetamine from 9.5 to 32.9 per cent, LSD from 13.3 to 28 per cent, ecstasy from 5.8 to 19.8 per cent and cocaine from 1.4 to 5.9 per cent. Parker, Aldridge and Measham (1998) explain that the prevalence of LSD use was attributable to the low cost of the drug and its ready availability. In comparison, ecstasy was not particularly easy to come by for adolescents in the early 1990s. However, as the NWS progressed the use of ecstasy increased among participants who were now of an age that they could access night-time economies and the subculture of rave (Parker, Aldridge and Measham, 1998).

Parker, Aldridge and Measham (1998) point out it is crucial to offer a nuanced analysis that identifies young people who have fleeting drug experiences and those who progress to become more regular users. Parker *et al.* do this by analysing *the past year* and *past month's* use, yet they concede that such measures whilst illuminating are nonetheless imprecise. In year one of the NWS, 30.9 per cent of participants

reported the use of drugs in the past year, this rose to 52.9 per cent in year five. Use in the past month increased from 20.4 per cent in year one to 35.2 per cent in year five. Use in the last week was only explored in years four and five when it was revealed that use increased from 20.1 to 23.4 per cent.

Parker, Aldridge and Measham (1998) go on to comment that in the 1970s and 1980s, twice as many men as women used drugs. However, the findings of the NWS indicated a *“closure of the gender gap in relation to drug use”* (Parker, Aldridge and Measham 1998, p. 86). On this point, Parker *et al.* argue that they observed that *“in line with their earlier maturation and older friendship groups, young women were actually more likely to be in drug-offer and drug-trying situations in year 1”*. However, this changed as the males matured and at 17 years of age males become the majority, and at age 18 are more likely to be *“recent, probably regular users”* (Parker, Aldridge and Measham, 1998, p. 86).

Regarding social class, Parker, Aldridge, and Measham (1998) found that in year one, most early drug experimenters were from working-class schools. Yet as the NWS progressed the gap between working-class and middle-class participants narrowed significantly. Parker, Aldridge and Measham (1998, p. 88) argue that the *“key point to make is that social background is no longer a predictor or protector”* regarding youthful drug use. Parker, Aldridge, and Measham, (1998) note that after year three of the NWS, sample attrition rendered a meaningful and accurate analysis of race impossible. However, up to year three, Asians appeared to be the least likely racial group to have used drugs, but no difference was revealed between Black and White



youths. Parker, Aldridge and Measham 1998, p. 91) argue that *“this level of [drug] penetration into youth culture has only been possible because of the increased propensity of young women and young people from all social backgrounds to try a drug”*.

Having relied heavily upon quantitative findings to inform the development of the normalisation concept, Parker, Aldridge and Measham (1998) go on to detail findings from a series of qualitative interviews they conducted with their 17–18-year-old participants. These young adults were asked to recall the circumstances in which they had first been offered drugs. Some stated that when they were as young as 14, drugs were easily available during school time. As two female poly-drug users reported *“There used to be open dealing in the corridors. You could shout out and ask if anyone had any trips and several people would say ‘yeah I’ve got some”* (Parker, Aldridge and Measham, 1998, p. 120). However, as participants aged, the situations in which drugs were available became more varied as exemplified in the response of a cannabis user *“Yes...in any number of places-pub, the park, at school, just generally around, street corners...”* (Parker, Aldridge and Measham, 1998, p. 120).

Parker, Aldridge and Measham (1998) report that some of their participants ( $n = 86$ ) had been offered drugs by strangers and dealers. However, most drug-offer situations occur within friendship groups. This situation was described by 'Lisa' a poly drug user *“My friend’s house, her boyfriend sells pot but if he’s got any spare he’ll pass it round, don’t have to pay, or sometimes we’ll pay for it”* (Parker, Aldridge and Measham, 1998,

p. 122). Other participants described their first use of cannabis as exemplified in the following response from a female participant:

*“Yes, I was drunk at the time, and I was in a nightclub. I was only 14. I used to have a Saturday job and we all went out. It was only pot but at the time I thought it was brilliant...”* (Parker, Aldridge and Measham, p. 126).

However, not all initiation experiences were as positive, especially so if the first drug tried was LSD, as ‘Kate’ described:

*“The first drug I took was LSD. It was horrible...once I came up all the lads had taken them before - none of the girls had because we all took them together that night – they said you’ll go home and you won’t want to go in, you’ll be that frightened, that paranoid, you won’t want to go in...”* (Parker, Aldridge and Measham, 1998, p. 126)

When it comes to establishing *why* young people choose to try drugs, Parker, Aldridge and Measham (1998, p. 128) argue that multiple factors are at play such as gender, race, age, the drug tried and the context in which it is used. Abstainers, when offered a drug will often refuse to try it, often informed by an evaluation of risk. However, encouraged and reassured by peers, those of a more adventurous or curious disposition may well indulge. Nevertheless, although drug use was well accommodated within peer groups, users still feared condemnation from abstainers in their lives. For example, one of Parker, Aldridge and Measham's (1998, p. 136) participants reported:

*“I know my dad would go absolutely mental cos’ he works with loads of people that have gone over the boundary and took too many drugs. He*

*works as a counsellor. My mum would go mad as well”* (Parker, Aldridge and Measham, 1998, p. 136).

For Parker, Aldridge and Measham (1998) evaluations of risk appear to be a decisive factor in young people's drug-taking decisions, reflected in their vilification of cocaine and heroin. Young people reject such drugs due to their perceived addictive potential and perceptions of the subcultural groups who use them.

### **2.6.2 Illegal Leisure Revisited: The Ageing Cohort**

In 2011, Aldridge, Measham and Williams published *Illegal Leisure Revisited* in which they describe the findings of a series of interviews with members of the original NWS cohort now aged between 22 and 27/28 years of age (Aldridge, Measham and Williams, 2011, p. 47). According to Aldridge, Measham and Williams the purpose of the new interviews was to:

*“understand more precisely the dynamics of how people make decisions about their drug taking over time – and how these decisions are connected to the big events of early adulthood such as accessing further and higher education, getting jobs, settling into relationships, and having children, as well as for some, coping with unemployment, the breakdown of relationships, bereavement. We decided that these questions could best be answered by talking at length...rather than forcing them into the more restrictive tick box or short answer style of replies we could obtain from a questionnaire alone”.*

Informed by the interview data Aldridge, Measham and Williams (2011) argue that as people age fundamental changes in risk assessments can be observed particularly for cocaine that was vehemently avoided during adolescence. As Aldridge, Measham and

Williams (2011, p. 188) explain: *“In adolescence, they tended to identify the immediate negative effects of drugs use such as whiteys (nearly passing out) from cannabis and scary hallucinogenic trips from LSD”*. In particular, attitudes towards coming down were changing; during adolescence the participants reported suffering from comedowns, but few desisted from drug use because of this drug related consequence. However, now in their twenties, the participants were *“beginning to ask themselves whether the come down was a price worth paying”* (Aldridge, Measham and Williams, 2011, p. 188).

Once perceived as equally risky to heroin during adolescence, but now informed by the experiences of friend's, cocaine was not so likely to be negatively evaluated during young adulthood. Some respondents made comparisons between amphetamine and cocaine preferring the latter because of the *“less harsh or less lengthy come downs in the days after taking it”* (Aldridge, Measham and Williams (2011, p. 189). Furthermore, Aldridge, Measham and Williams (2011) reports that young adults, particularly those who have given up drugs hold anxieties about long term health consequences that act as inhibitors to future drug use. However, drug users are more likely to consider drugs in terms *“of short term and manageable risks which justify their decision to continue to take drugs”* (Aldridge, Measham and Williams, 2011 p.189).

Aldridge, Measham and Williams (2011) go on to report that whilst social networks remained among their young adults, they were now often redefined, particularly among those now in stable relationships with many now living away from their childhood homes, thus they no longer had to fear parental discovery. However, it is an interesting finding that several participants reported that they looked forward to being

able to use drugs with impunity, the reality was that *“buying a home alone or with a partner had an effect that was the reverse of what they had anticipated”* (Aldridge, Measham and Williams, 2011, p. 198). This Aldridge, Measham and Williams (2011, p. 198) attribute to *“demands placed on their time and their finances through establishing and running the own homes, some have fewer opportunities for drug use”*. As one female participant explained: *“It’s hard to keep a house as well if you go out every weekend cos you can’t be arsed ever doing anything, so eating properly and stuff like that”* (Aldridge, Measham and Williams, 2011, p. 198).

Friends remain a source for drugs, but now intimate partners often supply each other after obtaining drugs from trusted sources – as in adolescence. Aldridge, Measham and Williams (2011, p. 191) go on to report that young adults *“rarely bought drugs from unknown sources”*. It is also interesting to note that some of Aldridge, Measham and Williams (2011) participants reported that as they had aged, access to drugs had become more limited. This they attribute to changing friendship patterns and previously stable intimate relationships ending. A further finding worthy of noting, albeit a predictable one, is the potential for parenthood to be the deciding factor when drawing a drug using career to an end as one of Measham, Aldridge and Williams (2011, p. 198) reported:

*“If I was serious over a girl and she was serious over me, we were getting wed or whatever, or got a kiddie on the way that would be the only thing that would make me stop”*.

### 2.6.3 Normalisation: The Seven Dimensions

Based upon their findings Aldridge and Measham (1998) proposed that there are seven fundamental dimensions that provide the circumstances under which normalised drug can occur: *drug availability, drug trying, drug use, being drugwise, future intentions, cultural accommodation of the illicit, and risk-taking as a life skill*. All of these dimensions are now summarised; however, attention is disproportionately applied to the dimensions most relevant to the finding of this thesis.

#### 1. Drugs availability

Parker, Aldridge and Measham (1998) argue that the widespread availability of drugs during the 1990s is a critical element in the normalisation process. Indeed, the findings of the present study were found to be quite consistent with the finding of the NWS. For example, participants recalled that during their youth they could acquire cannabis with relative ease at school, on the estate, from colleagues and other friends. According to Parker, Aldridge and Measham (1998, p. 153) the “*commodification of drugs*” has occurred in a globalised world in which free market policies “*facilitate drug trafficking as much as legitimate trade*”. Seizures of drugs it is argued are not the indicator of success they appear to be, rather they just provide insight into the true extent that drugs can be trafficked without detection (Parker, Aldridge and Measham, 1998). However, pointing to recent data from the EMCDDA (2022), Morgan, Sogaard and Uhl (2023) remind us to be sceptical of drug seizures statistics as a measure of drugs availability because they “*could point to anything between increasing availability and use of drugs, to more stringent policing or carelessness on the part of traffickers*”.

## 2. Drug Trying

Parker, Aldridge and Measham (1998) argue “*although different self-report research techniques produce different rates of drug trying, each approach has plotted sustained upturns during the 1990s*”. Pointing to their own data in particular, Parker, Aldridge and Measham (1998, p. 153) maintain that the “*normative nature of drug use has been further demonstrated by a closure of gender and social class differences*”. On one level, the participant profile of equal numbers of males and females (most of whom commenced cannabis use in the late 1980s and early 1990s) supports Parker, Aldridge and Measham’s (1998) argument that the gender drug gap was closing in the 1990s. However, the majority of participants provided narratives indicating more working-class backgrounds and educational arrangements. However, given the limited participant sample, it is not possible to challenge Parker, Aldridge and Measham’s assertion that drug use was spanning class divides in the 1990s. Nevertheless, and arguably the most significant finding consistent with Parker, Aldridge and Measham’s (1998) work is that in the present none of the participants sought out cannabis (whilst the context varied) but they all tried the drug because it was first made available to them through everyday friendships.

## 3. Drug Use

Parker, Aldridge and Measham (1998, p. 154) argue that it is “*important to distinguish at the extremes between cannabis and the use of poly dance drugs in evaluating the scale of normalisation*”. As Parker, Aldridge and Measham (1998) go on to point out,

whilst they observed increasing numbers of NWS respondents reporting involvement with poly drug use whilst nightclubbing, they remained a consistent minority during the course of the NWS. In the present study, and consistent with NWS findings, the majority of participants in the present study did not report poly drug use. The four participants who did report poly drug use in their youth did so as they engaged with the subculture of rave. Parker, Aldridge and Measham (1998, p. 154) go on to argue that:

*“within the dance-nightclub world their behaviour is accepted and indeed celebrated, but it is a moot point whether their actual drug taking, which is often judged excessive by more cautious peers, could easily be accommodated outside of clubland. On the other hand, the associated dance culture, the style, the music and actual dancing is widely embraced, and ecstasy has filtered into more ‘everyday’ drug taking, for instance at informal parties”.*

#### **4. Being drugwise**

The present study did not engage with non-drug users, nevertheless it is advantageous to briefly explain Parker, Aldridge and Measham’s (1998) concept of *being drugwise*. Not only because being drugwise is a critical factor in understanding normalisation, but also because the concept adds context to the world of drug use inhabited by the participants in this study during their youth. Fundamentally Parker, Aldridge and Measham (1998, p. 155) argue that drugs use has reached a point that abstainers now have considerable knowledge of drugs *“because they cannot escape encounters with drugs and drug users...Drugs are real to them; they no longer belong*



*to an unknown subcultural world” (Parker, Aldridge and Measham, 1998, p. 155). Abstainers, whilst they reject drug use themselves, no longer condemn the behaviour of others. Yet, their acceptance of drugs users is dependent upon making a distinction between “gross misuse of hard drugs on the one hand and sensible recreational use of cannabis and to some extent amphetamines, LSD and ecstasy on the other” (Parker, Aldridge and Measham, 1998, p. 155).*

## **5. Future intentions**

According to Parker, Aldridge and Measham (1998, p. 155-156):

*“occasional drug trying in adolescence, particularly by well-adjusted young people, was interpreted as an example of normal adolescent experimentation, rule testing and rebelliousness. No doubt these notions still have some explanatory power”.*

However, in reference to the finding of the NWS, Parker, Aldridge and Measham (1998) go on to explain they found that young people have reflexive drug use attitudes and can drift between occasional and more regular drug use. According to Parker, Measham and Aldridge (1998, p. 156) *“open mindedness about future drug use, often by young people young adults who went through their adolescence without taking illicit drugs is a further dimension in our particular thesis of normalisation”.* The present study found operational benefit in the concept of future intentions. For example, one participant who had no awareness of cannabis use in his adolescence commenced use of the drug in his twenties. Furthermore, it was interesting to find that three of the female participants tried cannabis and for one reason or another did not re-use the

drug for considerable periods of time (see Cannabis Careers: Initiation, Early Experiences and Subcultural Affiliations – Chapter Six). All but one participant reported that they had no intention of given up cannabis. However, two male participants mentioned that a diagnosis of lung disease may prompt a change of heart.

## 6. Cultural accommodation of the illicit

Parker, Aldridge and Measham (1998) provide further evidence of normalisation in the increasing extent that recreational drug use and those who use them are accepted by wider society. It therefore a statement of drug use at the macro level of analysis rather than specific micro populations. This widening acceptability demonstrates that recreational drug can no longer be understood in terms of subcultural theory. In Parker, Aldridge and Measham's (1998, p. 156) own words "*normalisation, because it is about the accommodation of previously deviant activities into mainstream cultural arrangements sits uncomfortably with subcultural explanations*" (Parker, Aldridge and Measham, 1998, p. 156). Indeed, the evidence that cannabis use is becoming increasingly culturally accommodated abounds. As discussed more fully in Cannabis Control: Prohibition, Regulation and Decriminalisation the Netherlands has tolerated the sale of cannabis in coffee shops since the 1970s and Portugal decriminalised all drugs in 2001. Most recently, in 2024 Germany moved to tolerate home cultivation of cannabis and not-for-profit transactions. Across the Atlantic, twenty-two US states permit regulated cannabis sales and in 2018 the Government of Canada created the legislative environment for a nationwide regulated cannabis market (Government of Canada, 2018).

However, as Coomber, Moyle and South (2016, p. 256) make clear this should not be taken as evidence that “*everyone is lining up to buy*” but such policies do “*represent a signal of further cultural and market acceptance that would have been unthinkable [30 years] ago*”. These changes “*now provide the social scripts that feed into media storylines*” (Coomber, Moyle and South, 2016, p. 256) as evidenced in US shows including ‘Weeds’, ‘The Wire’, ‘Breaking Bad’ and ‘Sons of Anarchy’. In the UK, despite prohibition remaining firmly entrenched, cannabis storylines have appeared in many popular shows including ‘Eastenders’, ‘Shameless’ and the documentary mini-series ‘Gone to Pot: The American Road Trip’ in which five well known older celebrities travel the US trying cannabis, some for the very first time.

As Morgan, Friis and Uhl (2023, p. 19) point out further evidence of cultural accommodation can be seen in fashion, particularly in the “*trendy area of European cultural hubs*” in which young people can be observed wearing clothing suggesting an “*affinity with raving, techno or else a mild hippiedom or Rastafarianism*”. Whilst these observations do not indicate that all young people adopting these styles use drugs is it suggestive that “*fashions initially associated with drugs use have entered the mainstream, remained there, and have been on the minds of designers and sellers of clothes, as well as hairdressers, who wish to cash in on the cache of drug use*” (Morgan, Friis and Uhl, 2023, p. 19).

Morgan, Friis and Uhl (2023) also elucidate the role of celebrities in the cultural accommodation of drugs. Pointing to the work of Shiner and Newburn (1999). Noel Gallagher’s statement that taking drugs was ‘like having a cup of tea’ is examined as

part of a normalisation critique. As Morgan Friis and Uhl (2023, p. 20) reminds us Gallagher made his confession when “*measures of drug use were peaking and rave phenomenon was in full force, and indeed other musicians and other celebrities were not shy about their drug use*”. That said, Morgan Friis and Uhl (2023, p. 20) go on to write that a decade later “*the place of drugs in popular culture had changed, evidenced by the media portrayals of Pete Doherty and Amy Winehouse, including the framing of the sad and untimely demise of the latter*”. It remains unclear what place drugs will occupy in society in the future and “*keeping track of and seeking to understand future continuities and change will however remain an important task for researchers*” (Morgan Friis and Uhl, 2023, p. 20).

Alexandrescu (2023, p. 76) comments that “*against ongoing recalibrations in drug policy away from punitive approaches to illicit drug use, in the European landscape, the United Kingdom has consistently maintained a hard prohibitionist stance*”. Yet, politicians such as Boris Johnson, Jeremy Hunt and Michael Gove have made statements admitting prior drug use but minimising their involvement. As Alexandrescu (2023) points out, Boris Johnson admissions were made simultaneously to his government proposing tougher sanctions against drug users (see Cannabis Control: Prohibition, Regulation and Decriminalisation – Chapter three). Gove’s admission is re-quoted by the Guardian (having first appeared in the Daily Mail) as saying “*I took drugs on several occasions at social events more than twenty years ago...At the time I was young journalist. I look back and think, I wish I hadn’t done that*”. Regarding the conservative leadership contest in which bookmakers placed Gove in third place he stated that “*I don’t believe past mistakes disqualify you*”. Gove’s rival in the race

Jeremy Hunt stated during a radio interview that *“I certainly don’t see it barring him from this race in any way. I rather admire his honesty”* (Busby and Gayle, 2019 no pagination). Other politicians including the leader of the Labour Party Sir Kier Starmer have repeatedly avoided questions on personal drug use. In response to this situation Alexandrescu (2023, p. 79) argues that:

*“what emerges is a picture of discrepant normalisation where on one side availability, casual supply among peers and a popular culture steeped in the symbolism of drugs seems evident, normalised realities of the everyday, but on the other, the repeated refusal to push the boundaries of drug talk to interrogate the inconsistencies of social controls imposed on psychoactive substances and those who use them, from stakeholders nearing the political centre, also reveals the normalised refusal of the body politic to acknowledge the injustices of the existing order”*

However, in overseas jurisdictions we can observe alternatives to cannabis prohibition. Whilst these approaches differ, they are reconcilable in so much as they draw upon evidence that cannabis use is a societal constant that prohibition fails to disrupt (see following chapter). Consequently, it becomes the role of the state to reduce the harms associated with cannabis use by incorporating legitimate use of the drug into legislation. Such policies are, according to Morgan, Sogaard and Uhl (2023, p. 17) evidence of *“a gradual normalisation of the legal status of cannabis”*.

## 7. Risk-taking as a life skill

In the present study, occasionally participants mentioned the risks associated with cannabis use. However, more evidence of risk management was found in reports of acquiring cannabis or being found in possession of the drug. For Parker, Aldridge and Measham, (1998, p. 157) management of risk is an essential component in the normalisation of recreational drug use and one inextricably linked with growing up in the modernity of the 1990s. The passage from adolescence to adulthood is now more drawn out, complex and fraught with uncertainties hitherto not experienced by British youth. Young people from all racial and socio-economic backgrounds are now more drug-involved than ever before. They spend longer in education and training and defer marriage and parenting until later in life. No longer are actions determined by the collective traditions of the past; experiences in this *“risk society are the result of individualisation”* (Parker, Aldridge and Measham, p. 158). Indeed, drawing upon the work of Beck and Giddens, Pilkington (2007, p. 373) argues that:

*“When young people weigh up the potential pleasure against the risk of saying yes to an illicit drug, they epitomise the interwoven nature of structure and agency in late modernity; they act as reflexive agents conducting a routine act of biography-construction within a world of globalised risk”.*

Thus, for Parker, Aldridge and Measham (1998) it is unsurprising that young people growing up in this milieu, are prepared to use drugs themselves, or if they are abstainers, to tolerate the use of drugs by others. Parker, Aldridge and Measham (1998) go on to argue that whilst peer pressure might be a factor in some cases, most

young people make up their minds and take responsibility for such. Young people using drugs is "*unlikely to be a mere fashion fad*" (Parker, Aldridge and Measham, 1998, p. 162).

In conclusion, Parker, Aldridge and Measham, (1998, p. 165) leave us with the following thoughts that retain relevance:

*"We are, unfortunately, some way from the political moment when the dysfunctions of the war on drugs strategy can be addressed...this is because the complexities of drug use in the 1990s are obscured by ideological and political dogma and most of all by a lack of empathy for young people trying to grow up in modern times. We must wait for a truce before we can face up to the truth".*

## **2.7 Normalisation and Adult Cannabis Use**

As discussed Measham, Aldridge and Williams (2011) provide some insight into the use of drugs beyond adolescence, but their analysis is limited by age. The wider literature provides some insight into the extent that cannabis use is normalised among some older adults. One of the first attempts being that of Pearson (2001, p. 169) who sought to challenge the "*concealed assumption that drug use is the sole province of the young*". Pearson (2001) realises this objective with a detailed ethnographic study of adult friendship groups in and around two London pubs between 1990 and 1997. Pearson's (2001, p. 170) "*...nonintrusive*" strategy enabled him to gain the trust of 28 men and 12 women (the '*core network*'). Eighteen of the men in the core network were married or cohabiting, five were single, four were separated/divorced and one was a widower. Occupational types varied, but most were employed as skilled manual

workers typically in the building trade. Most participants were Londoners, with the remainder having relocated from the North of England, Scotland, and Ireland. Pearson describes his core groups as being mostly white with two Afro-Caribbean males in the core group and two more on the fringes of his sample.

Pearson's participants did not consider themselves to be drug users, and seldom did they assemble only to use drugs. Thus, Pearson (2001, p. 173) argues that "*this was not a drug subculture in which drugs were a central feature of people's lives; rather these people for whom drug use was a peripheral but normal aspect of life*". Pearson identified evidence of the normality of drug use through conversational mentions and direct observation of drugs being used. When cannabis came up in conversation it did so in a way confirming that he was not researching a "*...subculture in which drug use is a central preoccupation*" (Pearson, 2001, p. 174).

Within Pearson's (2001) core group, the use of cocaine was far less frequently used than cannabis, yet over a period of 4-5 years from 1992-1993 around half had tried the drug. Among those who progressed to ongoing use, they did so only on special occasions, usually to facilitate engagement in prolonged drinking sessions. Pearson reveals that among those over forty many had used amphetamines in their youth to achieve the same objective. Some of the younger men and their girlfriends had previously used MDMA but now favoured cocaine. Some of this group had also used LSD, but they regarded this period in their lives as a "*fad*" (Pearson, 2001, p.190).

Although Pearson's (2001) participants were regular drug users (to varying degrees) they held very firm views on what they considered to be acceptable drug use. Overt



drug use was considered to be objectionable and foolhardy, talking excessively about drugs was considered tedious. Excessive drug use was scorned, crack cocaine was derided, and heroin use was considered as wholly unacceptable. Social context was also an important factor in acceptability (amphetamine use at a funeral wake being particularly frowned upon). Pearson (2001) comments that what he had observed among his adult participants was behaviour consistent with the concept of normalisation and concludes by arguing that drug use among adults *“is an unopened chapter that on the available evidence appears likely to involve progressive normalisation of certain regulated forms of illicit drug use in Europe and elsewhere”*. (Pearson, 2001, p. 192).

The endurance of stigma in the normalised world of drugs is explored by Hathaway, Comeau and Erickson (2011). In contrast to Pearson (2001) in this study, participants were unknown to each other, having been identified from 1440 prospective phone calls in the Toronto area. Following screening and attrition, 92 adult cannabis users with a mean age of 39 were interviewed in person. Drawing heavily upon Goffman’s (1963) theorising as a conceptual framework Hathaway, Comeau and Erickson, (2011) found that despite the normalised status of cannabis in Canadian society (before regulation, see chapter three), participants often expressed their anxieties about being discovered. A 41-year-old female paralegal reported that she feared getting caught with cannabis because she believed this would lead to problems with insurance, travel, and her children. Another female participant aged 46 years who worked as a day-care operator reported:

*“Pot has a bad reputation, and others might think badly of me because of it...I’m worried other people might think I’m less intelligent or a druggie (Hathaway, Comeau and Erickson, 2011, p. 458).*

Hathaway, Comeau and Erickson (2011) further report half of their participant sample had used drugs such as LSD, cocaine, and ecstasy, yet less than 10 had done so in the three months before the study. For many the stereotypical belief that cannabis acts as a gateway to other drug use was not something they could ignore. Despite their own lived experience telling them otherwise. Thus, many participants reported that they moderate their drug use out of fear it could develop into something more serious. Potency was also an important factor in moderation of use, with many rejecting highly potent varieties. A 35-year-old male waiter said, *“Medium strength is good enough. I don’t want to be comatose!”*. Another responded, *“I don’t want to get so high that I can’t function”* (Hathaway, Comeau and Erickson, 2011, p. 460).

Concurrent with these beliefs Hathaway, Comeau and Erickson (2011) found that participants considered their patterns of use not to be deviant, but rather normal. Often such evaluations were justified by comparing the participant's drug use and more problematic drug use. On this point, Hathaway, Comeau and Erickson (2011, p. 460) comment that moderate cannabis users stigmatise problem drug users *“in much the same way non-users label users as a group”*. Exemplified in the response of a 28-year-old male house painter who stated, *“I would not use with people who I think can’t handle it, someone who will get stupid because of it”* (Hathaway Comeau and Erickson, 2011, p. 460). A similar narrative was provided by a 59-year-old male

database technician who stated, *"I don't smoke with people who abuse it, [that is] with addicted drug users"* (Hathaway, Comeau and Erickson, 2011, p. 460).

In their final point of analysis, Hathaway, Comeau and Erickson (2011) describe how role expectations can prompt the cannabis user to embrace more moderate patterns of use. Three-quarters of Hathaway *et al's* participants reported that they reduced their use of cannabis in response to *"employment, peer relationships and family obligations"* (Hathaway, Comeau and Erickson, 2011, p. 461) and the same proportion stated they never use cannabis whilst at work or in the presence of children. Two-thirds stated they would never use the drug with colleagues even if the colleague is a cannabis user. Hathaway, Comeau and Erickson (2011) conclude their article by arguing that reports of the nature they revealed demonstrate that despite statistical evidence supporting the notion of cannabis normalisation, *"cannabis-related stigma is apparent and contingent on a variety of feedback and social expectations"* (Hathaway, Comeau and Erickson, 2011 p. 465).

Sandberg (2012) also examines the endurance of stigma in research drawn from the experiences of 100 Norwegian cannabis users between 2006 and 2010. In this study, participants are mostly aged under thirty. However, responses from nine adults aged over fifty were also obtained. Sandberg (2012, p. 375-376) reports that among the cohort it was frequent to hear narratives such as *"everybody smokes, you know"* or *"I notice when I meet younger musicians or younger people, that it is more normal now that for our generation. It's less of a taboo"*. Sandberg argues that whilst reports of this nature appear to support the notion that cannabis has become normalised, an

alternative interpretation is that participants are *neutralising* a behaviour that has not become normalised. In other words, according to Sandberg (2012, p. 376), *“these stories reflect an underlying fear of being perceived as deviant and marginal, at least for some cannabis users, in some social contexts”*. Thus, for Sandberg (2012, p. 376) long-term cannabis use *“constitutes a stigmatised position that must be negotiated in one way or another”*.

## **2.8 Social Supply of Recreational Drugs and Normalisation.**

It was not the intention of the present study to explore the participant’s experiences of recreational drug supply. Nevertheless, during the interviews, the significance of friends as suppliers of cannabis as a crucial factor in the normalisation of the cannabis use emerged as a theme worthy of attention. A mode of supply that is conceptualised in the literature as ‘social supply’. As Coomber and Turnbull (2007, p. 845) point out *“the issue of social supply of illicit drugs is an important one because it delineates a separate category of dealing, whereby friends supply or facilitate supply to other friends”*. Drug markets according to Coomber and Turnbull (2007, p. 749) are *“often conceptualised as though they are separate from the everyday world”*. Those who sell drugs, the ‘dealers’ are typically *“demonised into a relatively distinct entity from ‘normal’ people”* The market the dealers operate in, is by default considered to be an inherently violent arena. In some cases, this might well be true, for the activities of ‘county line drug gangs’ are seen as being particularly dangerous by law enforcement (National Crime Agency, 2021) and researchers alike (see Andell and Pitts, 2018 and Andell, 2019).

In 2000, without using the term social supply, the situation of supply between friends was raised by the Police Federation as a policy concern (Coomber, Moyle and South, 2016) in what became known as the 'Runciman' report (Moyle, Coomber and Lowther, 2013). On the subject of supply between friends the report reads:

*“the current definition of supply does not distinguish between acts of different gravity e.g., supply between friends, or for gain, or as part of an organised criminal group supplying in substantial quantities. We recognise the difficulty of defining ‘supply’ in terms which will embrace situations that should be punished under section 4 (3), but which allow other situations to escape the scope of that provision. Nevertheless, the attempt should be made”* (The Police Federation, 2000, p. 62-63).

In 2002, legislators contributing to the Parliamentary Select Committee (PSC) on Home Affairs utilised the term '*social supply*' to describe drug transactions within friendship groups (Coomber, Moyle and South, 2016). Even though the English and Welsh courts had long been differentiating cases of commercial and friendship supply cases (Moyle, 2013), the PSC rejected The Police Federation recommendations in the following terms:

*“We do not agree with the Police Federation. Those found guilty of 'social supply' should not escape prosecution for this offence on the basis that their act of supply was to their friends for their consumption. We believe that this act of 'social supply', while on a different scale from the commercial supply, is nonetheless a crime which must be punished”* (UK Parliament, 2002, no pagination).

Coomber and Turnbull (2007) offered a more thorough exploration of the social supply of cannabis. In this contribution, an 18-month project was conducted across three London Boroughs and three rural towns. In total 182 young cannabis users aged between 11 and 19 years were interviewed about their drug use history, modes of obtaining cannabis and their involvement in social supply. It was found that 78 per cent of participants reported that they offered cannabis to their friends, 35 per cent considered sharing to be a reciprocal activity and 23 per cent considered it to be socially orientated. Buying from friends or contributing money towards purchases was reported by 70 per cent of participants. But, as Coomber and Turnbull (2007) reveal there were considerable differences in levels of buying with friends between the rural towns (83 *per cent*) and the London boroughs (57 *per cent*).

Coomber and Turnbull (2007) report that 92 per cent of their participants stated that they had at least once acted as a purchasing intermediary without the benefit of profit. Among these participants, 86 per cent stated that they were motivated by a desire to help friends out with amounts less than an eighth of an ounce (3.5 grams). Among those who reported involvement in supplying cannabis for profit ( $n= 82$ ), 22 reported doing so on no more than two occasions, 8 reported that they only sold small amounts for a limited period, 12 reported selling between  $\frac{1}{4}$  oz and 2 oz for a period between six months to two years, and three reported selling quantities over 3oz between eight months and a year. Coomber and Turnbull (2007) argue in agreement with the Police Federation (2000), that social supply appears to keep young people distanced from potentially harmful illicit drug markets. In conclusion, Coomber and Turnbull (2007, p. 859-860) state *"It is clear that for nearly all the young people in this research, initial*

*exposure, continued use, and supplies of cannabis were all mediated via friendship networks and that have very little to do with established illicit markets.*

Further evidence of the significance of social supply is identified in Coomber, Moyle and South (2016) in a qualitative study with a participant sample of 30 students and an equal number from a general population sample. It is reported that acts of reciprocity and supply are quite normal activities as evidenced in the response of a 27-year-old male:

*“I think if you go in and do it all together, it’s more of a, you’re all doing it. Whereas if you all go out and buy your own, and then come back and then you do your own, it’s more like...I don’t know, it separates you all a bit, sort of thing...”* (Coomber, Moyle and South, 2016, p. 259).

It was also identified that social supply facilitates trust and socialisation within friendship networks, a situation aptly described by a 25-year-old male in the following terms:

*“Normal? A lot of us are social users, so if you are getting some then you will get some for your friend. The two go hand in hand. Because they’re friends, I know what they’ve done; I would never entertain the idea of getting stuff for someone I didn’t know . . . it just feels normal getting for friends”* (Coomber, Moyle and South, 2016, p. 259).

For others, drifting into social supply held potential benefits as explained by a 27-year-old male:

*“You think, hang on a minute, why would I, for example, just go and get an eighth of skunk which could go in a night, if there were four or five of you .*

*. . . or should I go and get a half ounce which is four times that amount and then maybe I can sell two of them to my friends and end up with two myself . . . that's basically how it works . . . a basic economy of scale . . ."*  
(Coomber, Moyle and South, 2016, p. 260).

Based upon these and other similar findings Coomber, Moyle and South (2016, p. 262) conclude that social supply is *"not just the other side of the coin of normalised recreational drug use but is inextricably fused with it and/or a productive outcome arising from it"*.

In 2012, the Sentencing Council published *Drug Offences Definitive Guidance*, although the term 'social supply' is not utilised, supply of this type was accommodated within the guidance on capability (Coomber and Moyle, 2013). In 2021, the guidelines were updated but essentially remain the same concerning drug supply offences, with cannabis supply over 100g being seen as a category 4 offence (Sentencing Council, 2021). Current Crown Prosecution Service (2021, no pagination) guidance states that whilst the supply of class A drugs *"will almost always justify a prosecution"* public interest considerations should inform the charging of class B/C supply offences. As the CPS states:

*"Similar considerations apply to drugs of Class B and C, although there may be exceptional circumstances where possession with intent to supply a small amount of these drugs need not be charged. For example, a charge of possession or even a caution may be appropriate where two young persons have pooled their resources and purchased cannabis which one shares with the other"* (Crown Prosecution Service, 2021).



The issue of social supply has received attention in the context of ketamine use in Hong Kong (Joe-Laidler and Hunt, 2008), Moyle's, (2013) detailed analysis of social supply and 'minimal commercial supply', in Lenton *et al's* (2015) exploration of cannabis social supply among young people and Bright and Sutherland's (2017) study on the social supply of ecstasy.

## 2.9 Normalisation: Contemporary Critiques.

In the beginning his chapter highlighted some of the early critiques of normalisation (Shiner and Newburn, 1997., South, 1999., Wibberley and Price, 2000 and Shildrick, 2002). In this final section on normalisation attention turns to more recent critiques that helpfully situate the concept in the present day. Referring to Williams (2016) Morgan, Sogaard and Uhl (2023, p. 18) point out that since normalisation was first proposed in the 1990s *"the development has not been of ever-increasing drug use, and indeed across Europe measures point to a complex and sometimes contradictory situation"*. For example, EMCDDA (2022) data indicates that since the COVID-19 pandemic, heavy cannabis users have increased their use further whilst less frequent users have reduced use. During the pandemic, as one might expect the use of stimulants dropped as fewer people could access night-time economies in which use of these drug proliferates. Yet, according to wastewater analysis of nine European cities suggests that over the past decade the use of MDMA has increased slightly (Morgan, Sogaard and Uhl, 2023). As Wanke (2023, p. 110) notes *"the societal accommodation of cannabis is undergoing rapid changes. These are not linear; they do not occur parallelly, but rather chaotically"*. Consequently, understanding drug use is an on-going project that will inevitably produce contextually and temporally situated findings.

However as previously discussed, a significant strength of normalisation concept is its operational flexibility when explaining emerging drug trends (Blackman, 2023).

That said, normalisation as a concept is not without its present-day critics. For example, Wanke (2023) argues that: *“Cannabis seems to be at the forefront of progressive changes in the social response to psychoactive substances in general. But these transformations also bring further complications”* that normalisation struggles to accommodate. As Hathaway (2004 cited in Wank, 2023, p. 113) pointed out some twenty years ago: *“Although attitudes are changing, cannabis continues to be morally divisive, and users still experience associated stigma...”* In a more recent paper focussing on cannabis use in Canada prior to regulation Hathaway *et al*, (2016, p238) found that very little had changed since his earlier paper in so much that:

*“peer accommodation of the use of cannabis requires that users exercise caution and discretion and be respectful of the choices of non-users not to use. Non-users’ attitudes, however, still reflect longstanding cultural assumptions about drug use as a deviant behaviour”.*

Indeed, this findings such as these were reflected in the present study and thus, the reason why subcultural explanations of drug use and labelling theory were reviewed in detail due to their operational worth. Consequently, against this mileu what is needed according to Wanke (2023, p. 121) is:

*Further critical cannabis studies that recognise both stigma and injustice, and most importantly, acknowledge the complexities of cannabis cultures, its divergent ontologies, and their realisation within users’ social worlds”.*

Wanke (2023, p. 121) goes on to illuminate *“living in post-prohibition contexts can be increasingly complicated for users’ identity work, as they have to navigate legal and cultural definitions of cannabis”*. As such Wanke (2023, p. 121) goes on to argue that normalisation must therefore consider differentiated situations and users so as to acknowledge *“the relative of normalisation”* rather than offer unilateral statements – essentially the same argument as put forward by Shildrick (2002). Wanke (2023, p. 121-122) progresses to argue recent findings from *“western, southern and northern parts of Europe suggest that regardless of the pace of liberalisation, users avoid public settings outside circles of family and friends and apply risk management techniques to set boundaries to control their use”*. Additionally, Wanke (2023, p. 122) argues that *“even among seemingly very normalised groups, like youth, the users have to deal with stigma, which [further] indicates that the normalisation is not universal but relative”*. Wanke (2023, p. 122) concludes his article with the following statement:

*“Using a critical lens, the normalisation discussion ought to be turned into an analysis of stigmatisation or injustice. Most of all we should ask for whom cannabis is normalised, for whom it is not, and how the consequences of use are distributed unevenly”*.

## 2.10 Chapter Summary

This literature review has revealed that much has been written about behaviours that moral entrepreneurs (Becker, 1963) would consider deviant and atypical in 'normal society'. However, labelling theories argue that such deviancy is not inherent to a deviant act but rather is a result of a transactional process that occurs between a social group and those deemed to be a deviant 'outsider' (Becker, 1963). Furthermore, labelling theory, as proposed by Goffman (1959 and 1963) usefully illuminates the fragility of human performances in a society where civility is not much more than an act (Williams, 1986).

British subcultural theories, initially stimulated by Becker (1963) from CCCS scholars were examined for these prove useful for providing background context to the emergence of working-class subcultures as an expression of class conflict (hegemony – see Clarke *et al*, 2006) as relevant to the establishment of raving as the most significant youth subculture of the 1990s. Fashion and style within subcultures was explored by briefly examining the CCCS concept of bricolage. Corrigan's (2006) simple concept of 'doing nothing' was worthy of inclusion as a model around which to explain the situation of two participants who spent time socialising with their friends on the streets. The weaknesses of the CCCS approach were made salient, particularly the tendency for the subjective realities of subcultural members to be ignored (Dorn and South, 1988 in Muggleton, 2000).

Young's (1971) analysis of Notting Hill hippies and his ideas on the significance of the media in the labelling of subculturalists was briefly explored. As was Cohen's (1972)

work on moral panic, a concept that resonates in the work of others who have explored societal reaction to rave culture. The present study illuminates the significance of the moral panics that attended rave culture in the late 1980s and 1990s, with first-hand narratives from those involved at the time. As discussed, subcultures have typically been contextualised as a temporary phase of youth. In many respects, the present study contributes to this understanding, especially so by illuminating that involvement with rave culture often becomes wearisome or is interrupted by the responsibilities of adulthood (Bennett, Khan-Harris, 2004., Bennett, 2006., Gregory, 2009 and Hodkinson, 2011).

In contrast to subcultural analysis, normalisation theory was formulated in response to the findings of the longitudinal NWS, in which it was revealed that exposure to recreational drugs had become a routine experience accompanying adolescence during the 1990s. So much so that, in the early years of the NWS (Parker, Measham and Aldridge, 1995) essentially argued that subcultural explanations of drug use had lost their relevance. The present study contributes to the ongoing normalisation debate on two key fronts. First by revealing that exposure to drugs was, for some, a feature of everyday adolescence as far back as 1968 but particularly so in the late 1980s and 1990s when the majority of participants in this study were coming of age. Second, by contributing to a modest body of research that has utilised normalisation to explain recreational drug use among adults (Pearson, 2001; Hathaway, Comeau and Erikson, 2011). In doing so, this thesis is reconcilable with other work (Sandberg, 2012., Hathaway, Comeau and Erickson, 2011, and Hathaway, 2016) that has highlighted the enduring potential for stigmatisation of drug users in the normalised world of drugs.

## **3 Cannabis Control: Prohibition, Regulation and Decriminalisation**

### **3.1 Introduction**

Participants were asked about their thoughts on current UK cannabis control measures. Although the participant's knowledge of the Misuse of Drugs Act (MDA, 1971) was limited, most participants offered opinions on possible alternatives, often by referring to overseas policies that they had read about or seen on TV. Thus, due attention must be paid to alternatives to prohibition, all of which provide precedence of efficacy and highlight the challenges that would need to be overcome if the UK was to adopt a more liberalised approach to the control of recreational cannabis use.

#### **3.1.1 Current UK Policy: Misuse of Drugs Act 1971**

Cannabis was first prohibited in the UK under the Dangerous Drugs Act 1928, despite the findings of the 1893-1894 Indian Hemp Commissions report. This 3000-page testimony argued that cannabis was a relatively harmless substance, except in cases of excessive use (Stothard, 2021). Today, adherence to the 'three treaties' (1961 Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 United Nations Convention Against Illicit Trafficking in Narcotic Drugs and Psychotropic Substances) has ensured that cannabis remains a prohibited substance in the UK and most international jurisdictions (Transform, no date). The UK adheres to international law by classifying cannabis as a class B schedule 2 drug under the Misuse of Drugs Act 1971 (MDA). Under the MDA, the maximum sentences that can be applied for possession of cannabis are a five-year prison sentence and/or unlimited fine.

Although the MDA specifies these penalties, due to the prevalence of cannabis use, the Blair Labour Government, introduced the 'cannabis warning' in 2004 under (sections 1-11) of the Criminal Justice and Police Act 2001. The objective being to remove the need for low-level cannabis possession offences to be heard before the courts as criminal offences. In the same year, Home Secretary David Blunkett downgraded cannabis from class B of the MDA to class C following the advice of the Advisory Council on the Misuse of Drugs (ACMD) (Trace, Klein, and Roberts, 2004). However, in January 2009, persuaded by public concern about cannabis potency and adolescent mental health, Labour Home Secretary Jacqui Smith upgraded cannabis back to class B of the MDA against the advice of the ACMD (2008). At the same time, second cannabis possession offences became subject to a Penalty Notice for Disorder (PND) and a fine of £90 (McNicol, 2009 and Ministry of Justice, 2014). Current sentencing guidelines recommend that if a person is found to be in possession for the third time they should appear before the magistrates (Crown Prosecution Service, 2021). Sentencing Council guidelines specify various punishments ranging from discharges to 26 weeks in prison (Sentencing Council, 2021). For Parker (2005, p. 214) "*...the shift in thinking and response is significant and highly indicative of private acknowledgement that recreational poly substance careers have bedded in*".

### **3.1.2 Policy in Practice: Community Resolutions**

Indicative of an easing of enforcement perspective and despite current legislation at the time of writing fourteen police forces have departed from official guidelines and implemented alternative policies framed as 'community resolutions'. The West

Midland model involves a partnership with drug advisory service Cranstoun which run the DIVERT program. A person found in possession of drugs who meets the criteria for a CR and admits the offence will be given the option of being referred to Cranstoun. A drug practitioner completes an assessment and offers appropriate advice to the individual (Cranstoun, 2023, The Centre for Justice Innovation, 2023).

### 3.1.3 White Paper Proposals

A recent White Paper published in June 2022 by the Home Office (2022b, p. 1) under the direction of the then Conservative UK Home Secretary Priti Patel reveals that the Government proposes to implement a standardised policy across the UK. The paper states that the government wishes to adopt “*tougher and more meaningful responses than today*” to deal with “*so-called recreational drug users*”. The proposal describes a 3-tier approach to drug possession cases as follows:

**Tier 1:** First offence. The individual will be required to pay for and attend a drug awareness course. Non-attendance/payment will be referred to the courts for enforcement. The court will have the power to prosecute the offender for the original possession offence and impose a fine greater than the cost of attending the course.

**Tier 2:** Second offence. The individual will be cautioned (formal police record) and when appropriate, required to comply with a period of random drug testing and attend a more intensive drug awareness course.

**Tier 3:** Third offence. The individual will be charged and sentenced in court and made subject to a Drug Reduction Order that would require them to attend a drugs awareness course. In addition, the person may become subject to one or more of the following sanctions: an exclusion order, electronic drug tag monitoring, passport and or driving licence confiscation.



In response to the White Paper, the non-government organisation (NGO) Transform (2022, p. 1) writes that *“some of the proposals appear relatively promising”* in so much as there appears to be implicit *“acknowledgement that criminalisation of minor possession is both expensive and counter-productive”*. Transform acknowledges that Tier 1, appears to be consistent with localised diversion programmes. However, they consider the financial penalties to be ‘worrying’ as most current initiatives do not require payment to be made for required courses. Transform (2022, p.1), are particularly concerned with Tiers 2 and 3 which they consider to be a move:

*“increasingly far away from emerging best practice and, indeed, the entire underlying conceptual thinking around diversion/decriminalisation relating to avoidance of harmful engagement with the criminal justice system, criminal records, stigma and so on”*.

Referring to the White Paper, Release (2022b, p. 1) issued the following statement on its website:

*“The reality is that if these proposals are introduced it will potentially result in an increase in policing and criminalisation, not amongst those at the higher end of the socio-economic ladder, but rather those who have always been overpoliced - economically and socially marginalised people, and Black and minority communities in particular”*.

### **3.1.4 The Campaign for Cannabis Law Reform**

On May 27, 2021, the MDA reached its fiftieth anniversary, and as Stothard (2021, p. 298) points out the anniversary was *“...marked by continued criticism and calls for*

*reform, not celebration or ceremony*". The anniversary stimulated renewed criticism and affirmation of long-standing arguments against drug prohibition in general. In response, Release (2021, no pagination) notes "*charities, senior scientists, ex-police, public health specialists, bereaved family members, and over 50 MPs and peers from all parties*" signed a collective statement that reads as follows:

*"The Misuse of Drugs Act (1971) is not fit for purpose. For 50 years, it has failed to reduce drug consumption. Instead, it has increased harm, damaged public health, and exacerbated social inequalities"*.

Release (2021) goes on to assert that under the MDA, drug-related deaths have increased by 7,000 per cent, heroin use has increased from under 10,000 people to 250,000 (2500 per cent) and cannabis use has increased from around half a million people to over 2.5m, an increase of 400 per cent. Speaking specifically on the prohibition of cannabis, Potter and Wells (2021, p.277) argued that "*prohibition of cannabis may cause more harm than it prevents*".

In the UK, the campaign to end cannabis prohibition can be traced back to the appearance of a full-page advert in the Times newspaper on Monday, July 24<sup>th</sup>, 1967. The advert stated that legal reform (at the time the Dangerous Drugs Act, 1965) was warranted because prohibition was 'immoral in principle and unworkable in practice'. The advert was endorsed by the Beatles, Brian Epstein, R D Laing, Francis Crick, David Hockney and two Labour MPs (Tom Driberg and Brian Walden). The impetus of this inaugural campaign lasted no more than three years. Nevertheless, during the late 1960s cannabis law reform became a topic of conversation topic across Western societies (Seddon, 2020).

In the UK parliamentary petitions put forward by the public calling for cannabis law reform are plentiful ( $n = 167$ ). Petitions attracting 10,000 or more signatures receive a Government response. Those that accrue 100,000 or more signatures are subject to parliamentary debate (UK Parliament, 2024). The most significant petition entitled *“Make the production, sale and use of cannabis legal”* attracted 236,995 signatures in 2015. The argument put forward by the petition’s initiator was that *“legalising cannabis could bring in £900m in taxes every year, save £400m on policing cannabis and create over 10,000 new jobs...”* (UK Government and Parliament 2016, p. 1). In response to the petition, the issue of legalisation was put before parliament by Labour MP Paul Flynn, who passionately argued for creating a legally regulated cannabis market. Nevertheless, despite robust and logical evidence being put forward, the Cameron-led Conservative Government of the day remained firm on the issue of prohibition as evidenced in the following statement:

*“Substantial scientific evidence shows cannabis is a harmful drug that can damage human health. There are no plans to legalise cannabis as it would not address the harm to individuals and communities... Cannabis can unquestionably cause harm to individuals and society. The legalisation of cannabis would not eliminate the crime committed by the illicit trade, nor would it address the harms associated with drug dependence and the misery that this can cause to families. Legalisation would also send the wrong message to the vast majority of people who do not take drugs, especially young and vulnerable people, with the potential grave risk of increased misuse of drugs...”* (UK Government and Parliament 2016, p. 1).

A further petition entitled *“Allow the British public to vote on the legalisation of cannabis”* was signed by 18,246 people in 2020-21. The Johnson-led Conservative

Government reaffirmed that they had no intention of legalising recreational cannabis (UK Government and Parliament, 2021).

The issue of cannabis continues to remain a contentious topic among politicians. Often, there is conflict within a party, for example, Labour London Mayor Sadiq Khan established a commission in May 2022 chaired by former Lord Chancellor and Justice Secretary Lord Charlie Falconer QC to examine the effectiveness of British prohibition and current harm reduction-orientated policies (London Mayor and London Assembly, 2023). However, Khan's interest in critiquing current policy is not something shared by other members of the Labour party. For example, the shadow health secretary Wes Streeting is quoted by the London Evening Standard (Lydall, 2022 p. 1) as stating *"I'm very, very sceptical, to put it mildly, about the case for legalisation of drugs, including drugs like marijuana, where I think there are serious health side effects"*.

In 2015, after consultations with a panel of experts, the Liberal Democrats became the first mainstream political party in the UK to endorse the creation of a regulated cannabis industry. They argue that the current laws are outdated, decriminalisation would significantly disrupt organised crime, save a great deal on law enforcement costs, negate the criminalisation of otherwise law-abiding people, and generate billions in tax revenue (Liberal Democrats, 2015). However, according to Jackson (2023) under the leadership of Ed Davey, the Liberal Democrats have gone quiet on the issue of drugs reform in favour of focussing on *"winning back socially conservative seats in the south, That's politics. Politics is about choice, and they've chosen to go quiet..."* (Jackson, 2023, p.1). If elected to government The Green

Party (2019) would grant licences for cannabis social clubs, grant licences for small businesses to sell recreational cannabis at set prices, create commercial licences, permit home cultivation, ensure that THC potency is communicated on all regulated cannabis products including, flowers, edibles, tinctures, and balms.

### **3.2 Prohibition: International Alternatives**

As Transform (*no date*) notes, unlike the UK, several overseas jurisdictions have “*broken the consensus around global prohibition*” and adopted more progressive drug control policies. Most recently, under Justin Trudeau’s Liberal Government, Canada, a Commonwealth and G7 country (having previously legalised the medical use of cannabis), broke from current international law and fully legalised recreational cannabis in October 2018 (Government of Canada, 2018). It has been reported in the media that Trudeau was inspired to endorse legalisation due to the experiences of his late brother, who was caught with cannabis in 1998 (Proudfoot, 2017, Kassam, 2017). In the Netherlands, the sale of cannabis has been tolerated since the late 1970s (Leuw, 1991) and Portugal decriminalised the possession of all drugs in 2001 (Hughes and Stevens, 2007) and Germany legalised the growing of cannabis in private homes and the possession of 25 grams of cannabis in public and up to 50 grams at home (Transform, 2024). At the time of writing despite federal laws to the contrary, 24 US states and the District of Columbia have legalised recreational cannabis use (The Economic Times, 2023).

Such policies, as Transform (*no date, no pagination*) argues, are creating an ever-increasing “*existential crisis*” for UN control efforts and international treaty compliance. In practice, this has created a dichotomisation between the 193 member states that have adopted or are open to legislative reform and states that wish to continue with hard-line prohibitionist agendas (e.g., Russia, Belarus, China). Such a situation undermines the core objectives of the UN conventions: coordination and leadership. However, a recent report by the United Nations Chief Executive Board for Coordination (2019, p. 14) proposes a variety of reforms to international drug laws, the most notable of which are:

*“To promote alternatives to conviction and punishment in appropriate cases, including the decriminalization of drug possession for personal use, and to promote the principle of proportionality, to address prison overcrowding and over-incarceration by people accused of drug crimes...”*

In addition, the United Nations Chief Executive Board for Coordination (2019, p. 14) also states that the “*UN will seek to provide Member States with the evidence base necessary to make informed policy decisions and to better understand the risks and benefits of new approaches to drug control, including those relating to cannabis*”.

### **3.2.1 The Canadian Model: Legalisation and Regulation**

Having previously legalised medical cannabis in 2001 the Government of Canada established the 'Taskforce on Cannabis Legalisation and Regulation (TCLR) in 2011 to advise on a new approach to recreational cannabis use. The TCLR acknowledged that years of cannabis prohibition had failed to curtail recreational cannabis use and safeguard the public from harm. Specifically, the TCLR raised concerns about the

stigmatising effects of criminal sanctions that were known to have been disproportionately applied to racial minorities, socially marginalised groups, and the indigenous population. Additionally, it was acknowledged that organised crime benefitted significantly from the black-market cannabis economy created by prohibition. In April 2017 the findings of the TCLR were considered by Parliament, and the Government of Canada introduced Bill C-45 'The Cannabis Act'. On October the 17<sup>th</sup> 2018, the Cannabis Act came into force ending the better part of a century of prohibition (Heath Canada, 2022).

Under the Cannabis Act, adults over 18 years of age are legally permitted to carry up to 30g on their person, cultivate no more than four plants per household and buy cannabis from regulated outlets. There is no federally mandated limit on the amount of cannabis that can be stored at home. Sharing limited amounts of cannabis between adults is permissible. However, it is prohibited to sell any amount of cannabis without authorisation. A core feature of the Cannabis Act is the emphasis placed on ensuring that the public is well-informed about the change in the law, and the potential harms of using cannabis (for example during pregnancy and breastfeeding). Responsibility for managing the Cannabis Act rests equally between the Minister of Health and the Minister of Mental Health and Addictions rather than with the Minister of Justice and Attorney General of Canada, as was the case during prohibition. Initially, cannabis edibles and concentrates were not legalised, however, on October 17, 2019, these products were legalised and became subject to regulation under the Cannabis Act (Health Canada, 2022).

The Government of Canada sets minimum age limits, possession limits, personal cultivation limits, enforcement of illegal trafficking offences, advertising restrictions, production, and product tracking of all cannabis products (medical and recreational). Although legalisation is federally mandated, responsibilities for managing drug driving offences, public health and market compliance are shared between the province and Government. Under the Cannabis Act, provinces are free to reduce but not raise possession limits, increase but not lower the legal age of possession, and reduce but not increase personal cultivation limits in response to local conditions (Government of Alberta, 2018 p1). At the time of writing, Alberta is the only province in which cannabis can be legally purchased at 18 years of age. The majority of provinces have decreed a minimum age of 19 whilst, in Quebec, the minimum age is 21 (Government of Quebec, 2018).

Responsibilities for cannabis education and taxation are shared between state, province, and local municipalities. Provinces legislate workplace safety, supply chains and retail models. Decisions for approving retail outlet locations and controlling public consumption are shared between provinces and municipalities. The only area that municipalities have sole control over is land use and zoning (Government of Alberta, 2018 p. 1). Health Canada (2022) acknowledges the influence that advertising and marketing have on consumer choices. As such, the Cannabis Act typically prohibits the advertising of cannabis and paraphernalia items. That said, limited promotion is permissible in the form of mailing to a named adult or in places in which young people are not permitted. Cannabis products are only permissible for sale in packages on which logos, colours and branding are strictly controlled. Packaging must also convey



clear mandatory health warnings that feature a standardised cannabis symbol, health warnings and THC/CBD content.

Under the Cannabis Act, if a person is found to have more than 30 grams of cannabis on them, provided the infraction is not considered serious they can be dealt with by way of a 'ticket' (fine). However, serious breaches are punishable with up to 5 years less a day in jail. In a similar fashion minor dealing offences can be dealt with by way of a ticket. More serious dealing offences can carry a maximum penalty of 14 years in prison. The same offence tariff applies when a person has cultivated more than four cannabis plants. However, the production of cannabis products using organic based solvents (known carcinogens), transporting cannabis into or out of Canada (including into a legalised US state) and supplying the drug to anyone under 18 years of age are offences that could result in a 14-year custodial sentence (Government of Canada, 2018).

The early days of Canadian legalisation featured widely in the worldwide media, the UK being no exception. On October 18<sup>th</sup> Murphy (2018, no pagination) for the BBC reported that Canadian Mr Smith told her that buying cannabis in a legal shop was “*a little surreal*” and that “*now that it’s legal- and actually going into a storefront like this- I felt almost relieved but also justified in smoking pot. It’s ok now, in the governments mind at least*”. Murphy also spoke to Newfoundland and Labrador resident Ian Powe who is reported to be the first person in Canada to buy legal cannabis. Powe is quoted by Murphy as saying, “*It’s been my dream to be the first person to buy the first legal gram of cannabis in Canada, and here I finally am!*” (Murphy, 2018 no pagination).

According to Volteface contributor Brittain (2019), the first two months of legalisation did not go entirely to plan. Across Canada, retailers reported that they were only receiving 20-30 per cent of orders placed with producers. Fundamentally, the failure to meet supply was due to the limited number of licensed cultivators (132) operating at the time of legalisation. However, 300 staff were hired post-legalisation by Health Canada to assess new applications from prospective producers. However, as Brittain acknowledges, teething problems will accompany the creation of any new industry. Analysts Sen and Wyonch (2018) estimated that the black market for cannabis (and legal supply shortages) in the first year of legalisation was approximately 380 tonnes which equates to \$2.5 billion meaning a loss of tax revenue of \$800 million. Sen and Wyonch conclude that the most effective way of addressing lost revenue and curtailing the black market is for provinces to:

*“ensure regulations facilitate a competitive and convenient legal retail market. The federal government should focus on ensuring that it does not impede production more than is necessary to protect public health so there will be enough legal marijuana to supply these retail outlets...while our results predict initial shortages in legal supply, the market should be able to adjust as time goes on”* (Sen and Wyonch 2018 p. 1).

In October 2022, Health Canada (2022) published ‘Taking Stock of Progress: Cannabis legalization and regulation in Canada’ in which the effectiveness of the Cannabis Act is reviewed and evaluated. According to the report:

*“Collectively, the legal cannabis industry has been successful in providing adult consumers with consistent and reliable access to cannabis products.*

*The expansion of available product classes, as well as ongoing growth in the number of licence holders and retail access points across Canada, has provided adult consumers with access to a broad range of legal cannabis products” (Health Canada, 2022 p. 12).*

Despite the significant progress being made in disrupting the illegal sale of cannabis, Health Canada (2022) concedes that organised crime groups continue to profit from the illegal sale of cannabis which was estimated to be worth around \$2.8b in 2021. At the time that cannabis was legalised, Health Canada acknowledged that regulated cannabis was more expensive than that bought illicitly. A finding reflected in the work of Mahamad *et al* (2020) that further reports that illicit cannabis is typically more potent than regulated supplies. However, Health Canada (2022) draws upon the findings of the Canadian Cannabis Survey (CCS) and the National Cannabis Survey (NCS) which indicate that year on year more people are choosing to engage with the regulated market.

As one might expect, Health Canada (2022, p. 15) reports that preliminary findings indicate that the Cannabis Act has significantly reduced the instances of Canadians’ coming into contact with the criminal justice system for cannabis-related offences. In 2017 before the implementation of the Cannabis Act, police reported 47,000 cannabis-related offences. A year after the Cannabis Act was introduced the number of offences was reduced to 16,000. According to the Canadian Centre for Substance Misuse and Addiction (cited in Government of Canada, 2022), there was a 97 per cent reduction in recorded cannabis offences among youths aged 12-17 following legalisation.

### 3.2.2 The US Model: State Level Regulation (Colorado)

Unlike Canada, the United States Federal Government has never decriminalised or legalised recreational or medical cannabis. Under the Controlled Substance Act of 1970 THC is a Schedule 1 drug along with other substances such as heroin, crack cocaine, fentanyl, and cocaine powder. Schedule 1 drugs are considered as having no evidenced medicinal benefit and a high potential for abuse (Drug Enforcement Administration, 2020). Nevertheless, despite federal law, the majority of US states (California being the first in 1996) have legalised medical cannabis. Furthermore, 24 US states and the District of Columbia have legalised the recreational use of cannabis among adults (Davis., Hansen and Alas, 2024).

However, the US Department of Justice (2013, no pagination) does not instruct its law enforcement agencies to intervene so long as legalisation regulatory schemes are *“tough in practice, not just on paper, and include strong, state-based enforcement efforts, backed by adequate funding”*. Nonetheless, the Department of Justice holds the position that *“marijuana growth, possession, and trafficking remain crimes under federal law irrespective of states’ marijuana laws”* (Congressional Research Service, 2023, no pagination). In October 2022, President Biden stated that under his administration the policy gap between the federal government and the state could become subject to change (see The White House, 2022 for full statement). It is not possible here to summarise all of the differing policies adopted by the US state jurisdictions that have legalised recreational cannabis use. Therefore, the situation in

Colorado serves as an example which was joint first (along with Washington) in legalising the sale of recreational cannabis products in 2012.

Having legalised medical cannabis in 2000, Colorado voters endorsed the legalisation of recreational cannabis in 2012 by passing Amendment 64 with a majority of 55 per cent. Writing about the result in 2014 the Governor of Colorado John W Hickenlooper (2014 p. 1) pointed out that *"Although our administration opposed the legalisation of adult-use marijuana, we are committed to fulfilling the will of the voters and directing the responsible regulation of this nascent industry"*. The vote required the state government to permit the sale of cannabis by licensed retailers, regulate their activities and prosecute non-compliance. The market became operational in 2014. However, local governments retained the right to continue to prohibit the retail sales of cannabis (Colorado General Assembly, 2012). Colorado Springs, Colorado's second most populous city is a pertinent example of a jurisdiction 'opting out' of permitting the sale of recreational cannabis but permitting the sale of medical cannabis products (Colorado Springs, 2018). Despite some local areas opting out, there are around 671 shops holding licenses to sell recreational cannabis products across Colorado which generated around \$325m in tax revenue in 2022 (Colorado Department of Revenue, 2023).

The recreational cannabis laws in Colorado vary between local jurisdictions. In the city of Denver (the most populous jurisdiction) for example, sales are only permitted to adults over 21 years of age, a person can purchase a maximum of 1oz of dried flower material, 8g of concentrate, or other cannabis-based products (e.g., edibles)

containing up to 800mg of THC at any one time. It is illegal for an individual to sell or give cannabis to anyone under the age of 21 years. It is an offence to use cannabis in any place that is observable to the public, this includes common access areas in buildings, businesses that are not licenced to permit consumption, streets, highways, public transport, and recreation areas including playgrounds and public parks. Cannabis can be carried in motor vehicles so long as it is in a sealed container. However, it is illegal to cross state lines, and it is an offence to drive whilst intoxicated by way of cannabis. Cannabis cannot be taken onto aircraft regardless of destination (Government of Denver, 2023).

Cannabis can be consumed in restaurants so long as the establishment is registered as a 'cannabis hospitality' venue. Establishments that sell alcohol cannot be registered as cannabis hospitality venues. Cannabis purchased online can only be delivered to a private address, a cannabis outlet cannot operate within 1000ft of a school. An adult over 21 years of age can grow 6 cannabis plants at home, however, at any one time only 3 plants can be mature. In properties in which more than one adult lives a maximum of twelve plants can be grown at the address regardless of the number of adult residents. In a non-residential property, a maximum of 36 plants can be grown without a cultivation licence. Cannabis cannot be grown outdoors (Government of Denver, 2023).

The principal benefit of legalization in Colorado has been the generation of hitherto unavailable state tax revenue. Medical cannabis sales are subject to 2.9 per cent sales. However, recreational supplies are taxed at 15 per cent. 10 per cent of revenue

generated by recreational cannabis sales is allocated to local government jurisdictions in direct proportion to the jurisdiction's sales activity. 78.85 per cent of revenue is allocated to the marijuana tax cash fund, which is used to finance health care, health education, drug prevention, drug treatment programs, and law enforcement activities. 15.56 per cent is allocated to the general fund and contributes to core public services such as the courts, prisons, and public assistance. The remaining 12.59 per cent is allocated to the state school fund. In addition to sales tax revenue, cannabis cultivation is subject to an excise tax at a rate of 15 per cent. The excise tax generated is allocated to Colorado's Building Excellent Schools Today (BEST) programme. Grants to specific projects are awarded annually by way of competitive application (Colorado Department of Revenue, 2023).

In 2013, following the passing of Amendment 64, the Colorado General Assembly enacted Senate Bill 13-283. This bill required the Division of Criminal Justice in the Department of Public Safety to monitor the impact of the legalisation of cannabis, especially from the perspective of law enforcement. The findings from the study were published in 2016 and make for generally positive reading. Before legalisation, 6 per cent of all offences recorded in Colorado were related to cannabis, following legalisation, this dropped to less than 3 per cent. Possession offences as one would expect, dropped significantly by around 47 per cent. However, cannabis drug driving offences increased from 12 per cent of all substance-related driving offences to 14 per cent (Reed, 2016).

### 3.2.3 The Dutch Model: Tolerance

Throughout Europe, cannabis changes hands by way of social supply and profit-motivated dealers. However, the cannabis situation in the Netherlands is remarkably different because since 1979 the sale of cannabis has been tolerated in ‘coffee shops’ (Wouters *et al.*, 2012., Spapens, Muller and van de Bunt, 2014 and Manthey, 2019). Essentially, the coffee shop system was operationalised when the Dutch Opiate Act of 1928 was replaced with the Opiate Act of 1976. It is a policy change described by MacCoun and Reuter (1997, p. 47) as being responsible for the depenalisation of cannabis use that ultimately has led to “*de-facto*” legalisation. The Government of the Netherlands summarises the core of the policy in the following terms:

*“it is against the law to possess, sell or produce drugs. However, the Netherlands has a policy of toleration regarding soft drugs [cannabis]. This means the sale of small quantities of soft drugs in coffee shops is a criminal offence, but the Public Prosecution Service does not prosecute coffee shops for this offence. Neither does the Public Prosecution Service prosecute members of the public for possession of small quantities of soft drugs. These quantities are defined as follows: no more than 5 grams of cannabis (marijuana or hash) and no more than 5 cannabis plants”* (Government of Netherlands 2013, p. 1).

Certain conditions must be met for Dutch authorities to tolerate the sale of cannabis in coffee shops under a framework known as the AHOJ-G criteria (Monshouwer *et al.*, 2011). Advertising is prohibited, drugs considered to be ‘hard’ (e.g., cocaine, LSD, heroin, amphetamines) cannot be sold, nuisance behaviours are unacceptable, no person under the age of 18 is permitted entry to a coffee shop, a maximum of 5g per transaction and no more than 500g of cannabis products can be held in stock. Local



authorities have the final say in decisions relating to where coffee shops can operate within their jurisdictions. Consequently, around 80 per cent of Dutch local authority areas are devoid of coffee shops. Almost a third of the 666 coffee shops operating in the Netherlands are in Amsterdam (Wouters *et al.*, 2012).

Leuw (1991, p. 229) conceptualises the Dutch approach as “...*normalizing, pragmatic and nonmoralistic. It accepts the existence of the use of illegal drugs as inevitable in modern society*”. In a more recent paper, Monshouwer *et al* (2011 p. 148) comment that Dutch policy “...*aim[s] is to prevent cannabis users from becoming marginalised, stigmatised and criminalised, and to reduce the risk that cannabis users might initiate the use of drugs considered to be more harmful, such as heroin and amphetamine*”. Simply put Dutch policy represents a progressive harm reduction approach to drug use in modern society. Fundamentally, current Dutch drugs policy can be traced back to the late 1960s a time that P.J. Cohen (2003, p. 1) conceptualises as follows:

*“In the unruly times of the sixties a series of different political movements had unsettled the classic paternalistic ruling style in the Netherlands, youth had suddenly started to dance to strange music on strange intoxications. Sons and daughters of doctors, bricklayers, judges, and bank employees smoked a strange-smelling weed called marijuana. According to the law, this was forbidden, and according to most American sources, marijuana provoked all kinds of psychic disturbance. Even worse, marijuana hunger was unsatisfiable and led to addiction, not only to the weed itself but also to other illicit drugs like cocaine and morphine”.*

Those who fell afoul of Dutch prohibition under the Opium Act of 1928 during the 1960s were typically students, middle-class youth, and members of non-deviant groups.

Possession of the smallest amount of cannabis was often punished with a prison sentence of over six months. The increasing use of cannabis in Dutch society stimulated public debate over several years. Over time, the Dutch public came to consider that drug use, whilst being a poor decision was nonetheless a personal one. The then-current law and its associated punitive responses were seen as having no effect whatsoever other than to stigmatise otherwise law-abiding individuals as criminals (van Vliet, 1990 and Spapens, Muller and van de Bunt, 2014).

Public debate focussing on the excessive penalties had been mounting during the 1960s and had become so contentious that Dutch legislators established two commissions in 1968. Both were tasked to propose alternative policies to better manage the increasing use of cannabis in Dutch society. The first commission was conducted by the National Federation of Mental Health Organizations and chaired by Professor of Law Louk Hulsman who was known for his abolitionist views (Cohen, 1996, Leuw, 1991). The Hulsman Commission comprised members from the criminal justice system, a sociologist, a drugs researcher (notably Herman Cohen), psychiatrists, and an alcohol treatment specialist. Although established in 1968, the Hulsman Commission (HC) did not publish its final report until 1971. The second commission was established later in the year as the Narcotics Working Party (NWP). This group became known as the 'Baan Working Party (BWP) after the chair Pieter Baan who was at the time the Chief Inspector of Mental Health. After internal difficulties, the Baan Commission report was published in 1972 (Cohen, 1994 and Leuw, 1991).

The Hulsman Commission believed that people could use drugs with restraint, it is only when drug use becomes unrestrained that it becomes harmful. Furthermore, the Hulsman Commission rejected the notion that cannabis use leads to the use of more harmful drugs (steppingstone/gateway effect). However, the Hulsman Commission accepted that a person's membership in a cannabis-using subculture has the potential to expose them to the use of other drugs, especially so when procuring cannabis supplies from the black market. Ultimately, the Hulsman Commission argued that repressive policies based on moral judgements rather than objective risks will only lead to ever-increasing escalations of negative outcomes (notably criminal convictions). Consequently, it was argued that full decriminalisation would be the most beneficial course of action for Dutch legislators to enact. However, the group cautioned that such a move should be incremental and permit the opportunity to experiment with reactive policy. In the short term, the Hulsman Commission proposed the following recommendations:

- Use of cannabis and the possession of small quantities be taken out of criminal law straight away. Production and distribution should for the time being remain within criminal law but as a misdemeanour.
- Use and possession of other drugs will remain in the sphere of criminal law, as a misdemeanour, but in the long run, has to be liberated completely.
- Those who run into difficulties with their drug use should have adequate treatment institutions at their disposal (Hulsman Commission cited in Cohen 1996).
- The independent Hulsman Commission had little impact on policy change, however, the findings did go on to influence the finding of the BWP that did eventually stimulate legislative change, albeit 4 years after publication (Cohen 1994, Spapens, Muller and van de Bunt, 2014).

In contrast to the Hulsman Commission, The BWP did not focus so much on ideological or philosophical debates but rather on answering two fundamental questions: First, should strict prohibition as per the Opium Act of 1928 be maintained for all drugs specified as dangerous in the international Single Convention on Narcotic Drugs 1961? Second, would it be possible to devise an integrated social policy response to drug use that included interventions such as psychology, medicine, education, and welfare initiatives? Although the BWP considered all drugs of abuse (including alcohol), a disproportionate amount of time was spent discussing cannabis and cannabis-related harms. Crucially, the BWP members agreed that cannabis is not a drug that should be considered as presenting an unacceptable level of harm (as the Single Convention specified). Consequently, the BWP decided that the Opiate Act of 1928 was disproportionality punitive towards cannabis users (Cohen 1994, Leuw, 1991).

Due to concern that the Netherlands was obligated to adhere to the Single Convention, the BWP did not recommend legalisation. However, the group did recommend that low-level cannabis offences (possession and modest dealing) should not be treated as felonies, but rather misdemeanours punishable by way of a fine. Following much delay due to internal group dynamics the Baan Commission was able to unanimously propose the following recommendations to the Dutch Government:

- Small-scale cannabis transactions (up to 250g) should be treated as misdemeanour offences for which the maximum penalty should be one month's imprisonment.

- Transactions involving more than 250g of cannabis should remain a felony offence with a maximum penalty of no more than one-year imprisonment.
- Transactions involving any other type of drug were to remain felony offences (Baan Commission cited in Leuw, 1991, Cohen, 1994).

In 1976, legislators paid considerable attention to the report of the Baan Commission and started to debate how the Opium Act of 1928 could be amended in the hope of facilitating positive outcomes in the face of the new emerging drug trends and markets (Leuw, 1991., Cohen, 1994 and van Vilet, 1990). Using the Baan Commission's work on individual drug risk assessments policymakers proposed that any new legislation should seek to ensure that cannabis users (the vast majority of whom committed no other crimes) were kept apart from illicit drug markets that heightened the risk they would be introduced to more problematic drugs. Following contentious debates in Parliament and by way of a small majority, the argument was accepted, and despite obligations to international treaty the Opium Act of 1976 became law (de Quadros Rigoni, 2019).

Under the Opium Act of 1976, illicit drugs are separated into two schedules. Schedule 1 drugs were considered to present unacceptable risks to individuals and wider Dutch society (cocaine, opiates (e.g., heroin), LSD and amphetamine). Only cannabis was deemed to not pose an unacceptable societal risk, as such the drug was placed into Schedule 2. Possession and distribution of Schedule 1 drugs remained felony offences for which penalties were profoundly increased. Whereas, for cannabis (schedule 2) penalties were significantly reduced (Van Vliet, 1990, Cohen 1996, Leuw, 1991). However, as Leuw (1991 p. 231) puts it "*laws in practice are, however, more*

*relevant than laws in books*". Today, in Dutch society possession of a small amount of any illicit substance has all but been completely decriminalised. Typically, no investigations are instigated, and no arrests are made.

The production and distribution of cannabis in the Netherlands has always been prohibited under the Opiate Act 1976. Thus, although the retailing of cannabis in coffee shops is tightly regulated, supplying the coffee shops with cannabis is an offence. This clear contradiction within policy has become known as the 'back door problem'. In recent years, the back door problem became more significant due to police activity being directed towards curtailing illegal cannabis production. For example, in 2005 and 2006, around 600 cannabis farms were demolished with reported seizures of up to 2.8 million plants. This activity coincided with the penalty for cultivation, distribution, and possession of significant quantities of cannabis being raised from 4 to 6 years imprisonment. Consequently, supplying coffee shops has become a riskier endeavour (Monshouwer, van Laar and Vollebergh 2011 and van Ooyen-Houben and Kleemans, 2015).

Advocates of the coffee shop system have argued that disrupting supply only serves to reduce the harm reduction objectives that have justified the presence of coffee shops. Others however have argued that the presence of coffee shops encouraged nuisance behaviour (especially from cannabis tourists who increased dramatically following the Schengen agreement in 1995) and have been responsible for increasing negative health outcomes including addiction (Monshouwer, van Laar and Vollebergh, 2011 and van Ooyen-Houben and Kleemans, 2015).

In 2012, the coffee shop policy was significantly revised with two new stipulations to be met for continued tolerance known as the 'private club and residence criteria'. Crucially the changes required that Coffee shop patrons become registered members and, in an attempt, to dissuade cannabis tourism, only Dutch nationals could be permitted. In their multi-methods research commissioned by the Dutch Ministry of Security and Justice, van Ooyen-Houben, Bieleman and Korf (2016) found that during the 2012 intervention cannabis tourism significantly decreased, and Dutch nationals were reluctant to register as a member leading to the coffee shops losing significant custom. The illicit market grew significantly, and neighbourhoods witnessed an increase in nuisance behaviour emanating from street dealer activities. Within a year the policy was abandoned, and the Dutch returned to the Coffee Shops, thereby reducing the illicit market. However, cannabis tourism was slow to recover.

More recently, in a move that attracted worldwide media attention, the smoking of cannabis publicly in Amsterdam's red-light district was prohibited on 25<sup>th</sup> May 2023. Instigated by the first female Mayor of the city, the new policy is an attempt to "*clean up the area*" (Reuters, 2023, no pagination), improve the working conditions of sex workers and reduce alcohol and drug related crime. The smoking of cannabis is still however, tolerated inside and on the terraces of established red light area coffee shops. People caught smoking cannabis in the area beyond the confines of the coffee shops are punished with a 100 euro fine. The ban was widely publicised on posters in the area that attracts millions of tourists every year. Whilst the revenue is welcomed by some, tourist activity is not well tolerated by local residents (Reuters, 2023).

However, in the cities of Breda and Tilburg trials are underway in the form of experimental retail outlets. Whereas the traditional coffee shops are supplied with non-regulated products creating the 'back door' problem, the new style retail outfits are supplied with fully regulated products produced by three government approved companies. A further eight jurisdictions have reportedly submitted applications to the government to replicate the pilot schemes. It is a move that could ultimately lead to the creation of a nationwide legalised market (Sabaghi, 2023 and Forbes, 2023).

### **3.2.4 The Portuguese Model: Decriminalisation of Drug Possession**

Driven by the desire to reduce the harms associated with hard drug use, Portugal decriminalised the personal possession of all drugs in 2001. Principally the policies' objective is to deal compassionately with people who use drugs such as heroin and cocaine. Before decriminalisation, the intravenous use of heroin was known to be contributing to Portugal's higher than European average HIV and viral hepatitis rates (Hughes and Stevens, 2007). Despite the focus on heroin use, the all-encompassing approach benefits those who use cannabis. A significant benefit considering that Portugal has the second highest rate of daily cannabis users (2.97 per cent) in Europe after Spain (3.97 per cent) (EMCDDA, 2021). The move to decriminalisation began in 1998 when the Portuguese government established the National Strategy for the Fight Against Drugs (NSFAD) (Goncalves, Lourenco and da Silva, 2015). The strategy was based on five fundamental beliefs:

1. Recognition that the drug problem is global and solutions to the problem must be considered internationally, continentally, and nationally. Consequently, solutions to national drug problems require international cooperation.



2. The humanistic belief is that human lives are complex, and events can lead to the problematic use of drugs. The drug addict is seen not as a criminal but rather as a person who is ill. As such treatment should be available to all, including those in prison.
3. Openness to new ideas especially those based upon empirical findings.
4. Prevention is better than cure.
5. Efforts towards curtailing drug trafficking should be intensified.

Under Portuguese policy, if a person is found in possession of illicit drugs, the drugs are confiscated. Rather than face the prospect of being criminalised, the person will be required by police to attend a local 'Commissions for the Dissuasion of Drug Addiction' (CDTs) that comprise a panel of 3 professionals in law, health, and social work. Panels receive further support from teams of technical experts as and when required. People are seen within 72 hours of having been in contact with the police. The Commissions do have the power to impose 'administrative penalties' (either a fine or community service), suspend professional licences, and ban a person from entering a specific location. However, the purpose of the Commission is primarily to conduct a risk assessment of an individual's drug use. In cases in which the person's use of drugs is considered to represent a low risk, the case is typically suspended (no further action). Yet, in cases considered to be consistent with medium risk, a referral is made to services such as counselling, but engagement is not mandatory, however, compliance will negate a fine being imposed. In cases in which the risk is considered to be high, the individual is referred to structured drug treatment providers in place of penalty, again engagement is not mandatory. Dependent drug users are typically not fined (Hughes and Stevens, 2007 and Slade, 2021).

In the five years following decriminalisation, Portuguese drug-related death reduced significantly from being the highest in Europe to being below the continent's average. The number of people in prison for drug-related offences has reduced by 40 per cent, now only 15 per cent of Portugal's prison population is serving time for drug offences. But the most significant impact has been on the rates of HIV diagnosis that, before decriminalisation accounted for 50 per cent of all European drug attributed (IV heroin use) to 1.7 per cent (Slade, 2021).

### 3.2.5 Germany

On the 1<sup>st</sup> of April 2024, following a vote earlier in the year Germany decriminalised possession of cannabis and home cultivation. As Transform (2024, no pagination) write, the move, given Germany's *“authority on the world stage means this is a particularly important moment: a genuinely historic step forward for EU and global reform”*. However, the road to legal reform was not straightforward and took several years to bring to fruition. Bavaria, a particularly conservative jurisdiction frustrated attempts for legal reform, and local judiciaries voiced concerns that the requirement to quash previous drugs convictions would be an unnecessary burden on the legal system. This argument was taken up and progressed by the opposition who proposed a mediation committee between the upper and lower parliamentary chambers. The purpose being to propose changes to the decriminalisation plan which, had it been successful would have seen the stipulation for criminal record expungement removed. As Transform (2024, no pagination) argues *“this would have been a huge blow to ensuring justice for those affected by prohibition”*. However, in the end the new law was eventually passed without further hindrance.

The initial plan put forward by the German government was to implement a regulated market similar to that in Canada, augmented with home growing provisions and “*membership-based cannabis associations*” (Transform, 2024, no pagination). However, governmental concerns about compliance with UN drug control treaties and EU laws (that prohibit production of cannabis for non-medical uses) resulted in an alternative model being implemented. The German policy ended up sharing similarities with the Maltese model that can be described as a “*restricted non-commercial model*” (Transform, 2024, no pagination). It is a policy also adopted by Luxembourg and Czechia. However, the German government has proposed in principle (yet to be accepted by parliament) a second phase that would see a limited number of retail outlets set up as pilots in a manner quite similar to the small-scale retail trials in the Netherlands and Switzerland. The justification for the second phase is that it would in effect be a “scientific experiment” (Transform, 2024, no pagination) and therefore tolerable under the EU and UN restrictions. However, for the time being the German model permits the growing of up to three cannabis plants in a private dwelling, possession of 25 grams of cannabis in public and up to 50 grams at home. In conclusion Transform (2024) argue that whilst the German model is a disappointment for potential retailers, the implemented model:

*“offers an opportunity for the non-profit model to become established and prove its merits. Home growing and non-profit associations will, however, be unlikely to meet all of Germany’s demand; non-residents, for example, will not have access to any form of legal supply. So, in the longer term, a regulated commercial model looks like an inevitable step once the various legal obstacles can be negotiated”.*

It will be very interesting to see in the future how effective the new German policy is and whether or not this ‘half-way’ measure becomes implemented in other jurisdictions that also harbour treaty compliance anxieties.

### 3.3 Chapter Summary

This chapter has reviewed a selection of the most significant cannabis liberalisation policies from overseas jurisdictions. However, it would be remiss not to acknowledge that Spain currently tolerates the exchange of cannabis in approved social clubs. Malta, a country with a population of 542, 051 (Malta national Statistics Office, 2023) legalised cannabis in 2021 and now permits the possession of up to 50g of cannabis at home and 7g in public. Smoking in public places, however, is illegal yet the Maltese are allowed to create cannabis social clubs on a not-for-profit basis. The justification given for the change by Malta’s Labour Prime Minister Robert Abela is: *“we are legislating to address a problem, with a harm reduction approach by regulating the sector so that people don’t have to resort to the black market”* (Richards, 2022, no pagination). Furthermore, in 2023 Luxemburg legalised cannabis and consequently now permits the *“possession, consumption and cultivation of up to three grams”* (Sabaghi, 2023b, no pagination). However, *“possession, consumption, transportation and purchase of cannabis in public places remains prohibited”* (Sabaghi, 2023b, no pagination). Italy is known to be preparing draft legislation and Switzerland has begun trials of regulated cannabis products through pharmacies (Volteface, 2022).

Yet in the UK, the situation remains largely unchanged since the first reform campaign during the 1960s (Seddon, 2020). The 'three tier approach' goes some way to ensure that only repeat offenders find themselves in court facing a criminal conviction. However, recent proposals (Home Office, 2022) if enacted into law would in effect see cannabis users face more punitive measures than is currently the case (Transform, 2022, Release 2022b). Labour appears equally as resolute as the Conservative government on the issue of prohibition, the only hopes of reform resting with the Liberal Party (although they have gone silent on the issue recently) or the Green Party. Yet, under the current parliamentary system it would be highly unlikely that the Liberal or Green Party will be finds themselves in a position in which they can significantly influence a change away from prohibition. Thus, it is reasonable to argue that cannabis users in the UK will likely have to continue to live under the spectre of prohibition for the foreseeable future.

## 4 The Research Methods

### **The Coronavirus Pandemic as Relevant to Fieldwork.**

The fieldwork in this study was designed, initiated, and completed before the first UK lockdown that came into force on March 26<sup>th</sup>, 2020 (Institute for Government, 2022). As such, it was not the pandemic that shaped or impacted the delivery of the fieldwork strategy rather the approach adopted was chosen from the origin of the project as the most suitable.

### **4.1 Introduction**

This chapter focuses on the design and methods employed in this study to realise the project objectives previously specified in the introduction. In the first instance, the objectives of this thesis are stated. Following this, my positionality as a researcher is specified that includes candid statements specifying the origins of my longstanding beliefs in drugs law reform. From here, the sensitive nature of the research topic is acknowledged, and the approach taken to presenting the ethical mitigations taken in this study are detailed. Attention then turns to participant diversity and inclusivity. Following this the chapter states the ontological and epistemological foundations of the study and progresses to a justification for the adoption of symbolic interactionism as the guiding theoretical framework behind the fieldwork strategy. From here the chapter provides a statement on the adoption of the qualitative methodology before the discussion progresses to stating the fundamental limitations of qualitative research (generalisability and external validity) including the issue of participant truthfulness. From here, the social media recruitment strategy is discussed and evaluated with the

weakness of this approach made salient and future mitigations provided. Informed consent procedures are then specified including the issue of intoxication and limitations of confidentiality.

The remainder of the chapter is devoted to matters such as justifying the adoption of telephone interviewing, the interview design and technique, mitigation of participant harm, the experience of delivering the interview by phone, participant feedback, reflective practice in the absence of a pilot study, internal validity, descriptive validity, interpretive validity, theoretical validity, transcription, data analysis and protection.

#### **4.1.1 The Objectives and Approach of this Research**

A great deal has been written about youthful drug users in the sociological literature, be that in the context of subcultures (e.g., Young, 1971 and Cohen, 1972) or as a normalised feature of adolescence in late modernity (Parker, Aldridge and Measham, 1998 and South, 1999). However, few studies have examined the use of drugs in older populations, which has led to a "*concealed assumption that drug use is the sole preserve of the young*" (Pearson, 2001, p. 169). Furthermore, the urban-centric traditions of criminology, in effect, led to the situation of recreational drug users in rural areas being neglected as a subject of enquiry. This thesis strives to address these deficits in knowledge by responding to the primary research question:

- What Meaning Does Cannabis Have for Older Adults Living in Rural Areas?

Responding to the research question required the following objectives to be realised:

- Recruit a participant sample of older adult cannabis users living in rural areas.
- Explore the temporally and contextually situated lived experiences of the target population.
- Ascertain what cannabis prohibition means to those who participated in this study.

In this thesis, the context of the participants use of cannabis is firmly situated in the domain of the normalisation thesis. However, consistent with ontological idealism and an interpretivist epistemology, ideas from symbolic interactionism informed the methodological design, particularly the delivery of the in-depth telephone interviews. It is an overall approach to research best understood as analytical-inductive or in other words data led (Crotty, 1998; Henn, Weinstein and Ford, 2009; Wincup, 2017). However, whilst being the most appropriate strategy to adopt, the limitations of the adopted approach are acknowledged, accepted, and explained more fully in due course.

Considering that little is known about the subjective worlds of older adult cannabis users from rural areas, this research is thoroughly exploratory. Drawing upon established theories, this project examines cannabis initiation and early ongoing use, in doing so the significance of friendships groups, and for some participants involvement with the rave scene of the late 1980s and early 1990s, are identified as key experiences. Attention is then paid to the acquisition of cannabis in older adulthood, how the use of the drug is accommodated into everyday life, and finally perceptions of current UK cannabis control policy. This thesis concludes with a critical summation of study, policy recommendations and avenues for future research.



#### 4.1.2 Researcher's Background and Positionality

Without doubt, my own personal experiences and professional activities as a drug treatment practitioner had an influence on this project, from inception through to operationalisation and data analysis. Particularly my long-standing belief that prohibition of drugs, cannabis in particular, is an ineffectual means of dissuading drug use and protecting the public from drug related harms. Thus, it was most important that I, as sole researcher practiced *reflexivity* – a concept that acknowledges the “*reciprocal relationship between life experiences and research*” (Lumsden, 2019, p. 2). In due course the checks and measures taken to ensure that my own beliefs did not overly skew this research project are explained. However, in this section I provide a summation of my life history as directly relevant to this study.

My interest in drug cultures began in the late 1990s on an informal basis when I was, I was living in a rural Suffolk town and working in the retail motor industry. Through my friendship group in London, I was exposed to café culture, bustling pubs, esoteric nightclubs, Portobello, and Greenwich markets. But more interesting than these places were the Londoners I met musicians, actors, artists, market traders, and 'chancers' who 'ducked and dived' their way through life. More often than not, cannabis was being sold, bartered, discussed, and used as part of everyday life. For other people in the group, cannabis held no meaning as an object of pleasure and was duly abstained from. At the time, one could still smoke in pubs. Often people pushed their luck and sparked up a joint only to be told 'outside with that!' by the publican. What I was witnessing was a community in action, help was never far away and everyone

'got on'. Never did I hear attitudes towards cannabis being a central part of life, nor did I witness behaviour's indicative of cannabis use being anything other than recreational.

In 2006 in the expectation of becoming a probation officer, I enrolled on a full-time psychology and criminology degree at Suffolk College (now the University of Suffolk). As one might well expect, studying the social sciences equipped me with a new mindset of critical evaluation and a heightened awareness of social justice. Looking back and equipped with new knowledge, I know now that what I was actually witnessing in London years earlier was a glimpse into the normalisation of cannabis use in an everyday inner-city community. Following graduation, I had no immediate ambitions to embark on a research degree, so I found employment with the NHS in various mental health settings, both inpatient and community.

Unexpectedly, in late 2011, I was asked if I would be interested in working for the local drug treatment service. Given my interest in drug cultures, the decision was an easy one. Through this opportunity, I learned to support and advocate for marginalised people whose lives were dominated by addiction to heroin, crack cocaine and benzodiazepines. Equipped with the ability to think critically, I began to wonder (and still do – more intensely than ever) if what we do as a nation in our drug treatment services is effective to the degree that it needs to be (this is a subject for future research efforts).

As time moved on, I was fortunate enough to transfer to a service operating the criminal justice specific 'drug intervention program' (DIP) in Suffolk. Having already

started to question the effectiveness of drug treatment provisions, I was now more directly part of the mechanisms of social control, through my involvement with initiatives and policies including Drug Test on Arrest (DTOA), Drug and Alcohol Rehabilitation Requirements (DRR/ATR) and Integrated Offender Management (IOM). For the most part the people my team and I support are among some of the most marginalised members of our society.

However, as well as dealing with the extremes of problematic drug use, I have become involved in numerous cases in which otherwise law abiding people find themselves in police custody facing a low-level drugs possession charge (typically cocaine or ketamine). For these anxious first attenders in custody, their situation is often a daunting experience fuelled with uncertainty and anxiety. These unfortunate individuals have to go home to hold difficult conversations with their families. They may also face unemployment and reputational damage as a result of arrest. Which to me has always seemed to be a disproportionate intervention for a simple possession offence. Post-arrest enforcers and prosecutors seek to add further consequence in the form of out of court disposal options or appearances in court. We have only to look at national statistics, and police/customs seizures to obtain a glimpse into the popularity of recreational drugs such as cocaine and ketamine. To me this is good evidence that prohibition is a resource intensive ineffectual policy that contributes to the harm drugs cause to individuals and society through the effects of criminalisation.

It must be said that I have only very infrequently met cannabis users in custody facing a possession charge (due to the 3- tier approach). Nevertheless, although cannabis

users appear infrequently in the more serious arenas of criminal justice, I take evidence in the form of national statistics and research that probation does little to dissuade the use of cannabis. Accordingly, I share the fundamental beliefs of cannabis policy reformists who argue that a regulated cannabis market would disrupt organised crime, reduce cannabis related harms and be generally beneficial to users and the tax paying public. It from this positionality, informed by professional and personal experience that this thesis was initially conceived and realised.

#### **4.1.3 Acknowledging the Sensitive Nature of Cannabis Research**

As the data chapters will go on to reveal some people have used cannabis for many years and adopt an almost laissez-faire attitude to their use of the drug. Nevertheless, whilst this may be the case, possession of cannabis in the UK without a prescription is unlawful, whereas, as chapter three discussed, in some overseas jurisdictions, the same behaviour is now entirely lawful. Consequently, in the UK, the use of cannabis becomes contextually situated as a 'sensitive topic' to investigate. Those whom we wish to study who engage in such behaviours may fear being identified and stigmatised (Lee and Renzetti, 1990). Indeed, prohibition has been considered to create a significant barrier between researchers and participants (Taylor and Kearney, 2004). Consequently, researching sensitive topics raises significant ethical and methodological issues that inform the entire research process from inception through to the publication of results (Lee and Renzetti, 1990 and Kvale and Brinkman 2009). As such, issues of ethics are not presented as a standalone section but rather are embedded throughout the chapter. The ethical principles adopted in this study were derived from the British Society of Criminology's (BCS) most recent guidance

published in 2015. Although matters of ethics in this study are nuanced the overriding principle was to “*design [this] research in such a way that the dignity and autonomy of research participants are protected and respected at all times*” (BCS, 2015 p. 5).

#### **4.1.4 Diversity and Inclusivity**

The only stipulation for inclusion in this study was to be an adult aged forty years of age or over, to live in a rural community and to use cannabis. As such, racial minority groups and members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community were welcome to participate. However, rather than collect such demographic data, this study created an environment in which participants could have been raised by participants during interviews.

#### **4.1.5 Ontology and Epistemological Foundations**

For Crotty (1998, p. 10) ontology is a philosophical pursuit “*concerned with ‘what is’, with the nature of existence, the structure of reality as such*”. At the same time epistemologies are varied philosophical positions that focus on how best to study reality as it is ontologically argued to be. Or in other words “*what it means to know*” (Crotty, 1998, p. 10). Ontological ‘realists’ believe that an objective world exists ‘out there’ beyond human perceptions processed in the mind. Such a view has merit, as MacQuarrie (1973 cited in Crotty, 1998, p. 10) writes:

*"If there were no human beings, there might be galaxies, trees, rocks, and so on-and doubtless there were, in those long stretches of time before the evolution of Homo sapiens or any other human species that may have existed on earth".*

Epistemological empiricists accept such a view of reality and argue that knowledge is accrued through “*experience, or from what we can observe, not just in visual observations but by using our senses or the instruments we possess to extend and enhance them*” (6 and Bellamy, 2012 p. 302).

The origins of empiricism can be traced back as far back as the 17<sup>th</sup> century in the writings of Francis Bacon (Klein, 2012). However, it was not until Auguste Comte (1798-1882) established sociology in 1839 that the empirical ideal was first transferred to the study of society (Pickering, 2009). However, Comte’s treatment of empiricism in *System de Politique* as ‘positive philosophy’ was so abstract that his ideas proved almost impossible to apply to the study of human society. Nevertheless, Comte’s writings strongly influenced Emile Durkheim (1858-1917) who pioneered the treatment of ‘social facts’ as ‘things’ in his 1895 text ‘The Rules of Sociological Method’. In his later work from 1897, Durkheim applied his approach with a detailed statistical analysis of suicide. In doing so, Durkheim’s work significantly contributed to establishing sociological positivism and the quantitative tradition in sociology (Hughes and Sharrock 2016 and Pickering, 2009).

Quantifying aspects of human behaviour can provide valuable insights when appropriately applied. Indeed, the topic for this study was initially revealed from a review of the drug misuse statistics for England and Wales. However, prevalence statistics do not provide insights into the normative context of drug use (Shiner and Newburn, 1997). Nor do such resources illuminate the nuanced meaning that drugs imbue to those who use them. In due course, this thesis will reveal cannabis has nuanced subjective meanings for older adults that cannot be readily quantified. For

example, for some cannabis is a recreational drug, for others, cannabis means relief from a medical condition. Others consider it as being both, often these meanings change as people age. For some, cannabis is a substance consumed on special occasions (e.g., solstices, parties) whilst others incorporate the use of the drug into the rhythms of their everyday lives. What was once a group activity often becoming secret consumption in older adulthood.

By arguing that context and meaning have value, by implication, this thesis is broadly aligned to ontological 'idealism'. An ontological position that contends that there is no one objective reality, but rather multiple versions of subjective reality held in the heads of humans. Typically, ontological idealism is embraced by epistemological interpretivists who follow broadly in the tradition of Max Weber (1864-1930). For Weber, we gain an understanding (*verstehen*) of social realities not by *explaining* behaviours in terms of reactions to social factors (e.g., anomie as Durkheim argues), but rather by *understanding* behaviour empathically, by observing what people do or by valuing what they tell us (Henn, Weinstein and Ford, 2009 and Crotty, 1998).

Accordingly, interpretivists gather such data not through the use of predesigned methods such as surveying, but through more flexible qualitative approaches such as ethnography, observation, interviewing and visual methods (Wincup, 2017, Bedi and Webb, 2020). From such methods, rich and detailed data is gathered which is interpreted to facilitate the construction of theory. Thus, interpretivist research efforts are best understood as analytic-inductive or "*research-then-theory*" led approaches to the generation of sociological knowledge (Henn, Weinstein and Ford, p. 16).

#### 4.1.6 Symbolic Interactionism and the Research Methodology

Normalisation of recreational drug use (Parker, Aldridge and Measham, 1998 and Aldridge, Measham and Williams, 2011) was employed as the primary conceptual framework for this thesis. However, the methodological design of the present study was informed by symbolic interactionist ideas and complementary approaches to social research. It is an approach, rather than a theory and ideally suited to drawing out individualised experiences and what meaning people attach to their actions. As the British symbolic interactionist Plummer (2001 p. xi) explains: *“the world is constituted through multiple refracted perspectives: it is indeed a ‘plural world’, one that is constantly changing and never fixed, and one where meanings are always being negotiated. In such a world, meanings and truth never arrive simply”*.

The origins of symbolic interactionism can be found in the work of the ‘first’ Chicago School scholars George H Mead and Robert E Park. Working in the 1920s and 30s, these writers pioneered the ethnographic tradition in sociology, focussing on understanding the lived experience of marginalised urban groups (Wincup, 2017). However, it is now accepted that symbolic interactionist ideas can be applied in qualitative research of varying designs (Punch, 2014). Mead’s follower Herbert Bulmer aptly describes symbolic interactionism in the following terms:

*“The term ‘symbolic interactionism’ refers, of course, to the peculiar and distinctive character of interaction as it takes place between human beings. The peculiarity consists of the fact that human beings interpret or ‘define’ each other’s actions instead of merely reacting to each other’s actions. Their*



*response is not made directly to the actions of one another but instead is based on the meaning which they attach to such actions" (Blumer, 1969 p. 78-79).*

Thus, human beings, from the symbolic interactionist perspective are the creators of their actions, they make rational choices rather than being passive respondents to environmental stimuli (Becker and McCall, 1990). As Blumer (1969, p. 78-79) explains in the following terms:

*"Each of us is familiar with actions of this sort in which the human being gets angry with himself, rebuffs himself, takes pride in himself, tries to bolster his courage, tells himself that he should "do this" or not "do that", sets goals for himself, makes compromises with himself, and plans what he is going to do".*

When discussing the application of the theory in ethnographic research Becker and McColl (1990 p. 5) argue that the *"great strength of the symbolic interactionism approach to meaning is that it is empirical"* in so much as the behaviour observed occurs in the objective world.

#### **4.1.7 Adoption of a Qualitative Methodology**

Concurrent with the development of symbolic interactionism and ethnography, the first Chicago School scholars also pioneered the use of document analysis and in-depth interviewing. Typically, these methods complimented their ethnographies and, in doing so enhanced the exploration of subjective realities and meaning. Following the Second World War, the University of Chicago benefitted from a dramatic rise in student numbers, many of whom were taught by Everett C Hughes and Blumer. The collective

achievements of the department are often referred to as the so-called 'second Chicago School'. The most widely known contributor to the study of deviance from this period is Becker, whose work was discussed in Chapter Two. The second Chicago School greatly influenced British criminology in the 1960s and 70s, solidifying the place of qualitative research in modern criminology (Wincup, 2017). Qualitative research efforts are essentially a naturalistic pursuit that Morse (1994 p. 1) contextualises as follows:

*"The laboratory of the qualitative researcher is everyday life and cannot be contained in a test tube, started, stopped, manipulated, or washed down the sink. Variables are not controlled, and until qualitative researchers get close to the end of a study, they may not even be able to determine what those variables are. Therefore, theory, development, description, and operationalization are often the outcomes. They are the product of the research process, rather than the means..."*

As Maxfield and Babbie (2015 p. 267-270) point out *"...if you want to understand the perspective of those who are labelled as criminal or deviant, your best tactic is to talk to them in person. This is especially true with hard-to-reach populations about which little is known"*.

#### **4.1.8 Fundamental Limitations: Generalisability and External Validity**

The limited number of participants ( $n= 16$ ) combined with a focus on what cannot be observed renders the findings of this study entirely situated in the social realities of those interviewed. However, it is judicious to note that the project never intended this study to achieve external validity. Rather this study was formulated to provide exploratory insights obtained through the study of individualised accounts of lived experience. By way of chance, this study recruited an equal number of male and female participants. Informed by an expectation that drug use is typically male behaviour, this was an unforeseen outcome. However, whilst qualitative research can flex in response to such occurrences (Flick, 2018), gender-based comparisons are not provided. Therefore, whilst concerns may be raised from a positivistic perspective that the study has limited reliability and generalisability, these are common limitations of in-depth interviews, and the study focuses on internal validity and presenting the participants' experiences in their terms of reference.

#### **4.1.9 The Issue of Participant Truthfulness.**

A factor that should be acknowledged when conducting research of the type presented in this thesis is participant truthfulness, no matter what mitigations are employed to ensure internal validity (discussion to follow). It is important to note that no compensation financial or otherwise was available to participants. Whilst financial inducements often lead to increased numbers of participants (particularly so in survey research) "*payments are believed to increase the possibility of contamination or bias*" (Thompson, 1996, p. 1). Nevertheless, although the risk of inducement was by way of the research design mitigated, it would erroneous not to acknowledge the risk that participants (for reasons unknown) may choose to provide inaccurate or significantly

edited narratives. However, such issues should not be considered as a deficit of character, but rather a response strategy when being asked questions, especially those probing sensitive matters such as drug use.

As documented previously Goffman's (1959 and 1963) dramaturgy considers peoples private and public lives and explains why people withhold details of their lives and behaviours from wider society. Activities that are likely to incur social condemnation are indulged upon as acts of secret consumption. It is a line of argument that resonates in the work of Becker (1970, p. 4) who, in referring to participant honesty, argues:

*“The autobiographer proposes to explain his life and thus commits to himself to maintaining a close connection between the story he tells us what an objective investigation might discover. When we read autobiography, however, we are always aware that the author is telling us only part of the story, that he has selected material so as to present us with a picture of himself he would prefer us to have and that he may have ignored what would be trivial or distasteful to him, though of great interest to us”.*

In the present study fifteen of sixteen participants presented themselves and articulated their responses in a manner that did not arouse suspicions of inaccuracy or fabrication. The exception being (Mark) whose early interview responses were delivered in a gregarious manner that aroused suspicions of response credibility. However, that said, it must be acknowledged that this participant was being asked to recall experiences from over fifty years ago. It was with these caveats in mind that Mark's early responses were ultimately included because they add something to the discussion on early drug use, but do not skew the findings, due to their uniqueness when compared to the responses of other participants. Interestingly, as Mark's

interview progressed his responses were conveyed in a more pragmatic fashion and thus did not arouse the same level of accuracy concerns.

#### **4.1.10 Using Facebook to Advertise the Offline Research Project**

This study did not seek to identify participants from forensic environments, drug treatment agencies or any setting in which cannabis users may be more plentifully encountered than in the general population (e.g., illegal cannabis social clubs, festivals, raves). Therefore, to recruit a sufficient number of participants this study needed to cast the recruitment net as wide as possible. Social media held instant appeal as a means with which to achieve this objective. There is a plethora of social media platforms that cater for varying demographics. Yet all facilitate communication and the exchange of information. Digital media such as pictures, videos, and websites can be disseminated and endorsed by users, friends of users, and businesses. For those with commercial interests, social media adverts can be targeted towards specific demographic groups, such as locality, age, or gender (Whitaker, Stevelink and Fear, 2017).

After an exploration of these platforms, based on functionality and researcher familiarity I identified Facebook as being the most suitable. Indeed Moyle (2013) found Facebook to be a highly valuable recruitment tool in her study of adults over 18 who were or had experience of socially supplying, crack cocaine, heroin, and amphetamines. However, in this study, the focus is on adults over 40 years of age, and it was unclear if this age group were engaged with Facebook to the degree that a participant sample would be forthcoming. However, Ipsos Mori (2018) survey findings

provided some reassurance by indicating that at the time fieldwork was implemented 70 per cent of UK adults aged between 35 and 54 years of age and 36 per cent of those over 55 regularly interacted on the platform in the UK. Sociologically, Wilson, Gosling and Graham (2012 p. 204) contend that *“it is useful to think of Facebook as an ongoing database of social activity with information being added in real time”*. Kosinski *et al* (2015 p. 543) consider Facebook to be a *“powerful research tool for the social sciences. It constitutes a large and diverse pool of participants, who can be selectively recruited for both online and offline studies”*.

In Thornton *et al*'s (2016) review of 110 research articles that cited Facebook as an advertising tool, it was found that most studies (80 per cent) had been of a cross-sectional design with 57 per cent focusing upon sensitive issues such as ill health. In studies they identified in which recruitment was discussed in-depth, the majority of authors (86 per cent) reported that they were satisfied that Facebook had generated participant samples comparable to that obtainable using traditional methods (e.g., newspaper advert, snowballing).

Although Facebook promised to be a useful resource, detailed consideration ensured that it was utilised in an ethically sound manner. BSC (2015 p8) guidance points out that researchers must *“...be aware of the particular ethical dilemmas that may arise when engaging in these mediums”*. Consistent with BSC guidance, Gelinas *et al* (2017 p. 4) point out that the *“embedded and interconnected nature of social media”* raises ethical issues that may not need to be overcome when using more traditional advertising designs (e.g., newspaper adverts, posters). In particular, Gelinas *et al*

itemise the significance of online privacy. To mitigate privacy issues a Facebook 'page' entitled 'Rural Area Cannabis Use Study' was created to host the recruitment poster and the informed consent document (see Appendix 1 and 2) to recruit participants for offline interviewing. To protect the identities of visitors to the page, both the commenting and messaging facilities were 'turned off'. Consequently, the only means of contacting me to find out more about the study was by phone call or text message. These were important ethical considerations because online resources are never entirely safe from cyber-intrusion efforts (van der Schyff, Flowerday, and Furnell, 2020). Thus, participants were protected from potential data mining activities by third parties, whose activities can result in the use of data for reasons that people have not consented to (Rooke, 2013).

Although the Facebook page did not facilitate online communication, it could nonetheless be shared among Facebook users. To kickstart the recruitment process details of the study page were shared on the researcher's own Facebook page, in the hope of creating a snowball strategy of sorts. For the duration of fieldwork, Facebook messenger status was set so only pre-existing friends could make contact. Thereby, removing the option for participants to circumvent establishing contact by phone in favour of messaging. If sufficient numbers of participants share positive feedback experiences, a study can grow incredibly quickly to the point at which it becomes self-sustaining (Kosinski *et al*, 2015).

However, in the present study, no participant introduced another to the study. The reasons for this are unknown, Yet all participants gave positive feedback comments to

me either during or after their interviews. The absence of participant referrals is attributed to the fact that most of the participants in this study were typically secret cannabis consumers that no longer associated with other cannabis users as they did during adolescence and young adulthood (see Cannabis: Everyday Life and Older Adulthood – Chapter Seven). Without the benefit of referrals recruitment took 14 months but did eventually yield a sufficient, if not extensive participant sample. On reflection, alternative recruitments strategies such as a newspaper advert may have produced a larger sample in a shorter time period. Four participants spoke of intimate partners who used cannabis, yet referrals were not forthcoming – quite possibly a modest gift voucher from Amazon or similar could have prompted referrals and the redemption code given over the phone at the end of the referred participants interview. These measure may well have produced a larger sample in a shorter time frame. Furthermore, and with the benefit of hindsight, offering prospective contributors the opportunity to make contact via email or secure messaging may have encouraged more respondents to come forward. These are learning experiences that will be taken onboard when designing and operationalising future research efforts with geographically dispersed drug using populations. Following the interviews, participants were assigned a pseudonym to protect their identities. The following participant sample was generated:



Table 1: Participant Demographics

Males	Pseudonym	Age	Occupation	Age of First Use
	Robert	42	Education Administration	16
	Steve	45	Office worker	16-18
	Charles	50	Logistics	13-14
	Phil	50	Logistics (Warehousing)	16
	John	51	IT Professional	Teenager
	Matthew	52	Former Retail Manager	Late teens-early 20s
	Albert	56	Building Industry	22
	Mark	66	Manufacturing	14
Females	Erica	40	Teacher	15
	Steff	41	Specialist Educator	17
	Maggie	47	Care worker	15
	Georgia	47	Healthcare Management	Early 20s
	Samantha	48	Market Trader	16
	Victoria	50	Not in Employment	14
	Lizzie	51	Healthcare Support	15
	Suzanne	59	Interior Designer	18

The average age for all participants was 49 years. The average age for females was 47 years and for males 51 years. Whilst all participants could recall their cannabis inception experiences, several were unable to recall the exact age they were at the time.

#### 4.1.11 Informed Consent

British Society of Criminology (BSC, 2015 p. 6) ethical guidelines state:

*“the public should participate in research voluntarily, free from any concern and be able to give freely informed consent in all but exceptional circumstances... [researchers should] accept that informed consent implies a responsibility on the part of researchers to explain as fully as possible, and in terms meaningful to participants, what the research is about, who is undertaking and financing it, why it is being undertaken, and how research findings are to be disseminated”.*

The requirement in this study that all enquiries were to be made by phone, mitigated this ethical requirement through discussion and signposting participants to the consent document (if they had not already read it). An offer was made to read the document to the participants if they preferred. None requested this. It is worthwhile pointing out that most participants reported that they had read the document before making contact. These initial conversations also provided the opportunity to meet the BSC (2015) ethical recommendation to answer questions about the purpose of the study, reassure participants that this research employed no deceptive practices or objectives, who was funding it (self), how the findings of the study might be published, and crucially the limitations on confidentiality. Due to the design of this study, confirmation of informed consent was obtained verbally, after participants were informed that the recording device had been turned on, at the beginning of their interview.

#### 4.1.12 Intoxication, Capacity, and Informed Consent

This research did not seek to interview participants who could be considered as belonging to a vulnerable group unable to give informed consent. BCS (2015 p. 7) ethical guidance makes clear that to do so without the approval of an *"appropriate body operating under the Mental Capacity Act 2005"* would be illegal. To mitigate this important legal and ethical requirement the informed consent document featured the following statement:

*"If you have not reviewed the informed consent document and interview schedule, you confirm that the researcher has gone through this with you. You also confirm that there is no reason that you cannot legally give consent to take part such as the need for you to consult an appropriate adult or case manager"*.

The BCS (2015) also notes that people may come to lack capacity during the course of a research project. Accordingly, the same legal stipulations apply. This was an important consideration because this study engaged directly with people who use one or more intoxicating substances. As Martel *et al* (2018) found among people intoxicated with alcohol attending an emergency department, many can complete questionnaires, yet they may be incapable of providing informed consent. By way of the researcher's work in drug treatment, considerable experience of noticing intoxication (no matter how slight) was utilised. However, in the course of this study at no time was intoxication by way of cannabis or any other substance detected in the voice or conduct of the participants. Had intoxication been detected it would have been politely suggested that the interview be postponed to another time.

#### **4.1.13 Limitations of Confidentiality**

Given that the use of cannabis is prohibited in the UK, this research handled reports of ongoing engagement with a criminal act. It was therefore vital that this key ethical issue was given full consideration. As far as the law is concerned researchers (and the public) are not typically required to pass on information relating to past and present criminal activity (BSC, 2015). Therefore, it was possible to reassure participants that their use of any illicit substance would not be reported to the authorities. However, participants needed to be aware that it was an obligation to consider reports of other criminality differently. As such, this research could only specify 'limited confidentiality'. Particularly, it was a requirement in law to breach confidentiality and report involvement with terrorism, money laundering and the intention to harm others. It was also a moral obligation to take the same approach to reports of child abuse and neglect (BSC, 2015).

It was also agreed with the institution that in the interest of reducing public harm and safeguarding vulnerable people, involvement with large-scale commercial illicit drug supply, coercion (e.g., colonisation), human trafficking, modern slavery, supply of drugs to children and violent offending should also be limits on confidentiality. These conditions were available to participants in the informed consent documentation that accompanied the recruitment poster on Facebook (see Appendix 1 and 2). At no time during this study was the researcher presented with a situation that required any action concerning limitations of confidentiality.

#### 4.1.14 Telephone Interviewing

It was anticipated that using Facebook to advertise the study would generate a geographically dispersed participant sample. Subsequently, it would have been impractical, too costly, and ethically indefensible (researcher safety) to travel to interview participants in their own homes or expect participants to travel to be interviewed. Thus, participation in the research process needed to be accessible, appealing, and ethically reassuring. These were important considerations because no financial compensation was available to participants. Two strategies held appeal as meeting these objectives: Internet Mediated Research (IMR) and telephone interviewing.

An IMR design can have great benefits for qualitative researchers faced with the prospect of interviewing geographically dispersed participant samples, or in situations in which a face-to-face design is ethically indefensible (Deakin and Wakefield, 2014). However, in this study, IMR was excluded on the grounds of anonymity and cyber security concerns. Therefore, the only remaining means of having a qualitative conversation with participants at a distance was by telephone. To facilitate the interviews, a modestly priced mobile telephone with a pay-as-you-go contract was purchased. A voicemail message was available to prospective participants when the phone was turned off or at times when it was not monitored (see Appendix 3). When the fieldwork was concluded the contract was terminated. No participant left a voicemail message on the dedicated mobile phone. However, before fieldwork, guidance was sparse in the literature on the efficacy of conducting in-depth sociological interviews by phone. Yet, the method promised to be useful for creating

an ethically safe space for participants to discuss sensitive matters without being in a face-to-face situation (Bryman, 2012). The absence of detailed guidance is confirmed by Novick (2008, p. 4) who argues:

*“In much of the literature I reviewed, I discerned a tendency to view the telephone mode as inferior to face-to-face interviews for qualitative research. This attitude is implicit in both the omission of telephone interviews in qualitative research texts and in the small body of existing literature on telephone interviews; it is explicit in comments that convey researchers’ low expectations of telephone interviews to elicit high-quality data”.*

Novick (2011 p. 5) goes on to argue that the bias against telephone interviewing among qualitative researchers *“reflects a fundamental concern about the absence of visual cues and its impact on data quality”*. The absence of visual cues is believed by many as inhibiting the ability to establish rapport, to probe responses, and can lead to responses being incorrectly interpreted. Holt (2010) also notes that the method is *“assumed to be second best”* in comparison to face-to-face interviews. However, when participants were not forthcoming to her study, Holt was compelled to explore alternative methods of engagement. Using the phone enabled Holt to recruit and interview participants in jurisdictions she would otherwise not have been able to access. Holt found that the absence of verbal cues meant that everything had to be verbally communicated thereby producing a *“much richer data set for analysis”* (Holt, 2010, p. 116). In this study, participants were given the option for their interview not to be recorded. However, none requested this. All participants were made aware when the recorder was turned on and off.

#### 4.1.15 The Interview Design

Two types of interview design were initially considered for operationalisation by telephone: structured and semi-structured. Structured interviews typically feature many questions with a limited choice of answers. Such a strategy generates findings that can be readily compared and collated (King and Wincup, 2008 and Davies, Francis and Jupp, 2018). However, given that so little is known about the situation of older adult cannabis users, it was not possible to arrive a detailed set of question. Consequently, it was deemed appropriate to adopt a more flexible strategy, one that would allow participants considerable freedom during interview. Consequently, a 'loose' semi-structured interview design comprising open-ended 'themes' rather than questions was utilised. The themes were informed by the preliminary literature review and brought some order to the interviews and facilitated the asking of additional probing questions (Bryman, 2012). Fundamentally, the interviews in this study can be considered as being of a narrative design in so much as they focussed upon temporally lived experiences communicated in the form of short stories (Kvale and Brinkman, 2009). During the interview participants were asked the following questions as themes:

1. Can you please describe the circumstances under which you first became involved with cannabis?
2. Why have you continued to use cannabis throughout your life?
3. How has cannabis positively impacted your life?
4. How has cannabis negatively impacted your life?
5. Have there been any periods that you did not use cannabis?

6. What do you think about the laws relating to the possession of cannabis in the UK?
7. Can you see yourself continuing to use cannabis well into the future?
8. Have you tried to give up cannabis but found it difficult?
9. How do you think living in a rural community changes the nature of cannabis in comparison to urban areas such as large towns and cities?

#### 4.1.16 Interview Technique

For Kvale and Brinkman (2008 p. 17) interviewing is a craft that is dependent upon skills that are learned through practice. The quality of an interview is *"judged by the strength and value of the knowledge produced"*. Accordingly, interviewing as a learned craft contrasts significantly with the rigid predetermined methods employed in positivistic research. Interviewing is best understood as an active process, where *"interviewer and interviewee through their relationship produce knowledge"* (Kvale and Brinkman, 2008, p. 17). The semi-structured design in the present study brought some order to the interviews yet was flexible enough to enable the participants to answer as they saw fit, whilst simultaneously permitting me the opportunity to ask additional probing questions (Bryman, 2012). For example, if it was thought beneficial for an interviewee to expand upon their answer, probing statements were employed for example 'can you explain a bit further, please?' or 'this is interesting stuff, a different perspective'. Because the interviews were recorded, they could progress without the interruptions that would have been needed for me to take notes.

The approach was consistent with Rubin and Rubin's (2012) idea of 'responsive interviewing' as a conversational partnership. Consistent with this approach,



conversations were allowed to flow freely within the themes until the participant reached a natural conclusion. Researcher interjections were limited so as not to interrupt the participants flowing narratives. No judgement was passed on the participant's use of cannabis or past or present behaviours. Neither was the use of expletive language curtailed. The urge to divert the conversation even if participants appeared to be wandering off-topic was resisted. Mindful that Becker (1963, p. 46) had used the *"jargon of the user"* in his study, the same strategy was employed. For example, if a participant described cannabis as 'dube', 'spiff', 'herb' etc such terminologies were adopted during the participant's interview. The overall approach appeared to demonstrate to participants that their responses were valued.

#### **4.1.17 Mitigating Harm During and After Interview**

As Seidman (2019, p. 6) points out there are two predominant types of risks to in-depth qualitative interviewing, those that arise during an interview and those that reveal themselves after the interview. On this point, BSC (2015 p. 5) ethical guidelines stipulate that researchers should *"recognise that they have a responsibility to minimise personal harm to research participants by ensuring that the potential physical, psychological, discomfort or stress to individuals participating in research is minimised by participation in the research"*. In this study, particular attention was paid to mitigating the following BSC points of concern:

- *Psychological harms: including feelings of worthlessness, distress, guilt, anger or fear-related, for example, the disclosure of sensitive or embarrassing information, or learning about a genetic possibility of developing an untreatable disease.*

- *Devaluation of personal worth: including being humiliated, manipulated or in other ways treated disrespectfully or unjustly* (BSC 2015 p. 5).

As Lee (1993, p. 97) notes “*telling another about those aspects of oneself which are in some way intimate or personally discrediting- confessing in other words- is a difficult business*”. In this study, the assurance of anonymity and privacy afforded by the telephone design arguably made the experience of ‘confessing’ far less uncomfortable for participants when compared to a face-to-face interview situation. Additionally, the phone design preserved the “*dignity and autonomy*” (BCS, 2015 p. 5) of participants by facilitating easy withdrawal from the study by simply terminating the phone call. On occasion, participants became impassioned when responding. Others paused and some struggled to respond to question themes as fully as others. In such instances, “*renegotiation of consent*” (Kavanaugh and Ayres, 1998, p. 92) was facilitated by asking participants if they were happy to continue. Occasionally, participants reached a point in which they had nothing more to add to their responses. In such instances, the interview simply progressed to the next question. No participant withdrew from this study during an interview.

Nevertheless, following BSC guidance, on the completion of the interview schedule, all participants heard the debriefing statement (see Appendix 5). The statement also sought to establish if a participant would value the details of support services such as cannabis cessation support, drug advice, mental and physical health support, emotional crisis, and adverse childhood experiences. No participant requested the details of support organisations.

#### **4.1.18 Experience in Delivering the Interviews by Telephone**

As best as could be ascertained, participants presented as being appropriately engaged and in doing so provided rich and detailed narratives. Participants were comfortably situated in the privacy of their own homes and thus potentially able to smoke cannabis before and during their interviews. However, at no time was it detected in the voice or conduct of a participant that they were intoxicated (by way of cannabis or any substance). Often participants gave impassioned responses, especially so when asked about cannabis prohibition. On one occasion a participant's dog tried to eat something that required confiscation. Another participant requested an adjournment after they received a text from a family member. However, the interruption was brief, after which the interview was successfully concluded. Practically, the phone design appeared appealing to participants because they could take part from the comfort of their own homes at a time convenient to them.

#### **4.1.19 Participant Feedback**

At the end of interviews and following debrief several participants provided positive feedback on the experience of contributing to this study. For example, Lizzie (age 51) told me: *"...it's all been great, not looked back on my relationship with weed in this way"*. Mark (age 66) reported, *"Cool, it's actually been good to talk about spliff"*. Steve age 45 stated that *"...I am quite happy with how it's all gone actually"*. Feedback such as this demonstrates that when under-researched or minority groups are engaged in social research they can be enthusiastic contributors.

#### 4.1.20 Reflective Research Practice in the Absence of a Pilot Study

Before the interviews commenced, due consideration was given to the fact that qualitative researchers are themselves the instrument of data collection. Furthermore, without being equipped with a detailed set of questions or contextual information could also be potentially problematic. Consequently, the possibility that the interviews might be skewed by researcher bias due to preconceived ideas, attitudes, and beliefs requires consideration and ongoing monitoring (Chenail, 2014). When it comes to eliminating bias, quantitative researchers hold the advantage because they are not the instrument of data collection, their questionnaire is. Thus, quantifiers can test the questionnaire before it 'goes live' through pilot testing. Such a strategy facilitates the evaluation of the overall design, the internal validity of the questionnaire, sampling techniques and preliminary testing of hypothesis (Smith, 2019). However, in qualitative research designs, the value of conducting a pilot is less well defined, principally because the methods adopted by interpretivists are operationally more flexible (Williams-McBean, 2019). Consequently, commentaries on conducting pilot studies in qualitative research compared to quantitative designs are less plentiful (Kim, 2010). However, several factors inherent to the design of this project focused attention on the importance of being a 'reflective' researcher. Adopting a reflective attitude is crucial in qualitative research as a means with which to "*legitimate and validate research procedures*" (Mortari, 2015 p. 1).

Without the benefit of a pilot study, it had been agreed with the supervisory team that two interviews would be conducted and transcribed. After which consultations with the

supervisory team would take place. This proved to be a worthwhile strategy because it was found that delivering a qualitative sociological interview was a different experience from delivering a structured drug treatment assessment or one-to-one session. This was especially the case during the early stages of fieldwork. In hindsight, this should have been better anticipated because as Kvale and Brinkman, (2009 p. 1) point out, successful interviewing requires the *“cultivation of conversational skills that most human beings already possess by virtue of being able to ask questions”* However, as the fieldwork progressed, and supervisory advice was heeded interview craft skills improved as did the quality and quantity of data.

#### **4.1.21 Mitigating Issues of Internal Validity**

Consistent with the objectives of this project, the choice of a qualitative methodology was appropriate. However, for reasons of transparency, it is helpful to explicitly state the limitations of the methodology, and mitigations taken to address issues of ‘validity’. When qualitative researchers *“speak of research validity, they are usually referring to qualitative research that is plausible, credible, trustworthy, and, therefore defensible”* (Johnson, 1997 p. 282). Issues of validity are expansive, but Johnson argues that *descriptive, interpretive, and theoretical* validities are the most crucial ones for qualitative researchers to consider.

#### **4.1.22 Descriptive, Interpretive and Theoretical Validity**

According to Johnson (1997, p. 282) issues of *“descriptive validity”* draw into focus the necessity to accurately record that which is observed and heard by the researcher. One way of ensuring descriptive validity is to adopt *“investigator triangulation”* a

strategy in which multiple observers cross-examine the accuracy of that which was recorded. Given the design of the present study, it was not possible to employ investigator triangulation quite as Johnson describes. However, regular supervisory sessions throughout the duration of this project stimulated a situation of 'reflexivity'. As Berger (2015, p. 2) puts it:

*“Questions about reflexivity are part of a broader debate about ontological and axiological components of the self, intersubjectivity and colonisation of knowledge...Consequently, researchers need to increasingly focus on self-knowledge; carefully self-monitor the biases, beliefs, and personal experiences on their research; and maintain the balance between the personal and the universal.”*

As such, through discussion with my three supervisors, all of whom had considerable experience in both conducting and supervising qualitative research I was able to appreciate my 'positionality' in this project. Particularly, my prior status as a cannabis-using 'insider' and my current experiences as a treatment practitioner. In doing so the beliefs I brought to this project and the potential impact this could have had on the operationalism of the project and its outcomes was subject to ongoing critical evaluation (Berger, 2015).

In contrast to descriptive validity, *interpretive validity* refers to the extent that the subjectivities of participants are accurately presented by the researcher. Consequently, as Johnson (1997 p. 285) puts it ensuring a high degree of interpretive validity requires the researcher to *“look through the participants’ eyes and see and feel what they see and feel. In this way, the qualitative researcher can understand things from the participants’ perspective and provide a valid account of these perspectives”*.

For Johnson, the most effective way of increasing interpretive validity is to confirm what was said by participants or for the researcher to share interpretations with participants. My positionality certainly helped me understand what I was being told. However, I nonetheless asked participants to elaborate or explain that which I did not immediately understand.

Johnson (1997, p. 285) also suggests that whenever possible "*low inference descriptors*", in the form of verbatim quotes should be used. As this thesis will go on to reveal in the data chapters, significant space is allocated to verbatim data that is presented in such a way that the context and meaning are conveyed. In doing so, Johnson's advice was followed so the reader of this thesis is provided with the opportunity to "*experience the participants' actual language, dialect, and personal meanings*" (Johnson, 1997, p. 285) as best as possible. It is hoped that enough verbatim evidence is provided so that the theoretical interpretations can be evaluated accordingly.

For Johnson (1997, p. 287), theoretical validity concerns the extent to which the theory formulated from the findings of qualitative research "*fits the data*". In qualitative research, a theory is "*more abstract and less concrete than description and interpretation*" (Johnson, 1997, p. 287) As such, theoretical discussions focus on "*how a phenomenon operates and why it operates as it does*". Or, In other words, the "*theory development moves beyond just the facts and provides an explanation of the phenomenon*" (Johnson, 1997, p. 287). The most effective strategy for ensuring that a theory fits the data is through prolonged fieldwork, observation, and triangulation (Johnson, 1997). However, the design of this research is such that confirming theory

through observation was not an option. However, by way of its explorative nature, the approach to applying theory to the data was, in effect, consistent with triangulation. Some theories challenged data analysis, while others supported it, others were considered a poor fit, and some theories complimented each other. Furthermore, matters of theory and data interpretations were often debated during supervision, a process that often revealed hitherto unconsidered explanations and perspectives.

#### 4.1.23 Transcription

This engagement strategy eventually achieved its fundamental objective of obtaining rich and meaningful data from the hard-to-reach cannabis-using demographic. Interviews lasted between 30 minutes and 70 minutes. Following each interview, the verbal data was transcribed without third party assistance. This was deemed to be important on three fronts. First, the data related to a prohibited activity and contained identifying information. Second, mindful of Bailey's (2008, p. 129) comment that *"transcription involves close observation of data through repeated careful listening"*, it was further considered advantageous to not to employ a transcription service. Indeed, repeated listening to the interview recordings often resulted in re-interpretations and renewed understanding of the material. Thereby facilitating greater insight into the meaning of what was being said, rather than simply what was said. This was important given that telephone interview design did not provide the opportunity for observations of environment or participant behaviour notably body language.

Third, the verbal data recordings were transcribed 'almost' verbatim because the objective was to *"shoot for accuracy in meaning"* (Atkinson, 1998, p. 54) However, on



occasion words were transcribed using standard spelling rather than as they sounded. The only other form of editing was the careful removal of identifying data, and on occasion profanities deemed particularly offensive. Upon satisfaction that the transcription was an accurate representation of the interview, the recording was deleted as per data handling protocols.

#### 4.1.24 Data Analysis

Although broad themes worthy of exploration during the design stages of this study were easily identifiable, the participants' responses were nuanced within these themes and thus required coding. For Basit (2003, p. 143) coding qualitative data is a *"dynamic, intuitive and creative process of inductive reasoning, thinking and theorizing"*. For Miles and Huberman (1994 p. 56) *"coding is analysis. To review a set of field notes, transcribed or synthesised, and to dissect them meaningfully while keeping the relations between the parts intact, is the stuff of analysis"*. The fundamental purpose of engaging in this process is to achieve a profound level of appreciation of what has been studied and to stimulate the consideration of interpretations. In doing so, the qualitative data analyst seeks to *"determine the categories, relationships and assumptions that inform the respondents' view of the world in general, and of the topics in particular"* (Basit 2003, p. 143).

Two strategies were explored to assist in reaching this objective, 'coding electronically' and 'coding manually'. First, a determined effort was made to electronically code the transcribed data using Nvivo (Lumivaro, no date). Whilst it is appreciated how NVIVO might benefit researchers handling large amounts of data, or to be useful in cases in

which multiple researchers are contributing to a project, in this study it was found that much attention was being spent understanding Nvivo rather than getting close to the narrative data and consequently, Nvivo was abandoned in favour of 'coding manually'. As Saldana (2013 p. 26) points out:

*“There is something about manipulating qualitative data on paper and writing codes in pencil that give you more control over and ownership of the work...there is something to be said for a large area of desk or table space with multiple pages or strips of paper spread out to see the smaller pieces of the larger puzzle – a literal perspective not always possible on a computer’s monitor screen”.*

Although electronic coding was discarded in favour of manual coding the principles are the same (Saldana, 2013). Codes are essentially labels attached to portions of data as succinct as a single word or complete paragraphs. Thus, when codes are applied to data *“it is not the words themselves but their meaning that matters”* (Miles and Huberman, 1994 p. 56). Through the use of interview printouts, scissors and highlighter pens combined with Microsoft Word the approach to data analysis was broadly consistent with that advocated by Miles and Huberman (1994). First, *descriptive* codes were created that were orientated predominantly around the question themes but were also informed by the provisional conceptual framework for the study and the review of the literature.

At this stage in the analysis little if any interpretation was required. From here, each heap of text was explored more deeply with *interpretive* codes being assigned to responses that required greater consideration. For example, what cannabis meant for the participant when they were young. From here *pattern* codes were applied to the

data set as familiarity with the narrative increased. Ultimately, the narrative data was organised into four data chapters consistent with the primary conceptual framework (normalisation) under the following headings:

**Chapter Five: Cannabis Initiation: Early Experiences and Subcultural Affiliations**

**Chapter Six: Obtaining Cannabis Supplies in Older Adulthood**

**Chapter Seven: Cannabis: Everyday Life and Older Adulthood**

**Chapter Eight: How is Prohibition Perceived by Older Adult Cannabis Users in the UK?**

#### **4.1.25 Data Protection**

Participant data obtained during the course of this project was handled per the UK General Data Protection Regulations (GDPR) that came into force on the 25th of May 2018 (Information Commissioners Office, 2023). As per the GDPR requirements, the researcher acted as both the data controller and processor of all data received from participants. The measures taken to handle data per GDPR reduced the risk to participants from loss of their data due to cyber-intrusion and careless working practices. As stipulated by the GDPR, the arrangements for data handling were fully communicated to participants via the informed consent document (see Appendix 2).

The phone and sim card were both secured by way of PIN and when not in use the phone was stored in a locked filing cabinet. Interviews were conducted in a private area using a digital voice recorder connected to a specialised earpiece. Following the completion of an interview the recorded data was transferred to a fully encrypted external hard drive. The data was then deleted from the voice recorder. At no time was

any data transferred to a third-party cloud-based storage system. During the course of this study was not presented with any data protection issue that required rectification.

## 5 Cannabis Initiation: Early Experiences and Subcultural Affiliations

*“I was in the US in California I was around 14 years of age and with my friends, that was the first time I smoked a cannabis joint” [Lizzie: age 51].*

### 5.1 Introduction

This first of four data chapters explores the participants early cannabis careers and, for some the use of stimulant drugs. In doing so this chapter predominantly follows the participants cannabis careers as they progressed (or not) through the normalising dimensions of being exposed to drugs (*drug availability*) to that first *drug trying* experience and then progressing to more regular *drug use* (Parker, Aldridge and Measham, 1998) are operationalised as the core concepts around which the participants responses are organised and presented. However, in order to delve deeper into the participants lived experiences and what the drug meant to them during their youth, ideas from symbolic interactionism (Becker, 1963) and British subcultural theorists (e.g., Young, 1971., Cohen, 1972., Corrigan 2006 and Hall and Jeffersen, 2006) are utilised to enhance the analysis and discussions. Informed by the trajectory of the participants drug use (rather than categorisations of cannabis inception experiences) the following key themes emerged during data analysis:

- 1) **Rave Culture: Stimulants, Cannabis and Coming Down**
- 2) **The Cannabis Using Subculture**
- 3) **The Counterculture Influence**
- 4) **The Pub: Friendship, Cannabis and Alcohol**
- 5) **Long-Standing Friendships and Cannabis**

## 6) The Subculture of Doing Nothing

### 5.1.1 Rave Culture: Stimulants, Cannabis and Coming Down

For five participants in this study, the use of cannabis became a fundamental part of participation in the rave subculture of the 1980s and early 1990s (Shapiro, 1999 and 1999b). Consistent with the findings of Parker, Aldridge and Measham (1998) it was participation in the rave scene that introduced the participants to the popular stimulant drugs of the day (MDMA, LSD and amphetamines). Consistent with the findings of Measham, Parker and Aldridge (2001) the rave participants demonstrated that meanings are not fixed but negotiable (Plummer, 2016) when they described how cannabis took on a new purpose as a substance to be used at the end of the rave to neutralise the lingering effects of the stimulant drugs. Without exception, the rave participants in the study were not motivated to engage with the culture due to feelings of social alienation, political beliefs, class conflict or economic situations (Clarke *et al.*, 2006), rather it was something they did for fun (Bennett and Kahn Harris, 2004), until the responsibilities of adulthood, perceptions of one's age in comparison to younger ravers, and careers brought this phase in the participants lives to a close in a manner consistent with Andes (1998)., Bennett (2006) and Hodgkinson's (2011) analysis of declining subcultural participation and age.

Logistics worker Charles (age 52), described growing up in a small market town during the 1980s. Charles journey towards a lifetimes normalised cannabis use started with his "*first blaze up*" when he was approximately 13 years of age (circa 1982). He was introduced to cannabis resin by way of social supply from an older friend who could

*"get hold of hash from a mate"*. Charles recalled that his local shop owner would not sell Charles or his underage friend's tobacco, not even packs of Rizla papers. Consequently, the group would ask *"some old boy"* to go in for them. Charles described the resin his group was using as *"block, soap bar stuff, not like this shite today [referring to sinsemilla], I mean it was piss weak but that was ok..."*.

When asked who paid for supplies, Charles's reply revealed the significance of social supply and 'chipping in' (Coomber, 2017 and Coomber, Moyle and South, 2015) in the maintenance of their cannabis use:

*"mostly we scrounged a bit, if we had to pay, we would chip in a little each, and we would get a tenth, minuscule amount"*. Distinguishing between what he considered acceptable drug use and that which is not, Charles stated that he was *"happy he discovered hash"*, he saw this as a better choice than *"glue"* [a solvent], which he recalled was being used by the *"older skanky types of kids...who messed themselves up on heroin in the end"*.

Charles went on to describe the strategy he and his friends took to ensure that their cannabis use remained undiscovered. As he did so he implicitly revealed that recreational drug use in his town was, to his knowledge not widespread and yet to be cultural accommodated by non-users, who held strong beliefs on the morality of drug use. In his own words Charles reported:

*"...no one wanted any contact with the fuzz [police], parents would have gone ape they still had old school values, no one wanted that grief, so we kept it low key...in those old buildings. That's where we used to have a smoke, never at home you gotta remember drugs were not a big thing, not*

*so widespread, most anyone heard of drugs was Sammo on Grange Hill [circa 1986] getting hooked on whatever that was...*"

When asked how the trajectory of his cannabis career developed Charles reported that he continued to use the drug, but he normalised ecstasy into his drug repertoire when he and his friends discovered the rave scene. Charles recalled:

*"funny thing was, that despite the party drugs, hash was becoming more of a thing, we used it to come down off the e's [ecstasy] at the end of the night".*

Charles went on to provide a narrative chronicling how entering young adulthood presented him with a new opportunity for drug involved experiences when he and his friends emerged themselves in the subculture of rave:

*"When the lads got cars, that's when things got different, we got cars bang on when raves became a thing, it was before mobiles, to begin with, but we always found out by word of mouth, we would...get to know the other car freaks, the 'Gary' boys and soon you would find out. When mobiles got cheap, those old Nokia things, we would wait around for the text and off we would go, that's when ecstasy started to become big, I mean massive, to begin with, we would go drop one pill and that would be it, soon it got to be 2,3 and some greedy bell end would do 5, hell those were good times!".*

As his interview went on, Charles recalled how the moral panic and drug scares that accompanied rave culture (Shapiro, 1999 and 1999b., Critcher, 2000, Hurley, 2017 and Transform, 2021) made his group think carefully about their ecstasy use:



*“I loved the pills, really did. Until the news started saying people were dying, I mean no one, well not that I knew of had died because of e, for a while people were saying it was a scare tactic, it might have been, but it did make us think twice”.*

Charles further reflected upon his use of ecstasy and revealed that his group regularly engaged in risky behaviour:

*“... looking back although we were not the most extreme group, we were real stupid getting all bent up [very high] and then one of the lads would be driving home...what a bunch of idiots we were!”.*

It was interesting to hear Charles recall how he witnessed government policy in action when law enforcement infiltrated the rave scene (Shapiro, 1999 and 1999b)

*“...I can remember more than once when the law would turn up, break up the rave, only for us to move on, we were so wired nothing was gonna stop the party! It would go on somehow somewhere”.*

Charles then went on to recall how legislative changes, most probably given the timing, the introduction of uncreased fines for rave organisers and threat of imprisonment (Ashford and O'Brien, 2022) changed how the police disrupted raves:

*“Then it got more serious, from what I remember the police got new laws, so they could just barge in like they were breaking up a miner’s strike! No one got arrested though like I say, no one was in the violent frame of mind, and they never really found any drugs because as soon as they would turn up, we would bomb [swallow] whatever we had on us! The cannabis was always in the car, no point taking that into the rave...”*

For Charles and his friends raving had no hegemonic motive rather they simply engaged with the subculture for fun (see Bennett and Khan-Harris, 2004). In the end, Charles and his friend's involvement in rave came to a natural conclusion consistent with what is known about subcultural disengagement (Andes, 1998., Bennett, 2006., Gregory, 2009 and Hodkinson, 2011).

As Charles explained in his own words:

*“...we were all done with it by the time the black guys ruined it by turning up and selling cocaine and crack, like I say we were done with it all by then, you know it's just run its course, kids have crazes, it was just a craze, no big thing”.*

Although Charles gave up raving and stimulant drug use, cannabis has remained a constant in his life, as he put it *“It's been an old friend, always there”*.

Samantha (age 48), a self-employed market trader, grew up in a large city. Samantha described that through social supply, she started her journey towards normalised cannabis use with resin after she had left school at around 16 years of age (circa 1986). In her own words Samantha stated:

*“...it was recreational, smoking with friends' sort of behind the bike shed if you like, lots of giggles and lots of munching on munchies you know like chocolate and stuff and then...yeah hash...I started with that stuff just after school. I never ever smoked at school although some did, we knew that was happening for sure. I think I had only one cigarette when I was at school, hardly rebellious! That's how it really started for me. You know when you hang around after your part-time job it was the group of friends I had*

*after school had finished, I never bought it, never paid for it someone always had it!"*

When Samantha was around 21-22 years of age (circa 1991-1992), she started experimenting with ecstasy when out on the rave scene. As she recalled, "...it was a summer of love, very much acid house time, erm yeah, had my first line of coke around that time as well, had a trip, had acid". Samantha went on to describe her raving days in greater detail and reveals the extent to which stimulants use was a normalised activity among her peer group:

*"It was like for 3-4 years solid, every other weekend when there was a party on the go and then I moved to Ibiza, I lived in Ibiza for 3 years, oh my god it [drugs] was so rife there. For many people it was like a daily occurrence to get high, part of the scene really, party and drugs and having a good time was what it was all about!"*

In Samantha's experiences, further evidence emerged confirming the utility of cannabis for the subcultural dance devotee. In her own words:

*"It was always there, I mean like after you had partied, been to a rave and hit it hard for two days you would retreat, smoke cannabis and drink Ribena! Do you know what I mean re-centre yourself if you like. You would need something to knock yourself out, to go to sleep".*

After 3 years in Ibiza, Samantha relocated back to the UK. Her time as a raver came to an end in favour of concentrating on building her business which continues to this day.

Although Samantha gave up the stimulant drugs her use of cannabis continued because *“I have been self-employed since I was 16, so always worked really hard. I found that going home and rolling a joint was my way of winding down...”*.

Healthcare manager Georgia (age 47) grew up in a small rural town. She recalled trying cannabis resin with friends when she was 15 years of age (around 1987). However, Georgia like some of Becker’s (1963) participants did not develop an immediate appreciation of cannabis as a substance with recreational value. In her own words Georgia explained: *“it did not do anything for me, so I thought why bother”*. When asked if cannabis use was widespread in her locality Georgia stated that *“I knew about 2 maybe 3 people who would smoke a bit of cannabis back then, it was not widespread at all. Not at my school anyway...”*

Georgia re-evaluated cannabis as drug with value when she started to go out raving in her late teens. However, to begin with Georgia abstained from stimulant drug use but at some unspecified point, maybe due to the change of social context (as Becker (1963) observed), Samantha came to re-evaluate cannabis resin as a drug with recreational value and smoked *“a bit back then”* at the raves. Then in time, when out raving Georgia started to use stimulants. In her own words, Georgia described the drugs she started using:

*“a bit of MDMA, pills or the crystals whatever you could get really, it was mostly pills back then, not a great lover of pills back then, a bit of amphet, bit of acid ya know as well”*.

When asked if she would use more than one of these drugs when out raving, Georgia like Charles also revealed the extent of her poly drug use – a common behaviour

among ravers (Parker, Aldridge and Measham, 1998 and Measham, Parker and Aldridge, 2001):

*"Yeah, you might, if it was it was available otherwise it would just be one thing, depending on what was available, or none, did not always use anything, I was not drug orientated I could go without and not get eggy about it".*

When Georgia was asked if she was travelling far to the raves, she provided the following response revealing the police detection mitigations adopted by rave organisers (Shapiro, 1999):

*"The legal ones were local, but for the illegal ones you had to travel further and meet up with others and make the mobile call, find out where it was and go. But the legal ones everyone knew no secrecy with those, the landowners would let you set up a rig and people would go, you would never have to pay, it was not like a festival never had to pay to get in. I dunno why they did it, can't see how they made anything outta it really, dunno didn't care. Everyone knew everybody, not like the illegal raves where you would meet a whole new bunch of people. Sometimes...you would go all the way to the meeting place, and then end up not far from home! But otherwise, you would not have found out, you had to get the phone call and follow the crowd".*

When Georgia was asked how long she went raving for she replied:

*"I was kicking around a while, but not every weekend, I had a job, things to do, it did not take over my life, none of it did, I had things I wanted to do. Some of them carried on until their late twenties, I just dipped in and out, I didn't want to spend all my money taking drugs that's... it was purely a leisure activity I never felt the need to go out and get wasted, I still don't*

*feel the need, take em or leave em...I ain't no slave to drugs, none of them..."*

After her rave years came to an end, Georgia's use of cannabis continued, yet only by way of chance encounters with other users. Georgia reported that she had MDMA at a festival and parties in the year before being interviewed and remains open to doing so again in the future. On more than one occasion Georgia asserted that she has never sought out drug experiences, for her they either happen or they don't.

Care home worker Maggie (age 47) reported that she first used cannabis resin around 15 years of age (circa 1987). Maggie's first experience was facilitated by her 16-year-old best friend's boyfriend, who was around 18 years of age. Maggie stated they would:

*"go about in his car, park up and smoke a little weed, well it wasn't weed, just a little hash, you know red seal he said it was, but how could ya tell, not like it's got a label on it!"*

In time, Maggie's friend split up with this boyfriend and started another relationship with a boy who had a friend whom Maggie started dating. Maggie stated that her boyfriend sold cannabis "*lots of it, bars of it*", and her friend's boyfriend sold "*speed and pills*". Both had made a business out of selling these drugs at raves. In time, Maggie and her friend accompanied the boys to the raves. According to Maggie, she and her friend had nothing to do with the drug dealing, they simply went off and did their own thing. Maggie tried ecstasy but found the comedowns intolerable, so she stuck to amphetamine and "*would be up all night, sometimes all weekend, raving [her] late teens away*". When asked how cannabis fitted into this period in her life Maggie

also confirmed the usefulness of cannabis as a “*post club chill out drug*” (Measham, Parker and Aldridge, 2001, p. 111). In her own words:

*"Same as it did for everyone, you know at the end of the night, smoke loads just to help coming down...So, we would be driving back, everyone was fucked up, either super tired or still high, it's a wonder that no one got killed it really is, we would literally be passing a joint around the car, and whoever was driving would be smoking it too!"*

When asked if she went raving every weekend, Maggie responded as follows revealing the popularity of raving among her peers:

*"hell no, some did but that would have been insane, I like a good time, but did not live for it...sure I got sped up, but never to crazy levels".*

Maggie described how the emerging responsibilities of adulthood (Bennett, 2006., Hodkinson, 2011) disrupted her subcultural activities:

*"It was a real faff, stressing about going, getting back, the comedowns, but the final thing was that I got pregnant, I was twenty, and that's when my raving days came to an end".*

Youth educator Steff (age 42) described how she became involved with cannabis, in doing so, Steff revealed that initially, she was dissuaded from using drugs due to the media-perpetuated moral panic (Cricher, 2000, Hurley, 2017 and Transform, 2021) that attended the 1990s rave scene:

*"Erm, well it was my first boyfriend he used to smoke cannabis and so I joined in, I was about 17 then, I had friends when I was younger who*

*smoked it, it used to frighten me. Well, all drugs did, do you remember Sammo 'just say no?' I thought all drugs were really bad..."*

As Samantha continued to provide her response, she recalled the beginning of her lifelong relationship with cannabis in the following terms:

*"it was not until I went out with that guy when I was 17, well in truth the first time I smoked it I had cystitis, the first time I had that, was in so much pain and he was like, go on have some of this, go on try it, it will help, and I was like fuck it! Go on then, just to get some sleep, so that was it, so I had something wrong with me I smoked it and I carried on....er and on!"*

Steff recalled that she was still living with her parents and had yet to find full-time employment. In time, Steff secured an office administration job and moved in with her first serious boyfriend. Every weekend, they would go out raving and use stimulants and during the week the couple normalised the use of cannabis into and around their daily lives. For Steff, raving was an activity that appeared to fit in with her disdain for mainstream popular music - a belief often held by music subculturists (Shapiro, 1999):

*"I was going out...and dancing all through the night. Music was really important back then; well, it still is. We would go to places for the music, we would not go to simple places in town like pubs and stuff. Even now I don't like that, yeah, the music was really important, I can't go out to Kiss FM type of music places! Which is what normal places play!"*

When asked how cannabis fitted into her rave experience Steff provided a response mirroring that of Charles and Samantha:

*"Er it did not fit into the evenings out as such, it was after like a comedown aid I suppose, yeah when I had been out, I would defo use it to come down*



*and chill out then I would smoke it every day...Yeah, then I would use the cannabis to come down, kinda level me out. During the week after work, you would listen to music yeah, sometimes we would be watching TV. Whatever we did we would be smoking a joint, day in day out, on it!"*

Steff went on to say that this period in her life lasted about 3 years. At this point, Steff's relationship ended, and she moved back in with her parents. Nevertheless, Steff continued to smoke cannabis after work and would go raving at the weekends. Steff then met a semi-professional footballer who was a drug abstainer, she gave up raving and stimulant use but continued to use cannabis with her friends. When Steff and her boyfriend bought a house together, she initially gave up using cannabis completely. However, in time she started to use cannabis again with friends. Steff split up with this boyfriend after three years at which point, she reported that she "*went off the rails and started to use ecstasy again*". This stage in Steff's stimulant-using career came to an end when she fell pregnant with the first of two daughters, yet her use of cannabis continued. As an older adult, Steff reported using cannabis daily and has recently started to go clubbing again, experiences that are explored in Chapter Seven.

### **5.1.2 The Cannabis Using Subculture**

The only participant to provide a narrative indicative of meeting with others solely to use cannabis was construction worker Albert (age 56). In comparison to the other participants in this study, Albert's cannabis career started relatively late when he was around 22 years of age around 1985. Despite the late onset of his cannabis career Albert nonetheless recalled his journey towards what would become a lifelong

cannabis career in terms reconcilable with the concept of normalisation. In his own words Albert reported:

*"...I was working at...a plant hire place, it's gone now, a guy whom I had known from school but was never friends with, he was a year younger, he fancied the girl I was going out with just after school who was in his year. He started at the place, and I suppose because he knew me, albeit just by face gravitated to me, we got to know each other and started to hang out after work...we shared an interest in cars, anyway one night we had been hacking about in the car I had, and we parked up by the lake and he said do you wanna try some 'gear'. I did not really know what he was going on about, but I said sure why not, so he rolled a spliff. First time I had ever seen cannabis, a small lump of brown stuff, no bigger than a piece of shingle, never seen or been involved with any type of drug up to this point.....well alcohol and fags of course but nothing illegal".*

When Albert was prompted to elaborate, he went on to recall his initiation experience in detail:

*"Well I took a draw on this thing, nothing, I just smoked it like a roll-up, I felt nothing for about 2 minutes, then whop, it hit me, my head spun and I felt...well it was not like being pissed, we smoked this spliff and he walked home, it was late, so I was left in my car by the lake, never smoked spliff before and was left to drive home, he never offered any advice, never said be careful driving, what an arsehole he was looking back on it!... I started the car put my feet on the peddles and it was weird as fuck my legs felt like I had those deep-sea diver's shoes on...real heavy, anyway spaced out I got home ok, it was odd, funny thing is although I went on to be a huge spliffer for 20 years, I never ever experienced that feeling ever again, the heavy leg thing, never not once, I think that's why I remember it so vividly".*

Albert only used cannabis with his initiator for a few months, he recalled that he was “weird, really precious about it, he would want a couple of quid for joints he would share!” In time Albert came to understand that this was not in keeping with the etiquette of cannabis use. However, the context of Albert’s cannabis use changed significantly when another friend of his called by to see him at home. Albert mentioned that he had been using cannabis, in his own words Albert described what happened next:

*“To my surprise he just said, ‘well skin this up’ and tossed over a lump of hash, real big bit, straight outta his pocket, I never knew he smoked, so he wrapped one up and we shared that”.*

In time, Albert's cannabis use became known to more people he knew, unbeknown to him, many of whom had normalised cannabis use into their lives for quite some time. For a while, Albert's flat became a focal point for a subculture of sorts in which the use of cannabis appeared to be the sole purpose of meeting up. In his own words, Albert stated:

*“it was open house, my flat was like some sorta coffee shop, some nights we would have 8 people stuffed in that tiny place!”*

When asked to explain further Albert provided the following narrative indicating that he believed that cannabis use was not something to be talked about openly:

*“I think because my flat was accessible, don’t get me wrong I knew all these people, just never knew so many people I knew smoked spliff and did drugs, you gotta remember back then people kept their mouths shut, not like today!”*

Albert went on to say that as the visitors to his flat reduced in number, cannabis became “*an essential part of...life*”. However, now that Albert’s smoking subculture had dissolved, he was no longer able to rely upon social supply as he once did, so like Becker’s (1963) participants he progressed to using a dealer to maintain his regular cannabis use. Albert reported:

*“...got connected to the local dealer and that was that, after a lot of mates gave it up, I just continued, smoking alone and stuff, it really did become part of life”.*

Albert reported that he has been a consistent cannabis user for many years, the only times he has abstained is when he “*got fed up being fucked about by dealers*”.

### **5.1.3 Cannabis: Student Life and Counterculture Beliefs.**

Part-time interior designer Suzanne (age 59) was the only graduate in the study. She left home aged 18 to embark upon a four-year art degree in 1979. It was during this time that the foundations for a lifetimes normalised cannabis use were laid. By her admission, Suzanne was born into an upper-middle-class family and provided a narrative indicating her engagement with the counter cultural ideology of the hippies. Yet, by the time Suzanne was at University the heyday of the hippies was over, for Riley (2019, p. 19), this was due in part to the cultural fallout of the Manson murders, the Zodiac killer and violence breaking out at a Rolling Stones concert. However, these events did not extinguish the hippies' ideals, rather as the 1970s progressed, the “*countercultural impetus merely recalibrated and flowed in different directions*” (Riley, 2019, p. 19).

Indeed, evidence of this 'recalibration' emerged throughout Suzanne's narratives of her time at university. For Young (1971, p. 84), the concept of anomie usefully explains middle-class student's drug use:

*"it is not sufficient to say that the bohemian student faces at college a state of anomie because aspirations for an interesting and meaningful course are not met and that this gives rise to a culture of bohemianism within which drug use becomes a means of obtaining the desired goals of the new subculture. We must also explain why it is that the course is unable to meet the demands of the students and what determines the specific term in which the student's demands are couched. This brings us to the consideration of the educational system, and the relationship of the latter to the economy, in short for us to view the anomie and drug use of bohemian students in the context of the total society"* (Young, 1971, p. 84).

Suzanne reported having no experience with drugs whatsoever until her first year at University. She found herself sharing a room in "*really crappy halls of residence*" as she put it, with a fellow art student "*so a bit of puff went with the territory, you know the image, she introduced me to it*". When prompted to elaborate on what she meant by 'the image' Suzanne provided a detailed narrative indicating something akin to the 'hang loose' ethic of the hippie as described by Simmons and Winograd (1966 cited in Suchman, 1968, p. 147):

*"One of the fundamental characteristics of the hang-loose ethic is that it is irreverent. It repudiates, or at least questions, such cornerstones of conventional society as Christianity, my country right or wrong, the sanctity of marriage and premarital chastity, civil disobedience, the accumulation of wealth, the right and even competence of parents, the schools, and the*

*government to head and make decisions for everyone-in sum, the Establishment".*

Consistent with Suchman's analysis of hippie ideology Suzanne went on to report:

*"We pushed back against anything we were supposed to do, it was like being rebellious purely for the sake of being rebellious, the art students were particularly 'out there'. We thought we knew everything, we really did [laughs], we were Marxists, well we thought we were, the puff was just another way to push back... puff was just another way to push back, basically my degree education was about being a pain in the arse for the sake of it!"*

When asked if there was more to her cannabis smoking than just being an expression of rebellion Suzanne stated more clearly what meaning cannabis held to her whilst at university:

*"O yeah, of course, I took up puff to be part of something, part of the in-group, the hip kids, but I did really enjoy the experience of smoking a bit of puff, you see the year I left home to go to Uni Thatcher was the PM, just got in, great that she was woman, but in every other way it was a situation that was just disagreeable to skint students, everything started to be about greed, selfishness, yeah we might have come from middle-class families, but when you a skint student, none of that back story matters, well not in the moment, so we were pushing back... "*

When asked to explain further, Suzanne went on to state:

*"We went on demonstrations and stuff and got all politicised, everything was about taking a position, it seemed like every party we attended would have some sorta slant to it, smoking cannabis was in some ways a way to*

*legitimise yourself to the group, most of the partying was off campus, away from the gaze of those in charge!”*

[INTERVIEWER] What went on at the parties?

*“Drinking, smoking puff and experimenting with other drugs and looking back a lot of idealistic talk about utter cobblers!!!”*

[INTERVIEWER] May I ask what other drugs?

*“Yeah, LSD you know trips were a thing, cheap, and quite powerful, speed was around as well but mostly it was puff, booze and smoking fags, jeez everyone smoked fags, literally everyone, everything was yellow, ashtrays always full, it was a time when everything stank of fags...!”*

When asked if the music was important Suzanne went on to state:

*“Yeah sure, everyone aligned themselves to a favourite singer or band, it was all Blondie, Abba, Queen, that sorta stuff, that was the party music, it was just the pop of the day, mind you thinking about it, Floyd was massive, The Wall, from memory that came out in 79..., that was what young people listened too, some of the others were into folk music kinda thing, leftover stuff from the 60s, that was cool, it was like some were trying to keep the hippy thing alive...”*

Suzanne did not explicitly state that cannabis was used as an antidote for the lingering effects of stimulant drugs like other participants in this study reported. However, Suzanne did recall that cannabis use was *“really in the full flow towards the end of the night”*. When asked if cannabis smoking was a communal experience Suzanne explained:

*“Sure, that's what it was about, rolling it up and sharing it, you would never hog a joint, that was not appropriate! You had it, you brought it, you shared it...hash or grass, it was not particularly powerful...”*

Suzanne went on to report that she has not used any drugs other than cannabis since leaving university. However, as subsequent chapters will reveal in greater depth, although she has had long periods of abstinence, at the time of interview she had normalised the use of cannabis into her everyday life.

Healthcare support worker Lizzie (age 51) was the only participant in the present study to be educated overseas (California). Lizzie first used herbal cannabis when she was around 14 years of age (circa 1983) and explained her early use in the following terms:

*“We were smoking this herbal stuff, the climate was great in California it was easy enough to do, just plant the seeds and there it was! No real technique to it. It is a weed after all!”*

Lizzie's more detailed descriptions of her formative years reveal that remnants of the counterculture ideal of the 1960s shaped her adolescence. When asked about the context of her first cannabis experience Lizzie provided the following detailed response:

*“I was in the US, in California, I was around 14 years of age and with my friends, that was the first time I smoked a cannabis joint. I can't recall exactly who actually brought it along first but from memory, I guess that it was my friend Abby whose boyfriend was a lot older, was probably the one.”*

Lizzie described Abby's boyfriend as follows:



*“Er, he was a typically Californian pot-smoking type, you know long hair bit of an anti-establishment anarchist type of dude, free and easy attitude to life...”*

This attitude to life was a key feature of Lizzie’s friendship group in which the pattern of reported use, although predating the arrival of normalisation in the literature, was nonetheless consistent with the concept:

*“It was an easy vibe in the group for sure, we had a carefree attitude towards life. We would hang out around the back of his parent's house...”*

Lizzie’s continuing narrative is interesting for shining a light on the extent that cannabis use was culturally accommodated in her locality:

*“you know the parents were equally as chilled out. I suspect they smoked it as well you know, although I can't remember seeing them doing so. They just let us be. Em, we used to go there after school er and just sit around listening to music and do stuff that teenagers do, you know what I mean?”*

When asked if it was cannabis that drew the group together, Lizzie's response revealed further evidence of ongoing normalised drug use:

*“I think it was the age group more than anything, just youngsters hanging out, you know what it's like you tend to be drawn to the same things, discovery of music, new experiences becoming an adult I suppose, be able to make choices even if they aren't the best one to be making. It was really about being part of a group more than anything I suppose having mates' people of a like mind to share time with. The draw [cannabis] was just part of that really. Erm, the cannabis was just there, it was just there, part of growing up. Part of youth culture. There was a lot of cannabis being smoked*

*at the time...it was clearly illegal back then but so long as you kept your head down no one bother about it..."*

Lizzie went on to explicitly describe how the US war on drugs was manifesting itself at the time:

*"Heroin was becoming a huge problem, but we had absolutely nothing to do with that, no one I knew back then did, world apart from the pot scene. The war on drugs kinda got going I think back then, a hard line was taken, anti-drug attitudes were prevalent.*

Lizze had described localised cultural accommodation of drug use, the media was perpetuating a different view of drug use:

*The media kinda went with the position that cannabis led to other drug use, but we did not see that, we had no interest in other things, none at all, it was weed, alcohol and fags nothing else. That was the conservative view, but where we were was very liberal, it was an almost alternative school I went to".*

When asked to elaborate further on her education Lizzie went on to further reveal the influence of counter-cultural ideals as a driver of her peer groups normalised cannabis use:

*"For me, it's just the way it was. It was very alternative, we all knew that the teachers smoked weed, they were hip kinda folk, maybe left over from the 60s... I mean us kids we all got through school, alternative views and the weed never held us back we graduated and got on with it. Mind you whereas graduating elsewhere would have been a big thing, passing exams and whatever it was not the same at that school, everyone kinda graduated. I suppose it is a bit like that school in Suffolk (see Summer Hill School, 2023)*

*where there is no real structure as such, no set curriculum. We done stuff like interviews and discuss interesting people; I can remember doing that kind of thing. We were taught to understand society, politics, racial issues. I suppose it was a political school really, taught you about what was going on, what was morally right and wrong".*

Lizzie's description of her educational environment is consistent with the 'free school movement' that emerged in the US during the 1960s. This movement was a response to a multitude of reports from new left academics, who argued that the progress accompanying the US civil rights movement (Williams and McShane, 2010 and Sykes, 1974) had not filtered through to the US public school system. Some efforts were made, but many grew frustrated by the slow pace of change. Taking the initiative, a group of academics, parents, and social reformers created an alternative educational model. One free of federal oversight that embraced equality, self-expression, authenticity, and freedom rather than conformity, hierarchy, and competition (Miller, 2012). Free schools typically abandoned the idea of the set school timetable in favour of educational areas that pupils engage with as they see fit. Visits to interesting places such as police stations, ranches, farms, and hospitals were encouraged (Long, 1972).

Lizzie was asked if she used any other drugs, and her reply clearly indicated that even at a young age she was aware of the moral panic that has accompanied emerging drug trends. In her own words, Lizzie reported:

*"The media kinda went with the position that cannabis led to other drug use, but we did not see that, we had no interest in other things, none at all, it was weed, alcohol and fags nothing else. That was the conservative view,*

*but where we were was very liberal, it was an almost alternative school I went to”.*

As Lizzie’s interview progressed, she told me that her family moved around a lot when she was young, this had made her *“broad-minded”* and *“good at making friends because you’re starting over all the time”*. Lizzie has continued to use cannabis her entire life because as she put it *“first and foremost”* she enjoys it. However, she also finds benefits in the drug's medicinal qualities.

#### **5.1.4 The Pub: Friendship, Cannabis and Alcohol**

Two participants explicitly revealed that local pubs provided the environment for friendship groups in which the use of cannabis was a normalised part of going out. Office administrator Steve (age 45) recalled that he was in his *“teens, early twenties”* when he first became involved with cannabis in a *“friendship group”* (circa 1990). Steve described how he was exposed to both resin and traditional herbal cannabis. In his own words, Steve describes the social context in which his normalised cannabis use was instigated:

*“that would sort of be a night out with mates and probably have one or two spliffs post-pub or going out for the night...the alcohol and the night out were the focal point when I started and then it was just a little bit of recreation post night out”.*

When Steve was asked if he used any other drugs at the time his answer was decisive:

*“No! I don’t touch any other substances. I have had one experience of ecstasy years ago when I got spiked, that put me off all other drugs for life”.*

Steve went on to describe in greater detail how cannabis use was normalised into his group's leisure time. In doing so Steve also reveals the significance of social supply as a critical component in the normalisation of recreational drug use (Coomber, Moyle and South, 2015):

*"We would go back to someone's house after the night out and someone would usually have a little bit, we would roll up a spliff and that would just get passed around at the end of the night so just to chill out and wind down after a good night out".*

Steve went on to provide a narrative revealing that cannabis use was normalised in several of his friendship groups that provide a glimpse into the extent of the drug's use in his locality:

*"It was present in various social groups it wasn't just one person or one particular group, it just became, well after your first experience it would come up in conversation, it's hard to describe you had certain friends you would know and there would be a good chance of a spliff going around at the end of the night...but I would not go out purposefully looking for it".*

It was interesting to hear Steve talk about his journey towards securing a personal supply of cannabis, for it was remarkably similar to that observed by Becker (1963) over fifty years ago:

*"Yes, if it was there, it would be smoked, you soon got to know those who could get it quite easily, so it did not take long for me to have a little supply with me. Then I soon had some for my own use"*

When Steve was asked if he shared his cannabis with the group, he recalled:

*"...if you had some and the group was there it was offered around. We would share the cannabis around as such, but the spliff you made was certainly shared, if people wanted, they partook if they didn't that was fine. There was no pressure either way if you wanted it, you had some if you didn't you weren't frowned upon...it was all very social".*

As Steve's interview progressed, he provided a response that revealed that whilst he and his friends had normalised the use of drugs, the activity was not culturally accommodated to the degree that would permit lowering one's guard when in the presence of potential objectors:

*We would never smoke in the pub, not even on the grounds, not in the beer garden. It was always at the end of the evening, yet sometimes we would smoke around someone's in the afternoon and then go to the pub later on".*

Steve went on to report that as an older adult, he is a daily recreational cannabis user. However, his lived experience has led him to find meaning in cannabis as a drug with medicinal qualities - a subject picked up in the following chapters.

The pub also featured in education administrator Robert's (age 42) early cannabis use (resin) when he was around aged 16 (circa 1994). Robert explained that when he moved from a very small village to a nearby market town, he became involved with amateur dramatics and musicians. Several people from this scene would often meet up in the local pub to socialise. It was in this friendship group that Robert first used cannabis and progressed to normalised weekend use. He described the activities of his friendship group as follows:

*"...there was a group of us that became a really great social group, we never smoked in the pub that would have been stupid! So, we would go back to someone's place, it was a good group...sometimes 12 maybe 16 ...would all go back, the interesting thing is I am still friends with all of them now...They are all slightly older than me to be fair, in fact, the youngest member of the group next to me was a good four years older than me. So, I dunno why, I think it's just because back then I latched onto that group of people, I dunno..."*

When asked if the music was important to his group Robert provided the following detailed response that revealed the nature of his friendship group in greater depth:

*"Hugely important, lots of music, to start with I felt slightly left out because er I was into plays and musicals and stuff like that, I was not a muso like they were, half of them played instruments, many played guitars, one played the mandolin. Er, there would be music mainly led by 2-3 members of the group who were very much into things like REM and Seattle blues... But yeah, like there was more singing and playing than there was just listening to it, just sitting around, the music was fundamental to the group, because of the smoking of weed, it was being passed around. I mean you would make a joint plenty long enough to be passed around to anyone, erm unless someone just sits there and smokes it, well they would almost be cast out of the group forever!"*

Robert went on to elaborate:

*"...it was really a social thing, and everyone had a role to play. What you find is that one maybe two people become responsible for the rolling and passing around whilst the others are getting the beers in, singing or playing music. So, everyone has a little role to play, erm this organisation continues even if people are really mashed or very drunk, at some points when people*

*are so hammered things slow down a bit but soon pick up again a bit later!  
Until of course, it's all over and people go home or just crash out!"*

Consistent with what is known about parenthood as disrupter of adult socialisation (Bennett, 2006 and Hodkinson, 2011) Robert's social life started to fizzle out when he became a father. As an older adult, Robert reported that he only uses cannabis when going to the occasional party, festivals, and the solstice. Environments in which drug use is likely to be observed among some attendees as a normalised part of the gathering (Cooney and Measham, 2023).

### **5.1.5 Everyday Friendship Groups and Cannabis Inception**

In this section, we hear from the participants who used cannabis with a group of friends they had grown up with. For these participants, cannabis became normalised into their otherwise ordinary young lives, again much as Parker, Aldridge and Measham (1998) describe.

At 66 years of age Mark, was the oldest participant in this study. As previously discussed in The Research Methods chapter (section 4.1.9), Mark's responses were atypical to the majority of the participants and delivered in a manner suggesting a degree of romanticism or exaggeration. Nevertheless, with this caveat in mind Mark's responses remain interesting and reveal something of his early cannabis experiences and attitude at the time. Mark stated that he went to a school in a metropolitan city, he was around 14 years of age (1967-1968) when he first used cannabis resin. Mark enthusiastically described the situation at his school in the following terms: "*the stuff,*



*drugs were rife at the shithole of a school I went to, hash, fags, whizz [amphetamine] trips [LSD] and alcohol...*" Mark intimated that this situation had arisen because the "teachers didn't give a toss, so we got away with everything, no one took a jot of fucking notice". Mark even went so far as to state that "it [drugs] was what made school bearable, when we went, always bunking off" but he also stated, "It was the late 60s, great times!" Mark did not share any further details about his use of drugs whilst still of school age.

Unfortunately, the study did not recruit any other participants of a similar demography to Mark. Therefore, when presented with an atypical narrative such as Mark's it is not possible to engage in theorising that suggests a case of early normalisation. As such, Mark's narrative is more explainable as an account describing the ease of acquiring drugs from via social supply (Coomber, Moyle and South, 2016) in a specific environment (and possibly unique) in both place and time, rather than evidence of early normalised adolescent recreational drug use.

John (age 51) reported that he was around 15 years of age when he was introduced to cannabis (circa 1983). In his own words, he describes the trajectory leading to a lifetimes normalised cannabis use in the following terms:

*"...I guess that [it was] mixing with certain people at school, I guess it was err two certain groups the 'wideboys' that went out to the pub and stuff, and then there were the ones that liked music and art and things like that. I think you just seem to 'club together' and that was my first experience of it...I guess someone's brother had it, I tried it..."*

John did not believe that his group met with the sole intention of using cannabis, for him it was:

*“Just mates hanging out really and rather than terrorise the neighbourhood or whatever we would just listen to music and smoke dube [cannabis] and whatever...go around people's houses you wouldn't flaunt it”.*

John went on to reveal that social supply and “chipping in” (Coomber, Moyle and South, 2016, p. 258) was fundamental to the continuance of his group's normalised cannabis use. In his own words:

*“you'd each get your own, but there was really just one source, yeah and um depending on money at the time and then you would just share it with everyone...it was part of the group you're with your mates and you just want to share I guess”.*

When asked about his use of alcohol, John reported that he and his friends did drink alcohol, but never to excess. For John's group cannabis was the preferred choice because *“it seemed...more sociable, um and yeah, a bit more on the level, more chilled”*. John went on to state that he has been a daily cannabis smoker ever since, experiences that are detailed in the chapters that follow.

Matthew (age 52) a medically retired retail manager reported that he first came across cannabis in his late teens/early twenties. In his own words, Matthew provided a narrative revealing the nature of cannabis use among some of his peers:

*“...I did go to parties and things and people were taking cannabis recreationally, but I count on the fingers of one hand how many I smoked myself”.*

Matthew did not place any meaning on cannabis as a substance with recreational value, so he discontinued use in the manner described by Becker (1963). However, in later life following his cancer diagnosis Matthew normalised the use of cannabis as a self-medication - a subject that is picked up in the following data chapters.

Erica a qualified teacher (age 40) reported that she first tried cannabis when she was around 13-14 years of age (circa 1994). However, in her own words Erica *“did not have a great experience”*. Like Matthew, Erica did not develop a perception of cannabis as a drug with recreational meaning, reporting that she he had no further involvement with cannabis until she moved in with her best friend when she was around 20 years of age.

Erica described the circumstances under which she started to find meaning in cannabis as a drug with recreational qualities: *“... we would have a few smokes every now and then, then just get the giggles that kind of thing”*. In time Erica moved out of the village to live with her boyfriend in a nearby small town. Erica had a well-paid job, no children, and no interest in going out socialising or drinking alcohol. Cannabis continued to be Erica's normalised *“drug of choice”* for use at home with her boyfriend. However, as time passed Erica and her boyfriend became more social and started to host small parties for which she would *“bake cakes and hash brownies”*. On other occasions, they would meet up with others who had also normalised the use of cannabis so they could *“eat, smoke and hang out at each other's houses smoking watching films or music or whatever really”*. When asked if the use of cannabis was the focal point for meeting up, Erica provided the following revealing response

demonstrating how the meanings people attach not only to things, but interpersonal relationships are subject to negotiation and change (Plummer, 2001).

*"It's hard to say, because in [a rural location] the people you meet when your young are that people you know all your life, um you know, relationships change and stuff with people over time, but kinda I had been hanging out with them for probably about 10 years before we smoked, I had known them since I was about 10 years old, we started with the cannabis about 20 properly although I had that early experience that I spoke about earlier, but looking back the cannabis did enhance some nights for sure but I am not sure that at the time the purpose of meeting was to use cannabis, but we did have a giggle that's for sure and we all slept well!"*

When asked if the group shared the same taste in music and other interests Erica explained "Yes very much so, chilled hip hop beats that...was about at the time". Erica married her boyfriend, but they got divorced when she was 29. Erica then started to use ecstasy whilst out raving, but this period in Erica's life was brief, something she attributed to "a second childhood, or rather another period of teenage years...". Consistent with Gregory's (2009) findings, Erica's involvement with raving came to an end because she thought she was "too old" so it "just faded out" as did her use of stimulants. Although Erica abstains from stimulant use, her use of cannabis has, in her words "been a constant for the last twenty years".

### **5.1.6 The Subculture of Doing Nothing**

Thus far in this section, the use of cannabis has been largely explained within groups 'doing something', be that, going to the pub, listening to music, being idealistic with

fellow students, going raving and socialising with fellow actors. However, in this study, two participants spoke of hanging about the streets, in a manner consistent with Corrigan's (2006) notion of 'doing nothing' and Shildrick's (2002, p. 36) observations of youths "*hanging around the streets*" that she conceptualises as being "*trackers*" – a group in which problematic patterns of drug, solvent and alcohol use were observed.

Warehouse operative Phill (age 50) described the inception of his long-term normalised cannabis use in more chaotic circumstances than described by the majority of participants in this study. Phil reported:

*"I had left school and you know how it goes, you start to get some freedom, from home, and I got in with a right wrong crowd, it was meet new mates through mates situation, we would hang around town, not much to do, one cinema in that place which you could not go to every night, same films and it was not a place to kick around near, the youth clubs were for kids, after 16 there was nothing to do, so I suppose we started to make our own entertainment".*

When asked to elaborate Phill explained how his group behaved:

*"Being a pain in the backside, the group was quite big, I suppose a gang, not like these days, not like what you see on the news and those police programmes, but looking back we were a lot of trouble!"*

When asked how cannabis fitted into these activities Phil provided the following narrative revealing that he believed his groups were social outsiders and labelled accordingly (Becker, 1963).

*"It was booze to start with, we would hang around the graveyard in the middle of town, drinking, getting pissed up and generally being anti-social, yobs they called us back then, don't hear that term much these days, but yeah we were yobs, ashamed I acted that way, some nights we would get so pissed up I could not go home, I would go missing for days at an end, then go home and get in all sorts of grief, so after a while, I just left, dossing around a mates house for ages"*

When prompted to elaborate on his early cannabis experiences Phil went on to further explain the context of his adolescence:

*"that mate's brother was older, he was not in [our] group, but was he was a wrong un all the same, he bought hash and sold it [resin], I suppose a dealer, so me and this mate got involved, we bought small bits, started getting stoned then hash was everywhere, like everyone was getting pissed up and stoned, hanging around doing nothing positive, life going nowhere, and we started getting into trouble with the old bill...it started as being nicked for being underage and pissed up, I would get taken back home...parents would take me in...we would argue and the old man would get abusive, swearing and going ahead".*

After a period of being repeatedly taken back home amidst much parental upset and turmoil, Phil was finally told by his parents to not come back. Consequently, Phil then slept wherever he could, until he secured a place in a hostel when he turned 18. In Phil's own words, he described his predicament:

*"I was not a kid anymore, it was the real world, it was the 80s no one gave a shit if another kid went bad, apart from the roof above my head, I was on my own".*

However, life improved for Phil when started to work in a shop warehouse, he gave up alcohol but carried on smoking cannabis leading to it becoming a normalised part of his everyday life. In time he met his partner, and they had their first child, they remain together to this day.

The second participant to report hanging around the streets doing nothing (Corrigan, 2016) is Victoria (age 50). Victoria explained that she was introduced to cannabis use around 14 years of age (circa 1983). In her own words, Victoria explained:

*"Well, let me think...er, at school...one of the lads brought some in one day, he had got it off his older brother...we had already started smoking roll-ups, so it just got put in a roll-up, bit of hash, we smoked it, I remember my mate chucking up, pulled a whitey [felt nausea] she did, I didn't I just got super stoned, he told us to hold it in, you know not to breathe out, so I just done that, felt great, we fucked school off after that, we went down the field and just carried on smoking it until it was gone".*

When asked if her cannabis use continued Victoria went on to describe how participation in a new social arena led to the ongoing use of other drugs as well as cannabis:

*"Yeah, it did, and I got more involved with drugs as I got older, I got in with the wrong crowd, you know the kids that just larked about, never went to school and just dossed about the town drinking alcohol and doing drugs, not doing anything bad, just not doing anything you know?"*

Victoria then progressed to reporting that when she was a teenager, her mental health difficulties emerged. Victoria's parents, with whom she had a tumultuous relationship, attempted to find her professional support. However, Victoria reported that when she

was young there was very little support available. Consequently, Victoria began 'self-medicating' (Jadda *et al.* 2021) with diverted pharmaceuticals and a variety of illicit substances to varying degrees of success:

*"Yeah, it was tough, so I was self-medicating with all sorts of stuff, Valium, speed, the cannabis and then 'e' but that was not around to start with, o yeah trips I tried trips [LSD], but that they were just not helpful, really bad trips so I did not do many of them, awful, well I found them to be yeah, did not suit me".*

Victoria went on to report that due to her mental health issues, she was unable to find work and still living with her parents. However, her relationship with her parents and she eventually moved in with her boyfriend and choose not to contact her parents for quite some time. When asked if her drug use changed, Victoria provided a response echoing the findings of Aldridge, Measham and William's (2011) that the freedoms that accompany living apart from parents can provide the preconditions for escalating drug use. In her own words Victoria stated:

*"Well, I did not have to sneak about, my boyfriend was into drugs, so we would use cannabis in his flat, not so much the other things, but lots of cannabis, joints one after the other, day in, day out, it was just the way it was, then I got pregnant".*

When Victoria was asked how her life changed when she found out she was pregnant she reported that her attitude to poly drug use changed significantly:

*"Well despite all my own problems, I did stop using speed and all that other stuff, but I am ashamed to say I carried on drinking, and I carried on*



*smoking, I regret that now, but my son turned out ok, he does not have the issues I had, well still do”.*

Victoria described how her life developed in the following terms, in doing so she justified her ongoing use of cannabis in the following terms:

*“I just carried on, young mum...smoking cannabis, day in day out, it was like that for years, I never slowed up, but what I can say is that he always went to school, and I never smoked it in front of him, I had some sense of right and wrong, I am glad his dad, despite being a total pot head was good, he knew right from wrong and was always there for his son, we were never neglectful, not like smack heads, who neglect their kids, I can't get that, you have responsibilities when you have a kid”.*

Victoria reported that as an older adult, she has normalised daily cannabis resin use, partly because she enjoys it but also because she believes that it is beneficial for managing her anxiety. A subject examined in closer detail in Cannabis: Everyday Life and Older Adulthood – Chapter Seven.

## **5.2 Chapter Summary**

As this chapter has specified repeated evidence of cannabis supply emerged in the responses of participants who were adolescents and young adults during the 1980s. Consistent with Parker, Aldridge and Measham (1998), the majority of participants were not initiated into cannabis use within subcultures, but rather in typical friendship groups of the kind any adolescent or young adult might have. Furthermore, within these responses evidenced emerged supporting the findings of Coomber, Moyle and South (2015) that social supply plays a significant part in the normalisation of recreational drug use.

Around half of the participants in the present study never progressed to any other type of drug use. In cases in which other drug use was reported, the majority stated they used stimulants (LSD, amphetamine, ecstasy, cocaine) when they were engaging with the rave scene. The exceptions being a female who mentioned she used LSD at university in the early 1980s, and another female who briefly described self-medicating with stimulants as a young adult. In all but one case, the use of cannabis in early adulthood (after successful initiation) has led to a lifetime normalised recreational use of the drug. The exception being one male participant (Matthew), who tried cannabis as a young adult and had no further involvement with the drug until after his cancer diagnosis. A subject picked up for discussion in the following chapters.

## 6 Obtaining Cannabis Supplies in Older Adulthood

*“...he sells so much hash; he cuts it up with a band saw! It’s easy, you call him, you go, you get it, you come back” [Phil resin user].*

### 6.1 Introduction

Having examined past experiences this chapter focuses upon the how the participants acquire their cannabis supplies in the present day. It was not the intention of this thesis to explore this topic, however, during interview, the majority of participants (n = 13) confirmed that the ease of acquiring cannabis was a factor in their ongoing, often very frequent use of the drug. As Parker, Williams, and Aldridge (2002) point out without ready availability of drugs, normalisation of use cannot occur. In contrast to the findings discussed in the preceding chapter, social supply was far less frequently reported as a means of acquiring cannabis. Yet, within this group, three females reported that their long-term male partners had long standing arrangements with dealers. Four participants described their engagement with the illicit drugs trade. In doing so they spoke about the longevity of their arrangements, and the trust they place in their dealers as the maintainers of their long-term normalised cannabis use. Two ‘atypical’ purchasing arrangements were revealed by one participant who was receiving chemotherapy, and another who was a cancer survivor. The interview data is presented as follows:

- 1) **Going to the Dealer**
- 2) **Social Supply from Significant Others**
- 3) **Social Supply From Friends**
- 4) **Self-Medication: Buying THC Cannabis Vape Oil Online.**
- 5) **Self-Medication: Buying THC Suppositories From An Open Market Source.**

### 6.1.1 Going to the Dealer

Whilst the participants in this study were generous when providing details of their own lived experiences, they only spoke in broad terms about their dealers. Fortunately, the literature is useful for filling the gaps by providing insight into how local drug markets and dealers operate. As Coomber *et al* (2013, p. 166) note, the notion that “*Mr Bigs; King Pins or various crime syndicates*” control drugs markets from the top of a hierarchy, is not empirically supported. Rather the evidence suggests that “*on the whole drug markets are fragmented, disjointed and the various parts often only loosely connected – if at all*” (Coomber *et al*, 2013, p. 167). Historical perceptions of the drug dealers are “*inextricably linked to notions of otherness, difference, mistrust and fear*” (Coomber *et al*, 2013, p. 160). The illicit nature of their activities puts them beyond the realm of regulation. Thus, it has been argued by moral entrepreneurs that buying the drugs dealers supply is “*akin to playing Russian roulette*” (Coomber *et al*, 2013, p. 161).

Sandberg (2012) identified that the Norwegian cannabis market principally operates on three levels, the *private market* from which cannabis transactions occur in private, often in the home of the dealer. The *semi-public* market, in which sales are made in

*“clubs, pubs and cafes”* (Sandberg, 2012, p. 1139) and the *public market*, from which transactions occur in *“public spaces, parks and streets”* (Sandberg, 2012, p. 1139). In the present study, no recreational cannabis user participant reported buying cannabis from either semi-public or public market. Sandberg (2012) goes on to note that private markets transactions only occur if both parties are known to each other, *“evading the police is easier and there is less risk involved”* (Sandberg, 2012, p. 1139). In the present study it was found that trust plays a significant part in older adult cannabis users purchasing decisions. Harding (2004, p. 3) provides a conceptualisation of trust that is useful here:

*“the trusted party has the incentive to be trustworthy, an incentive that is grounded in the value of maintaining the relationship into the future. That is, I trust you because your interest encapsulates mine, which is to say that you have an interest in fulfilling my trust”.*

Baier (1986 p. 236) explains trust as being a three-dimensional construct: *“A trusts B with a valued thing C”*. Sasaki and Marsh (2012 p. 1) argue that *“trust as Simmel noted, is a hypothesis regarding future behaviour that is certain enough to serve as a basis for practical conduct”*.

Trust was evident as a factor in the purchasing decisions of Erica as she reported:

*“I buy off the same person mostly maybe another at a push if the first does not have any. I have been buying off them for 20 years, you build trust, I regard them as friends although we don’t associate as such if that makes sense?”*

[INTERVIEWER] It does.

*"We don't really talk about anything other than getting stoned really, I don't have deep and meaningful chats with them, I don't really share in the highs and lows of their lives like I would with a proper friend. So are they just acquaintances...it's really hard relationship to explain really. I think that in a rural community growing up everyone is aware of who the dealers are...but no one talks about it...Because that's the way it is in a rural community, people cover up for one another, they stick together..."*

Charles, a daily cannabis user reported that he likes to buy 4oz of resin at a time. In his own words:

*"I go to the same guy, well him or his mate, they are close at hand, they [the dealers] keep a low profile, always have, it's safe, I don't think either one has had any trouble of the law, which is surprising, they shift a lot of it, but they don't sell anything else, no billy [amphetamine], no coke [cocaine] nothing, mind you they do a roaring trade in knock-off fags..."*

The familiarity between vendor and customer became evident when Charles recalled a brief interruption in his cannabis supply:

*"Occasionally they are dry [no supply] but an old timer like me does not get too low before I give em a call, I can remember once running out, I ended up pulling the spliff butts apart, that kept me going, it was like being a kid again, waiting for the call, bosh as soon as I got it the dog got an extra walk, They laughed, they reckon it was the quickest I have moved in years...!"*

Charles believed that his arrangements for acquiring cannabis were 'safe'. Yet he went on to report that he still had anxieties about being found in possession of cannabis on his way home. Charles went on to provide a response revealing how he

mitigates the risk of detection when engaging with his illicit market supply in the following terms:

*"...I worry about getting stopped [by the police] on the way back, silly really, it's within walking distance and I don't really look like a stoner, whatever they may look like! I even take the dog sometimes, but it's probably better [to buy a larger amount] than making loads of trips for tiny little bits".*

Phil also a resin user reported that he acquired his cannabis from a dealer with whom he had a long-standing arrangement built on a foundation on trust and consistency. In his own words, Phil stated:

*"The guy I go to does not sell anything else, not even skunk, he sells so much hash, he cuts it up with a band saw! It's easy, you call him, you go, you get it, you come back, easy. Buying in town was always a load of bollocks, you get messed about, the people that sell it carry on like they are big time gangsters!"*

When asked how his current arrangement with his rurally located drug dealer Phil provided a response confirming the importance of recommendation when securing a new source of supply. In doing so Phil also revealed his mitigation measures when engaging with the illicit drug market:

*"Like I say it easy, I got an intro when we moved here and it's been simple ever since, he just sells hash, he is really in the middle of nowhere, it's a house down a lane, it makes me laugh, the only people who go there are the postman and his customers! He is an older guy like me, so you don't get the bullshit that you do off the younger guys, he has never been raided as far as I know, he ain't worth the bother, no reason to, he doesn't rock the boat".*

Georgia's laissez-faire attitude to drug use in her younger years, was evident in her attitude to acquiring cannabis as an older adult. Georgia was most clear in communicating her thoughts on the activities of some dealers and their customers:

*"I just phone a couple of people if it isn't there it isn't there, I aren't chasing stuff, do you know what I mean, you can get into a desperate mindset about it...I am like alright, whatever".*

When Georgia was asked if she called her dealers back to chase up a supply, her response was delivered in a forthright tone. In her own words:

*"Nah, they are c---s! Be here in an hour bollocks, it all a power trip for them, I know people who are always chasing it up, fuck that! Not happening! You sit there and watch these people they get so desperate people take the piss, they go out come back with a fucking molecule and I am like well, you just wasted your money didn't you. I make a call go get it if it's about and that's it, my way I always get a good score. I am not wasting my money and having the piss taken out of me".*

Georgia went on to explain that for her going to the same people is a risk mitigation measure she feels comfortable with:

*"I phone the same couple of people, with my job I need to be careful, but I think because I am so cool about it, I always get a bit more. But you see, I don't want a lot, I don't, never have, just the way it is. When it is gone it's gone no biggie".*



Samantha reported that before she moved to her village, she was used to visiting a reliable dealer in the city. She described the difficulties she had trying to buy cannabis in a rural locality in the following terms:

*“I am not alone up here, I am living with very dear friends, when I do eventually go back to [the city] cannabis won’t be the first thing I think about it won’t be high on my priorities, it will come when it comes. It’s much more accessible in [the city] I can tell you that...My friends have tried to get some up here and it’s much more of a faff, they are well connected so it’s not like I am a stranger trying to make those connections. No one they knew had any, some calls were made and nothing, but that’s ok I don’t worry about it, like I said it will come when it comes! I go back to [the city] regular so I can always get it then and bring it back”.*

When Steve was asked about how living in a rural community affected his use of cannabis, he provided the following details illuminating his supply arrangements:

*“I would I say, the only issue I would say is that it’s harder to get your hands on it, yes you do get to know people who can get it urm but I would say it would be a darn cite easier to get a regular supply than not, you know the guy I usually get it off is away for 3 weeks on holiday, if I run out I am going to have to wait until he gets back...whereas in the city you would have 4-5 contacts up your sleeve, so you know full well, if he ain’t got any tonight someone down the road will have instead”.*

### **6.1.2 Social Supply from Significant Others**

In their exploration of gender differences among young cannabis users Warner, Weber and Albanes (1999) found that males frequently act as gatekeepers to drugs supply. As one of their participants reported *“the guys go out and buy it and supply”* (Warner, Weber and Albanes, 1999, p. 36) another stated that *“she pretty much never bought*

*it. Because it always comes from guys...it just seems guys always have it*" (Warner, Weber and Albanes, 1999, p. 36). Consequently, Warner, Weber and Albanes (1999, p. 35) argue that males have "...considerable discretion over their female peers' patterns and levels of use". Warner, Weber and Albanes (1999) go on to maintain that the males in their study who acted as 'intermediaries' fell into two distinct groups, first, those who share their cannabis with females in social settings and second, those who act as brokers.

In the present study two female participants spoke about the role their male partners play in the maintenance of their drug use. Yet, neither provided responses indicative a gender imbalance as evident in the narrative provided by daily resin user Lizzie:

*"...my boyfriend goes and gets it every couple of months, he gets a decent amount [of resin] and re-orders before we have run out, do you know in all the years I have been with him [boyfriend] I have never been, not once. Spoken to the guy on phone on a very few occasions but never met him, never been. Funny thing is, he is actually in a rural area I think, but not here, not around here it's a decent drive to get it, not a pop-down-the-road situation. But it's safe, if we didn't get it off him, we would be stuck, we don't know anyone else. I expect we would see if Jan could get some..."*

Victoria also a daily resin user reported benefitting from a similar social supply arrangement:

*"...my boyfriend gets it [resin], I am still with the same dude! He knows people from the travelling community, he gets it off them, it's no hassle, the only problem is that they only wanna sell bigger bits, you know an ozzie (1 oz) or more, they ain't interested in selling eights and stuff, it's not like it was back in the day, we have a little tin, we put money in that, when we have*

*enough he goes and gets it, one call, always have it, it's easy, we are too old for a lot of messing about, we never run out, ever, it's always in the house..."*

### 6.1.3 Social Supply from Friends

As explained previously social supply typically involves small amounts of drugs being passed between friends for little if any financial reward (Coomber and Turnbull, 2007, Moyle, 2013., Coomber, *et al.*, 2015 and Scott *et al*, 2017). Maggie's narrative was brief but nonetheless revealing:

*"...husbands' best mate is a major weed smoker, like I said I only smoke a little, but it is every day, I can't imagine not smoking it, it's that mate of his that gets ours".*

Suzanne reported using a modest amount of sinsemilla cannabis two to three times a week and was happy with her social supply arrangement:

*"If I run out, it is really not an issue, my friend Jan will always get some, that's who I get it off, she pops over, we have coffee and talk, and she just brings me a bag over, I don't even know how much it weighs, often I don't pay for it all if I have paid for lunch when we have been out, it's a civilised arrangement!"*

When speaking of his arrangements for acquiring cannabis Mark reported that now he is living in the country he has no supply opportunities. Consequently, Mark relies upon a friend from the city socially supplying him with cannabis when she visits. In his own words:

*"...I have had some brought up, Gemma, bless her brought me a big bag of green, no milk like we needed! Just a fuck off big bag of weed!"*

When Mark was asked if he had ever tried to acquire cannabis locally, he reported that he tried a few years he adopted a strategy that appears to be atypically risky when compared to the drug buying behaviours of the other participants in this study. Mark's frustration was clear in his tone when he recalled the situation:

*"...one of the guys in the local pub was mouthing off he could get this and that, it was all bollocks [mistruth], so much fucking about, I ain't never bothered since, that's what I hate about being up here, down in the [the city] when people say they are connected, they are!"*

It was interesting to hear Mark report that Gemma does not use cannabis herself. She obtains a supply for him when she goes to her dealer in the city and purchases her MDMA powder.

Albert reported that he relied upon a connected friend to socially supply him with a reasonably large amount of cannabis resin. For Albert this strategy reduced the risks associated with making multiple visits to a dealer in a shorter period of time. In his own words, Albert stated:

*"I don't really buy off dealers, more mates of a couple of mates who know people, the days of having that one guy to go to are over if you're after the hash, not many people have it these days, it usually takes a bit of finding for me because no bullshit I buy a half a bar at a time, you know 4 ½ oz a time, just so I don't have to keep going and getting it, that way I only go about 4 times a year, but with a few calls it comes through".*

Albert's narrative exemplifies Coomber, Moyle and South's (2016) observations that social supply can often include larger amounts of drugs. The crucial factor in determining what is and what is not social supply is the disconnect between end-user and dealer, combined with an absence of significant profit being made by the intermediary.

#### **6.1.4 Self-Medication: Buying THC Cannabis Vape Oil Online**

The internet has altered how we make purchases to such a degree, that online sales significantly impact the activities of traditional businesses. However, whilst online drug markets have evolved since the emergence of darknet drug websites such as 'silk road', purchasing drugs in this manner remains a niche activity (Munksgaard and Martin, 2020). Indeed, available estimations indicate that only 0.6 per cent of illicit drug transactions in England and Wales occur on the dark web (Office for National Statistics, 2020). Fundamentally the dark web is a "*set of networks within the internet, based on peer-to-peer technologies as part of encryption processes*" (Rhumorbarbe, 2016, p. 173). In the present study, none of the participants stated that they had used the dark net to purchase drugs. However, one participant reported that he had bought cannabis via WhatsApp and Facebook messaging.

A search of the literature databases indicated that in comparison to dark web markets, acquiring drugs through social media platforms has received far less scholarly attention. Acknowledging the sparsity in knowledge Moyle *et al* (2019) provides insights into how smartphones and messaging applications (apps) are being utilised to acquire illicit drugs. Moyle *et al.*'s (2019) research design comprised an online

survey delivered internationally, 20 'rapid' interviews and 27 in-depth interviews. It was found that whilst social supply was typically preferred, social media was often viewed as being a convenient and expedient means with which to bring buyers and sellers together. Social media messaging apps were perceived as being 'secure' and providing an *"opportunity to preview products without the requirement for technical expertise"* (Moyle *et al*, 2019 p. 101). The following conversation reveals how Steve came to buy illicit vape oil online:

*"...yes it came through recommendation, a sort of family friend who got elder children with behavioural need they found it had benefits for them I believe it was ADHD or one of those conditions, and you speak to someone else, and another whose doing it and giving in an oral administered way to her elderly mother who was ill by putting a few drops in her porridge every morning, you know they had seen the benefits but the mother was none the wiser as to what was in her porridge... That had the THC in it yeah, it was the full monty got a nice buzz off it..."*  
*"They had the ability to increase or decrease the THC side of it, to your taste or preference...I don't know how they were doing it or produced it, basically it was ordered via messages on social media...Basically, we ordered it via WhatsApp paid via PayPal and two days later it turned up in the post!"*

#### **6.1.5 Self- Medication: Buying THC Suppositories from an Open Market Source.**

Mathew's experiences of securing a THC cannabis product from a 'compassionate' not-for-profit supplier shine a light on an open market supply chain, hitherto unresearched in the literature. In his own words, Matthew conveyed his lived experience in the following terms:

*"It was what we read on the internet and in that book, it really helped us because we had no real knowledge at all. We then went to CBD brothers and got some of their oil urm.... which obviously has got none of the psychoactive stuff in it. Urm, I used that, it really helped with the sickness and then someone else mentioned Green Man Compassion and he supplied me with whole cannabis oil suppositories, by whole I mean it's got the THC in it, which is what I am using in conjunction with the CBD brother's oil".*

When questioned further about the THC medications he was using Matthew went on to elaborate as follows:

*"...Greenman is a guy working from his house and growing the stuff in sheds in his back garden, erm I think he has opened a coffee lounge now. I went around to his house and picked up my [THC] suppositories, I met his wife and kids, and it was all very civilised. My wife drives me over as I am not strong enough to drive, and we always pick it up, saves him the postage. He won't take a penny off me, not a penny nothing at all. He won't take a penny off anyone that's why he wants to open the lounge so he can fund his compassion activities".*

The couple running Greenman were interviewed by the local press the week they opened the lounge in Ipswich. Clearly aware of the law, Jessie Carter one of the co-owners told a local reporter that they only sell legal hemp CBD products and cannabis paraphernalia ('bongs, pipes, cigarette papers etc.') from the lounge. Carter stated that the lounge had been set up *"so it is ready for any change in the law surrounding cannabis use"* (Howlet, 2018, no pagination). Carter's partner Daryl Noye was surprisingly candid in telling the press that he cultivates cannabis high in THC solely

for those with a medical need. He added that these activities were separate from the lounge. Yet, Noye went on to state that the anticipated profits from the lounge will enable him to continue supplying medical cannabis users without having to charge them. Predictably, Carter and Noye's activities attracted the attention of the police who were quoted by the local newspaper:

*“An officer visited Green Man Compassion in Eagle Street, Ipswich this afternoon to discuss the business concept with its proprietors. We will continue to monitor the situation”* (Howlett, 2018, no pagination).

According to later press reports Carter and Noye adapted their Ipswich lounge during the covid pandemic to sell vegan takeaway meals and relocated from Ipswich to Sudbury. The new venture received a slight name change to ‘Green Man Lounge’ (Barnett, 2020). According to the Green Man Lounge Facebook page (see Carter and Noye, 2023) the couple are selling CBD drinks, and remains involved in cannabis activism. In addition to the THC suppositories, Matthew was also using CBD oral drops that he had bought legally from CBD Brothers (no date). A subject picked up in Chapter Seven.

## **6.2 Chapter Summary**

As the preceding chapter revealed, social supply was frequently mentioned as the driver of early normalised cannabis use. However, this chapter has revealed that older adult cannabis users that a greater proportion of the participants as older adult are less reliant on social supply and more likely to engage with illicit markets directly. This



was especially true among the daily users who value a consistent supply source. Most participants who reported buying cannabis from dealers stated that they buy relatively large amounts. Trust appears to be a crucial factor among the participants who reported buying from dealers, they know what to expect from a transaction, so much so that it was not uncommon to hear participants talk about the longevity of their purchasing arrangements. Rurality was raised by some participants when they talked about supply difficulties and their belief that urban areas provide more opportunities to acquire cannabis.

However, for those without the benefit of an introduction, supply in rural areas can be non-existent and ergo can interrupt a persons normalised cannabis use. It was also found that two female participants relied upon their long-term male partners to make purchases directly from dealers. However, in contrast to studies such as Warner, Weber and Albanes (1999) that have focussed upon adolescent gender roles and drug use, the older adult participants in the present study did not speak in terms indicating that their male partners controlled their use of cannabis. Among the participants who used cannabis less frequently than the daily user, social supply, appeared to be a satisfactory supply solution.

One male participant reveal that he had bought illicit cannabis vape oil online using WhatsApp and Facebook Messenger, this is a mode of supply that has received less scholarly attention (Moyle *et al.*, 2019). Another participant reported obtaining THC cannabis suppositories from a 'compassionate' source free of charge, this appears to be a method of supply hitherto undiscussed in the literature. Both these participants

sourced these atypical cannabis products to self-medicate with during chemotherapy treatment.

## 7 Cannabis: Everyday Life and Older Adult Hood

*“I can just sit here and relax, watch the TV, catch up on EastEnders, chat to my husband and just chill as the kids say, it’s always in the evening, and never more than a couple of joints, if I am doing some arty stuff, I will have a spliff on the go.”* (Suzanne-sinsemilla user).

### 7.1 Introduction

Having explored the beginnings of the participants’ cannabis careers in Chapter Five, and how they acquired the drug in older adulthood in Chapter Six, this chapter focuses on why the participants have persisted in the use of cannabis and the context in which that they have normalised the use of the drug into their everyday lives. The chapter also touches upon the future drug using intentions of the participants and in doing so supports the observations of Parker, Aldridge and Measham (1998) that for some people openness to future use serves to solidify the process of normalisation. Yet, despite evidence of normalisation being replete and consistent with the findings of Hathaway, Comeau and Erickson (2011) and Sandberg (2012) several participants spoke about how they remain fearful of discovery and stigmatisation. As such, the participants feared being labelled as social outsiders (Becker, 1963) and mitigated the risk of discovery by adopting behaviours reconcilable with Goffman’s (1959) concepts of secret consumption and impression management.

Consistent with what is known about how socialisation changes as people age (Bennett, 2006, Hodkinson, 2011), several of the participants reported having little or no contact with cannabis users beyond their own home. It was particularly interesting

to hear the narratives of the participants, who find meaning in cannabis as a substance to self-medicate with. Cannabis use in the context of rurality is also exposed. The findings are presented under the following themes:

- 1) Recreational Use Only Users**
- 2) Recreational Use and Self Medication**
- 3) Self-Medication: Cannabis and Chemotherapy**
- 4) Cannabis and Recent Stimulant Use**

### **7.1.1 Recreational Only Users**

In this first section the experiences of participants who spoke in terms indicative that for them cannabis holds meaning only as a recreational drug are examined.

Mark described having long periods of not using cannabis but had always returned to it largely because he believes that the drug alters his perception of music - a finding reflected in the literature (Fachner, 2002). As he explained:

*“Because I like it. I like listening to music, music is so important, crank it up, have a smoke, chill out, I don’t reminisce thought, it’s all about the here and the now for me, music you know, its music I have always loved, but it’s not a nostalgia thing, it’s just the music I like, soul, northern soul, funk it’s just the best...really it’s about chilling out, making the most of my music, spliff helps you do that, that’s why I smoke it, no other reason...”*

But as his interview progressed Mark went on to reveal that cannabis also helps him deal with the boredom that he experiences living in a rural locality. In his own words Mark stated:

*"...you know time passes quick when you're stoned, an hour feels like 10 minutes when you're stoned, so yeah, it helps me cope with being up here in [the village]."*

It was interesting to hear Mark describe how he still looks forward to socialising with others:

*"It's great when we have old friends over, we have so many visitors, it's big enough, people crash everywhere and then go back to the city, we have great food, loads of it, it fucking great having people over, someone will bring a little coke up, I will have a crafty line, but that's it for me...we are all getting old now, but fucking hell we can still party, we ain't slowed down really!"*

When asked about his future intentions Mark explained:

*"Yeah, at my age you look at things you can continue, not what you wanna stop! I ain't gonna stop, always be a spliff coming up at some point, plus I think it helps with my dodgy fucking knees, well that's what I tell people, they take pity and always leave a bit!"*

Maggie gave up raving and stimulant drug use when she fell pregnant but has persisted in the use of cannabis (sinsemilla). Maggie explained why she has normalised the use of in the following terms:

*"I like it, I like the feeling, I like rolling joints, I like getting home from work and rolling a joint..."*

As Maggie continued to provide her response, she revealed something of the extent that cannabis use was normalised among her work colleagues:

*“lots of the people I work with do [use cannabis] I work at the nursing home just down the road, I work all sorts of shifts, early, late, nights, that is tough at times, a joint helps. I never go to work stoned! Let me say that!”*

Maggie revealed that she smokes *“one maybe two joints a day, they go out in the ashtray, some days I will just go back to one”*. Maggie went on to provide a statement that revealed the extent of cannabis normalisation within her own home, particularly her children’s acceptance of her and her husband’s cannabis use. In her own words Maggie explained: *“I suppose they have never known it to be any different, mum and dad smoke weed- so what...”* Maggie went on to clarify that neither her nor her husband drink alcohol. Maggie credits abstinence from alcohol and their use of cannabis as the crucial elements in the creation of a *“really calm household”*. Maggie stated that as a couple they have several friends who smoke cannabis, yet she was clear in pointing out that:

*“weed is not the focal point of our lives anymore, it’s just something we do, we have long stopped socialising with people just because they smoke weed!”*

When asked if she took precautions not to be discovered as a cannabis user, Maggie revealed how she remained a secret consumer of cannabis as far as her employer is concerned, in doing so she revealed that she fears informal sanctions such a loss of reputation and employment (Becker, 1963) more than she does prohibition:

*“Do you know what, I really don't worry about it, been doing it so long it just feels like normal, I worry more about work finding out than I do the police. I worry about the smell on clothes and stuff, but otherwise, I don't fret about it...I wear a uniform for work, so I just keep that out of the way...”*

As her interview progressed, Maggie also disclosed the mitigations she takes to ensure that when she and her husband go on UK coach holidays their use of cannabis is not detected. As Maggie stated:

*“Well, I just wrap it up real tight, the weed...so it doesn’t smell, but I have a crafty one in my handbag for stops along the way, I share that one with him, when we get to where we are going we just carry on, funny thing is the coach is full of oldies, but I swear we have smelt it on some of them in the past!”*

Maggie divulged that she believes that living in a rural area for a long time with the same neighbours has given her the confidence to smoke in her garden. Maggie believes that if she lived in an urban area, she would think twice about doing the same because *“people come and go more, you know stay for shorter time”* so it is harder to establish if neighbours are tolerant of cannabis use. When asked about her future intentions Maggie responded:

*“Yeah, living with the old stoner, I can’t see anything changing much, it ain’t done either of us any harm so why give up? It’s better than alcohol that’s for sure!”*

Former raver Charles, who still lives in the small town he grew up in described his daily resin use in the following terms and in doing so revealed his partners relationship with cannabis and what meaning he attaches to alcohol:

*“It’s great, I get home bosh one up and sit down and just relax, her indoors will have a chuff but she can’t roll a joint, bloody useless she is, so she ponces off me, it’s ok, it’s the way it’s always been. I suppose some folks have a drink, but I ain’t really into alcohol...”*

When Charles was asked if he goes out socialising, he reported that he is *“just happy doing a day’s work and having a little smoke...”*. Charles went on to justify his long-normalised cannabis use career in the following terms:

*“I think the weed has helped me pass the time, I just don’t ever get bored, hash helps with that, I don’t want much, don’t care what the neighbours are doing, what they have, just don’t interest me, I am really content, I think the hash has kept me that way”*.

Despite his affinity for resin, Charles nevertheless expressed some regrets about his lifetimes use of cannabis use, particularly the expense:

*“I dread to think how much I have spent on it, thousands, and thousands, been smoking the stuff solid since I was 18, and like I say started as a kid, but you know so long as I get hash its fairly cheap, I reckon I smoke no more than a quarter a week, that’s about £20. Mind you, I do have a bad chest these days, but I blame the tobacco for that, you know you don’t use a filter when you smoke joints so I reckon that will catch up with me someday”*.

When asked if he could see himself using cannabis in the future Charles stated that he had no immediate plans to give up using the drug but if his respiratory health declines, he may re-evaluate his position which he explained as follows:

*“if my chest gets worse and I get diagnosed with COPD I will have a good think about it, probably won’t give up as such might just have to think about edibles, we used to cook up hash cookies back in the day, but it’s just not the same as having a good old spliff, not as immediate if you get what I am saying”*.



Phil revealed the extent of his normalised cannabis resin use when he stated that throughout his life the drug has been "... constant...I never go a day without it..." When asked why he continues to use cannabis Phil provided a response revealing that his pattern of cannabis has been subject to change over the years:

*"Helps me relax, wind down at the end of the day, you see I don't smoke much...in the past, I have been really bad with it, I often used to smoke all day every day, especially when out of work, smoke and smoke and smoke..."*

Phil reported that his wife accommodates his cannabis use in the following terms:

*"The thing is my wife does not worry about it, my smoking, so I ain't even getting nagged about it, everything she wants done about the bungalow gets done, so long as that gets done, the smoking can continue!"*

As previously explained, Phil drank alcohol to excess as a younger man, and this resulted consequences such as homelessness. As an older adult he credits his cannabis use as helping him abstain from alcohol, a position shared by Southwell (2021, p. 269) who reflects upon his own experiences with cannabis, and states that he *"immediately found a deep connection and comfort with this wonderful plant, the use of which I found far easier to regulate and enjoy than alcohol"*. In Allsop et al (2014) it is interesting to read that abstinence from cannabis can lead to increased alcohol use. In his own words Phill explained:

*"...maybe if there was no hash, I would drink, maybe like I did when I was young. Everyone does something to take the edge of life, so yes, it has probably kept me off alcohol, I know I have a problem with alcohol, so yes, it's kept me off alcohol"*.

Phil's only regret about using cannabis was the cost, again he made a comparison between cannabis and alcohol, Phil reported:

*"I wish it did not cost as much, but it's still cheaper than alcohol, I have no idea what it has cost me over the years, thousands, but it's still cheaper than alcohol!"*

When asked about his future intentions Phil reported having no intention of giving up cannabis and his response also revealed his desire to remain a secret consumer by mitigating detection by rejecting sinsemilla cannabis:

*"Yes, so long as hash is about I will, I might think twice if all I can get is skunk, I had bought that on occasion, but it's not for me, it stinks and it's too strong, you smell it on people, I work in a warehouse, the kids, you know the new starters are all into it, you can smell it on them, that's asking for trouble, hash, it's hard to smell, so yeah so long as I can get hash, no reason to stop!"*

John also when on to state that he never smokes cannabis before work, only in the evenings. John spoke of his desire to keep his status as a cannabis user secret and avoid stigma especially from those he works with:

*"...at my workplace, I don't think anyone knows."*

[INTERVIEWER] Your private at work about your life generally at work?

*"No not really, I just would not talk about cannabis for fear of judgement...you never know it might affect your work or what people think of you at work".*

John did not express any anxieties regarding his health and his use of cannabis. However, he did explain that he tested his relationship with cannabis when he wanted to establish if he could go without tobacco. After two weeks, he recommenced smoking joints because he *“missed the paraphernalia, the ritual, that sorta thing”*. John did not believe that cannabis has had any negative effect on his life, nor was he able to state if it had brought him any benefits because he lifelong, virtually uninterrupted cannabis use left him without *“any point of comparison”*. John’s future intentions were clear:

*“I can’t see it stopping, circumstances may urmm stop that happening but at the moment I have no desire to stop or change my habits at all really”.*

Former art student Suzanne explained how parenthood disrupted her use of cannabis for many years:

*“I have had years when I have not, especially when I was pregnant and when the kids were growing up, I have 3 kids, all within 5 years of each other. Raising that lot on puff would have been insane, everything would have been a chore!”*

As her interview progressed Suzanne described the context in which she recommenced cannabis use:

*“But, when my youngest got to around 15 I think I just got involved again, went to a friend’s BBQ and it was present, so I had a joint and thought why did I give this up? It’s been constant ever since! Well by constant I mean regular 2-3 times a week, but that is every week... Relaxation, I can just sit here and relax, watch the TV, catch up on EastEnders, chat with my husband and just chill as the kids say, it’s always in the evening, and never*

*more than a couple of joints, if I am doing some arty stuff I will have a spliff on the go”.*

Suzanne went on to reveal the extent that her cannabis use was accepted in her home particularly so by her husband who *“just laughs and says once an art student, always an art student!”*. Although Suzanne smokes cannabis in the presence of her husband and adult children, she remained conscious that her use of the drug might result in her being negatively perceived by visitors:

*“Where I live, I can do as I please, [but] I am a little careful if the children have company over but like I said I am no puff addict, a smoke can always wait”.*

Suzanne then described how she stores her sinsemilla, so the smell does not inadvertently expose her as a cannabis user:

*“gone are the days of stashing a bit of hash in the kitchen drawer, under the cutlery tray! I have to put this stuff in a Tupperware pot!”*

When discussing the reasons why cannabis had become normalised into her life Suzanne stated:

*“I do think it helps with creativity, I honestly think that I do a little of my own art stuff these days, painting, watercolours mostly, I think it helps me engage with it, but like I said I don't smoke that much, I suppose it helps a bit with the interior design stuff I do, I work from home, well to be honest, I don't do much of that, I don't bother advertising or anything but someone always wants some input with a home, I earn a little money from that...”*

Suzanne believed that her use of cannabis has never negatively impacted her life because she has never used it to escape from reality, her use has always been recreational, if Suzanne thought it was becoming a problem, she would simply give it up. When asked if she could see herself using cannabis well into the future Suzanne stated:

*"Yes, at the moment I am happy enough, it is no issue to me, I don't smoke it every day, it's just a bit of fun, for enjoyment, nothing more, it's just something I do... no reason to give up".*

Robert, who became a cannabis user in a group of amateur musicians and actors reported that during his life he had had long periods of not using cannabis. For the most part, Robert has been a social cannabis user. However, his social life was interrupted by the day-to-day responsibilities of fatherhood when his daughter was born. Robert explained:

*"There just was not time to be getting stoned or having the same social life, it just does not work with a young family".*

Further interrupting his use of cannabis was Robert's job with a charity that he described as follows:

*"I was working for a charity and doing shifts, for at least 2 nights a week I would be doing sleep-ins, and so you just can't. Also, at that time I could not afford to be going out as much, you just can't do some things with those responsibilities, I wanted to, but you just can't. That's not to say that on occasional birthdays I would!"*

At other times in his life, Robert had drifted into daily solitary use of the drug and became anxious if he did not have any in the house. However, Robert's current pattern of use was entirely social, as he explained:

*"I will use it at parties and with certain friends, sometimes I go to a party, twice a year at a farm in the middle of nowhere, we have a bonfire, and everyone will be smoking it, you know there I certainly will. On other occasions, I will use cannabis instead of drinking, but only in certain places where it is safe to do so".*

Robert went on to elaborate further:

*"...today it's more take it or leave it. I made a rule for myself that I am not going out of my way looking for stuff anymore, if someone offers me something I have the option..."*

Robert reported that he believed that cannabis had benefitted his life because it had allowed him to have *"insight into different states of mind"* and through cannabis use, he has met interesting people he otherwise would not have met because as Robert stated, *"it is a subculture that crosses so many different groups of people"*. Robert went on to report that he believed that the only negative aspect of using cannabis is the cost and that it puts one *"on the other side of the law"* meaning users can often find themselves in risky situations was obtaining supplies.

### 7.1.2 Self-Medication: Cannabis and Chemotherapy

As previously discussed, Matthew reported that although he tried cannabis in his youth, he did not progress to become a cannabis user. After Matthew was diagnosed with bowel cancer in his early fifties, he developed a conception of cannabis as a drug that could be used as a self-medication and was buying illicit cannabis suppositories from a novel form of 'open market' source (see Chapter Six). Mathew stated that he was using these products to help alleviate chemotherapy-induced nausea and vomiting (CINV), a common side effect widely experienced by those receiving similar treatment. CINV can be so unpleasant and distressing that people will disengage with chemotherapy (see Aapro *et al.*, 2018). In the US, where 33 states have legalised medical cannabis, over a quarter of cancer patients report that they are medicating with cannabis (Nugent *et al.*, 2020). Ward *et al.* (2021, p. 78) also comment that *"the use of cannabis is not unfamiliar to many cancer patients, as there is a long history of its use for cancer pain and/or nausea and cachexia-induced cancer treatment"*. Many oncologists tolerate their patient's self-medicating with cannabis, and increasing numbers are recommending it. Yet, the majority (70 per cent) admit to being *"insufficiently educated regarding medical cannabis"* (Nugent *et al.*, 2021, p. 1832). In his own words, Matthew described the benefits of the CBD and THC products he was using:

*"...it has helped with the sickness during the cancer treatment, it has also helped a lot with my appetite, it's really helped me to get my appetite back and of course, like I said, it helped me sleep so as a cancer patient, it has helped me out a lot, well I think it has anyway...I only use one [THC*

suppository] every night, not at any other time. The [CBD] oil I take every morning just one or two drops”.

When asked how the THC suppositories made him feel, Matthew stated with confidence, “I don’t feel any psychoactive effect from them...I don’t feel drowsy...I just get on with the day”. When questioned about the potential legal ramifications of using a non-prescribed THC product, Matthew stated, “...as far as I am concerned, I am taking it purely for medical reasons” (a subject picked up in greater depth in the next chapter). When asked what his oncologist thought about his use of CBD and THC, Matthew reported:

*“I have not really told my consultant about the illegal cannabis, but I have told him about the other [CBD] stuff, and he thinks that is fine. A lot of the nurses I see every week know about the illegal cannabis and they say that there are loads of people on it and they seem to think that it is an acceptable treatment...”*

Indeed, it is well-established that both CBD and THC are effective anti-emetics, particularly so in cases of CINV. It is understood that both these compounds “reduce the release of serotonin from enterochromaffin cells in the small intestine that would otherwise orchestrate the vomiting reflex” (see Mortimer, Mabin and Engelbrecht, 2019, p. 1035). Matthew went on to report that the efficacy of the CBD and THC he was taken, means that he no longer “feels sick like that anymore”. So much so that he stopped taking his prescribed antiemetics because as Matthew put it the “side effects [were] worse than the sickness”. Mathew went on to say he will continue to use THC and CBD for as long as he is receiving treatment for cancer.



### 7.1.3 Recreational Use and Self Medication

This section focuses on the participants who continue to value cannabis as a recreational drug but have also, by way of lived experience have come to re-evaluate the meaning cannabis holds for them as by way of lived experience have come to regard the drug as being more than just a source of enjoyment.

Steve used cannabis casually in his youth with drinking friends when frequenting a variety of local pubs. When speaking about his recreational cannabis use as an older use Steve stated that it's a "*bit more solitary now*". He went on to provide a narrative that explicitly revealed that cannabis was now more important to him than alcohol:

*"I have a couple of spliffs every night, and would now prefer this to a drink, my analogy is if you want to fight the world use alcohol if you want to love the world get stoned, there would be a lot less crime if people got stoned rather than drunk!"*

Despite cannabis being a normalised part of his everyday life, Steve is very aware that his use of cannabis, to some people remains a sign of deviancy and a possible reason for stigmatisation as evident in the following statement:

*"It's nothing I hide away from if we have [tolerant] friends over. If it's people, I know who would be totally disapproving I would pre-roll some and disappear outside as if I was having a cigarette. If it's a friend that doesn't care what goes on in my house then I will sit there and have one, and it will be offered some happily partake if they don't, I don't think any more of it and don't think any less of them".*

Steve went on to explain how he integrates cannabis into the occasional night out and uses a little cannabis without detection when socialising down the pub:

*“...if going out socially um I might have one or two pre-rolled in my pocket and if the mood and environment is right, I might step outside the pub and have one. I don’t usually like to mix the two as that can get quite nasty if you have too much”.*

As his interview progressed it became clear that Steve is a passionate advocate for self-medication with cannabis. He spoke of first discovering the therapeutic benefits of cannabis when treating a chronic trapped nerve. As he explained in the following terms:

*“I have used it a lot for pain relief, I had a trapped nerve in my back for the last twenty years and it was the only thing that helped and relaxed it a lot more than prescription pain killers...if I was in a lot of pain it was sort of thing that would come in spasm and sort of be back for a week and dissipate, so yeah when the pain was at its height I probably smoked more...”*

Like Matthew, Steve had experience with cancer, in his case upper oesophageal and associated CINV when receiving treatment. Steve communicated his lived experience and what meaning he placed on cannabis during this period in his life:

*“...having just gone through treatment for cancer and doing research... there was a lot of positive things online about people saying that it had helped them, and their treatment benefitted from it. Speaking to my oncologist pre-treatment, he said if it works for you, he had no qualms about it...”*

Steve explained how he incorporated the THC vape oil he had bought over the internet (see previous chapter) into his life during this difficult time:

*"...when I could not physically smoke it, I sourced it in an oil to vape, but this stuff had it all, not just the CBD benefits of the more commonly known legal side of it...that had THC in it yeah, it was the full monty...with this stuff, I still got a nice buzz off it, you know when you're in a dark place it's nice to have a relaxing buzz to calm you down and chill you out! Just like normal vape juice bought over the counter...put it in [an e-cigarette] and puff away till your heart's content".*

Steve explained how vaping cannabis oil is qualitatively different to smoking joints:

*"I did not find it quite as effective as smoking, you had to vape a lot of it but ern yes it certainly helped just take the edge off what were horrible days".*

It was interesting to hear that vaping cannabis rather than smoking it afforded Steve greater flexibility in consumption opportunities and was conducive to his desire to conceal his cannabis use from outsiders:

*"...there was no odour to it you know you can vape it at any point and nobody was any the wiser what I was vaping!"*

Steve's future cannabis-using intentions were resolute and communicated with a degree of reflective humour:

*"I still see myself continuing so long as I am still physically able to roll a spliff. I can see it going on for the rest of my life to be honest... I can see myself in the wheelchair in the nursing home being wheeled up the garden twice a day just to have a little smoke yeah!"*

Former raver Samantha reported that as an older adult, she finds benefits in illicit cannabis and CBD oil as a means of managing stress. In her own words, Samantha explained:

*“I am using CBD oils and the normal stuff you know the class B stuff, weed mostly well skunk, occasionally hash but that’s harder to come by which is a pity because it’s cheaper and lasts longer!”*

Samantha went on to explain what cannabis means to her as an older adult:

*“it relaxes me for sure, it enables me to switch off and stop bloody stressing out about everything it really does. You can have one joint in an evening, I will roll it, light it, have a couple of tugs, put it down and return to it time and again. I would not sit and roll one after the other, never have done that. So that I think is positive in so much as it helps me chill, but it never gets out of control. For me, it’s the same situation as other people who might go home and have a couple of glasses of wine...”*

When asked about her future intentions it was interesting to hear in Samantha's response that she believed that her use of cannabis was an activity that could result in harmed social identity (Becker, 1963 and Goffman, 1959 and 1963). As she stated *“I am 48 and female, it's not a good look is it really?”* As her response progressed Samantha further revealed discovery anxieties:

*I like a get-together, I love my cooking, love dinner parties, ooo that sounded so pretentious! I mean I like cooking for friends is a better way of putting it. When I have people over, I would not just skin up a joint I worry about what people think, even close friends. Having said that, when I am alone, I am sure I will still have the crafty joint for years...”*

Samantha went on to provide a response that illuminated her experience of being a cannabis user who has lived in a large city and also a rural area:

*“I can’t see me walking around the village here with a spliff on the go that’s for sure, never has been my style. However, given my attitude towards it and the lack of accessibility I do think I will use less, but let’s see. I think that there is less of it here generally, in [the city] you can smell it in any pub, someone will have one on the go, I have been to the local pub here and nothing not even a whiff!”*

Earlier in her interview, Samantha spoke of her late sister who died of cancer. Samantha was closely involved in her care and reported that her sister benefitted from CBD oils. This experience informed Samantha's future intentions regarding cannabis and health. In her own words, Samantha provided a response that, like Steve mentioned growing old in a nursing home:

*“Now I am getting older, might get ill, so open to the idea of medicinal use, I mean after what I have seen with relatives why wouldn't I be? You never know, I might be in the nursing home, tattooed spliff on the go with Bob Marley on in the background. Everyone associates weed with Bob Marley, he was not the only one who ever smoked it!”*

As previously noted, Lizzie's early cannabis experiences were shaped by Californian counter-cultural ideals. Lizzie explained her normalised cannabis because *“first and foremost she enjoys it”*. In her own words, she described her long-term relationship with cannabis in the following terms:

*"...it's never really interfered with my day-to-day life, it's not an addiction, it's never really bothered me...I can go without it I am sure, although I do smoke at least a little every day, only in the evenings or when I am not working... although I use it every day it's only one or two usually...nothing better than going down the allotment and having a crafty spliff and getting on with it..."*

Lizzie described how the social context of her cannabis use had changed as she had grown older:

*"I think as you get older your relationship with cannabis changes, rather than always going out in groups, you tend to smoke more at home, the social group is something that happens when someone calls over...it's all about close friendships having people over, going to theirs eating, chatting, wine and a bit of puff. I think as you get older you make fewer close friends, but you get better at maintaining friendships with people you have known a long time even if you don't see them that regularly, because you are busy, committed or because they live some distance away..."*

Not only has the context of cannabis socialisation changed for Lizzie, but the meaning cannabis also holds for has varied with age, as explicitly evidenced in her own words:

*"... in the past, it has helped me with premenstrual tension and now I am in my early 50s it is helping with, er with the menopause, it seems to take the edge of the anxieties that you naturally feel at this time, I don't get so wound up, not so anxious it definitely helps. So, in a way, I suppose that in some respects cannabis has for me, changed from being purely recreational to a medication..."*

As well as deriving benefits from illicit cannabis Lizzie also reported that she has recently started to use CBD oil (oral drops) bought from a "*little independent health shop...*". Lizzie described how she had incorporated CBD into her life:

*"I use a little, few drops it really helps [me] sleep. The menopause interferes with that, it really does help you sleep the whole night through. It also helps with this permanent background anxiety...I must say, I am surprised, I did not think it would be so effective...I have only used it a couple of times, but so far, I am impressed with it. I just put a drop under my tongue, the stuff is in olive oil you can taste that!"*

Lizzie communicated her faith in the quality of the CBD product she was using in the following terms:

*I think it's 3-5%. Its organically grown and certified by the soil association which is the premier certification in the world! If you look at what they have to go through to get certified it's really impressive, so it's really good stuff that's the only type I would take, you know anything that derives from a plant can be produced using nasty chemicals, I am weary of such things. That's, the stuff I like these days!"*

Indeed, in Canada where cannabis can be purchased legally, it has been found that increasing numbers of females over the age of 35 are finding medicinal benefits in cannabis during menopause, typically for alleviating symptoms such as poor sleep, anxiety, and muscle/joint pain (Babyn, *et al*, 2023).

Lizzie raised some interesting points about her village life concerning cannabis and her feelings of being an outsider. Lizzie lives with her boyfriend in the house he grew up in. When his parents moved to Europe, her boyfriend bought the house from them.

Lizzie stated the village was close to a major university and had become very middle class, with many wealthy newcomers. Although she very much enjoys living in the village, Lizzie described it as having a "*slightly stuffy feel about it*". Consequently, Lizzie reported that as a couple they "*worry about the smell, we don't know what the neighbours would think about the smell*". When asked about her future intentions, Lizzie stated "*I don't think it's anything I need to give up*".

Victoria youthful friendship group mostly hung around the streets doing nothing. She explained that she did not work due to her long-standing anxiety disorder. Victoria clarified that she stopped self-medicating with drugs such as Valium, LSD, and ecstasy long ago, but had persisted in the use of cannabis. Victoria still enjoys cannabis, but experience has led her to avoid sinsemilla:

*"Hash!! Always hash, I never touch skunk, I did but it really was not good for my mental health, not good at all, hash is better, probably helpful, I don't understand all that THC stuff, but what I do know is that hash is better, well for me it is, do you understand? I got so paranoid on skunk it was awful, it just made my anxiety worse, much worse..."*

Victoria's anxiety occasionally led to her to isolate and stay indoors, in the past she would stay in bed. However, these days she will smoke cannabis and watch box sets, getting so absorbed that she will watch every episode back-to-back. Yet, on other days Victoria will smoke hardly anything at all. Victoria described how cannabis was an normalised part of her long-term relationship:

*"When my boyfriend is home, we will smoke it together, but it's no big thing, just something we do, like, well other people make a cuppa for each other we just naturally roll a joint and pass it... it's something we share, we don't*



*drink, don't think we have any alcohol in the house, in fact, we don't, We just smoke and chat...I think hash helps with that, so as far as my relationship and stuff is concerned it's a good drug to have!"*

Victoria also described the only other time she uses cannabis with another person, and in doing so raised some interesting points about her rural life:

*"I have a good friend who calls over every so often, we smoke watch something on Netflix and have a laugh, so yeah I don't go out to clubs, so am happy with living out here, it's easy, it's quiet and no one bothers us, I don't think it would be the same in town, always got someone wanting something, interfering and stuff, I lived in town for a while years ago, when we were waiting for a place in the country, 6 months we rented, it was awful, then we came out here, been here 18 years now"*

When asked how cannabis had negatively impacted her life Victoria provided the following response that revealed feelings of stigmatisation provoked by her local mental health team:

*"...the mental health team, just won't even have a conversation about cannabis, they threaten me with discharge if I keep on using it, discharge from what? It's a joke, I only see them twice a year, I reckon without the cannabis I would have done something stupid, it calms me down, helps me live with things, so yeah it has helped, I stand by that, I always will..."I think the only bad thing is that the mental health team won't take people seriously if they use cannabis, so you don't get referrals to counselling and things like that".*

The evidence in support of cannabis being an effective treatment for anxiety is sparse. Frustrating research efforts is the fact that cannabis, unlike other drugs (e.g., amphetamine) is not a singular compound but rather a collection of more than 500

substances. However, it is becoming understood that CBD, no matter the dose appears to decrease feelings of anxiety, whilst THC only reduces anxiety in lower doses. In higher doses, THC aggravates anxiety (Stoner, 2017). It is well established that cannabis resin contains higher levels of CBD and lower levels of THC than sinsemilla (Potter *et al.* 2008 and Potter *et al.*, 2018). This may explain the benefits Victoria reports and illuminates the importance of continuing research efforts. When Victoria was asked if she could see herself using cannabis well into the future, she provided the following response:

*"I ain't going to stop. I don't think my boyfriend will either, it's just something we do, but you never know, I smoke a lot so I do worry about my health sometimes if I can't smoke it, I will bake some brownies and eat it, whatever happens, I will find a way of carrying on!"*

Albert, although a late starter to cannabis use, found himself in a cannabis-using subculture soon after he started. A lifetime of normalised drug use had only been interrupted when Albert *"got fed up being fucked about by dealers"* some ten years ago. Some of these periods were quite lengthy, but Albert always went back to cannabis use because as he put *"I like being stoned, but not mullered, just mellow, I don't want skunk..."* Albert reported that for him cannabis is preferable to alcohol because *"spliff is different, you can kinda function ok...it kinda makes things more interesting"*. Albert believes that cannabis facilitates a greater appreciation of films because he will *"notice things that [he] doesn't when straight"*. Albert also provided a narrative revealing how much different his pattern of cannabis use is as an older adult compared to when he was younger:

*I don't really socialise much, so it's just me the missus and the TV and spliff, I sometimes wonder if I would have achieved more without spliff, but I dunno really, maybe I would have, maybe not. Whenever I have tried to progress, at work and stuff it never works out, so I think at 56 years of age I just think fuck it why bother!"*

Albert did not explicitly describe himself as a self-medicator. However, he provided a response revealing the significance of cannabis for improving his psychological well-being:

*"I say it's made life more tolerable, I ain't saying that stuff I went through [not discussed at participants request] left me with PTSD or anything, but it does weigh on my mind at times, if I have a smoke-gone- no more thoughts about that, in fact, I don't worry about anything really when stoned, that's a major plus because I am a worrier, I worry about everything, spliff helps me with that, stops me worrying".*

In addition, Albert revealed that he suffers from depression, he did not think cannabis had exacerbated this, but rather he believed it had been beneficial "*because it stops [his] thoughts running away*". However, believing that his GP might not approve of his cannabis use, Albert never told him. When prescribed fluoxetine, Albert "*only took a few*".

Cannabis is being explored as a potential treatment for PTSD, but efforts are hampered by the complexities that accompany PTSD as a condition. However, the legalisation of cannabis in Canada may well facilitate research efforts that have traditionally been hampered by prohibition (Abizaid, Merali and Anisman, 2019). When

Albert was asked if he thought cannabis had any negative effects on his life, he raised anxieties about his respiratory health:

*“Bloody cough I get, that's down to spliff, but mind you that could be down to the tobacco, I mean, you can't roll a hash spliff without it, so it's a necessary evil, I do worry about the tobacco, it's only because of spliff that I am stuck on roll-ups, so yeah that's definitely a minus”.*

Albert went on to say that:

*“others I speak to feel the same [about respiratory health], you know the lads on site...some have tried vaperisers, bongs and stuff”.*

When asked if he had used smoking technologies Albert reported that he tried smoking them “years ago”, but he “loves a spliff” and would have to “find somewhere to put the bloody thing”. Albert’s future intentions were communicated clearly and framed around his contempt for prohibition:

*“I ain't stopping smoking spliff for no one, not even the law, I do nothing else wrong so fuck, em... no reason to worry about a bit of spliff, if I got caught, I would just smoke more, just to spite them!”*

As a young adult Erica used cannabis within an ordinary friendship group, she described her historical pattern of cannabis in the following terms:

*“it's always been a constant really for the last twenty years, yes, I often joke with my current partner and my children (who are adults now) that cannabis was my first love and probably my only love. As I say it's only a joke, but cannabis has been a constant in my life...”*

When asked why she has consistently used cannabis Erica stated:

*"I think it because the high is something I like and it only lasts an hour or so, fairly rapid turnaround, between being high and coming down again, urm I think that cannabis is far more manageable and controllable than other drugs...I mean some of those drugs can take hours and hours to get over...I think weed... hits you quite quick yet in an hour or so it's all kinda back to normal".*

However, Erica also stated that her use of cannabis was:

*"not really recreation at all anymore, it's more of a medical thing for me, a sleep thing I only smoke in bed now of an evening, very rarely at any other time...I use the stinky weed stuff, proper skunk weed as strong as I can get, I just want the stuff to knock me out, to help me sleep, not much else these days".*

Erica went on to report that when she was younger, she did not like to go a day without smoking cannabis. These days, Erica reported that she can go without cannabis, but after 3-4 days she becomes *"really angry, short-tempered and desperate to have it...as long as it's there for me when I go to bed it's all ok no problems"*.

When asked about her future intentions Erica stated:

*"Every now and then I will have a bout of paranoia and just leave it half-smoked. On those occasions, I do think to myself it's not doing me any good, so I try and meditate and listen to sounds to find myself a better place in which to relax, yeah. So those nights yes, I do think to myself, what am I doing at my age, I am too old for all this? Those kinds of feelings yes, but the next day kind of I go to work come home and do the same things, use*

*the same substances to bring me down at bedtime. I wonder what this generation is going to be like when we are older!”*

#### **7.1.4 Cannabis and Stimulant Use**

Former raver Steff reported that she has used sinsemilla cannabis every evening for years. Steff was one of only two participants in the study to report the use of stimulant drugs such as MDMA, amphetamine, and cocaine in older adulthood. After many years of abstaining and not going out raving or clubbing Steff re-engaged with the scene when she was presented with new found weekend freedom:

*“My girls go to their dads from Friday through to Monday, he picks them up Friday morning and takes them to school, so I won’t see them until he brings them home after school on a Monday. It took me a long time to realise that during this time I can do whatever I like. I have time to recover, so I have started to go raving again, it’s not uncommon for me to hop on a train on a Saturday and not return until late on a Sunday! Then I just get stoned, go out, come down, and get stoned. And carry on being sensible during the week, but just as before I still smoke during the week but only in the evenings. But at the weekends if I am not going out, I will smoke all day!”*

Nevertheless, Steff was keen to explain how she had accommodated drug use into her life without detriment to her ability to function with the normal demands of adult life:

*“...I have always functioned. Always and had a career, my brains worked well enough to have a career...I really think it helps me relax, I am highly strung. I don’t use cannabis and go out, so I don’t get any of that you know*

*pang of social anxiety kinda paranoia ...so for me getting stoned is an activity I do at home, either with a fellow stoner or solo, mainly I smoke alone”.*

Steff explained that a negative effect of her cannabis use is that she avoids socialising with non-smoking outsiders as much as possible. In her own words:

*“...it makes [me] completely lock out people who are completely closed-minded about...weed, I mean those people I won't even entertain those people, so that impacts your social life because I am sure that if I was open to socialising with people who did not use weed or were at least tolerant I would have more friends”.*

However, Steff did acknowledge that in the past, she has accommodated non-smokers into her private life, particularly and ex-boyfriend who was an abstaining semi-professional footballer. Steff was keen to point out that *“most days [she] will only have a single skin spliff at night that's it”.*

Believing that cannabis users retain their deviant label, and that detection can be consequential, Steff was keen not to be discovered she explained that in the past she worked in a prison and, like all staff, was subject to random canine drug detection. As a consequence, she developed a simple strategy to ensure that she did not carry the smell of cannabis to work with her. In Steff's own words:

*“I used to really make sure that my work clothes were in another room, well out of the way of the smoke. I used to smoke in the house back then, we used to get really stoned so lots of smoke everywhere. So, I really made*

*sure my clothes, my coat was well out of it, really made sure the doors were shut!”*

Steff was keen to point out that she was never detected as a cannabis user by the dogs. Even though she is no longer subject to such scrutiny, Steff remained still fears discovery because of the pungent smell of sinsemilla as she explained:

*“...[what] I don’t like about this skunk stuff I smoke is the smell, I live right next to, well my place backs onto the village field, I go outside to smoke, don’t take a genius to work out who the village stoner is does it! It stinks it fucking stinks...I really don’t want any problems with the law...”*

Steff spoke about her health anxieties, particularly those associated with tobacco that so often accompanies cannabis use (Taylor and Hall, 2003, Gates., Jaffe, and Copeland, 2014). To mitigate these risks Steff disclosed that she never smokes tobacco cigarettes and often uses a smoking technology (Iversen, 2008, and Nutt, 2017) when getting stoned:

*“...I do bongs as well, er yeah, I have a little bong-you know tobacco is so bad for us, it the worst thing about smoking cannabis, that’s the bit that will harm you. A quick hit off a bong I don’t cough or anything you know. I don’t get a smoker’s cough never have had, not once”.*

Steff’s reported having no intention of stopping her use of cannabis, however in doing so she provided a further narrative revealing her fears of discovery:

*“The only thing I have to think about is my job, I am going into schools, so I am a trusted member of society, I have enhanced DBS checks, very small-*



*mined people would think if I got overtly involved that I would not be fit to do my job because I have a smoke of an evening”.*

Former raver Georgia explained in the following terms why she has continued to use cannabis on and off throughout her life, and like other participants made a comparison between alcohol and cannabis:

*Because I ... like it, I do, I like it, it's nice. I mean I am not a huge drinker although I will go out on a binge every so often, alcohol makes you feel shit, I prefer cannabis to that, having a giggle...I do like a bit of alcohol. But it makes you feel shit...”*

When asked under what circumstances she used cannabis, Georgia stated that she predominantly smokes alone but will, on occasion, smoke with others. However, Georgia was clear in reporting that she does not “*seek out a group who might be more inclined to use it*”. Georgia was among the few participants to reveal that, as an older adult, she had recently used MDMA when attending a music festival in the year preceding her involvement in this study. The experience reminded her of her raving days as she explained:

*“it was the same, I felt the same, laughing and I was out, it was relaxing and fun the MDMA just enhanced the scene we enjoyed ourselves just being out”.*

Georgia further explained that a few years ago she would have a friend visit and they would use MDMA together after drinking alcohol. Other times Georgia had been to house parties, and someone would suggest that they try and get some MDMA.

Georgia reported that she remained open to the idea of using MDMA again but was in no way looking to orchestrate it, if it happens so be it, if not it really does not matter to her.

Georgia was forthright in tone when stating that she never self-medicates with cannabis. If she is “*feeling morose*” Georgia will avoid cannabis, because she believes that “*whatever you do [type of drug], I think will just exacerbate those feelings*. When asked how cannabis fits into her daily routine, Georgia provided the following narrative revealing her disdain for problematic patterns of drug use she has observed in others:

*“I come in I feed the animals I do my normal routine and shit and it's when I sit down when it's all done and then I will have something, but really most days I don't. I can even go weeks without anything, I don't miss it I don't go er like some twats who just can't seem to go without it, their life is dominated by it. No not me, shame I can't be the same with fags...If I am addicted to something it is fags, in terms of stress I use fags, but not cannabis”.*

Interestingly, when asked if cannabis had negatively affected her life, Georgia was the only participant to describe suffering social consequence as result of being a cannabis user as she explained in detail:

*“...my ex was a ---- and he thought it would be good to tell everybody including my employer. Well, that was not the cannabis that was negatively impacting upon my life it was that twats' actions. It was the fact that he wanted to use that against me, that was the negative impact, the funny thing was he was making me out to be something I am not, I don't use anything to excess never have like I said earlier. He was just trying to cause me problems. It was because of the illegality of it, someone could use it against*

*me. I ain't had any contact with the law because of it either, despite that twat trying to get them involved. They were not interested, they saw through him, he has previous, so they know what he is all about..."*

When asked how cannabis has positively affected her life, Georgia reaffirmed her position that she does not self-medicate with cannabis, but she has noticed that when she is smoking cannabis, she does get fewer migraines, and when she does, they are less severe. However, Georgia said she never obtains cannabis just to help with the migraines and will simply use paracetamol and prescribed codeine tablets. When asked if she could see herself using cannabis well into the future Georgia stated:

*"Yes! Yeah, but you never know there might come a day when I think you know what I have had enough of this. I am too old for this shit".*

## **7.2 Chapter Summary**

This chapter has revealed that the participants in this study have normalised the use of cannabis into and around the rhythms of their otherwise unremarkable lives. Consistent with official prevalence statistics (Home Office, 2016), the findings indicate that older users as a group tend prefer milder varieties of cannabis, particularly resin which they believe is less detectable than potent sinsemilla strains. It was not uncommon to encounter narratives indicating disparaging views on alcohol. For some participants cannabis held meaning only as a recreational drug - one that enhances life by making time pass, relieving the boredom of rural living, enhancing the experience of watching movies/listening to music, stimulating creativity, and inducing a state of relaxation. A recurrent theme was moderation in dose, often no more than

two joints at the end of the working day. Recent stimulant use was only infrequently reported, one participant stated that she had started to use MDMA again whilst out clubbing. Another reported use of MDMA at a festival the year before being interviewed.

Other participants reported that whilst they still enjoyed the recreational cannabis experience, they had come to find meaning in cannabis as substance to self-medicate with. These participants reported the drug to be effective for treating a trapped nerve, as an anti-emetic during chemotherapy, as a sleep aid, relieving chronic anxiety and managing feelings associated with past trauma. Other participants reported using a combination of illicit cannabis and CBD oral drops to manage stress and alleviate the symptoms associated with menopause. One participant tried cannabis as a youth but did not become a user of the drug. However, as an older adult, he had come to value THC suppositories as an antiemetic whilst receiving chemotherapy.

Although cannabis use is a normalised part of the participant's lives and has been described as becoming increasingly culturally accommodated (Parker, Aldridge and Measham, 1998., Aldridge, Measham and Williams 2011 and Coomber, Moyle and South, 2016) the spectre of prohibition in the UK combined with the potential for stigmatisation motivates older adult cannabis users to mitigate the risk of detection by remaining secret consumers (Goffman, 1959) a finding consistent with the literature (Hathaway, Comeau and Erickson 2011 and Sandberg, 2012). Consequently, measures to mitigate discovery were often expressed by participants, a recurrent theme being awareness of the incriminating smell of cannabis and being ever mindful

of not provoking the suspicions of non-users and employers. Reports of cannabis harm during the interviews were infrequent. One female participant spoke of brief episodes of paranoia, and two male participants held anxieties about their respiratory health. The vast majority of participants had no concrete intentions to give up cannabis in the future. The only exception was the sole self-medicator in the study, who stated that he will stop using cannabis when his chemotherapy is complete.

## 8 How is Prohibition Perceived by Older Adult Cannabis Users in the UK?

*"For me, it's about those in power not understanding, or not wanting to understand because they make stereotypical assumptions and will not look further into the cannabis situation. I mean it's not just crusty revolutionaries who smoke it, loads of people do, I do my partner does, we both work he has a really good job" [Lizzie, daily resin user].*

### 8.1 Introduction

This final data chapter examines the attitudes of participants towards the current cannabis control policy in the UK. Such a topic is well worth exploring, because as Stevenson (2012, p. 129) points out *"cannabis users tend to consume the drug irrespective of policy"*, an observation supported by this thesis that reveals the extent of normalised use among some older adults, the wider literature and national prevalence statistics (Office for National Statistics, 2022 and 2023). As detailed previously in Cannabis Control: Prohibition, Regulation and Decriminalisation (Chapter Three) cannabis law reform has been successfully implemented in several overseas jurisdictions. It is useful, here to briefly recall the fundamentals of these policies. Dutch legislators have since 1979 recognised the benefits of tolerating the sale of modest amounts of cannabis (a 'soft drug') in 'coffee shops' (Leuw, 1991 and Government of Netherlands, 2013). It is an approach to cannabis control which accepts that drug use is *"inevitable in modern society"* (Leuw, 1991, p. 229). Portugal has since 2001, decriminalised the possession of all illicit drugs (Hughes and Stevens,

2007) and in 2024 Germany legislated to permit the growing of cannabis and possession of modest quantities of the drug. Across the Atlantic, Canada created a nationwide regulated cannabis market in 2018 (Health Canada, 2022) and twenty-four US states and the District of Columbia have legalised the sale of recreational cannabis and facilitated the creation of regulated markets (Economic Times, 2023).

However, in the UK, *“the war on drugs discourse developed by consecutive Conservative governments but accepted by and maintained by Labour”* (Parker, Aldridge and Measham, 1998, p. 152) has ensured that prohibition remains firmly in place. The campaign for UK cannabis law reform dates back as far as 1967 (Seddon, 2020) and since then has been augmented and extended by NGOs, academics, and pressure groups to name but a few. In the present study, no participant reported any involvement with cannabis activism and their knowledge of the law was mostly quite limited, so much so that the 3-tier approach to possession offences was barely mentioned. The data in this chapter is presented under the following themes:

- 1. Morality as a Justification for Legal Reform**
- 2. Only Cannabis Resin Should be Legalised**
- 3. Legalisation/Regulation as a Revenue Opportunity**
- 4. Choice and Consistency**
- 5. Legalisation as a Disrupter of Organised Crime**
- 6. Prohibition and Self-Medication**

### **8.1.1 Morality as Justification for Legal Reform**

For several participants, their views on cannabis were consistent with arguments against prohibition dating back as far as the 1967 campaign ‘immoral in principle and unworkable in practice’ (Seddon, 2020). Although narratives varied, collectively these

participants epitomise the outsider “*not accepting the rule by which [they] are being judged*” (Becker, 1963, p. 147). Although not articulated as such, the participants narratives rung true to Coomber *et al*’s (2013, p. 194) depiction of classical liberalism that is explained in the following terms:

*“Classical liberalism maintains that individuals should be free to pursue their own self-interest and that individual rights (to free speech for example) have primacy over collectives, such as the state. Advocates of liberalisation argue that the state does not have the political legitimacy to prevent competent adults from choosing to undertake certain activities, even if they are potentially harmful”.*

Charles who preferred to use resin articulated his liberal attitude to cannabis use and his cynicism towards those in power in the following terms:

*“Not fair! But it's better now that back in the day, today they can give you some sorta warning first, I think. Back in the 80s, it was bosh straight to custody I think and a criminal charge. I think it should change, I saw the queues in Canada last year on the news, I think the government is missing a trick, but now that Boris is in charge, I don't think anything will change”.*

As Charles went on, his response suggested that he was less concerned about how detection might affect him and more concerned about the effect prohibition might have on his son:

*“It's a shame I would not want my son getting in trouble for a bit of weed, but I think he is actually like me, low profile he doesn't make a big deal of it, so he should be ok, personally I could do without getting caught, but never been in any trouble with the law so I reckon I would be ok if I did get caught, I would get a fine, probably overdue, 35 years and they ain't caught*



*me yet...To be honest this a tough question for me, I don't pay much attention to the laws, I could not even tell if it's A, B, C or whatever...all I know is that it's still illegal!"*

Lizzie, a daily cannabis user, provided a response indicating that she had an awareness of the history of cannabis prohibition and the politics of moral crusaders (see Becker, 1963). Lizzie's socially awareness and liberal attitude appeared to be attributable to both her atypical education in California and her exposure to remnants of the 1960s counterculture. In her own words, Lizzie explained what she thought of prohibition:

*"I think they [the laws] are completely outdated! The laws, when the laws were introduced, they were done...for the wrong reasons, the wrong situation, they, I mean the government made a decision [about] what they thought the public wanted, lumped all drugs together, ignored the differences and went with it without any consultation at all... for me it about those in power, not understanding, or not wanting to understand because they make stereotypical assumptions and will not look further into the cannabis situation..."*

Lizzie's continuing response illuminated her belief that cannabis use has escaped its subcultural past and has become a normalised activity for many:

*"...I mean it's not just crusty revolutionaries who smoke it, loads of people do, I do, my partner does, we both work he has a really good job. We have a mortgage, decent cars, we cause no issues, we have our beliefs but neither of us would go on a march or anything, just not our style".*

Lizzie also firmly rejects the notion that cannabis use leads to more harmful patterns of drug use:

*“All this stuff I mean the law, emanated from America, all this gateway drug stuff etc, We still adhere to that here, yet over there they are now, well at least some states are legalising it, it’s all crazy, a crazy situation. It’s all because of something that happened somewhere else!”*

Lizzie went on to attribute the negative views of drugs by abstainers she had met to their uncritical acceptance of the politics of prohibition. In Lizzie's own words:

*“You know, I have talked to many people across generations and places, you know. Some are really uneducated about it and erm unexperienced attitude towards it, they make assumptions and that’s all government led...”*

It was predictable to find that weekly cannabis user Suzanne’s responses to questions on prohibition were consistent with Lizzie’s. Recall that Suzanne as a young adult was also exposed to counterculture ideology when at university in the early 1980s. Suzanne provided the following response, that revealed her disdain for hypocrisy among powerful moral entrepreneurs (Becker, 1963) particularly politicians who as previously discussed appear to avoid any consequence after speaking about past drug use (Alexandrescu, 2023, p. 76):

*“It political, it’s always been political, one person does not like what another person does because it offends their own sensibilities, that’s why puff, well drugs, in general, are illegal, what gets me is that these politicians confess to using puff or worse snorting coke and they keep their jobs!”*

For Lizzie, legalisation would be a welcome step forward that would protect young people from the stigmatising effects that accompany prohibition:

*“One of my kids gets caught and it’s a world of trouble, any contact with the law will always come back and bite...I think the only benefit [with legalisation] would be that the young folk would not end up getting a record that would follow them their entire lives just for a bit of drug use...honestly, with all that which is going on gangs, violence”.*

When asked to elaborate Suzanne revealed her belief that drug curiosity and drug trying is a normalised part of maturation for many young people – something that should not be subject to state interference:

*“Well, people, young people will always experiment, always make mistakes, they don’t deserve to be punished forever for something so trivial. So, I think the time has come to stop making criminals out of people who smoke a little puff and try things out. I did, my husband did and without trying to come across pretentious for the second time, we have done quite well, other than this I am not sure what else I can say really?”*

Mark, an occasional cannabis user was very clear in stating what he thought of prohibition:

*“A fucking disgrace, especially so when you look at the States, even with that twat Trumpton in charge, spliff is legal in some states, mind you it started before he did...I do think it’s wrong to get into trouble with the [police] for a bit of spliff, coke...”.*

### **8.1.2 Only Cannabis Resin Should be Legalised.**

Phil was the only participant to differentiate the type of cannabis that he thought should be legalised. In his own words, Phil explains his position:

*"I think that hash should be legal, everything else stays banned, this skunk is too strong, makes kids go nuts, you know crazy, hash is mild, you know that! It's mellow. I don't want to live in a country where [other] drugs are legal..."*

When Phil was asked how resin should be sold, he made a brief and decisive recommendation that was consistent with the long-standing policy of tolerance in the Netherlands that seeks to differentiate drug markets (Wouters *et al.*, 2012., Spapens, Muller and van de Bunt, 2014 and Manthey, 2019):

*"Well, it's easy, just sell it in shops! Just make sure it is what it is, it's easy, I can buy whatever I want, it comes wrapped up, why can't it be sold in shops, I expect the government will want a cut but who cares, it would keep young folk away from [dealers] who just want to sell them heroin".*

### **8.1.3 Legalisation/Regulation as a Revenue Opportunity**

For several participants, prohibition was considered to be a lost revenue opportunity. Despite not being a recreational cannabis user, Matthew drew upon his experience as a grocery manager and contributed the following opinion:

*"I don't see any reason these days why they can't make the whole thing legal. To be honest with you. Just regulate it and tax it and be done with it!  
"I guess they could just sell it like loose tobacco or as cigarettes and they could be sold like that from licensed shops just like cigarettes are".*

Matthew went on to state how he thought licence infringements should be dealt with:

*"...I suppose anyone who's caught selling it outside of these arrangements, could be prosecuted in the same way as someone who is not licenced to*

*sell tobacco products would be. I accept there would always be a bootleg industry”.*

Steve also believed that cannabis could be taxed and sold in much the same way as tobacco is:

*“I think the country is missing a trick because it's like the tobacco industry the country would make a fortune in taxation!”*

Like Matthew, Steve accepted that effective regulation would require retailers to stay within the law:

*“It's the same if it's legal or not the kids will always get their hands on it...you know if they want it, they will find a way... Yes there would still be bootlegging and illicit shops willing to sell to youngsters, we have a school just down the road from here and you see kids 11,12, 13, 14-year-olds walking to school with a fag on the go, you know full well they did not buy them from Tesco's, but you know some private shop, shall we say newsagent will be prepared to break the law and do anything for a sale”.*

Casual cannabis user Georgia was forceful in tone when she provided her opinions on prohibition:

*“I mean if they made a regulated market, they would do themselves a favour I mean the revenue they would get, and people would not get a pathetic sentence that can impact them for years! People, you know, it's the people who do no other wrong, they could certainly change things. All in all, I think the laws are outdated, as we know cannabis use has taken off in the last 20 years...we have laws with alcohol, why can't we have the same thing for cannabis? I mean people getting caught with it are getting prosecuted, but I mean really do they need to be getting a criminal record? Really, I mean. I think this country has very funny ideas about its laws I really do. I think*

*that much...So I think people are getting criminal records when otherwise they would not just because they are unlucky to be caught with a bit of cannabis..."*

Albert had clear ideas on the potential revenue benefits of a regulated cannabis market and what he thought the income could be spent on:

*"I mean, we have pensioners going cold, not being able to get care, why can't the government tax spliff and sort the old folk out, I would buy it. Mind you I expect they would limit the amount or put some stupid rules on it. I dunno to be honest I don't really know much about the legal side of things...I think they should just let people be, legalise it and leave it be".*

Like Albert, Mark believed that revenue raised from regulated cannabis sales could be used to fund vital services and support vulnerable people. In his own words, Mark asserted:

*"Well, you know, why don't they tax it, NHS is fucked, old people get a rough deal, stoners always go on about social responsibility, let them, us, me, contribute, put our money where our gobs are, I would be up for that, well so long as the money got spent right...I would even be happy if they spent it on the trains, living abroad you see how crap our trains are...So many people spliff up must be loads of tax to be made off it!"*

John was the only participant in the study to report contact with law enforcement as a consequence of his cannabis use. In his own words:

*"I was pulled over a couple of times, um so the first time [the late 1980s] I was just sitting in the car with a mate and the police just warned me to stay away from him. The second time [the mid-1990s] was in [the city] actually just pulled over...I just got arrested..."*

[INTERVIEWER] Did anything serious come out of that?

*“No, nah second time was just a warning, actually I think the first time was as well.... they could not get through on the line...”*

[INTERVIEWER] No convictions or...

*“No, Nah, no, cautions at the time I guess...it was not like the worst thing to do in the world!”*

John's experience appeared to inform his liberal views on the morality of prohibition. He stated with clarity that he thinks prohibition is *“a joke really, I don't see there is any benefit to anyone from it, it's a waste of resources that would be better used for other stuff”*. John stated that regulation *“would make so much sense, the tax revenue it could generate, it's just immense, that could be put to so much good use...”*. John went on to add:

*“...from a moral point of view absolutely I don't think I am doing anything wrong, absolutely not. Nothing wrong do you know what I mean? I'm not acting immoral in any particular way, but honestly the law.... it's a moral thing it's not like I am doing anything bad!”*

Samantha also spoke about prohibition being a wasted revenue opportunity. In doing so she drew upon her observations of Dutch cannabis policy in action, and her media informed awareness of the repeal of prohibition in the US states and Canada. In her own words, Samantha stated:

*"[prohibition] does nothing to stop people using it! It could be sold and taxed, they do it elsewhere now, in the US and Canada...I have been to Amsterdam, that works ok...I have seen how they operate, the cafes and all that...In Holland you don't see cannabis being advertised that's not allowed, seems sensible to adopt the same thing here, legalise, tax it whatever".*

Steff (age 48) a daily cannabis user and frequent stimulant user appeared to be well informed about the difference between decriminalisation and legalisation and stated with confidence that:

*"...they should legalise cannabis, they should legalise ecstasy and probably cocaine powder and they should decriminalise the others!"*

Steff went on to explain that she believes that the revenue generated from cannabis sales could be used to support people with a drug treatment need:

*"...would bring in tax and revenue to the country and you could treat those people who have addictions to whatever, that's not to say that I think everyone is a potential problem addict. I mean alcohol is legal and not everyone is an alcoholic, fags are legal and not everyone smokes".*

Georgia also raised the issue of prohibition as a missed revenue opportunity:

*"I mean they up'd it downed it, let's be honest they don't know what to do with it do they? So, yeah, it's unfair because there are so many people who do smoke it. I mean if they made a regulated market, they would do themselves a favour, I mean the revenue they would get..."*



#### 8.1.4 Choice and Consistency

Erica, a daily sinsemilla user, described how product variations in illicit cannabis supplies had affected her:

*“It’s still a bit of a lottery knowing what you’re coming home with, I know it’s going to be strong weed, but I have no idea if it’s gonna make me paranoid or help me sleep, you just don’t know...You’re still unaware of what you’re gonna get even if you go to the same person week in week out for twenty years...I am of the view that there should be a supply that’s tested. You know, you get the real deal, what you pay for is what you get. You would get taxed on it...”*

Drawing a comparison between cannabis and alcohol, Erica went on to explain how she believed cannabis should be sold:

*“I would like to see it sold with the strength shown in the way that alcohol has to show the percentage, yes that kinda thing. I would want to know what strain I am getting...It’s the same situation as alcohol you would know, if you want lager, you can buy lager, if you want something stronger like Rum, you know what’s in it and how it will make you feel, what it tastes like and how it’s gonna make you feel”.*

Erica went on to describe how she believed consistency of supply in regulated market would protect young people from drug-related harms:

*“...I feel that regulation is the thing. I see so many teenage kids getting messed up on stuff that they think is one thing and it turns out to be something else...You know, now I have teenagers I am more aware of, let’s*

*say worried about the risks, some of which I took, but yet I don't feel comfortable with my children taking those risks".*

Erica offered her opinion on the efficacy of alternative cannabis control policies. In doing so she revealed that not all cannabis users would embrace a regulated market:

*I think the Portuguese model is good, you know it applies to all drugs they are not overtly legalised as such, but they are not illegal either. Urm I kinda find the lack of regulation there is something I don't like, but I don't like the way the American and now Canadian model has gone either, it's become just another commercial operation kinda not in keeping with the free-spirited culture that came with cannabis use, certainly when I was younger. So, I guess somewhere between those two would be kinda ok.*

Mark also believed that prohibition exposes young people to undue harm in an illicit market in which sinsemilla dominates:

*"The only thing I worry about is the kids, this shit they smoke now is so strong, they go mental, if it was legal maybe hash could be made, you know in England, maybe it would make a comeback, given the choice I would have hash!"*

Robert also raised potency as an issue and firmly believed that a regulated market would facilitate choice. As he put it *"People should know what's in the stuff what strength it is, so they can make an informed decision"*. Steff stated that people should have confidence in what they are consuming. In a regulated market, according to Steff *"you would have a clinical standard for a start...you would know what you are getting, the same as with alcohol really"*. Steve also thought regulation would facilitate informed choices regarding potency:

*"I am not one for the different names, different types what else, if I go out to buy I either want green or solid I am not saying I want this brand, strain, variety or what else. But if it was legalised if it was strain a, b, c, d over the shelf, you would find out what one is best for you...it's like cigarettes if you buy silk cut you get low tar if you buy 20 Benson and Hedges, they are a damn sight stronger!"*

It was interesting to hear that John believed that a regulated market might be beneficial for helping people reduce the amount of tobacco they use. John explains why this might be the case:

*"I think with it being legal and more readily available you would probably be able to reduce the amount of tobacco smoked with it, part of the reason I am stuck with tobacco is that I use resin, any type of weed is just so expensive, you can vaporise weed, erm vapes don't really with resins. So, if it is legalised and at a reasonable cost you would be there, I think, it would help people lose the tobacco...it would be good to just use the vaporiser!"*

John went on to say that if they legalised cannabis, he *"would be one of the first ones in the queue"*.

### **8.1.5 Regulation as a Disrupter of Organised Crime**

Lizzie believed that legalising cannabis would disrupt organised crime activity, particularly the violence associated with county-line drug gangs (see Andell and Pitts, 2018, and Andell, 2019):

*"...let's face it in the UK we have that issue with the county lines stuff, you know if they made it legal maybe it would disrupt some of that stuff!"*

[INTERVIEWER] If they legalised cannabis, it would reduce this?

*“Yes, I think so, if its legal they would have nothing to sell, you know it would not stop all of the criminal activities, but it would stop a lot of people having to go to criminals to get what they want, so it would, well at least reduce the contact between these groups and vulnerable people. Erm, it would also you know, it would also, but I hate to say it be a good way for the government to create some revenue!”*

Steff also believes that legalising cannabis would disrupt the activity of gangs,

*“drugs county lines all the problems with have with that, gangs if you take away the drugs you take away their currency”.*

Robert provided a detailed response on the subject of legalisation and disruption of organised criminality:

*“I think a regulated industry would be a great idea, you know the hippy in me would say the money is going to the man! But the money always goes to the man! It's really all about which rich man do you want it to go to. But it's the only way I can think of to take it away from big, organised crime. That's the only way to do it, I think in this country we think, we think in isolated ways. The people I know mostly don't seem to realise that the weed they are smoking is in fact funding organised crime...they think it's some sort of cottage industry, from the chap down the road. The perception, the public perception needs to change they need to see what the benefits of regulation are even if that involves the man or the government!”*

### 8.1.6 Regulation and Self-Medication

Lizzie firmly believed that cannabis should be regulated because as she put it:

*“I watched a programme about Portugal, they let people have some for personal use, I think that would be a good idea, what people don't understand is that cannabis is not all about getting stoned it brings comfort to people, people like me, people with cancer and all sorts of stuff, it's not like other drugs...”*

When asked to elaborate Lizzie went on to state:

*“Well, cocaine, that don't help anyone in a positive way, it's good for one thing only, getting high, no medical value to users, I have known people who use cocaine, it soon runs outta control, I tried it once, give me a joint any day! That's a problem drug, not cannabis, I mean what harm is it if people smoke a little cannabis, look at me, I ditched all those prescribed drugs and as long as I have a bit of hash, left alone I am stable, I may not have the most full life, because of the anxiety, but I am mostly happy enough if I am left alone, I like to be left alone...”*

When asked Lizzie was asked if she would buy cannabis from a regulated market she responded as follows:

*“Er, probably, it would depend on the price, I reckon it would be more expensive, if so no I would not, we get tobacco on the cheap, we don't buy that from the shop...”*

As previously noted, Matthew was sourcing illicit cannabis from a compassionate open market source. Even though Matthew's supplier was distributing THC suppositories free of charge, he was still committing both production and supply offences under

sections 4 and 5(3) of the Misuse of Drugs Act (1971). Mathew's possession of THC, even in the form of suppositories, is by letter of the law, an offence under section 5 of the act. One would hope that a person in Matthew's situation would receive at most a cannabis warning. However, if a person disagrees with the warning or fails to admit the offence the matter would be put before the courts. However, according to Crown Prosecution Service (CPS) guidance it is unlikely that prosecuting someone in Matthew's situation would be considered to be in the public interest. The guidance clearly states:

*In deciding whether it is in the public interest to prosecute an adult offender for an offence of simple possession of a small amount of cannabis for personal use...prosecutors should consider the aggravating and mitigating factors..."* (CPS, 2021, p. 1).

One such mitigation is specified by the CPS (2022, p. 1) as being "*evidence demonstrating that cannabis is being used to alleviate the symptoms associated with a chronic medical condition*". It is reasonable to argue that Matthew's status as an oncology outpatient would be considered as sufficient evidence of a medical condition. Indeed, precedence in the form of the case of Lesley Gibson, an MS sufferer who was acquitted of possession, cultivation and supply suggests that the courts are reluctant to prosecute such cases (see Conservative Drug Policy Reform Group, 2020). Interestingly, former North Wales Police and Crime Commissioner Arfron Jones (BBC, 2021), concerned with the limited prescribing of CBPMs has written to the CPS, when in office sought assurances that people who use illicit cannabis for medicinal reasons,

will not be prosecuted (Price, 2020). When Matthew was asked how he would feel if the Police prosecuted his supplier he replied as follows:

*“Well, I think I would not take a very good view on that at all! It would leave me without something that works and is less harmful than the stuff from the doctors. I think he would get a lot of support if he was in court, certainly, the people he has helped would be there at court waving a banner about in his support!”.*

[INTERVIEWER] That would be quite something to see.

*“Yes, it would, twenty or so cannabis users shouting out that he is helping them for free would be quite a thing, I am sure. That would not go down well [with the police/court] would it...I hope they don't find some silly technicality to pursue him on”.*

When Matthew was asked how the public would react to his supplier being prosecuted, he drew upon his own experience in retail and further revealed his frustrations with current legislation. In his own words, Matthew reported:

*“Probably not very well given the way things are today, to be honest, they have better things to deal with, especially in [the town]. I mean messing about finding fault with him would just be silly, they can't even come out and investigate burglary these days and they have done nothing to reduce the violence in [the town]. Shoplifting is rife, I can tell you that, I used to be a retail manager, same old faces time and again!”*

## 8.2 Chapter Summary

This chapter has revealed that although the participants in general were vis-à-vis relatively uninformed about the law, they were able to articulate their liberalist beliefs in the benefits of legislative reform. Only one participant disclosed that they had come into contact with law enforcement as a result of their cannabis use. For this participant, the two contacts occurred in the 1980s and 1990s and did nothing to discourage his use of cannabis. Others stated that prohibition is an outdated response, steeped in political prejudice that ignores the differentiated nature of drugs and drug users. The proliferation of cannabis use was also considered a reason to accept that prohibition had failed.

It was interesting to hear the response of one participant who believed that only resin should be legalised. For this contributor, potency was the issue, he believed that sinsemilla was a threat to adolescent mental health and should remain prohibited. Other participants firmly believed that cannabis should be legalised and taxed, they stated that the revenue generated could be spent on taking care of the old, treating people with addictions and funding the NHS. Participants also believed that regulation would ensure consistency in supply, and it would be good to see the potency being communicated as it is with alcohol. However, two participants stated that they believed that in a regulated market, a bootleg industry would exist, and some retailers would break the law and sell cannabis to underage people. The benefits of cannabis as self-medication were also seen as a justification for regulation by two participants. Although the insights in this chapter shine a light on the opinions held by older adult cannabis



users regarding prohibition – the small sample size makes generalisations unwise and policy recommendations problematic.

## 9 Conclusions and Avenues for Further Research

This concluding chapter summarises the research project presented here, highlights key implications and conclusions, and signposts some directions for future research and policy change. In the first instance, this original contributions of this thesis to the existing body of knowledge are reiterated. The discussion then shifts to an examination of the extent to which that subcultural theories and concepts of normalisation usefully explain the participant's youthful experiences with illicit substances (e.g., Becker, 1963; Young, 1971; Parker, Aldridge and Measham, 1998). Normalisation as proposed by Parker, Aldridge and Measham (1998) is thought to provide a more fitting conceptual framework in explaining both the participants early use of cannabis and context of use in older adulthood. In doing so, the normalisation concept is argued to have applicability beyond the study of youthful drug use.

Attention then turns to matters of cannabis supply in older adulthood, with emphasis on social supply, dealer relationships and acquisition of illicit cannabis products for self-medication. In doing so, the significance of sinsemilla's emergence and dominance in the UK cannabis market is briefly re-examined. Attention is paid to the extent to which rurality can limit access to cannabis, which may present risks of criminalisation to otherwise law-abiding citizens. Concluding remarks are made regarding how participants accommodate cannabis use into their lives as older adults. Ebrey (2016, p.158) suggests that policy direction and foundations need to assimilate and reflect ideas and experiences of everyday life to reframe strategies and codes in broader terms than a "*market-orientated mentality*". In doing so, the normalisation

concept is argued to have applicability beyond the study of youthful drug use. In the penultimate section, the recent report from the All-Party House of Commons Home Affairs Committee (2023) on Drugs is discussed and the Committee's belief that prohibition of cannabis in the UK should continue is challenged. The methodological strengths and limitations of the project are summarised and recommendations for future research efforts are proffered. The concluding section returns to the voices of participants to have their final say allowing seldom-heard views to be aired.

### **9.1 Original Contributions and Socio-Legal Importance of this Study**

The primary objective of the thesis was to explore the use of cannabis among adults aged over 40 years of age in the UK - a demographic group whose use of cannabis has not been well investigated. Furthermore, this thesis also provides insight into the use of cannabis in rural English communities - a topic that has also gone largely unexplored despite the ACMD (1998) and Henderson (2000) explicitly identified the need for drug research in the rural context. In addition, the findings of this thesis have wider socio-legal relevance since they complement and extend the plethora of calls for a regulated cannabis market in the UK - something, the Conservative UK Government and opposition Labour Party dismiss as inappropriate (see UK Government and Parliament, 2016; House of Commons Home Affairs Committee, 2023; and Policy recommendations, below).

### 9.1.1 Implications for Established Theory: Sub-cultural and Normalised Drug Use During Adolescence and Young Adulthood

Participants reported first trying cannabis with school friends, other friends, boyfriends, and colleagues during the course of their young lives. These narratives of everyday life are consistent with the concept of *normalised* recreational drug use (see Parker, Aldridge and Measham, 1998). For example, John stated he was initiated into cannabis use because he associated “*with certain people at school*” and Victoria reported that she first used cannabis resin after “*one of the lads brought some in [to school] one day*”. None of the participants described progressing to regular cannabis use in a manner consistent with Becker's (1963) three-stage model, and reports of receiving instruction on how to get high were seldom reported. However, such findings do not discredit Becker's observations but rather confirm that cannabis culture is contextual and temporally situated (Hallstone, 2002 and Sandberg (2012).

However, whilst evidence of normalised cannabis use was replete, some respondents stated that “*Drugs were not a big thing...*” (Charles, age 52) and “*It [cannabis] was not widespread at all...*” (Georgia, age 47). Consequently, what we are presented within the findings of this study is emergent evidence that cannabis use was beginning to enter mainstream youth society in localised pockets before the arrival of the normalisation concept into the sociological lexicon. Whilst this was the case, subcultural theory retained relevance when contextualising how the cannabis careers of some participants developed. For example, Albert (age 56) described hosting a group of friends for which the use of cannabis was the primary reason for socialising.

Two other respondents reported that they used the drug in groups consistent with Corrigan's (2006) idea of 'doing nothing'. However, more substantial evidence of subcultural affiliation was revealed in the narratives of the six participants who progressed to regular recreational stimulant use (e.g., amphetamine, LSD, ecstasy, and cocaine). These participants all became involved with the dance subculture of rave, of the late 1980s and 1990s ( $n=5$ ). Such findings are consistent with what is known about the types of drugs used in this contexts (see Shapiro, 1999a., Critcher, 2010., Hurley, 2017 and Transform, 2021).

Among some dance enthusiasts, evidence emerged of how the meaning of cannabis can change for users. For this group during their youth cannabis was no longer a drug to be solely enjoyed for its effects but also for its utility in curbing the effects of stimulants when the night out was over (see Measham, Aldridge and Parker, 2001). As Mark explained, “[cannabis] *was really just for coming down*” after a night out on the 1970s Northern Soul scene. Comparable reports emerged in the narratives of the ravers who reported “*We used it to come down off the e’s [ecstasy]*” (Charles), “*I would defo use it to come down*” (Steff) and “*you would need something to knock yourself out and go to sleep*” (Samantha).

Some of the literature has situated the emergence of rave culture as a reaction to the economic and social pressures of the 1980s (Shapiro, 1999). Such subcultures were analysed by some theorists in terms of Gramsci's ideas of 'hegemony' (see Clarke *et al*, 2006) whereby youthful subcultures “spectacularly” provided the environment for working class camaraderie and a collective means with which to rebel against the

dominant culture and its attendant political ideologies. However, in this study evidence of conscious political motivation was only revealed by Suzanne (age 59) who described spending her student days “*pushing back against*” early Thatcherism. The findings revealed that the dance participants engaged with raving, not as a means with which to reject the ideals of dominant society, but rather for fun. As one participant explicitly (Samantha) stated “*Party and drugs and having a good time was what it was all about!*”. Arguably, immature hedonistic motivations for subcultural involvement went relatively unexplored by theorists (e.g., Clarke *et al*, 2006), whose foregrounding of structural theorising came largely at the expense of exploring individual subjective experiences (Dorn and South, 1988 in Muggleton, 2000).

However, Young’s (1971) ideas on deviancy amplification and Cohen’s (1972) work on moral panic and subsequent state policy responses did resonate in the narratives of the ravers. Charles recalled the moral panic that attended raving in the following terms, “*I loved the [ecstasy] pills...until the news started saying people were dying*”. Evidence of how legislators attempted to control raving using the 1967 Private Places of Entertainment Act, Licencing Act of 1988, and the Misuse of Drugs Act, (1971) (see Shapiro, 1999b) was recalled by participants. For example, Georgia spoke about meeting up and awaiting the all-important phone call that would reveal the location of the clandestine rave and Charles provided a similar account. Without exception, the ravers revealed that their involvement with the subculture was a temporary or transitional phase of their younger selves. Youthful activity curtailed by the mundane responsibilities of adulthood such as parenthood, careers or because it had simply become a “*real faff*” (Maggie) or it “*was a craze, no big thing*” (Charles). Such findings

complement Andes, (1998) and Bennett's, (2006) observations of declining involvement with the punk subculture, Hodkinson's (2011) analysis of ageing goths, and Gregory's (2009) analysis of females disengaging with the rave scene. Not only do the contexts in which the subjective meanings of drugs are formed change for participants but also so do the drugs themselves. In the case of cannabis, the availability of certain types of the drug has been curtailed and superseded due to world events and new opportunities.

### **9.1.2 Cannabis Supply in Older Adulthood**

Low-potency resin smuggled into the UK from Morocco no longer dominates the UK illicit cannabis market as it did when the participants began their cannabis careers. More recently, the market has become dominated by high-potency herbal sinsemilla. So much so that resin only accounts for around 11 per cent of police seizures (see Potter *et al.*, 2018 and European Monitoring Centre for Drugs and Drug Addiction, 2019). It was interesting to find that as older adults, several participants have continued to use resin, most notably the daily users. These findings are consistent with Home Office (2016) estimations derived from the CSEW. However, Home Office estimations may not indicate a preference but merely what types of cannabis are available to different age groups or in different localities. Indeed, in the current study, the participants who reported the regular use of resin had maintained long-term arrangements with dealers who could service their preference for this milder form of cannabis.

It was interesting to find that, for the most part, issues of rurality were infrequently cited as a determining factor in the participant's cannabis use, even when directly questioned on the topic. When rurality issues arose, they were predominantly orientated around matters of supply or lack thereof. Particularly so among those who had recently moved to a rural location. In some respects, the risks of criminalisation that participants undertook prompted further questions of how private troubles relate to the public issues of policy (Mills 1959). Back (2015, p. 820) also suggests "*why everyday life matters*", contending that public issues can be identified in prosaic private lives, which can provide opportunities to develop social change from mundane social life. For example, Mark (age, 66) revealed how he risked exposing his drug-using identity when he unsuccessfully sought to acquire cannabis from a person in his local rural pub who claimed he could get "*this and that*" Mark believed this was different to being in the city because "*when people say they are connected they are!*". A belief held by Samantha, who had also been unsuccessful in acquiring cannabis in her rural locality but was prepared to bring the drug back from her home city that she regularly visits. Thus, narratives such as these indicate that some rural cannabis users, whose lives otherwise are quite law-abiding, appear to be prepared to take some risks in obtaining their drug of choice.

However, among the participants with a long-term connection to their rural area, no such problems were reported. For example, Charles reported that he was within walking distance of his dealer and would often take his dog with him, thus masking the primary intention of his journey. Consistent with Becker's (1963) observations the importance of being introduced to a dealer was explicitly mentioned by Phil, who



recalled *"I got an intro when we moved here, and it's been simple ever since"*. These findings, tentative though they may be, reveal something of the extent of dealer activities in rural areas and thus challenge *"notions that rural localities are crime-free"* (Donnermeyer, Scott and Barclay, 2013, p. 70).

The participants who described using cannabis dealers to maintain their supplies implicitly or explicitly revealed their trust in their dealers. Consistent with Coomber *et al* (2013, p. 160), such a finding challenges the misconception that drug dealers are *"inextricably linked to notions of otherness, mistrust and fear"*. A clear example was provided by Erica who stated, *"...you build trust, I regard them as friends..."*. Nor did the participants provide much evidence that buying cannabis from dealers was *"akin to playing Russian roulette"* (Coomber *et al*, 2003, p. 2013) as moral crusaders suggest is the case. What was revealed is that dealer transactions are straightforward, cordial, and safe: as Phil explained *"It's easy, you call him, you go, you get it..."*. However, for one participant, variations in cannabis supply (sinsemilla), were a source of irritation as explained by Erica *"It's still a lottery knowing what you're coming home with..."*.

Among the less frequent users of cannabis, 'social supply' (see Coomber and Turnbull, 2007), appeared to offer a satisfactory means of acquiring cannabis. However, the participants no longer describe acquiring cannabis from within friendship groups, but rather from a connected friend who could acquire the drug elsewhere and pass it on to them. For example, Suzanne (age, 59) reported, *"...my friend Jan will always get some..."* and Mark (age, 66) stated, *"Gemma, bless her brought me a big bag of green"*

[from the city]”. Mostly, social supply arrangements involved modest amounts of cannabis, sometimes without any money changing hands. However, Phil (age, 50) revealed that by way of social supply, he acquires a relatively large amount of cannabis resin (4 ½ or 127.5 grams) from a “*couple of mates who know people*”. This finding is reconcilable with Coomber, Moyle and South’s (2016) observation of social supply involving larger quantities of drugs. Currently, sentencing guidelines consider the supply of cannabis over 100g, no matter the context, as a serious category four offence (see Sentencing Council, 2021b).

While most participants described buying cannabis from the aforementioned ‘traditional’ supply sources, two participants, one a current oncology outpatient (Mathew), and the other a cancer survivor (Steve) described obtaining illicit cannabis for self-medication from less well-documented supply routes. Matthew revealed that he was securing THC-rich cannabis suppositories free of charge from an ‘open market’ source. In contrast, Steve had paid for cannabis vape oil via PayPal, having established contact with a vendor via WhatsApp. These findings complement and extend Moyle *et al.*’s (2019) exploration of the growing significance of online supply routes.

### **9.1.3 Motivations for Cannabis Use in Older Adulthood: Recreation, Self-Medication, or Both?**

The cultural aspects that emerged from the qualitative accounts of respondents provide useful additional dimensions to the normalisation debate. Perhaps only through this type of research engagement with everyday practices can we fully

appreciate the nature of diverse normalised practices of cannabis use and give voice to those who participate in these practices. For some participants, cannabis remained a drug with only recreational value as typified in the response of Maggie (age, 47) who stated, *"I like it, I like rolling joints, I like getting home from work and rolling a joint"*. Suzanne (age, 59), a former art student, stated that she believes cannabis *"helps with creativity"* and Robert (age, 42) stated, *"I will use it at parties and with certain friends"*. However, for other recreational cannabis users, the meaning of their drug use emphasises medicinal potential, notably as an analgesic with which to manage the discomfort of a trapped nerve, stress, anxiety, sleep problems, pre-menstrual tension, and menopause.

One recreational cannabis user (Steve) spoke of the comfort the drug had brought him whilst suffering from cancer, as an *escape attempt* (see Cohen and Taylor, 1978) that he explained in the following terms *"...you know when you're in a dark place it's nice to have a relaxing buzz to calm you down and chill you out"*. Mathew tried cannabis as a young adult but never progressed to ongoing use. For him, cannabis held meaning only as an antiemetic whilst undergoing chemotherapy. These findings illuminate what motivates some older adults to persist in the use of cannabis and, in doing so, complement the expanding literature on self-medication (see Wallis, *et al.*, 2022., Di Lorenzo *et al*, 2015, Luquiens *et al*, 2015, Bersani *et al*, 2016 and Goodhines *et al*, 2022). It was also interesting to hear from the participants who had experience with CBD products, a topic that merits further exploration, especially concerning product quality, consistency, and efficacy (see Crocq, 2020 and Bhamra *et al.*, 2021 and below on 'Limitations, strengths, and directions for further research').

#### 9.1.4 Cannabis, Normalisation, Stigma, and the Preservation of Identity in Older Adulthood

Consistent with what is known about declining subculture and age (see Andes, 1998., Bennett, 2006, Hodkinson, 2011; and Gregory, 2009) reports of subcultural affiliation in older adulthood were infrequently reported, as was the use of stimulants. Only one former raver (Steff) described re-engaging with stimulant drug use, not on the rave scene *per se*, but nightclubbing on the weekends when her children are with their father. This finding is consistent with Peter and Williams's (2019) exploration of adults returning to nightclubbing in later life and Holmes, Crossey, and Park's (2023) examination of the rave revival scene. Georgia also reported recent stimulant use (MDMA) when she attended a festival the year before her interview.

When considered in their entirety the narratives analysed in this study provide additional evidence that normalisation as a concept has applicability beyond the domain of youthful drug use. For example, Charles stated, "*It's great, I get home, bosh one up and sit down and just relax*". A similar narrative was provided by Phil (age, 50) who stated that cannabis helps him "*wind down at the end of the day*" and Steve (age, 45) stated, "*I have a couple of spliffs every night*". However, whilst evidence of normalisation was extensive, several participants provided responses revealing that they believed that cannabis was not so culturally accommodated that they could disclose their status to outsiders. Consequently, the participants' use of cannabis was consistent with Goffman's (1959) theorising on impression management, particularly secret consumption. A clear example was provided by Suzzane (age, 59), who

carefully stores pungent sinsemilla in a Tupperware pot, so the smell does not reveal her secret deviancy to visitors to her home.

A further example of secret consumption was provided by Steve (age, 45) who reported that if a disapproving visitor is coming to his home, he goes outside to smoke a joint as if he *“was having a cigarette”*. John reported that he was happy to discuss any aspect of his home life with colleagues but remained silent on his use of cannabis for *“fear of judgement”*. Findings that reflect and extend Hathaway, Comeau and Erickson's (2011) and Sandberg's (2012) work in which it is argued that cannabis users remain mindful that their use of the drug, if discovered, could prohibit them *“from full social acceptance”* (Goffman, 1963, p. 9). Thus, the research reveals these hidden worlds and finds them to be largely mundane practices carried out by everyday people. This descriptive analysis of cannabis use as part of everyday life thus presents a means of understanding and refining the research objectives in understanding what meaning cannabis use has for older rural drug users. This understanding presents opportunities for re-orientating traditional policy development by giving voice to previously hard-to-hear groups and providing new forms of participation in policy processes based on exploring practices outside formal institutions (Ebrey, 2015). In summary, the research has given the opportunity to turn private troubles into public issues (Mills, 1959).

## 9.2 Limitations, Strengths, and Directions for Future Research

As discussed in the Research Methods, the participant sample of older adult cannabis users was never intended to yield generalisable findings. Rather, the objective has been to explore the subjective worlds of the participants to provide a starting point for increasing understanding of the use of cannabis within an under-researched group. Such insights may be of interest to several interested parties including policymakers, reformers, and researchers. The chosen methodology was proven to be a good fit for this exploratory project which reveals everyday practices (including cannabis use) as social fields of experience and analysis for this group of people. For positivists, this is a primary weakness inherent to any project that employs in-depth interviewing as the method of enquiry (Flick, 2018). However, measures were taken to ensure that issues of internal validity, such as researcher bias, data description and theoretical interpretations, were mitigated by adopting a critically reflective research approach (Chenail, 2014 and Johnson, 1997). Despite initial concerns, particularly the absence of contextual information, the telephone interviews generated rich and detailed narratives, an outcome shared with Holt (2010), who employed a similar research design.

The interviews were approached as a 'craft' skill (Kvale and Brinkman, 2008) and delivered as a conversational partnership in keeping with Rubin and Rubin's (2012) idea of responsive interviewing. Consistent with Becker's (1963, p. 46) approach, the "*jargon of the user*" was used as a means with which to establish rapport before and during the interviews. The utilisation of themes rather than questions produced a participant-focused environment within which the participants could respond as they

saw fit. Furthermore, the fluid interview design facilitated the probing of participant responses (Bryman, 2012). Had probing not been embraced, the participant's use of stimulants, involvement in dance subcultures, and other unique and interesting narratives would not have been captured.

The participants in this study responded to a Facebook advert, consequently, cannabis users who do not engage with the platform were unaware of the study. However, prohibition by its very nature creates secret deviants out of cannabis users (Becker, 1963), and social media provided the means to contact a limited number of the estimated 2.5 per cent of older adults who use cannabis in England and Wales (Home Office, 2015). An asset when it is considered that in the UK, there are no legal environments in which cannabis users can be recruited to research. This is not the case in Canada, where regulated outlets have yielded significant numbers ( $n= 489$ ) of participants (see Asselin *et al.*, 2022). Neither is it feasible to conveniently recruit older adult cannabis users from educational locations such as schools or university campuses, an environment that has so often provided samples of youthful drug users (e.g., Parker, Aldridge and Measham, 1998, and Moyle, 2013). Furthermore, as the findings reveal, for the most part, older adult cannabis users from rural areas do not seem to use the drug in (potentially) observable groups as they once did as adolescents and young adults. Consequently, ethnography as employed by Pearson (2001) is not a feasible methodology to adopt when attempting to explore the social worlds of rurally located older cannabis users. Neither would snowball sampling have provided a resolution to recruiting the hard-to-reach sample. An observation supported

by the fact that no participant referrals were received in this study, despite universal participant satisfaction.

A further limitation is that this study only recruited participants from rural areas. Consequently, no comparisons could be made with cannabis users of a similar age from urban areas. Disparity could be addressed with a study of similar design but with a shift in locality focus. Such efforts may well reveal significant dissimilarities, particularly to what extent (if any) do older adult cannabis users in urban localities benefit from greater socialisation opportunities that might provide the environment for involvement in friendship groups within which the use of cannabis is socially acceptable and normalised.

This study would also have benefitted from having more than one participant who commenced cannabis use in the 1960s as well as from a more diverse respondent group. Additional reports describing the availability of cannabis in differing communities may have enabled a more robust challenge to the prevailing theories of the time, that explained cannabis use solely in terms of subcultural affiliation (e.g., Becker 1963, Suchman, 1968, Young, 1971). The study would also have been enriched by hearing from a greater number of respondents who self-medicated with cannabis. Particularly those who value illicit THC cannabis products (vape oils and other preparations such as suppositories) whilst undergoing cancer treatment in the UK, where access to prescribed cannabis medication is limited, despite the rescheduling of cannabis in 2018 (see Price, 2020, Canex, 2021, Mehlmann-Wickes, 2021 and Nutt *et al*, 2022).



Matthew's responses were particularly revealing in this context, especially his belief that his THC suppositories were more effective in relieving his chemotherapy-induced nausea and vomiting than his prescribed anti-emetics. Additional research aimed at this group of atypical illicit cannabis users would be welcomed by researchers keen to see naturalistic research supplement the findings of random control testing that currently dominates medical cannabis research in the UK (Nutt *et al.*, 2020). Likewise, this study also reveals the need for further research into the efficacy of over-the-counter CBD products available in the UK, a matter currently subject to debate (Liebling *et al.*, 2022).

A further area warranting more detailed attention is that of purchasing choices, specifically resin and sinsemilla. As this project has shown, some older adults reject sinsemilla cannabis as being too potent as Victoria explained "*Hash!! Always hash, I never touch skunk*". Another participant Phil provided a similar narrative regarding sinsemilla "*...it's not for me, it stinks and it's too strong...*" However, research in this area should not limit itself to specific age groups, for it might be shown that younger cannabis users would also embrace resin, if it was more readily accessible. An important harm reduction proposition for future research efforts to explore and for prohibitionists to consider.

### **9.3 Thesis Summary and Concluding Comments**

This research focused entirely on the use of cannabis among adults aged over forty years of age. The research design informed by symbolic interactionist ideas provided

an ethically robust, safe, and secure space for this hard-to-reach sample to express their experiences, thoughts, and beliefs in their terms. This participant-focused environment empowered the sixteen contributors to reveal something of the extent to which cannabis use might be normalised among the wider population of older adult cannabis users. A point put forward by participant Lizzie who stated, “...*it’s not just crusty revolutionaries who smoke it, loads of people do, I do, my partner does, we both work, he has a really well-paid job*”. A similar response was provided by Maggie, who reported, “...*I like getting home from work and rolling a joint, lots of the people I work with do*”. The numerous insights of the type revealed in the project dispel the myth that “*Cannabis can unquestionably cause harm to individuals and society*” (UK Government and Parliament, 2016, p. 1). What was revealed is that, in addition to inconsequential recreational use, for some older adults cannabis holds meaning as a substance to self-medicate with, to provide relief from a wide variety of conditions, including anxiety, symptoms of menopause, and as an anti-emetic during chemotherapy treatment.

Crucially this thesis has given a voice to cannabis users who are seldom heard in the discourse on cannabis use, and has operationalised normalisation beyond the study of urban located youthful populations. In doing so, this thesis, by implication of the findings introduces further evidence into the literature questioning the efficacy of the Misuse of Drugs Act (1971) to dissuade the use of cannabis, and thus will be of interest to those who continue to campaign for drug law reform in prohibitionist jurisdictions socially and culturally comparable to the UK.



## References

- Aapro, M. *et al.* (2018). Oncologist perspectives on chemotherapy-induced nausea and vomiting (CINV) management and outcomes: A quantitative market research-based survey. *Cancer Reports*, 1(4), pp. 1-11. Available at: <https://doi.org/10.1002/cnr2.1127>.
- Abizaid, A., Merali, Z. and Anisman, H. (2019). Cannabis: A potential efficacious intervention for PTSD or simply snake oil? *Journal of Psychiatry & Neuroscience*, [online] 44(2), pp.75–78. doi:<https://doi.org/10.1503/jpn.190021>.
- Advisory Council on the Misuse of Drugs (1998) *Drug Misuse And The Environment*. London: HMSO.
- Advisory Council on the Misuse of Drugs (2008). *Cannabis: Classification and Public Health*. London: Home Office.
- Akers, R.L., Jennings, W.G. and Sellers, C.S. (2017). *Criminological Theories: Introduction, Evaluation, and Application*. 7th ed. New York: Oxford University Press.
- Alexander, S.P. (2020) Barriers to the wider adoption of medicinal Cannabis. *British Journal of Pain*, 14(2), pp.122–132. Available at: <https://doi.org/10.1177/2049463720922884>.
- Alexandrescu, L. (2023) The normalisation of illicit drug use admissions among British politicians in Morgan, J., Friis, T and Uhl, A. eds., *Normalisation re-visited: Drugs in the 21<sup>st</sup> century*. Lengerich: Pabst Science.

Aldridge, J., Measham, F. and Williams, L. (2011) *Illegal Leisure Revisited*. London: Routledge.

Andell, P. (2019). *Theory into practice: County Lines, violence and changes to drug markets*. *Youth & Policy*. Available at: <https://www.youthandpolicy.org/articles/county-lines-violence-drug-markets/> (Accessed: 4 July 2023).

Andell, P. and Pitts, J. (2018). *The End of the Line? The Impact of County Lines Drug Distribution on Youth Crime in a Target Destination*. *Youth & Policy*. Available at: <https://www.youthandpolicy.org/articles/the-end-of-the-line/> (Accessed: 4 July 2023).

Andes, L. (1998). Growing Up Punk: Meaning and Commitment Careers in a Contemporary Youth Subculture in Epstein, J.S. (ed) *Youth Culture: Identity in a Post-Modern World*. London: Blackwell, pp.212–232.

Ashford, C. and O'Brien, M. (2022). Counter-Cultural Groups in the Age of Covid: Ravers, Travellers, and Legal Regulation. *The Journal of Criminal Law*, 86(4), pp.241–255. Available at: <https://doi.org/10.1177/00220183211073641>.

Asselin, A. *et al.* (2022). A description of self-medication with cannabis among adults with legal access to cannabis in Quebec, Canada. *Journal of Cannabis Research*, 4(1). pp 1-15. Available at: <https://doi.org/10.1186/s42238-022-00135-y>.

Association for the Cannabinoid Industry (n.d.). *Reports*. Available at: <https://theaci.co.uk/reports/> (Accessed: 23 May 2023).

Atkinson, R. (1998). *The Life Story Interview*. California: Sage.

Avis-Ward, D. (2022). Moments of Connection As Means of Survival: A Study of Queer Identity, Freedom and Community in UK Raves During the Covid-19 Pandemic. *Dancecult*, 14(1), pp.39–59. Available at: <https://doi.org/10.12801/1947-5403.2022.14.01.03>.

Azagba, S., Shan, L. and Latham, K. (2020) Rural-urban differences in cannabis detected in fatally injured drivers in the United States. *Preventive Medicine*, 132, p.105975. Available at <https://doi.org/10.1016/j.ypmed.2019.105975>.

Babyn, K. *et al.* (2023). Cannabis use for menopause in women aged 35 and over: a cross-sectional survey on usage patterns and perceptions in Alberta, Canada. *BMJ Open*, 13(6), pp1-12. Available at doi:<https://doi.org/10.1136/bmjopen-2022-069197>.

Back, L. (2015). Why Everyday Life Matters: Class, Community and Making Life Livable. *Sociology*, 49(5), pp.820–836. Available at: <https://doi.org/10.1177/0038038515589292>.

Baier, A. (1986). Trust and Antitrust. *Ethics*, 96(2), pp.231–260. Available at: <https://www.jstor.org/stable/2381376> (Accessed: 11 Apr. 2022).

Bailey, J. (2008). First steps in qualitative data analysis: transcribing. *Family Practice*, 25(2), pp.127–131. Available at: <https://doi.org/10.1093/fampra/cmn003>.

Banton-Heath, Y. (2021). *Kill All The Bills*. Available at: <https://tribunemag.co.uk/2021/05/kill-all-the-bills> (Accessed 22 July 2023).

Bar-Lev Schleider, L. *et al.* (2019) Real life Experience of Medical Cannabis Treatment in Autism: Analysis of Safety and Efficacy. *Nature Journal* 9 (1), pp 1-7.

Available at: <https://doi.org/10.1038/s41598-018-37570-y>.

Barnett, S. (2020). Cannabis lounge turned vegan takeaway service opens new site in Sudbury. *East Anglian Daily Times*. Available at:

<https://www.eadt.co.uk/news/business/21330904.cannabis-lounge-turned-vegan-takeaway-service-opens-new-site-sudbury/> (Accessed: 27 July 2023).

Basit, T. (2003). Manual or electronic? The role of coding in qualitative data analysis. *Educational Research*, [online] 45(2), pp.143–154. Available at:

<https://doi.org/10.1080/0013188032000133548>.

Bates, T.R. (1975). Gramsci and the Theory of Hegemony. *Journal of the History of Ideas*, 36 (2), pp.351–366. Available at: <https://www.istor.org/stable/2708933>.

BBC. (2021) *North Wales Police and Crime Commissioner Arfron Jones to step down*. Available at: <https://www.bbc.co.uk/news/uk-wales-55558699>. (Accessed 10 May, 2024).

Becker, H.S. (1953) Becoming a Marijuana User. *The American Journal of Sociology*, 59 (11), pp. 235-242.

Becker, H.S. (1963) *Outsiders*. London: Free Press.

Becker, H.S. and McCall, M.M. (1990). *Symbolic Interactionism and Cultural Studies*. Chicago: Chicago University Press.

Becker, H.S. (1970) The Life History and the Scientific Mosaic in Harrison B (ed) *Life History Research*. London: Sage.

Bedi, S. and Webb, J. (2020). *Visual research methods an introduction for library and information studies*. London: Facet Publishing.

Bell, A.H. (2014). Teddy Boys and Girls as Neo-Flaneurs in Postwar London. *The Literary London Journal*, [online] 11(2), pp.3–17. Available at: <http://www.literarylondon.org/london-journal/autumn2014/bell.pdf> (Accessed 23 Jun. 2023).

Bellamy, C. and 6, P. (2012). *Principles of research design*. Sage Publications.

Bennett, A. (2006). Punk's Not Dead: The Continuing Significance of Punk Rock for an Older Generation of Fans. *Sociology*, [online] 40(2), pp.219–235. Available at: <https://doi.org/10.1177/0038038506062030>.

Bennett, A. and Kahn-Harris, K. (2004). Introduction, in Bennett, A. and Kahn-Harris, K. eds., *After Subculture: Critical Studies in Contemporary Youth Culture*. Basingstoke: Palgrave, pp.1–18.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, [online] 15(2), pp.219–234. Available at: <https://doi.org/10.1177/1468794112468475>.

Berke, J.H. and Hernton, C.C. (1977) *The Cannabis Experience*. London: Quartet.



Bersani, F.S. *et al* (2015). Cannabis: a self-medication drug for weight management? The never-ending story. *Drug Testing and Analysis*, 8(2), pp.177–179. Available at: doi:<https://doi.org/10.1002/dta.1891>.

Bhamra, S.K. *et al*, (2021). The emerging role of cannabidiol (CBD) products; a survey exploring the public's use and perceptions of CBD. *Phytotherapy Research*. pp. 5734-5740. Available at: <https://doi.org/10.1002/ptr.7232>.

Blumer, H. (1969). *Symbolic Interactionism: Perspective and Method*. Berkeley: University of California Press.

Black, C. (2020) *Independent review of drugs by Professor Dame Carol Black*. London: Home Office.

Boots (2023). *Results for 'CBD'*. Available at: <https://www.boots.com/sitesearch?searchTerm=CBD> (Accessed: 11 March 2023).

Brake, M. (1995). *Comparative youth culture: the sociology of youth cultures and youth subcultures in America, Britain, and Canada*. London: Routledge.

Blackman, S. (2023) Preface: Drug normalisation is reflexive in Morgan, J., Friis, T and Uhl, A. eds., *Normalisation re-visited: Drugs in the 21<sup>st</sup> century*. Lengerich: Pabst Science.

Bright, D.A. and Sutherland, R. (2017). 'Just Doing a Favour for a Friend': The Social Supply of Ecstasy Through Friendship Networks. *Journal of Drug Issues*, 47(3), pp.492–504. Available at: <https://doi.org/10.1177/0022042617704004>.

British Society Of Criminology (2015). *Statement Of Ethics For Researchers: 2015*. Available at: <https://www.britsoccrim.org/documents/BSCEthics2015.pdf> (Accessed: 18 March 2023).

Brittain, J. (2019). *Canada Legalises Cannabis: Two Months On*. Available at: <https://volteface.me/feature/canada-legalises-cannabis-two-months/> (Accessed: 22 January. 2023).

Bryman, A. (2012). *Social Research Methods*. 4th ed. Oxford, UK: Oxford University Press.

Busby, M and Galye, D. (2019) Michael Gove admits to taking cocaine on 'several occasions'. *The Guardian*. Available at <https://www.theguardian.com/politics/2019/jun/07/michael-gove-admits-to-taking-cocaine-on-several-social-occasions#:~:text=Michael%20Gove%20has%20admitted%20to,%20I%20was%20a%20young%20journalist>. (Accessed 3 May 2023).

Canex. (2022) *We are Canex*. Available at: <https://canex.co.uk> (Accessed 1 April 2022).

Carrington, K., Donnermeyer, J.F. and DeKeseredy, W.S. (2014) Intersectionality, Rural Criminology, and Re-imagining the Boundaries of Critical Criminology. *Critical Criminology*, 22(4), pp.463–477. Available at <https://doi.org/10.1007/s10612-014-9257-0>.

Carter, J and Noye, D. (2023) GreenManCanna [Facebook] available at: <https://www.facebook.com/GreenManCanna> (accessed: 27 July 2023).

CBD Brothers (n.d.). *About Us*. Available at: <https://cbdbrothers.com/about-us/>. (Accessed: 22 April 2023).

Centre for Justice Innovation (2022). *Cranstoun's West Midlands Arrest Referral Service*. Available at: <https://justiceinnovation.org/project/cranstouns-west-midlands-arrest-referral-service> (Accessed: 13 March 2023).

Centre for Justice Innovation (2023). *DIVERT*. [online] Centre for Justice Innovation. Available at: <https://justiceinnovation.org/project/divert> (Accessed: 5 Jul. 2023).

Charles, H. *et al* (2021) Testing the validity of national drug surveys: comparison between a general population cohort and household surveys. *Addiction* 116 (8) pp.2076-2083. Available at: <https://doi.org/10.1111/add.15371>.

Chenail, R. (2014). Interviewing the Investigator: Strategies for Addressing Instrumentation and Researcher Bias Concerns in Qualitative Research. *The Qualitative Report*, 16(1), pp.255–262. Available at: <https://doi.org/10.46743/2160-3715/2011.1051>

Clarke, J. *et al*. (2006) Theory. in: S. Hall and T. Jefferson, eds., *Resistance Through Ritual: Youth Subcultures in Post War Britain*. 2nd edn. London: Routledge, pp.1–65.

Clarke, J. (2006) Style. in: S. Hall and T. Jefferson, eds., *Resistance Through Ritual: Youth Subcultures in Post War Britain*. 2nd edn. London: Routledge, pp.147- 161.

Cohen, P.J. (1994). *The case of the two Dutch drug policy commissions. An exercise in harm reduction 1968-1976*. Available at:

[https://pure.uva.nl/ws/files/971668/2218\\_cohen.case.html](https://pure.uva.nl/ws/files/971668/2218_cohen.case.html). (Accessed 27 September 2023).

Cohen, S. (1972). *Folk Devils and Moral Panics: the Creation of the Mods and Rockers*. 3rd edn. London: Routledge.

Cohen, S. and Taylor, L. (1978). *Escape Attempts: The Theory and Practice of Resistance to Everyday Life*. London: Penguin.

Cooney, T. and Measham, F. (2023) Counting and accounting for drug related deaths at UK music festivals 2017 – 2023: A commentary. *Drug Science, Policy and Law*. London: Sage.

Colizzi, M. and Murray, R. (2018) Cannabis and psychosis: what do we know and what should we do? *The British Journal of Psychiatry*, 212(4), pp.195–196. Available at: <https://doi.org/10.1192/bjp.2018.1>.

Colorado Department of Revenue (2023). *MED Licensed Facilities*. Available at: <https://sbg.colorado.gov/med/licensed-facilities> (Accessed: 19 Jan. 2023).

Colorado General Assembly (2012). *Marijuana Revenue and Financial Services Retail Marijuana Impacts and Licensing*. Available at:

[https://leg.colorado.gov/sites/default/files/14\\_marijuanalegis.pdf](https://leg.colorado.gov/sites/default/files/14_marijuanalegis.pdf) (Accessed: 19 January 2023).

Colorado Springs (2018). *Marijuana in Colorado Springs*. [online] Colorado Springs. Available at: <https://coloradosprings.gov/marijuana-working-group/page/marijuana-colorado-springs> (Accessed: 19 January 2023).

Congressional Research Service (2023). *The Federal Status of Marijuana and the Expanding Policy Gap with States*. Available at: <https://crsreports.congress.gov/product/pdf/IF/IF12270> (Accessed: 29 May 2023).

Coomber, R. (2007). Drug trafficking, drug dealing and drug markets: a need for new research and new concepts. *Journal of Drug Issues*.

Coomber, R. *et al.* (2013) *Key concepts in drugs and society*. London: Sage.

Coomber, R., Morris, C. and Dunn, L. (2000). How the media do drugs: quality control and the reporting of drug issues in the UK print media. *International Journal of Drug Policy*, 11(3), pp.217–225. Available at: [https://doi.org/10.1016/s0955-3959\(00\)00046-3](https://doi.org/10.1016/s0955-3959(00)00046-3).

Coomber, R. and Moyle, L. (2013). Beyond drug dealing: Developing and extending the concept of ‘social supply’ of illicit drugs to ‘minimally commercial supply’. *Drugs: Education, Prevention and Policy*, 21(2), pp.157–164. Available from: <https://doi.org/10.3109/09687637.2013.798265>.

Coomber, R., Moyle, L. and South, N. (2016). The normalisation of drug supply: The social supply of drugs as the ‘other side’ of the history of normalisation. *Drugs: Education, Prevention and Policy*, 23(3), pp.255–263. Available at: <https://doi.org/10.3109/09687637.2015.1110565>.

Coomber, R. and Turnbull, P. (2007). Arenas of Drug Transactions: Adolescent Cannabis Transactions in England—Social Supply. *Journal of Drug Issues*, 37(4), pp.845–865. Available at: <https://doi.org/10.1177/002204260703700406>.

Copeland, J., Clement, N. and Swift, W. (2014) Cannabis use, harms, and the management of cannabis use disorder. *Neuropsychiatry*, 4(1), pp.55–63. Available at: <https://doi.org/10.2217/npv.13.90>.

Corrigan, P. (2006) Doing Nothing in: S. Hall and T. Jefferson, eds., *Resistance Through Ritual: Youth Subcultures in Post War Britain*. London: Routledge, pp.84-87.

Cranstoun (2023). *About Divert*. Available at: <https://cranstoun.org/help-and-advice/alcohol-other-drugs/divert/> (Accessed: 5 July 2023).

Criminal Justice and Public Order Act 1994. Available at: <https://www.legislation.gov.uk/ukpga/1994/33/section/65/1994-11-03> (Accessed: 28 May 2023).

Critcher, C. (2000). 'still raving': social reaction to Ecstasy. *Leisure Studies*, 19(3), pp.145–162. Available at: <https://doi.org/10.1080/02614360050023053>.

Crocq, M.A. (2020) History of cannabis and the endocannabinoid system. *Dialogues in Clinical Neuroscience*. 22 (3). pp. 238-228. Available at:

Crotty, M. (1998). *The Foundations of Social Research*. London: Sage.

Crown Prosecution Service (2021). *Drug Offences | The Crown Prosecution Service*. [online] Cps.gov.uk. Available at: <https://www.cps.gov.uk/legal-guidance/drug-offences> (Accessed: 13 Mar. 2023).

Davies, P., Francis, P. and Jupp, V. (2018). *Doing criminological research*. Los Angeles: Sage.

Davis, E., Hansen, C and Alas H. (2024) Where is Marijuana Legal? A Guide to Marijuana Legalisation. *US News.com*. Available at: <https://www.usnews.com/news/best-states/articles/where-is-marijuana-legal-a-guide-to-marijuana-legalization>. (Accessed 5 May 2024).

de Quadros Rigoni, R. (2019). 'Drugs Paradise': Dutch Stereotypes and Substance Regulation in European Collaborations on Drug Policies in the 1970s. *Contemporary Drug Problems*, 46(3), pp.219–240. Available at: <https://doi.org/10.1177/0091450919847846>.

Deakin, H. and Wakefield, K. (2014). Skype interviewing: reflections of two PhD researchers. *Qualitative Research*, 14(5), pp.603–616. Available at: <https://doi.org/10.1177/1468794113488126>.

Di Lorenzo, C.*et al.* (2015) The use of illicit drugs as self-medication in the treatment of cluster headache: Results from an Italian online survey. *Cephalalgia*, 36(2), pp.194–198. Available at: <https://doi.org/10.1177/0333102415583145>.

Dickson, M.F. *et al* (2016) A Facebook Follow-Up Strategy for Rural Drug-Using Women. *The Journal of Rural Health*, 33(3), pp.250–256. Available at: <https://doi.org/10.1111/jrh.12198>.

Donnermeyer, J.F., Scott, J. and Barclay, E. (2013) How Rural Criminology Informs Critical Thinking in Criminology. *International Journal for Crime, Justice and Social Democracy*, 2(3), pp.69–91. Available at <https://doi.org/10.5204/ijcjsd.v2i3.122>.

Drug Enforcement Administration (2020). *Drug Fact Sheet*. Available at: [https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020\\_0.pdf](https://www.dea.gov/sites/default/files/2020-06/Marijuana-Cannabis-2020_0.pdf) (Accessed: 22 January 2023).

DrugWise (2023) *Cannabis*. Available at: <https://www.drugwise.org.uk/cannabis/> (Accessed: 27 Jun. 2023).

Drugwise (2016) *Recreational Use*. Available at: <https://www.drugwise.org.uk/recreational-use/> (Accessed 4 Feb. 2023).

Ebrey, J. (2016) The mundane and insignificant, the ordinary and the extraordinary: Understanding Everyday Participation and theories of everyday life, *Cultural Trends*, 25:3, 158-168, DOI: 10.1080/09548963.2016.1204044

European Monitoring Centre for Drugs and Drug Addiction (2019) *Estimating the size of the main illicit retail drug markets in Europe: an update*. Available at: [https://www.emcdda.europa.eu/publications/technical-reports/european-drug-markets-size-estimate\\_en](https://www.emcdda.europa.eu/publications/technical-reports/european-drug-markets-size-estimate_en) (Accessed: 12 Mar. 2023).



European Monitoring Centre for Drugs and Drug Addiction (2021). *European Drug Report 2021: Trends and Developments* | [www.emcdda.europa.eu](http://www.emcdda.europa.eu). Available at: [https://www.emcdda.europa.eu/publications/edr/trends-developments/2021\\_en](https://www.emcdda.europa.eu/publications/edr/trends-developments/2021_en) (Accessed: 29 May 2023).

European Monitoring Centre for Drugs and Drug Addiction (2022). *European Drug Report 2022: Trends and Developments*. Available at: [https://www.emcdda.europa.eu/publications/edr/trends-developments/2022\\_en](https://www.emcdda.europa.eu/publications/edr/trends-developments/2022_en) (Accessed: 4 May 2023).

Evans, A.R. *et al* (2005) Recreational drug use within the employees of the mariculture and seafood industry in South Australia. *Drug and Alcohol Review*, 24(1), pp.67–68. Available at: <https://doi.org/10.1080/09595230500125211>.

Fechner, J. (2002) Topographic EEG Changes Accompanying Cannabis-Induced Alteration of Music Perception – Cannabis as a Hearing Aid? *Journal of Cannabis Therapeutics* 2 (2), pp. 3-36.

Findlay, M. (2009). Stanley Cohen. In: K. Hayward, S. Maruna and J. Mooney, eds., *Fifty Key Thinkers in Criminology*. London: Routledge.

Flick, U. (2018). *Introduction To Qualitative Research*. 6th ed. London: Sage.

Gates, P., Jaffe, A. and Copeland, J. (2014) Cannabis smoking and respiratory health: Consideration of the literature. *Respirology*, 19(5), pp.655–662. Available at: <https://doi.org/10.1111/resp.12298>.

Gelinas, L. *et al.* (2017). *Using Social Media as a Research Recruitment Tool: Ethical Issues and Recommendations*. [online] The American Journal of Bioethics. Available at: <https://doi.org/10.1080%2F15265161.2016.1276644>.

Goffman, E. (1959). *The presentation of self in everyday life*. Harmondsworth: Penguin.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. London: Cox and Wyman.

Gonçalves, R., Lourenço, A. and da Silva, S.N. (2015). A social cost perspective in the wake of the Portuguese strategy for the fight against drugs. *International Journal of Drug Policy*, 26(2), pp.199–209. Available at: doi:<https://doi.org/10.1016/j.drugpo.2014.08.017>.

Goode, E. (1975). On Behalf of Labelling Theory. *Social Problems*, [online] 22(5), pp.570–583. Available at: <https://doi.org/10.2307/799691>.

Goode, E. (2018). Howard Becker, Drug Use and the Sociology of Deviance. *Journal of Drug Abuse*, 04(01). pp. 1-15. Available at: <https://doi.org/10.21767/2471-853x.100075>.

Goodhines, P.A. *et al.* (2022) Cannabis use for sleep aid among high school students: Concurrent and prospective associations with substance use and sleep problems. *Addictive Behaviors*, 134, pp.1-8. Available at: <https://doi.org/10.1016/j.addbeh.2022.107427>.

Government of Alberta (2023). *Cannabis legalization in Canada*. Available at: <https://www.alberta.ca/cannabis-legalization-in-canada.aspx>. (Accessed 3 April 2023).

Government of Canada (2018). *Cannabis Legalization and Regulation*. Available at: <https://www.justice.gc.ca/eng/cj-jp/cannabis/> (Accessed: 22 January 2023).

Government of Denver (2023). *Marijuana Information for Residents, Visitors, and Business Owners*. Available at: <https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Marijuana-Information/Marijuana-Information-for-Residents-Visitors-and-Business-Owners> (Accessed: 22 Jan. 2023).

Government of Quebec (2018). - *Cannabis Regulation Act*. Available at: <https://www.legisquebec.gouv.qc.ca/en/document/cs/C-5.3> (Accessed: 22 January 2023).

Government of the Netherlands (2013). *Toleration policy regarding soft drugs and coffee shops*. [online] Government.nl. Available at: <https://www.government.nl/topics/drugs/toleration-policy-regarding-soft-drugs-and-coffee-shops> (Accessed: 21 January 2023).

Green Party (2019). *Drug Policy*. [online] Drug Policy. Available at: <https://policy.greenparty.org.uk/our-policies/long-term-goals/drug-policy/> (Accessed: 5 July 2023).

Gregory, J. (2009). Too Young to Drink, Too Old to Dance: The Influences of Age and Gender on (Non) Rave Participation. *Dancecult*, 1(1), pp.65–80. Available at: <https://doi.org/10.12801/1947-5403.2009.01.01.04>.

Gupta, M. and Petti, T. (2022) Focus on rural adolescent cannabis use and abuse: ignored epidemiologic trends, unique risks, long-term concerns, and hope. *CNS Spectrums*, 28(3), pp.1–4. Available at: <https://doi.org/10.1017/s1092852922000736>.

Hall, S and Jeffers T. (2006) Introduction. in S. Hall and T. Jefferson, eds., *Resistance Through Ritual: Youth Subcultures in Post War Britain*. 2nd edn. London: Routledge, pp. xxxiii-1.

Hallstone, M. (2002). Updating Howard Becker's Theory of Using Marijuana for Pleasure. *Contemporary Drug Problems*, 29 (4) pp. 821-845. Available at: <https://doi.org/10.1177/009145090202900408>

Hammersley, R. (2005) Theorizing normal drug use. *Addiction Research & Theory*, 13(3), pp.201–203

Harding, R. (2004). *Trust and trustworthiness*. New York: Russell Sage Foundation.

Hathaway, A. *et al* (2016). A nuanced view of normalisation: Attitudes of cannabis non-users in a study of undergraduate students at three Canadian universities. *Drugs: Education, Prevention and Policy*, 23(3), pp.238–246. Available at: <https://doi.org/10.3109/09687637.2015.1112362>.

Hathaway, A.D., Comeau, N.C. and Erickson, P.G. (2011). Cannabis normalization and stigma: Contemporary practices of moral regulation. *Criminology & Criminal Justice*, 11(5), pp.451–469. Available at: <https://doi.org/10.1177/1748895811415345>.

Hardwick, S and King, L. (2008) Home Office Cannabis Potency Study. London: Home Office.

Havens, J.R., Oser, C.B. and Leukefeld, C.G. (2011) Injection risk behaviours among rural drug users: implications for HIV prevention. *AIDS Care*, 23(5), pp.638–645. Available at: <https://doi.org/10.1080/09540121.2010.516346>.

Health Canada (2022). *Taking stock of progress: Cannabis legalization and regulation in Canada*. [online] [www.canada.ca](http://www.canada.ca). Available at: <https://www.canada.ca/en/health-canada/programs/engaging-cannabis-legalization-regulation-canada-taking-stock-progress/document.html>. (Accessed 3 March 2023).

Hebdige, E. (1991) *Subculture: the meaning of style*. London: Routledge.

Henderson, S. (2000) *Sticks and smoke: Country cousins and close communities*. London: Drug Link, pp.12–15.

Henn, M., Weinstein, M. and Ford, N. (2009). *A Critical Introduction to Social Research*. London: Sage.

Hickenlooper, J. (2014). Experimenting with Pot: the State of Colorado's Legalization of Marijuana. *The Milbank Quarterly*, 92(2). pp. 243-249. Available at: <https://doi.org/10.1111%2F1468-0009.12056>

Hodkinson, P. (2011). Ageing in a spectacular 'youth culture': continuity, change and community amongst older goths. *The British Journal of Sociology*, 62(2), pp.262–282. Available at: <https://doi.org/10.1111/j.1468-4446.2011.01364.x>.

Holland and Barrett (2023). *The Home of CBD*. Available at: <https://www.hollandandbarrett.com/shop/cbd/> (Accessed: 11 March 2023).

Holland, R. *et al* (2006) The prevalence of problem drug misuse in a rural county of England. *Journal of Public Health*, 28(2), pp.88–95. Available at: <https://doi.org/10.1093/pubmed/fdl009>.

Hollis, M.E. and Hankhouse, S. (2019) The growth of rural criminology: introduction to the special issue. *Crime Prevention and Community Safety*, 21(3), pp.177–180. Available at: <https://doi.org/10.1057/s41300-019-00068-4>.

Holmes, H., Crossley, N. and Park, G. (2023). 'If God is a DJ': Heritage Rave, the Ageing Raver and the Bodywork of the DJ. *Cultural Sociology*, pp.1–20. Available at: <https://doi.org/10.1177/17499755221134940>.

Holt, A. (2010). Using the telephone for narrative interviewing: a research note. *Qualitative Research*, 10(1), pp.113–121. Available at: <https://doi.org/10.1177/1468794109348686>.

Home Affairs Committee (2023). *Drugs: Third Report of Session 2022 - 23*. [online] *UK Parliament*, pp.1–93. Available at: <https://publications.parliament.uk/pa/cm5803/cmselect/cmhaff/198/report.html#heading-7> (Accessed: 27 Sep. 2023).

Home Office (2013) *Drug strategy annual review: 2012 to 2013*. London: Home Office.

Home Office (2016) *Drug Misuse: Findings from the 2014/15 Crime Survey for England and Wales Second edition Statistical Bulletin 07/16*. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/564760/drug-misuse-1516.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/564760/drug-misuse-1516.pdf) (Accessed: 11 March 2023).

Home Office (2018) *Rescheduling of cannabis-based products for medicinal use in humans (accessible version)*. Available at: <https://www.gov.uk/government/publications/circular-0182018-rescheduling-of-cannabis-based-products-for-medicinal-use-in-humans/rescheduling-of-cannabis-based-products-for-medicinal-use-in-humans-accessible-version> (Accessed: 22 June 2023).

Home Office (2019) *User Guide to Drug Misuse Statistics*. London: Home Office. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/832459/user-guide-to-drug-misuse-statistics.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832459/user-guide-to-drug-misuse-statistics.pdf) (Accessed: 20 June 2023).

Home Office (2020). *Drug licensing factsheet: cannabis, CBD, and other cannabinoids*. Available at: <https://www.gov.uk/government/publications/cannabis-cbd-and-other-cannabinoids-drug-licensing-factsheet/drug-licensing-factsheet-cannabis-cbd-and-other-cannabinoids> (Accessed: 11 Mar. 2023).

Home Office (2022a) *Seizures of drugs in England and Wales, financial year ending 2021*. Available at: <https://www.gov.uk/government/statistics/seizures-of-drugs-in-england-and-wales-financial-year-ending-2021/seizures-of-drugs-in-england-and-wales-financial-year-ending-2021#number-of-seizures> (Accessed: 3 March 2023).

Home Office (2022b) *Swift, Certain, Tough: New consequences for drug possession*. London: Home Office.

Howlett, A. (2018). A Look inside Suffolk's first ever cannabis lounge – but is it legal? *Ipswich Star*. Available at: <https://www.ipswichstar.co.uk/news/green-man-compassion-cannabis-lounge-opens-in-ipswich-2821506> (Accessed: 1 April 2022).

Hughes, C. and Stevens, A. (2007). *The Effects of Decriminalization of Drug Use in Portugal*. United Kingdom: The Beckley Foundation Drug Policy Programme.

Hughes, J.A. and Sharrock, W.W. (2016). *The Philosophy of Social Research*. London: Routledge.

Hurley, R. (2017). Parents against prohibition: campaigning for drug law reform. *British Medical Journal*. Available at: doi:<https://doi.org/10.1136/bmj.j1876>.

Hutson, S.R. (2000). The Rave: Spiritual Healing in Modern Western Subcultures. *Anthropological Quarterly*, 73(1), pp.35–49.

Information Commissioners Office (2023). *UK GDPR guidance and resources*. Available at: <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>. (Accessed: 2 March 2023).



Institute for Government (2022). *Timeline of UK government coronavirus lockdowns and restrictions*. Available at: <https://www.instituteforgovernment.org.uk/data-visualisation/timeline-coronavirus-lockdowns>. (Accessed: 22 February 2023).

Ipsos MORI (2018). *Technology Tracker Q2 2018*. Available at [https://www.ipsos.com/sites/default/files/ct/publication/documents/2018-07/tech\\_tracker\\_q2\\_2018\\_final.pdf](https://www.ipsos.com/sites/default/files/ct/publication/documents/2018-07/tech_tracker_q2_2018_final.pdf) (Accessed: 27 July 2023).

Iversen, L.L. (2008) *The science of marijuana*. New York: Oxford University Press.

Jackson, J. (2023). *Missing: the Liberal Democrats*. Available at: <https://volteface.me/missing-the-liberal-democrats/> (Accessed: 5 Jul. 2023).

Jadda, S. *et al* (2021) Drug errors related to self-medication in Morocco. *E3S Web of Conferences*, 319, pp 1-4. Available at: <https://doi.org/10.1051/e3sconf/202131902001>

Joe-Laidler, K. and Hunt, G. (2008). Sit Down to Float: The Cultural Meaning of Ketamine Use in Hong Kong. *Addiction research & theory* 16(3), pp.259–271. Available at: <https://doi.org/10.1080/16066350801983673>.

Mills C.W. (1959) *The Sociological Imagination*. Oxford University Press.

Moretta, J.A, (2017). *The hippies a 1960s history*. Jefferson: McFarland & Company.

Johnson, C. (2012). Bricoleur and Bricolage: From Metaphor to Universal Concept. *Paragraph*, 35(3), pp.355–372. Available at: <https://doi.org/10.3366/para.2012.0064>.

Johnson, R.B. (1997). Examining the Validity Structure of Qualitative Research. *Education*, 118, pp.282–292. Available at: [https://www.researchgate.net/publication/246126534\\_Examining\\_the\\_Validity\\_Structure\\_of\\_Qualitative\\_Research](https://www.researchgate.net/publication/246126534_Examining_the_Validity_Structure_of_Qualitative_Research) (Accessed: 27 July 2023).

Kalesan, B. *et al.* (2020) Intersections of Firearm Suicide, Drug-Related Mortality, and Economic Dependency in Rural America. *Journal of Surgical Research*, 256, pp.96–102. Available at: <https://doi.org/10.1016/j.jss.2020.06.011>.

Kassam, A. (2017). *Justin Trudeau: father's influence made my brother's marijuana charge 'go away'*. The Guardian. Available at: <https://www.theguardian.com/world/2017/apr/25/justin-trudeau-brother-marijuana-charge-dismissed-canada> (Accessed: 22 January 2023).

Kavanaugh, K. and Ayres, L. (1998). 'Not As Bad As It Could Have Been': Assessing and Mitigating Harm During Research Interviews on Sensitive Topics. *Research in Nursing and Health*, 21, pp.91–97. Available at: [https://doi.org/10.1002/\(SICI\)1098-240X\(199802\)21:1%3C91::AID-NUR10%3E3.0.CO;2-C](https://doi.org/10.1002/(SICI)1098-240X(199802)21:1%3C91::AID-NUR10%3E3.0.CO;2-C).

Klein, J. (2012) Francis Bacon. *Stanford Encyclopaedia of Philosophy*. Available at: <https://plato.stanford.edu/entries/francis-bacon/>. (Accessed, 27 March, 2024).

Kim, Y. (2010). The Pilot Study in Qualitative Inquiry. *Qualitative Social Work: Research and Practice*, 10(2), pp.190–206. Available at: [doi:10.1177/1473325010362001](https://doi.org/10.1177/1473325010362001)

King, R.D. and Wincup, E. (2008). *Doing research on crime and justice*. Oxford: New York: Oxford University Press.

Kohn, M. (1997). Cocaine Girls in, S. Redhead, D. Wynne and J. O'Connor, eds., *The Club Cultures Reader: Reading in Popular Cultural Studies*. Oxford: Blackwell.

Kosinski, M. *et al* (2015). Facebook as a research tool for the social sciences: Opportunities, challenges, ethical considerations, and practical guidelines. *American Psychologist*, [online] 70(6), pp.543–556. Available at: <https://doi.org/10.1037/a0039210>.

Kvale, S. and Brinkman, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviewing*. 2nd ed. Los Angeles: Sage.

Lachowicz, M. *et al*. (2020) Psychological factors and genetic characteristics of rural cannabis users. *Annals of Agricultural and Environmental Medicine*, 27(2), pp.260–268. Available at: [doi:https://doi.org/10.26444/aaem/119939](https://doi.org/10.26444/aaem/119939).

Lamy, F.R. *et al* (2016) 'Those edibles hit hard': Exploration of Twitter data on cannabis edibles in the U.S. *Drug and Alcohol Dependence*, 164, pp.64–70. Available at <https://doi.org/10.1016/j.drugalcdep.2016.04.029>.

Lee, R.M. (1993). *Doing Research on Sensitive Topics*. London: Sage.

Lee, R.M. and Renzetti, C.M. (1990). The Problems of Researching Sensitive Topics. *American Behavioural Scientist*, 33(5), pp.510–528. Available at: <https://doi.org/10.1177/0002764290033005002>.

Lenton, S. *et al.* (2015). The social supply of cannabis among young people in Australia. *Trends and Issues in Crime and Criminal Justice*, 503.

Leuw, E. (1991). Drugs and drug policy in the Netherlands. *The Hague*, [online] 14. Available at: <http://hdl.handle.net/20.500.12832/259> (Accessed: 22 January 2023).

Liberal Democrats (2015). *A framework for a regulated market for cannabis in the UK: Recommendations from an expert panel*. London: Liberal Democrats.

Liebling, J.P. *et al.* (2020). An Analysis of Over-the-Counter Cannabidiol Products in the United Kingdom. *Cannabis and Cannabinoid Research*, 7(2). pp. 207-213. Available at; <https://doi.org/10.1089/can.2019.0078>.

London Mayor and London Assembly (2023). *The London Drugs Commission*. Available at: <https://www.london.gov.uk/programmes-strategies/mayors-office-policing-and-crime-mopac/mopac-governance-and-decision-making/london-drugs-commission#:~:text=In%20May%202022%2C%20the%20Mayor> (Accessed: 5 July 2023).

Long, J.C. (1972). *The Free School Movement*. Available at: <https://core.ac.uk/reader/215239320> (Accessed: 22 February 2023).

Lumivero (n.d.). *NVivo*. Available at: <https://lumivero.com/products/nvivo/#:~:text=What%20is%20NVivo%3F>. (Accessed: 23 April 2023).

Lumsden, K. (2019) *Reflexivity: Theory, Method, and Practice*. Oxon: Routledge.

Luquiens, A. *et al.* (2015). Self-medication of achalasia with cannabis, complicated by a cannabis use disorder. *World Journal of Gastroenterology*, 21(20), pp 6831-6383. Available at: <https://doi.org/10.3748/wjg.v21.i20.6381>.

Lydall, R. (2022). Red on red as Labour big gun attacks Khan over cannabis. London *Evening Standard*. Available at:

<https://www.standard.co.uk/news/london/decriminalise-legalise-cannabis-sadiq-khan-drug-commission-wes-streeting-b1015100.html> (Accessed: 22 January 2023).

MacCoun, R. and Reuter, P. (1997). Interpreting Dutch Cannabis Policy: Reasoning by Analogy in the Legalization Debate. *Science*, 278 (5335), pp.47–52. Available at: <https://doi.org/10.1126/science.278.5335.47>.

Mahamad, S. *et al.* (2020). Availability, Retail Price and Potency of Legal and Illegal Cannabis in Canada after Recreational Cannabis Legalisation. *Drug and Alcohol Review*, 39(4). Available at: <https://doi.org/10.1111/dar.13069>.

Malta National Statistics Office (2023) *World Population Day: 11 July 2023*. Malta: Malta National Statistics Office. Available at: <https://nso.gov.mt/world-population-day-11-july-2023/>. (Accessed 5 May 2024).

Manders, D. (1975). Labelling Theory and Social Reality: a Marxist Critique. *Insurgent Sociologist*, 6(1), pp.53–66. Available at: <https://doi.org/10.1177/089692057500600104>.

Mann, H. (2016). Rapid response to: Sixty seconds on psilocybin. *British Medical Journal* 353, pp. 2775-2775. Available at doi:<https://doi.org/10.1136/bmj.i2775>.

- Manning, P. (2007). *Drugs and Popular Culture: Drugs, Media and Identity in Contemporary Society*. Cullompton: Willan.
- Manrique-Garcia, E. *et al.* (2016). Cannabis, Psychosis, and Mortality: A Cohort Study of 50,373 Swedish Men. *American Journal of Psychiatry*, 173(8), pp.790–798. Available at: <https://doi.org/10.1176/appi.ajp.2016.14050637>.
- Manthey, J. (2019). Cannabis use in Europe: Current trends and public health concerns. *International Journal of Drug Policy*, 68, pp.93–96. Available at: <https://doi.org/10.1016/j.drugpo.2019.03.006>.
- Marren, B. (2016). *We Shall Not Be Moved: how Liverpool's working class fought redundancies, closures, and cuts in the age of thatcher*. Manchester: University Press.
- Martel, M.L. *et al.* (2018). A brief assessment of capacity to consent instrument in acutely intoxicated emergency department patients. *American Journal of Emergency Medicine*, [online] 36(1), pp.18–23. Available at: <https://doi.org/10.1016/j.ajem.2017.06.043>.
- Maxfield, M.G. and Babbie, E.R. (2015). *Research methods for criminal justice and criminology*. Boston: Cengage.
- McNicoll, A. (2009). Cannabis Law Update. *Druglink*, pp.24–25. Available at: <https://www.drugwise.org.uk/wp-content/uploads/Factsheet-cannabis-law-update.pdf> (Accessed: 27 Jul. 2023).

Measham, F., Newcombe, R. and Parker, H. (1994). The Normalization of Recreational Drug Use amongst Young People in North-West England. *The British Journal of Sociology*, 45(2), p.287. Available at: <https://doi.org/10.2307/591497>.

Measham, F., Parker, H.J. and Aldridge, J. (2001). *Dancing on drugs: risk, health, and hedonism in the British club scene*. London: Free Association Books.

Measham, F. and Shiner, M. (2009). The legacy of 'normalisation': The role of classical and contemporary criminological theory in understanding young people's drug use. *International Journal of Drug Policy*, [online] 20(6), pp.502–508. Available at <https://doi.org/10.1016/j.drugpo.2009.02.001>.

Mechoulam, R. (2016). Cannabis – the Israeli perspective. *Journal of Basic and Clinical Physiology and Pharmacology*, 27(3). pp. 181-187.

Mehlmann-Wicks, J. (2021). *Cannabis-based medicinal products*. Available at: <https://www.bma.org.uk/what-we-do/population-health/improving-care-and-peoples-experience-of-services/cannabis-based-medicinal-products> (Accessed: 22 March 2023).

Mema, S.C. *et al* (2019). Mobile supervised consumption services in Rural British Columbia: lessons learned. *Harm Reduction Journal*, 16(1). Available at <https://doi.org/10.1186/s12954-018-0273-3>.

Miles, M.B. and Huberman, M.A. (1994). *Qualitative data analysis an expanded sourcebook*. 2nd ed. London: Sage.

Miller, J. (2011). *Fashion and music*. Oxford: New York: Berg.

Miller, R. (2002). *Free schools, free people: education and democracy after the 1960s*. Albany: State University Of New York Press.

Miller, T.S. (2012). *The Hippies and American Values*. Tennessee: University Of Tennessee Press.

Ministry of Justice (2014). *Penalty Notices for Disorder (PNDs)*. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/403812/penalty-notice-disorder-police-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/403812/penalty-notice-disorder-police-guidance.pdf).

Misuse of Drugs Act (1971) Available at: <https://www.legislation.gov.uk/ukpga/1971/38/contents>. (Accessed: 21 March 2023).

Monshouwer, K. *et al.* (2006). Cannabis use and mental health in secondary school children. *British Journal of Psychiatry*, 188(2), pp.148–153. Available at: <https://doi.org/10.1192/bjp.188.2.148>.

Monshouwer, K., van Laar, M. and Vollebergh, W.A. (2011). Buying cannabis in 'coffee shops'. *Drug and Alcohol Review*, 30(2), pp.148–156. Available at: <https://doi.org/10.1111/j.1465-3362.2010.00268.x>.

Morgan, J., Sogaard, T.F, and Uhl, A. (2023) Introduction: Normalisation drug using landscapes across Europe in Morgan, J., Sogard, T. F and Uhl, A. eds., *Normalisation re-visited: Drugs in the 21<sup>st</sup> century*. Lengerich: Pabst Science.

Morse, J.M. (1994). *Critical issues in qualitative research methods*. California: Sage.



Mortari, L. (2015). Reflectivity in Research Practice. *International Journal of Qualitative Methods*, [online] 14(5), p.160940691561804. Available at: <https://doi.org/10.1177/1609406915618045>.

Mortimer, T.L., Mabin, T. and Engelbrecht, A.-M. (2019). Cannabinoids: the lows and the highs of chemotherapy-induced nausea and vomiting. *Future Oncology*, 15(9), pp.1035–1049. Available at: <https://doi.org/10.2217/fon-2018-0530>.

Moyle, L. (2013). *An Exploration of how the Social Supply and User-Dealer Supply of Illicit Drugs Differs to Conventional Notions of Drug Dealing and Consideration of the Consequences of this for Sentencing Policy*. PhD Thesis. Available at: <https://pearl.plymouth.ac.uk/bitstream/handle/10026.1/3007/2013Moyle10192650phd.pdf?sequence=1&isAllowed=y> (Accessed: 21 February 2023).

Moyle, L. *et al.* (2019). Drugs for sale: An exploration of the use of social media and encrypted messaging apps to supply and access drugs. *International Journal of Drug Policy*. 63, pp.101–110. Available at: <https://doi.org/10.1016/j.drugpo.2018.08.005>.

Moyle, L., Coomber, R. and Lowther, J. (2013). Crushing a Walnut With a Sledgehammer? Analysing the Penal Response to the Social Supply of Illicit Drugs. *Social & Legal Studies*, 22(4), pp.553–573. Available at: <https://doi.org/10.1177/0964663913487544>.

Muggleton, D. (2000). *Inside Subculture: The Postmodern Meaning of Style*. Oxford: Berg.

Muncie, J. (2015). *Youth and Crime*. 4th ed. London: Sage.

Munksgaard, R. and Martin, J. (2020b). Trends & issues in crime and criminal justice How and why vendors sell on cryptomarket. *Australian Institute of Criminology*. 608 pp.1–12. Available at: [https://www.aic.gov.au/sites/default/files/2020-10/ti608\\_how\\_and\\_why\\_vendors\\_sell\\_on\\_cryptomarkets.pdf](https://www.aic.gov.au/sites/default/files/2020-10/ti608_how_and_why_vendors_sell_on_cryptomarkets.pdf) (Accessed: 27 Jul. 2023).

Murphy, J. (2018). Cannabis in Canada: How it went down on Legalisation Day. *BBC News*. Available at: <https://www.bbc.co.uk/news/world-us-canada-45879377> (Accessed: 22 January 2023).

National Crime Agency (2021). *County Lines exploitation: applying All Our Health*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/county-lines-exploitation-applying-all-our-health/county-lines-exploitation-applying-all-our-health#:~:text=County%20Lines%20has%20contributed%20to>. (Accessed: 27 February 2023).

National Institute for Clinical Excellence (2021). *Overview | Cannabis-based medicinal products*. Available at: <https://www.nice.org.uk/guidance/ng144> (Accessed: 22 June 2023).

National Health Service (2019). *Medical cannabis (and cannabis oils)*. Available at: <https://www.nhs.uk/conditions/medical-cannabis/>. (Accessed: 21 December 2022).

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing & Health*, [online] 31(4), pp.391–398. Available at: <https://doi.org/10.1002/nur.20259>.

Nugent, S.M. *et al.* (2020). Medical cannabis use among individuals with cancer: An unresolved and timely issue. *Cancer*, 126(9), pp.1832–1836. Available at: <https://doi.org/10.1002/cncr.32732>.

Nutt, D. (2017). *Drugs without the hot air: minimising the harms of legal and illegal drugs*. 2<sup>nd</sup> edn. Cambridge: UIT.

Nutt, D. *et al.* (2020). So near yet so far: why won't the UK prescribe medical cannabis? *BMJ Open*, 10(9). pp 1-5. Available at: <https://doi.org/10.1136/bmjopen-2020-038687>.

Nutt, D.J., King, L.A. and Phillips, L.D. (2010). Drug Harms in the UK: a Multicriteria Decision Analysis. *The Lancet*, [online] 376(9752), pp.1558–1565. doi:[https://doi.org/10.1016/s0140-6736\(10\)61462-6](https://doi.org/10.1016/s0140-6736(10)61462-6).

Office for Health Improvement and Disparities (2023). *Adult substance misuse treatment statistics 2021 to 2022: report*. [online] GOV.UK. Available at: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2021-to-2022/adult-substance-misuse-treatment-statistics-2021-to-2022-report#people-in-treatment-substance-sex-age> (Accessed: 11 March 2023).

Office for National Statistics (2020). *Drug misuse in England and Wales: year ending March 2020*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drug-misuseinenglandandwales/yearendingmarch2020> (Accessed 10 May 2023).

Office for National Statistics (2023) *Drug misuse in England and Wales: year ending March 2023*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drug-misuseinenglandandwales/yearendingmarch2023> (Accessed 10 May 2024).

Parker, H. (2005). Normalization as a barometer: Recreational drug use and the consumption of leisure by younger Britons. *Addiction Research & Theory*, 13(3), pp.205–215. Available at: <https://doi.org/10.1080/16066350500053703>.

Parker, H., Measham, F. and Aldridge, J. (1995). *Drug Futures: Changing Patterns of Drug Use Amongst English Youth*. London: Institute for the Study of Drug Dependence.

Parker, H.J., Aldridge, J. and Measham, F. (1998). *Illegal leisure: the normalization of adolescent recreational drug use*. London: Routledge.

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

Pearson, G. (2001). Normal Drug Use: Ethnographic Fieldwork Among an Adult Network of Recreational Drug Users in Inner London. *Substance Use and Misuse*, 36(1 and 2), pp.167–200.

Peter, B. and Williams, L. (2019). One Foot in the Rave: Aging Ravers' Transitions to Adulthood and Their Participation in Rave Culture. *Leisure Sciences*, 44(7), pp.1–19. Available at: <https://doi.org/10.1080/01490400.2019.1675560>.

Petrunik, M. (1980). The Rise and Fall of 'Labelling Theory': The Construction and Destruction of a Sociological Strawman. *The Canadian Journal of Sociology* 5(3), pp.213–233. Available at: <https://doi.org/10.2307/3340175>.

Pickering, M. (2009). *Auguste Comte: Volume 3*. New York: Cambridge University Press.

Pilkington, H. (2007). In Good Company: Risk, Security and Choice in Young People's Drug Decisions. *The Sociological Review*, 55(2), pp.373–392. Available at <https://doi.org/10.1111/j.1467-954x.2007.00710.x>.

Plummer, K. (2000). Labelling Theory. In: C.D. Bryant, ed., *Encyclopaedia of Criminal and Deviant Behaviour*. London: Routledge. pp. 191-194.

Plummer, K. (2001). *Documents of Life 2*. SAGE Publications Limited.

Plummer, K (2016) *Sociology: The Basics*. 2<sup>nd</sup> edn. London: Routledge.

Potter, D.J., Clark, P., and Brown, M.B. (2008). Potency of  $\Delta^9$ -THC and Other Cannabinoids in Cannabis in England in 2005: Implications for Psychoactivity and Pharmacology. *Journal of Forensic Sciences*, 53(1), pp.90–94.  
doi:<https://doi.org/10.1111/j.1556-4029.2007.00603.x>.

Potter, D.J. *et al.* (2018). Potency of  $\Delta^9$ -tetrahydrocannabinol and other cannabinoids in cannabis in England in 2016: Implications for public health and pharmacology. *Drug Testing and Analysis*, 10(4), pp.628–635. Available at: <https://doi.org/10.1002/dta.2368>.

Potter, G.R. and Wells, H. (2021). More harm than good? Cannabis, harm, and the misuse of drugs act. *Drugs and Alcohol Today*, 21(4). Available at:

<https://doi.org/10.1108/dat-09-2021-0047>.

Price, S. (2020). *Medical Cannabis Awareness Week: calls for NHS prescriptions*.

Available at: <https://www.healtheuropa.com/medical-cannabis-awareness-week-calls-for-nhs-prescriptions/103498/> (Accessed: 18 April 2022).

Proudfoot, S. (2017). The Reason Cannabis is Now Legal in Canada. *CityNews*.

Available at: <https://toronto.citynews.ca/2018/10/17/the-reason-that-cannabis-is-now-legal-in-canada/> (Accessed: 22 January 2023).

Pulver, A., Davison, C. and Pickett, W. (2015). Time-Use Patterns and the Recreational Use of Prescription Medications Among Rural and Small-Town Youth. *The Journal of Rural Health*, 31(2), pp.217–228. Available at:

<https://doi.org/10.1111/jrh.12103>.

Punch, K. (2014). *Introduction to Social Research*. 3rd ed. London: Sage.

Reed, J. (2016). *Marijuana Legalization in Colorado: Early Findings: A Report*

*Pursuant to Senate Bill 13-283*. Available at:

<https://cdpsdocs.state.co.us/ors/docs/reports/2016-SB13-283-Rpt.pdf> (Accessed: 22 January 2023).

Rabaka, R. (2013). *The hip hop movement: from R & B and the civil rights movement to rap and the hip hop generation*. Lanham, Md.: Lexington Books.

Release (2021). *Press Release: On The 50th Anniversary Of The Misuse Of Drugs Act, Cross-Party MPs Demand Reform Of UK Drug Laws*. Available at: <https://www.release.org.uk/50YearsOfFailure> (Accessed: 27 July 2023).

Release (2022b). *Public response to Home Office White Paper 'Swift, Certain, Tough: New Consequences for Drug Possession'*. Available at: <https://www.release.org.uk/blog/public-response-home-office-white-paper-swift-certain-tough-new-consequences-drug-possession> (Accessed: 13 March 2023).

Reuters (2023) Amsterdam's red-light district starts marijuana smoking ban. *Reuters*. Available at: [https://www.reuters.com/world/europe/amsterdams-red-light-district-starts-marijuana-smoking-ban-2023-05-25/#:~:text=AMSTERDAM%2C%20May%2025%20\(Reuters\),to%20clean%20up%20the%20area](https://www.reuters.com/world/europe/amsterdams-red-light-district-starts-marijuana-smoking-ban-2023-05-25/#:~:text=AMSTERDAM%2C%20May%2025%20(Reuters),to%20clean%20up%20the%20area). (Accessed: 5 May 2024).

Rhumorbarbe, D. *et al.* (2016). Buying drugs on a Darknet market: A better deal? Studying the online illicit drug market through the analysis of digital, physical, and chemical data. *Forensic Science International*, 267, pp.173–182. Available at: <https://doi.org/10.1016/j.forsciint.2016.08.032>.

Riley, J. (2019). *Did the Sixties dream die in 1969?* Available at: <https://www.cam.ac.uk/research/discussion/did-the-sixties-dream-die-in-1969> (Accessed: 27 July 2023).

Rock, K.L. *et al.* (2022). Can cannabis kill? Characteristics of deaths following cannabis use in England (1998–2020). *Journal of Psychopharmacology*, 36(12), pp. 1362-1370. Available at: <https://doi.org/10.1177/02698811221115760>.

Rooke, B. (2013). Four Pillars of Internet Research Ethics with Web 2.0. *Journal of Academic Ethics*, 11(4), pp.265–268. Available at: <https://doi.org/10.1007/s10805-013-9191-x>.

Royal College of Psychiatrists (2019). *Cannabis and Mental Health for Children and Young People*. Available at: <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/cannabis-and-mental-health-information-for-young-people> (Accessed 11 Mar. 2023).

Rubin, H.J. and Rubin, I.S. (2012). *Qualitative Interviewing: The Art of Hearing Data*. London: Sage.

Rushkoff, D. (1994). *Cyberia*. San Francisco: Harper.

Sabaghi, D. (2023) Netherland Starts Selling Legal Cannabis Amid Pilot Program. *Forbes*. Available at: <https://www.forbes.com/sites/dariosabaghi/2023/12/15/two-dutch-cities-start-selling-legal-cannabis-amid-pilot-program/>. (Accessed: April 2 2024).

Sabaghi, D. (2023b) Luxembourg Legalises Cannabis For Personal Use. *Forbes*. Available at: <https://www.forbes.com/sites/dariosabaghi/2023/06/29/luxembourg-legalizes-cannabis-for-personal-use/?sh=7c3db8861ce8>. (Accessed: 6 May 2024)

Saldana, J. (2013). *The Coding Manual for Qualitative Researchers*. 2nd ed. London: Sage.



Sandberg, S. (2012). Cannabis culture: A stable subculture in a changing world. *Criminology & Criminal Justice*, 13(1), pp.63–79. Available at: <https://doi.org/10.1177/1748895812445620>.

Sasaki, M.S. and Marsh. R.M. (2012). *Trust: comparative perspectives*. Boston: Brill.

Scott, E. (2020). Fact file: Rural economy. *lordslibrary.parliament.uk*. Available at: <https://lordslibrary.parliament.uk/fact-file-rural-economy/> (Accessed: 12 Apr. 2023).

Scott, J.G, *et al.* (2017). Social capital and cannabis supply. *Journal of Sociology*, 53(2), pp.382–397. doi:<https://doi.org/10.1177/1440783316688342>.

Seddon, T. (2020). Immoral in Principle, Unworkable in Practice: Cannabis Law Reform, The Beatles And The Wootton Report. *The British Journal of Criminology*, 60(6). pp. 1567-1584. Available at: <https://doi.org/10.1093/bjc/azaa042>.

Seidman, I. (2019). *Interviewing as Qualitative Research: a Guide for Researchers in Education and the Social sciences*. 5<sup>th</sup> edn. New York: Teacher College Press.

Sen, A. and Wyonch, R. (2018). *Cannabis Countdown: Estimating the Size of Illegal Markets and Lost Tax Revenue Post-Legalization*. Available at: [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3269989](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3269989). (Accessed: 20 September 2022).

Sentencing Council (2021). *Possession of a controlled drug – Sentencing*. [online] Available at: <https://www.sentencingcouncil.org.uk/offences/magistrates-court/item/possession-of-a-controlled-drug-2/>. (Accessed: 23 April 2023).

Shapiro, H. (1999). Dances with Drugs: Pop Music, Drugs and Youth Culture. In: N. South, ed., *Drugs: Culture, Controls and Everyday Life*. London: Sage.

Shapiro, H. (1999b). *Waiting For the Man: The Story of Drugs and Popular Music*. 2nd ed. London: Helter-skelter.

Shildrick, T. (2002). Young People, Illicit Drug Use and the Question of Normalization. *Journal of Youth Studies*, 5(1), pp.35–48. Available at: <https://doi.org/10.1080/13676260120111751>.

Shiner, M. and Newburn, T. (1997). Definitely, maybe not? The Normalisation of Recreational Drug use amongst Young People. *Sociology*, 31(3), pp.511–529. Available at: <https://doi.org/10.1177/0038038597031003008>.

Shiner, M. and Newburn, T. (1999). Taking Tea with Noel: The Place and Meaning of Drug Use in Everyday Life. In: N. South, ed., *Drugs: Cultures, Controls and Everyday Life*. London: Sage.

Siegel, C. (2005). *Goth's Dark Empire*. Indiana University Press.

Slade, H. (2021). *Drug Decriminalisation In Portugal: Setting The Record Straight Case Study Key Points*. Available at: <https://transformdrugs.org/assets/files/PDFs/Drug-decriminalisation-in-Portugal-setting-the-record-straight.pdf> (Accessed: 22 January 2023).

Smith, C.A. (2019). The Uses of Pilot Studies in Sociology: a Processual Understanding of Preliminary Research. *The American Sociologist*, 50(4), pp.589–607. Available at: <https://doi.org/10.1007/s12108-019-09419-y>.

Smith, L. (2018). How a racist hater monger masterminded America's war on drugs. Available at: <https://timeline.com/harry-anslinger-racist-war-on-drugs-prison-industrial-complex-fb5cbc281189> (Accessed: 23 May 2023).

Solomon, R. (2020). Racism and Its Effect on Cannabis Research. *Cannabis and Cannabinoid Research*. 5(1), pp.2–5. Available at: doi:<https://doi.org/10.1089/can.2019.0063>.

South, N. (1999). Debating Drugs and Everyday Life: Normalisation, Prohibition, and 'Otherness' in: South, N (ed) *Drugs: Cultures, Controls and Everyday Life*. London: Sage.

South, N. and Brisman, A. (2020). *Green criminology*. 2nd ed. Oxon: Routledge, Taylor and Francis Group.

Southwell, M. (2021) The misuse of drugs act – a user perspective. *Drugs and Alcohol Today*. 21 (4). Available at: <http://uos.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/misuse-drugs-act-user-perspective/docview/2606294403/se-2?accountid=17074>. (Accessed: 6 May 2014).

Spapens, T., Müller, T. and van de Bunt, H. (2014). The Dutch Drug Policy from a Regulatory Perspective. *European Journal on Criminal Policy and Research*, 21(1), pp.191–205. Available at: <https://doi.org/10.1007/s10610-014-9249-3>.

Stevenson, C. (2012). Cannabis use: What's law got to do with it? Perceptions and knowledge of cannabis policy from the user perspective in Northern Ireland. *Drugs:*

*Education, Prevention and Policy*, 19(2), pp.129–136. Available at:  
doi:<https://doi.org/10.3109/09687637.2011.602375>.

Stoner, S., A (2017). *Effects of Marijuana on Mental Health: Anxiety Disorders*.  
[online] Washington: University of Washington: Alcohol and Drug Abuse Institute,  
pp.1–6. Available at: <https://adai.uw.edu/pubs/pdf/2017mjanxiety.pdf> (Accessed: 26  
September 2023).

Stothard, B. (2021). Fifty years of the UK Misuse of Drugs Act 1971: the legislative  
contexts. *Drugs and Alcohol Today*, ahead-of-print(ahead-of-print), pp.298–311.  
Available at <https://doi.org/10.1108/dat-08-2021-0038>.

Stueber, A. and Cuttler, C. (2021). Self-Reported Effects of Cannabis on ADHD  
Symptoms, ADHD Medication Side Effects, and ADHD-Related Executive  
Dysfunction. *Journal of Attention Disorders*, 26(6), pp. 942-955. Available at:  
<https://doi.org/10.1177/10870547211050949>.

Suchman, E.A. (1968). The 'Hang-Loose' Ethic and the Spirit of Drug Use. *Journal of  
Health and Social Behavior*, 9(2), pp.146–155. doi:<https://doi.org/10.2307/2948333>.

Summer Hill School (2023). *A.S. Neill Summerhill School*. Available at:  
<https://www.summerhillschool.co.uk> (Accessed: 2 April. 2023).

Sykes, G.M. (1974). The Rise of Critical Criminology. *The Journal of Criminal Law  
and Criminology*. 65(2), p.206-213. Available at: <https://doi.org/10.2307/1142539>.

Tannenbaum, F. (1938). *Crime and the Community*. New York: Columbia University  
Press.

Tashkin, D.P. and Roth, M.D. (2019). Pulmonary effects of inhaled cannabis smoke. *The American Journal of Drug and Alcohol Abuse*, 45(6), pp.596–609.

Available at: <https://doi.org/10.1080/00952990.2019.1627366>.

Taylor, D.R. and Hall, W. (2003). Respiratory health effects of cannabis: Position Statement of The Thoracic Society of Australia and New Zealand. *Internal Medicine Journal*, 33(7), pp.310–313. Available at: <https://doi.org/10.1046/j.1445-5994.2003.00401.x>.

Taylor, N.J. and Kearney, J. (2005). Researching Hard-to Reach Populations: Privileged Access Interviewers and Drug Using Parents. *Sociological Research Online*, 10(2), pp.1–8. Available at: <https://doi.org/10.1177/136078040501000205>.

Taylor, S. (2008). Outside the outsiders: Media representations of drug use. *Probation Journal*, 55(4), pp.369–387. Available at: <https://doi.org/10.1177/0264550508096493>.

The Conservative Drug Policy Reform Group (2020). *MS patient found not guilty of cultivating cannabis for medical use*. [online] The Conservative Drug Policy Reform Group. Available at: <https://www.cdprg.co.uk/press-releases/gibsons-not-guilty> (Accessed: 26 Sep. 2023).

The Economic Times (2023) *Marijuana: US states that have acted to legalise recreational marijuana*. (Accessed: 10 May 2024).

The Police Federation (2000). *Drugs and the Law: Report of the Independent Inquiry into the Misuse of Drugs Act 1971*. London: Police Federation.

The White House (2022). *Statement from President Biden on Marijuana Reform*. [online] The White House. Available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/10/06/statement-from-president-biden-on-marijuana-reform/>. (Accessed 5 May, 2024).

Thornton, L. *et al.* (2016). Recruiting for health, medical or psychosocial research using Facebook: Systematic review. *Internet Interventions*, 4, pp.72–81. Available at: <https://doi.org/10.1016/j.invent.2016.02.001>.

Thornton, S. (1995). *Club Cultures: Music, Media and Subcultural Capital*. Cambridge: Blackwell.

Tomlinson, L. (1998). This Ain't No Disco...or Is It: Youth Culture and the Rave Phenomenon. In: Epstein, J. (eds) *Youth Culture: Identity in a Postmodern World*. Oxford: Blackwell.

Thompson, S. (1996) Paying respondents and informants. *Social Research Update* (14). Available at: <https://sru.soc.surrey.ac.uk/SRU14.html>. (Accessed: 5 May 2024).

Trace, M., Klein, A. and Roberts, M. (2004). Reclassification of Cannabis in the United Kingdom. *The Beckley Foundation*. Available at: [http://www.stanwayfountain.org/pdf/paper\\_01.pdf](http://www.stanwayfountain.org/pdf/paper_01.pdf). (Accessed: 3 April 2023).

Transform (n.d.). *Global drug policy*. Available at: <https://transformdrugs.org/drug-policy/global-drug-policy>. (Accessed: 23 March 2023).

Transform (2021). *MDMA: history and lessons learned (part 1)*. Available at: <https://transformdrugs.org/blog/mdma-history-and-lessons-learned-part-1>.

Transform (2022). *Reviewing the Government's New 'Tough' Consequences for Drug Possession*. Available at: <https://transformdrugs.org/blog/reviewing-the-governments-new-tough-consequences-for-drug-possession> (Accessed: 13 May 2023).

Transform (2024). German Cannabis Legalisation Explained. *Transform*. Available at: <https://transformdrugs.org/blog/german-cannabis-legalisation-explained>. (Accessed 5 May 2024).

Ueberall, M., Essner, U. and Mueller-Schwefe, G.H.H. (2019). Effectiveness and tolerability of THC:CBD oromucosal spray as add-on measure in patients with severe chronic pain: analysis of 12-week open-label real-world data provided by the German Pain e-Registry. *Journal of Pain Research*, Volume 12, pp.1577–1604. Available at: <https://doi.org/10.2147/jpr.s192174>.

UK Government and Parliament (2016). *Archived Petition: Make the production, sale, and use of cannabis legal*. Available at: <https://petition.parliament.uk/archived/petitions/104349> (Accessed: 5 July 2023).

UK Government and Parliament (2020). *Criminal Justice and Public Order Act 1994*. Available at: <https://www.legislation.gov.uk/ukpga/1994/33/section/63> (Accessed: 27 May 2023).

UK Government and Parliament (2021). *Petition: Allow the British public to vote on the legalisation of cannabis*. Available at: [https://petition.parliament.uk/petitions/318654?reveal\\_response=yes#response-threshold](https://petition.parliament.uk/petitions/318654?reveal_response=yes#response-threshold) (Accessed 5 July 2023).

UK Parliament (2002). *The Governments Drug Policy: Is it Working?* London: UK Parliament.

UK Parliament (2024) *Petitions*. Available at <https://www.parliament.uk/get-involved/sign-a-petition/> (Accessed 4 May 2024).

United Nations Chief Executives Board for Co-ordination (2019). *Summary of deliberations: Chief Executives Board for Coordination, 2nd regular session of 2018, New York, 7 and 8 November 2018*. Available at: <https://digitallibrary.un.org/record/3792232?ln=en>. (Accessed: 12 March 2023).

US Department of Justice (2013). *Justice Department Announces Update to Marijuana Enforcement Policy*. Available at: <https://www.justice.gov/opa/pr/justice-department-announces-update-marijuana-enforcement-policy> (Accessed: 23 March 2023).

US Department of State (2006). *International Narcotics Control Strategy Report -- Part I: Drug and Chemical Control*. Available at: <https://2001-2009.state.gov/p/nea/ci/mo/79309.htm> (Accessed: 12 Mar. 2023).

van der Schyff, K., Flowerday, S. and Furnell, S. (2020). Duplicitous Social Media and Data Surveillance: An evaluation of privacy risk. *Computers & Security*, 94(2), pp. 1-17. Available at: <https://doi.org/10.1016/j.cose.2020.101822>.

van Ooyen-Houben, M. and Kleemans, E. (2015). Drug Policy: The 'Dutch Model'. *Crime and Justice*, 44(1), pp.165–226. Available at: <https://doi.org/10.1086/681551>.



van Ooyen-Houben, M.M.J., Bieleman, B. and Korf, D.J. (2016). Tightening the Dutch coffee shop policy: Evaluation of the private club and the residence criterion. *The International Journal on Drug Policy*, [online] 31, pp.113–120. Available at: doi:<https://doi.org/10.1016/j.drugpo.2016.01.019>.

van Vliet, H. (1990). The Uneasy Decriminalization: A Perspective on Dutch Drug Policy. *Hofstra Law Review*, 18(3). Available at: <http://scholarlycommons.law.hofstra.edu/hlr/vol18/iss3/7> (Accessed 11 January 2023).

Volteface. (2022). *Drug Policy News and Insights Drug Policy News and Insights*. Available at: <https://volteface.me> (Accessed: 22 January 2023).

Richards, M. (2022) Recreational Cannabis Legalisation in Europe: Where Are We Now? *Volteface*. Available at: <https://volteface.me/recreational-cannabis-legalisation/>. (Accessed 6 May 2024).

Wanke, Michal. (2023) Different-paced normalisation: Cannabis social worlds in non-liberalised contexts in in Morgan, J., Friis, T and Uhl, A. eds., *Normalisation re-visited: Drugs in the 21<sup>st</sup> century*. Lengerich: Pabst Science.

Wallis, D. *et al.* (2022) Predicting Self-Medication with Cannabis in Young Adults with Hazardous Cannabis Use. *International Journal of Environmental Research and Public Health*, [online] 19(3), pp. 1-15. Available at <https://doi.org/10.3390/ijerph19031850>.

- Ward, S.J. *et al.* (2021). Cannabinoids and Cancer Chemotherapy-Associated Adverse Effects. *JNCI Monographs*, 2021(58), pp.78–85. Available at: <https://doi.org/10.1093/jncimonographs/lgab007>.
- Ware, L. (2013). Issue 4 Article 4 Civil Rights and the 1960s: A Decade of Unparalleled Progress. *Maryland Law Review*, 72(4), pp.1088–1095.
- Warner, J., Weber, T.R. and Albanes, R. (1999). Girls Are Retarded When They're Stoned. Marijuana and the Construction of Gender Roles Among Adolescent Females. *Sex Roles*, [online] 40(1/2), pp.25–43. Available at: [doi:https://doi.org/10.1023/a:1018874216109](https://doi.org/10.1023/a:1018874216109).
- Waters, C. (1981). Badges of Half-Formed, Inarticulate Radicalism: A Critique of Recent Trends in the Study of Working-Class Youth Culture. *International Labour and Working-Class History*, 19, pp.22–37.
- Whitaker, C., Stevelink, S. and Fear, N. (2017). The Use of Facebook in Recruiting Participants for Health Research Purposes: A Systematic Review. *Journal of Medical Internet Research*, 19(8), pp. 1-11. Available at: <https://doi.org/10.2196/jmir.7071>.
- Wibberley, C. and Price, J.F. (2000). Young People's Drug Use: facts and feelings-implications for the normalization debate. *Drugs: Education, Prevention and Policy*, 7(2), pp.147–162. Available at: <https://doi.org/10.1080/dep.7.2.147.162>.
- Williams, F.P. and McShane, M.D. (2010). *Criminological Theory*. 5th ed. London: Pearson.

Williams-McBean, C. (2019). The Value of a Qualitative Pilot Study in a Multi-Phase Mixed Methods Research. *The Qualitative Report*, 24(5). Pp 1055-1064. Available at: <https://doi.org/10.46743/2160-3715/2019.3833>.

Williams, S.J. (1986) Appraising Goffman. *British Journal of Sociology*. 37 (2), pp. 348-369.

Williams, L. (2016) Muddy waters?: reassessing the dimensions of normalisation thesis in twenty-first century Britain. *Drugs: Education, Prevention and Policy*. 23 (3), 190-201.

Wilson, B. (2006). *Fight, Flight, or Chill: Subcultures, Youth, and Rave into the Twenty-First Century*. London: McGill-Queens University Press.

Wilson, R.E., Gosling, S.D. and Graham, L.T. (2012). A Review of Facebook Research in the Social Sciences. *Perspectives on Psychological Science*, 7(3), pp.203–220. Available at: doi:<https://doi.org/10.1177/1745691612442904>.

Wincup, E. (2017). *Criminological Research*. London: Sage.

World Health Organization (2019). *Drugs*. Available at: [https://www.who.int/health-topics/drugs-psychoactive#tab=tab\\_1](https://www.who.int/health-topics/drugs-psychoactive#tab=tab_1) (Accessed: 1 February 2023).

World Health Organization (2022). *Cannabis*. Available at: <https://www.who.int/teams/mental-health-and-substance-use/alcohol-drugs-and-addictive-behaviours/drugs-psychoactive/cannabis> (Accessed: 1 February. 2023).

Wouters, M. *et al* (2012). Cannabis use and proximity to coffee shops in the Netherlands. *European Journal of Criminology*, 9(4), pp.337–353. Available at: <https://doi.org/10.1177/1477370812448033>.

Young, A.M., Glover, N. and Havens, J. (2012). Rural adolescents' nonmedical prescription drug use: implications for intervention. *The Prevention Researcher*, 19(1), pp.7–9.

Young, A.M. and Havens, J.R. (2011). Transition from first illicit drug use to first injection drug use among rural Appalachian drug users: a cross-sectional comparison and retrospective survival analysis. *Addiction*, 107(3), pp.587–596. Available at: <https://doi.org/10.1111/j.1360-0443.2011.03635.x>.

Young, J. (1971). *The Drugtakers: The Social Meaning of Drug Use*. London: McGibbon and Kee.

Young, J. (2009). Moral Panic: Its Origins in Resistance, Ressentiment and the Translation of Fantasy into Reality. *British Journal of Criminology*, 49(1), pp. 4–16. Available at <https://doi.org/10.1093/bjc/azn074>.

## Appendices

### Appendix 1: Recruitment Poster

Postgraduate research study

**RURAL AREA  
CANNABIS USE STUDY**

University of Suffolk

- Are you aged over 40?
- Do you live in a rural community?
- Do you use cannabis for enjoyment or as a self-medication?
- Are you prepared to be interviewed confidentially\* and share your cannabis experiences and beliefs?

You will be interviewed over the telephone at no expense to yourself.

You will be fully informed about the nature of the study before any interview takes place.

All responses will be thoroughly anonymised (you may use an alias if you prefer).

This research is closely supervised and conducted in strict accordance with the University of Suffolk's Ethical Procedures and Policies.

All data handled in accordance with General Data Protection Regulations (GDPR 2016).

\*Participants will be fully informed about the limits of confidentiality before any interview takes place.

Please call Granville Sutton on **07729 578768** if you wish to know more.  
(Interviews will typically last no longer than 1 hour.)

## Appendix 2: Informed Consent Statement

- The research is looking to interview people who took up cannabis use in the 60's, 70's 80's and 90's, still use cannabis and live in a rural area.
- This research is supervised by the University of Suffolk and conducted with approval of the University Ethical Committee.
- This research is also conducted in accordance with the General Data Protection Regulations (2018).
- The researcher is a member of the British Society of Criminology. As such, this research is conducted in line with the society's most recent code of ethical conduct.
- After the research has been fully explained and you consent to take part your interview will last around an hour, but you are free to talk for as long as you like.
- You will be speaking to Granville (the researcher) who is conducting the interviews as part of his PhD research degree.
- The researcher and the University of Suffolk fully appreciate that your involvement with cannabis and other drugs is a sensitive topic. Therefore, extensive efforts are being taken to ensure that you are treated with respect and not harmed in any way by participation in this study.
- Records of incoming telephone numbers will not be held after interviews have been completed. The researcher is the only person who will see your telephone number and text messages.
- Only the researcher will have access to your interview data, your data will be transcribed and made anonymous, so it cannot be traced back to you if it was to fall into the wrong hands.
- You do not have to consent to the interview being recorded to take part, but it would really help the project along.
- Your responses will be treated objectively and without judgement. They will be used only to provide an insight into cannabis culture and experiences of people aged over 40 who live in rural areas.
- You may terminate the interview at any point. You do not have to give a reason but if you do so it may help the researcher in the future.
- If you terminate the interview, it will be assumed that you wish to withdraw from the study, as such your incomplete interview data will be deleted along with your telephone number, texts, and voicemails.
- You may withdraw from the study up to 6 months after the date of your interview. If you wish to withdraw, please contact the researcher stating

the date and time of your interview so the correct data can be identified and deleted.

- Your data will never be stored on any form of internet 'cloud'.
- Your interview data will not be shared with any other research team, university, government department, law enforcement or third party of any type.
- This research is impartial. It is not politically motivated. No fee's will be received by the student for this project. The researcher receives no external financial support, collaboration, or sponsorship.
- When the research project is concluded your interview data, and any transcripts will be deleted.
- No persons other than the researcher and his direct academic supervisors will have access to the anonymised transcripts of your interviews.
- Your transcribed data will not be shared with any other research team, university or third party of any type.
- Your responses will be used in the current study only. However, the findings of the study will be published in academic journals articles that are often referenced and discussed widely within academia and beyond.
- At no point will you be pressed unduly to elicit a response.
- You are free to decline to answer any question as you feel fit without any obligation to explain why.
- The researcher reserves the right to terminate any call that is deemed threatening, abusive or the caller believed to be intoxicated by way of alcohol or any other substance.
- For everyone's protection and reassurance, I am ethically and legally obligated to inform all participants of the following:
- Reports of past and present involvement with drug use and most criminal acts will not be reported to the police or any third party whatsoever. I can assure you of confidentiality in respect to this.
- Yet, I must inform you that should you give a report that indicates your involvement (or details of others) in the committing/planning terrorism, money laundering or current/past involvement in the perpetration of abuse or neglect of a child the information you provide will be reported to the relevant authorities. I have a responsibility to do this by law and will do so if I have very little (if any) information to pass on.
- If you report being a victim of a criminal act, including historical childhood abuse, the researcher will respect that this a matter for you to consider. However, he will provide you with the details of support agencies who can provide advice and guidance.
- Do you understand the nature of the study and what participation entails?

- Are you able to give informed consent?
- Do you agree to take part?
- Do you agree for your interview to be recorded?

### **Appendix 3: Recorded Telephone Message**

- ‘Thank you for calling the confidential rural cannabis study line. You can use this number to speak to the researcher directly between 6pm and 8pm weekdays, 9am- 6pm Saturdays and 10am – 4pm’ Sundays. The researcher will answer any queries, fully inform you of what participation entails and arrange a time for your interview if it cannot be done straight away.
- Alternatively, you can leave a message or send a text giving a ‘safe’ time when we can call you or text you back.
- Due to reasons of confidentiality and data protection please use an alias when leaving messages (either by voicemail or text).
- The researcher aims to make contact within 24 hours of your message being left using the alias you provided in your message.
- If you choose not to take part your number will be deleted immediately, no record of it will be kept.
- Once again, many thanks for your interest in this study.
- Please visit Facebook page Rural Area Cannabis Use Study Adults Over 40 if you have not done so for further details of this study.

### **Appendix 4: Interview Introductory Statement**

- ‘Please confirm that you have been provided with enough information and the researcher has answered any queries you may have regarding involvement in this study.
- You have been advised that a copy of the informed consent document and interview schedule is available for review online and you have been permitted the opportunity to review the document.
- If you have not reviewed the informed consent document and interview schedule, you confirm that the researcher has gone through this with you’. You also confirm that there is no reason that you cannot legally give consent to take part such as the need for you to consult an appropriate adult or case manager’.
- You also understand the limitations of confidentiality and have no further questions regarding this.



## Appendix 5: Debrief Statement

- I am pleased to tell you that your interview is now complete.
- Is there anything you would like to add?
- Are you still happy to have taken part?
- Are you still happy for your responses to be included?
- You can withdraw at any point in the next six months, please contact the researcher if you wish to withdraw.
- The contact details will remain on the Facebook page for the next 6 months.
- Do you wish to hear the details of the University, or how to go about raising an ethical concern you may have followed your participation in this research?
- YES/NO
- If yes:
- Please contact the University of Suffolk Post Graduate School on 01473-338000 or by emailing [graduteschool@uos.ac.uk](mailto:graduteschool@uos.ac.uk)

**The postal address of the University is as follows:**

**Post Graduate School  
University of Suffolk  
Long Street  
Ipswich  
IP1 8AH**

- Do you wish to hear details of support services?
- YES/NO
- If no:
- Many thanks for taking part, your time, honesty, and contributions to my research are greatly appreciated.
- Goodbye.
- If yes:
- Which general type of service(s) are you interested in accessing?
- Cannabis Cessation
- If you wish to explore addressing your use of cannabis you can contact Turning Point on 0300 123 0872 who will be pleased to offer further advice and guidance.

- Alternatively, you can refer yourself online to Turning Point by visiting [www.wellbeing.turning-point.co.uk](http://www.wellbeing.turning-point.co.uk).
- Due to reasons of confidentiality the researcher cannot contact Turning Point on your behalf.
- Mental and Physical Health
- If you would like help to address a medical condition or mental health concern, you can access support via your GP surgery.
- Alternatively, you can contact Mind on 0300 123 3393
- Emotional Crisis.
- If you feel in crisis at any time, you can contact the Samaritans on 116 123
- If you would like support to address issues experienced in childhood, you can contact Survivors in Transition 07765 052282 or email [support@survivorsintransition.co.uk](mailto:support@survivorsintransition.co.uk)
- Drugs Education and Harm Reduction
- You can access impartial information on cannabis and other drugs from [www.talktofrank.com](http://www.talktofrank.com) or by calling 0300 123 6600
- Would you like to hear any of these details again?
- You can find these details on the study information page.
- You can call back at any time; the researcher will be happy to repeat these details again.
- I wish you well and thank you for your time, honesty, and contribution to my research it is greatly appreciated.
- Goodbye.