

# **Social Exclusion – A holistic approach to understanding adolescent drug use.**

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## **Introduction**

Illicit drug use<sup>1</sup>, for many years part of the social agenda of many countries, is now firmly on the political agenda as never before (Plant and Plant, 1999). This has resulted from the significant rise in the levels of drug use and the problems associated with this behaviour. Illicit drug use among young people has risen steadily over the past 30 years in the UK and beyond (Miller and Plant, 2001). Illegal drugs now account for 8 per cent of global trade and represents the third largest industry in the world after oil and arms. Young (2002) estimates the illicit drug trade has an annual turnover of 100 billion dollars, making it the world's largest rogue industry against which few effective levers or sanctions exist. Trends in illicit drug use have changed in recent years as the number of people using drugs rose steadily throughout the twentieth century particularly amongst young people in the last two decades (Measham et al, 1998; Hibbell et al, 1997). The literature has traditionally focused upon the cause of drug use behaviour from the perspective of the individual, examining factors such as: family life, school life, friendship networks and the areas in which they live. This paper looks beyond these individual factors through an examination of the value of the social exclusion discourse which offers a more holistic approach to our understanding of adolescent drug use behaviours. Such an approach provides the opportunity to understand adolescent drug use from a perspective that presents a more all-encompassing view of the lives of drug-using young people. In doing so, it also provides insights for the design and development of drug prevention programmes.

## *Why do Young People Take Drugs?*

Many explanations have been offered to explain why young people misuse drugs. These include the personality of the individual, adolescent desire for experimentation, peer group pressure, poor social interaction, lack of self-esteem, a desire to escape reality, boredom and, the availability and marketing of drugs, but no single

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<sup>1</sup>See the appendix for the definition of this and some other terms.

cause for the misuse of drugs has been identified (DHSS, 1996). The vast majority of adult drug users and addicts began using drugs when they were young. A plethora of studies has identified a range of risk and protective factors that assist our understanding of adolescent drug use. These factors fall within the sphere of the three primary socialisation factors of family, school, and peers (Oetting et al, 1998a). To these can be added secondary socialization factors such as the area in which young people live and leisure activities that act as a mediating influence to primary socialization factors (Oetting and Donnemeyer 1998b).

Certain family characteristics are associated with an increased risk of drug use. These include family size (i.e. large families), broken homes, and teenage parenting (Rutter et al, 1998). Large families increase the chances of living in poverty and being socially disadvantaged, which can lead to inadequate parental discipline and supervision or monitoring of their behaviour. Schulenberg *et al* (1994) found that young people who performed well at school were less likely to be involved with drugs after they left school. A number of studies have highlighted an association or trend between drug taking and young people disaffected with school particularly those who truant or find themselves excluded from school (Lloyd, 1998). For example, Flood-Page et al (2000) (from their analysis of the 1998/99 Lifestyles Survey) noted that young people who truant from school tended to show significantly higher levels of drug use than those attending school.

Kandel (1985) argues that peers are especially important for the initiation into drug use. She postulates that a peer-influence model within adolescent peer groups provides important antecedents of drug use behaviours. Key processes of peer influence include: friends modeling drug use, friends making drugs immediately available, and peers creating norms and expectations that support or encourage alcohol and other drug use (Perry and Jessor, 1985). Longitudinal studies provide evidence supporting both peer use and peer encouragement to use drugs as antecedents of adolescents' use of alcohol and other drugs (Fisher and Bauman, 1988; Duncan et al, 1995; Hawkins et al, 1995; Reifman et al, 1997; Warheit et al, 1998; Asetine 1995).

The British Crime Survey has consistently shown that drug use is higher in the regions of London, the North, and the South East of England, than in the Midlands, Anglia or Wales (Ramsay and Partridge 1999). In Scotland, Lothian and Central regions there were relatively high levels of drug use while Dumfries and the Borders had relatively low levels (Hammersley and Anderson 1994). Within the Four Cities

Survey (Leitner, Shapland & Wiles 1993) differences in drug use prevalence were also detected between the individual cities surveyed. Parker and his colleagues (1987) found that people reporting to drug agencies in the Wirral were more likely to live in areas of high deprivation. Similarly, Esmail and colleagues (1997) found that the area distribution of volatile substance abuse (VSA) deaths was closely linked to area levels of deprivation. In contrast, less problematic forms of drug use tend to be highest in more affluent areas (Ramsay & Percy, 1996; Ramsay & Spiller, 1997; Ramsay and Partridge 1999).

## **Social deprivation and drug use**

Many criminological models take as read the link between low socioeconomic status or low social status and criminal behaviour based on official statistics (Tierney 1996). South (1997) referred to this as a 'hypothesized' link that was examined in a number of studies carried out in the 1980s. For example, Peck and Plant (1986) noted that between 1970 and 1984 there were significant and positive correlations between average annual unemployment statistics, cautions, and convictions for drug offences, and notifications of users in treatment. In the North of England during this period Pearson and his colleagues (1986) found that areas with a high concentration of drug use frequently exhibited very high rates of unemployment, single-parent families, limited mobility, and other indices of social disadvantage. Following this Pearson (1987) found that multiple deprivation and illicit drug use may be mutually reinforcing in an area that is already socially deprived, contributing to the downward spiral of the social and economic reputation of the area.

Leitner et al (1993) suggest the correlation between drug use and high rates of deprivation may be an inverse relationship: areas with high indices of deprivation have low rates of drug use. However, they also note that there are socially advantageous middle-class neighbourhoods with high rates of drug use. This may be explained by the level of availability where supply and distribution systems are well-developed in an area, social and economic factors may have diminished significance in predicting the onset and development of drug use. An example of this is the high levels of recreational drug use associated with the dance-rave scene. Auld et al (1986) argue that there is a need to understand the socio-economic context when examining the causal relationship between drug addiction and crime. Auld and his colleagues argue that mass unemployment and low state benefits in the 1980s left young people unable to fully satisfy their basic needs. This led to involvement in what they call the petty criminal 'irregular' economy which resulted in them coming into

contact with the heroin market either as a consumer or supplier. This parallel development of drug careers, Sneddon suggests, might indicate that both are particular expressions or symptoms of broader delinquent behaviour caused by other social factors such as family circumstances. The work of Hammersley and colleagues (1989; 1990) supports this contention from their research in Glasgow. One of the significant elements of their work was a focus on cannabis and heroin. They argue that the behaviour of both groups of users are examined more fully as symptoms of delinquency which they argue has its roots in the social and personal background of users. Sneddon (2000) argues such findings support a broader socioeconomic context including subcultures and lifestyles that influence young people. From his theoretical analysis of the drug-crime link, Sneddon argues that the current UK policy that puts the emphasis on tackling the growing drug problem by increasing access to treatment will produce limited success. He states that, "an emphasis on tackling social exclusion may be more fruitful" (p.95), through recognising what he claims are the links between social exclusion and drug problems. Such an approach Sneddon argues would form the basis of a more promising policy in dealing with the problem of drug use. More recently Young (2002) argued for such an approach rather more strongly. She asserts that the war on drugs has failed in the UK because the drugs problem is segmented into legal and medical components, and then offered one-off solutions to each. Young goes on to argue that "the key issue is not the availability of drugs but rather the problematic drug use caused by social exclusion" (p.viii). She claims that any credible solutions to the UK drug problem need to address these causes to have any chance of success.

## **The impact of social exclusion on young people**

Social exclusion encompasses deprivation in a number of spheres including low income; insecurity of employment; lack of access to health care; lack of social networks; and inability to gain access to judicial fora such as the legislative system. The encapsulation of the multifaceted character of social deprivation, especially its institutional and cultural aspects, is one of the main strengths of social exclusion as a concept. The concept also suggests the way in which these levels of deprivation interlock as economic, spatial, cultural and psychological factors reinforce each other in causing poverty and make it difficult to escape a life on the margins of society.

Economic factors are partly the cause of social exclusion. There is an abundance of evidence to show an increase in inequality and multiple deprivation in the UK over recent years which can enhance the impact

of social exclusion on the lives of those at the lower end of the social and economic spectrum. In the UK this has been demonstrated over a range of measures which includes household incomes and expenditures (Hill, 1995; Goodmand and Webb, 1994); employment and unemployment (Michie and Grieve Smith, 1994; Symes, 1995; Meadows, 1996); health (Townsend and Davidson, 1988; Quick and Wilkinson, 1991); and education (Ofsted, 1993; Smith and Noble, 1995). The spatial dimension to social exclusion can be seen in the problems of inner cities which have long been well documented (Harrison, 1983, Robson, 1988; MacGregor and Pimlott, 1991). Similar developments were seen in peripheral housing estates, first under local authority control (Power and Tunstall, 1991) but then, with changes in the ownership of social housing, increasingly in housing association estates. A variety of social, economic and political processes interact to produce 'poor' areas and 'rich' areas. The uneven impact of economic and social change on groups and localities (Forrest and Gordon, 1993; Lee et al, 1995a; Phio, 1995) has exacerbated this tendency, again creating the conditions under which social exclusion prospers.

The economic downturn across the UK during the 1980s and early 1990s increased the level of poverty which led to greater segregation, resulting in a growth in the concentration of poverty. Although not all poor people live in poor areas, there has been an increase in the proportion of poor neighbourhoods in poor localities. This concentration can be associated with three key indicators of social exclusion: access to the labour market; access to the housing market; and dependence upon benefits (Vranken, 1995). For Buchanan and Young (2000a) the structure of the benefits system puts obstacles in the way of recipients moving into employment and therefore reinforces exclusion.

When the Labour Government came to office in 1997 it developed a programme to target social exclusion among young people. The policy document *Opportunity for All* (DSS, 1999) raised the government's concern about what was seen as a 'cycle of deprivation'. This phrase was used to describe the process whereby social and economic disadvantage is passed on in families, demonstrating the transmission of negative factors within the family, such as poverty and social deprivation which can be passed from one generation to the next, just as wealth can.

Social exclusion is generally identified among adults who are excluded from employment, housing, health care and so on. However according to Jones (2002), young people are to some extent excluded from

aspects of the wider (adult) society. This includes being marginalised as an age group; young people are also a heterogeneous group; and people who are of the same age may be at different stages in their transition to adulthood, and suffer social exclusion in different forms and to different degrees. Young people identified as excluded and in need of support may include those who have turned to drugs, alcohol or crime.

Plant and Plant in 1999 claimed that the contribution social exclusion makes towards the use of illegal drugs has now received acknowledgement from a UK government for the first time. This enabled the official focusing of attention on those young people most susceptible to drug use - those in a 'high risk' situation. For example, among factors cited in *Tackling Drugs to Build a Better Britain: The Government's Ten-Year Strategy For Tackling Drug Misuse* as pertinent to younger teens are those of 'the break-up of the family, and initiation into criminal activity' (President of the Council, 1998). Governmental recognition of this fact echoes concerns raised that the young people most in need of drug education ('high risk' groups) may be already excluded truants from secondary school, where the majority of drug education is presently concentrated (Botvin et al, 1995; Hurry and Lloyd, 1997).

## **Social Exclusion and Drug Use**

Work gives people the opportunity to meet their needs, to satisfy their wants and offer personal identity and social status within a network of relationships (Warr, 1987). Denied this opportunity most problematic drug users become part of an elaborate and well developed alternative economy involving petty crime and minor drug dealing. As a result of the existence of poverty and deprivation for almost two decades, this alternative economy has become a major source of income and exchange of goods within deprived communities where a culture of drug use finds a more acceptable base. The sale and purchase of stolen goods is the only way that many problem drug users are able to take part in the trappings of an affluent society. Buchanan and Young (2000a) argue that far from being lazy or workshy, problematic drug users work surprisingly hard to secure their daily supply of drugs.

Buchanan and Young (2000a) studied the lifestyles of young problem drug users in the 1980s. They noted that as a result of the unfavourable economic climate and a hostile environment many young people in the early to mid-1980s turned to heroin. These young people lived on Merseyside which experienced epidemic proportions of problematic drug misuse during this period. Having rejected wider

societal norms and values, these young people preferred a life of welfare, benefits, criminal activity and anti-social behaviour, a lifestyle that left them socially excluded. Many of them were victims of the Thatcherite economic revolution of the 1980s, who, through economic and social necessity, developed alternative survival strategies (Buchanan and Young 200a).

Some experts in the drug field have spoken about the ten-year drug mis-use 'career-cycle' - after which time drug misusers grow out of a drug centred existence and return to 'mainstream' society (South, 1997). In the 1960s it might have been possible for drug users to return to previous occupations, interests or lifestyles. However, the drug misusers involved in the research of Parker and his colleagues (1987;1995; 1998), and reported by Buchanan and Young, generally had no previous legitimate work experience to return to, and few if any, options were available to them. Faced with these circumstances it is difficult to see how drug misusers can gain access to mainstream opportunities as many possess no education or vocational qualifications.

Education is a key factor for enabling individuals to access a wide range of opportunities. Significantly, 47 per cent of those participating in the research undertaken by Buchanan and Young did not continue their education beyond the age of fifteen. This suggests that for the sample of young people in Buchanan and Young's study, the process of social exclusion began before they started using drugs. For them exclusion continued into employment as 14 per cent of the sample never had a job, and 54 per cent had been unemployed for more than five years. These findings indicate a strong relationship between a negative education experience, limited educational achievement, a lack of job opportunities, longterm unemployment, poverty and problematic drug use.

Once a drug-using identity is ascribed, a process of stigmatization, marginalization and exclusion is initiated by wider society. This is legitimized by government policy that portrays drug users as an 'enemy within' and wages a 'war on drugs'. This sadly often results on a war on drug users. The distinct position and outlook of problem drug users who regularly use opiates was highlighted in a research report by Demos (1997). This report stated they are generally more isolated than young non-drug users as they lack close friends, have a distrust of authority figures and have feelings of stigmatization and they appear to have a less confident and more fatalistic outlook than others. These factors reflect the marginalization and social exclusion experienced by many drug users. Whilst the numbers of the socially

excluded grow, the structures that exist to re-integrate them into society are being weakened (Buchanan and Young, 2000a). For many young people long-term drug use may be a response to social exclusion rather than the reason for it, as the process of social exclusion began prior to taking illegal drugs,

A social exclusion approach to understanding drug use which stresses the dynamic, multidimensional and processual nature of phenomena, provided the framework for conducting the study undertaken by Buchanan and Young. Furthermore, the social exclusion focus on the institutional mechanisms expelling individuals, households and communities from society encouraged the location of the problem drug-use phenomenon because of structural, rather than individual pathology. In an analysis of both policies and indicators of spatialised social exclusion of 'critical mass' (Fischer, 1980), large populations of similarly situated individuals generated a set of social conditions over and above the sum total of individual deprivation.

In such settings, O'Gorman (2000) argues that individual drug-using careers were seen to develop in a more dysfunctional way, with the ensuring local prevalence of problem drug use further exacerbating conditions for all residents and resulting in a powerful, mutually reinforcing, dynamic of the social exclusion-problem drug use phenomenon. Buchanan and Young (2000b) felt that a significant finding from their study was that, regardless of individual motivation to achieve change and move away from drug-centred lifestyle, young people described a process of stigmatization, marginalization and social exclusion. Recovery from this situation can take many years, with relapse occurring frequently (Buchan and Young 2000a). They found that once the 'control phase' has been reached, recovering drug users who seek social reintegration were frequently prevented from gaining access to non-drug-using social networks and were subtly denied opportunities that are available to others, such as voluntary work, educational courses, employment and housing.

This is particularly important as Buchanan and Young (2000c) argue that once a problem drug user becomes stable or drug-free, they need quickly to establish new routines and relationships that are not centred upon illicit drug taking. However, integration of recovering drug users into mainstream community life is not helped by government rhetoric that presents drug users as a serious threat to families and communities. According to Buchanan and Young this reinforces isolation and discrimination towards people who develop illicit drug problems, and tends to ghettoize them within drug sub-cultures with few exit routes into mainstream society. This harsh and



dehumanizing experience undermines their ability to form relationships with non-drug users, and tends to reinforce social isolation and subsequent dislocation. In the 'normal' world, from which they have been excluded, many feel vulnerable and lack confidence, and a drug-centred lifestyle is all that is on offer.

Denied opportunities and having experienced poverty and deprivation for most or all of their life, many problematic drug users have become part of a well-developed alternative informal economy involving petty crime, usually shoplifting and drug taking which becomes difficult to break away from (Bennet, 1998). The social and economic disadvantage endured by many unskilled young people on Merseyside, like those in New York three decades earlier, has, Buchanan and Young argue, forced many into a career of drug use. They find a drug-centred lifestyle is an alternative to a monotonous empty and largely meaningless existence. It is difficult to accept Pebble & Casey's (1969) interpretation of this behaviour as 'revenge on society' when the excluded and economically unwanted face the daunting prospect of growing up in a hostile individualistic society that promotes free enterprise and innovation. But the emergence of a drug sub-culture could be interpreted as an unconscious but direct alternative to long-term unemployment. Once in this lifestyle their limited chances of employment are even more diminished as they become increasingly socially isolated. It is then difficult to find avenues back into mainstream society with few agencies, established to assist problem drug users in the difficult process of social reintegration (Buchanan and Young, 2000c). The research carried out by Buchanan and Young indicates that many problem drug users on Merseyside felt socially stranded, largely forgotten, with little hope. This resulted in stigmatization, marginalization that made it very difficult to get beyond what they have referred to as the *Wall of Exclusion*.

## **Concluding Remarks**

This paper presents evidence for the existence of a causal relationship between social exclusion and drug use, particularly problem drug use. The development and operationalization of the concept of social exclusion has provided an opportunity to take a more holistic approach to our understanding of problem drug use. This has been epitomised by research examining the lifestyles of problem drug users who not only find themselves exhibiting many of the characteristics of social exclusion, but part of a subculture from which it becomes increasingly difficult to escape.

The existing evidence on drug use has pointed to a number of

individual factors (i.e. family, school, friends, neighbourhood) to explain such behaviour. A general theme running through these explanations is the social and/or economic deprivation that often incorporates more than one factor. The application of social exclusion has offered a more holistic approach to our understanding of drug use behaviours particularly amongst young people. This approach suggests that a more all-encompassing approach to understanding drug use than one focusing on individual factors may offer both academics and policy makers more insight on how to address drug use and its associated problems.

Studies of problem drug users since the 1980s, beginning with the work of Howard Parker in the *North of England Longitudinal Study* have developed a profile of dependent drug users in the UK that correlates strongly with the socially excluded who are increasingly facing socio-economic inequalities. This study and the work of Buchanan and Young have shown that these young problem drug users who have developed a dependency on drug use exhibit many of the factors associated with social exclusion. As a result these young people have difficulty finding employment which allied to a life of social and economic deprivation has resulted in them turning to 'alternative' lifestyle of drug abuse funded by involvement in acquisitive crime. Following such a lifestyle creates difficulties for those who wish to become part of mainstream society as it further increases the possibility of becoming involved in more serious criminal activities.

The research cited in this paper provides important insights into drug use, particularly amongst young people, suggesting that an approach to drug prevention strategies should consider involving a more holistic examination of problem drug users. Such an approach should include an examination of the influence of structural factors in their life and the opportunities that are 'genuinely' available to them. Where positive opportunities such as employment or employment training are not available then drugs prevention programmes must consider this. Doing so can make former drug users more marketable to potential employers. For many of those not directly involved in drug prevention this may seem a more extreme approach but clearly a necessary one for the young people concerned. In conclusion, the evidence presented in this paper suggests that for the government to meet its stated aim of reducing illicit drug use, an approach involving an holistic approach to problem drug use as advocated by an approach founded on the concept of social exclusion offers an additional 'weapon' in the war on drugs, if not an alternative one.

**Appendix**

1) **Drugs:** Category A B and C drugs cited in Misuse of Drugs Act 1971

<b>Legal Status: Class A</b>	<b>Class B</b>	<b>Class C</b>
Cannabis oil		Amphetamines
	Mild amphetamines	
Cocaine	Barbiturates	Anabolic steroids
Crack Cocaine	Cannabis (in resine or herbal form)	
Ecstasy	Codeine	Minor tranquilizers
Heroin		
LSD		
<b>Methodone</b>		
Processed magic Mushrooms		

2) **Substance:** Drugs cited in Misuse of Drugs Act 1971, and tobacco and alcohol

3) **Drug use:** use of any drug cited in Misuse of Drugs Act 1971

4) **Drug misuse:** Use of drugs cited in Misuse of Drugs Act 1971 plus frequent use of alcohol and/or tobacco

5) **Illicit drug use:** use of any drugs contained in Misuse of Drugs Act 1971

6) **Problematic drug user:** Regular use of drugs cited in Misuse of Drugs Act 1971 (i.e. at least once per week)

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