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Normalisation, Youth Transitions and Austerity

Introduction

This current volume represents a timely and interesting assessment of the concept of normalisation in respect of drug use over twenty years after the original thesis was conceived (Measham *et al* 1994; Parker *et al* 1995; Parker *et al* 1998). Following the development of the thesis a number of researchers offered critiques of the idea (Shiner and Newburn 1997; Ramsay and Partridge 1999; Wibberley and Price 2000) or argued for more nuanced, or 'differentiated' understandings of normalisation (Shildrick 2002). The original thesis was not only a new conceptualisation of changing patterns of youthful drug use, but was also posited as a 'barometer of social change' (Parker *et al* 1998) and given the pace and scale of social change over the last twenty years, this is perhaps a good time to re-assess the continued value and relevance of the thesis. This short piece argues firstly, for the importance of the concept of transition as an integral way of understanding the various complex elements of drug normalisation. The concept of transition – which has been both widely used and critiqued in the field of youth studies - offers a useful way of helping us to think critically about the ways in which we try to understand both individual drug using (and wider aspects of young people's) biographies. It also allows us to take account of wider social change, and importantly, the relationship between the two. Secondly, in this short piece I argue that in a context of increasing inequality and austerity in the UK, it is important for the normalisation thesis to continue to pay ever more close attention to questions of economic and class inequality.

Biography and youth (drug) transitions

When the normalisation thesis was first proposed it was as much a commentary on young people and their transitions to adulthood and wider processes of social change, as it was on their patterns of drug use. As such, the concept of transition was always an important element of the normalisation thesis, albeit somewhat secondary in focus. As well as linking patterns of drug use to young people's leisure transitions, the original thesis linked drug-using behaviours to transitions in education, family and housing

(Aldridge *et al* 2011). In the past, with colleagues, I have argued that youth transitions need to be understood as dynamic and complex but also that it is most valuable if we can try to understand youth transitions holistically (MacDonald *et al* 2001; Shildrick 2006). A holistic perspective on youth transitions is important because it allows us to better understand how different elements of youth transitions intertwine and impact on each other. For example, it is possible to explore the ways in which health, employment, or income transitions, impact on drug consumption and vice versa. Research has shown that biographies – particularly but not only – in the youth phase, are dynamic and can take many unpredictable twists and turns. An example of how these operate in everyday lives and biographies is highlighted in the paper by Green in this special edition, that illustrates how health related concerns or experiences can be instrumental in provoking desistance or altering patterns of drug consumption (2016). A more holistic understanding of transitions, in this case health transitions, allows for a broader and deeper exploration of how wider experiences of ill health – either their own or others – can impact on young people’s engagement with drugs (MacDonald and Shildrick 2013) and in particular, the ways in which periods of ill health and / or bereavement of close relatives can prompt both recidivism and desistance in not just problematic drug users (*Ibid*) but also recreational users.

Related to the importance of youth transitions in trying to understand the complexity of processes of normalisation is the issue of intergenerational change. The paper by Williams’ raises the important question of how the young people who were part of the *normalisation generation* have matured and whether more extensive drug usage patterns have been sustained into middle age (2016). Williams offers some important evidence in respect of this question, arguing that as the *normalisation generation* have aged some have taken their drug using behaviours with them to some degree, although others, perhaps predictably have aged out of the behaviours. Williams rightly argues that the particulars of how and why these drug-using journeys have evolved are important ones that need more research. Of particular interest here would be the ways in which wider transitional experiences have interwoven with the particulars of changing drug journeys. Mapping intra- generational as well as inter-generational differences would seem to be one of the key challenges facing the normalisation concept in the contemporary period.

Williams' paper also draws attention to the importance of looking at life-course transitions over the longer term. The changing history of particular places plays an important role in the ways in which drug using opportunities play out both within and across generations. This is particularly important in respect of the emergence of drug markets in particular places, at particular times and the implications of these for the life chances and opportunities of individuals and families. In research conducted with colleagues in deprived areas in Glasgow and in Teesside, we found the particular drug markets in each place had a significant impact on the life chances and biographies of our interviewees, both across different generations and across the different research locales (Shildrick *et al* 2012). Young people in Glasgow were much more likely to have been raised in families where parents had significant and long-term histories of problematic drug use (and all of the associated problems) than those in Teesside, a fact that, at least in part, can be explained by the differing histories of drug markets (and in particular, heroin markets) in each place.

Austerity, inequality and social class

Parker *et al* linked their normalisation theory to wider social changes when they argued that 'social changes represented within some elements of contemporary social theory (*post-modernity*), are crucial to understanding how the nature of being an adolescent in Western Europe is changing and why drug use is becoming a feature of modern leisure and consumption' (Parker *et al* 1998 22). Drawing upon the general trend that around half of young people had, at the time, tried an illicit drug, Parker *et al* suggested that the 1990s were remarkable because:

Most adolescent drug users merely fit their leisure in to busy lives and then, in turn, fit their drug use in to their leisure and 'time out' to compete alongside of sport, holidays, romance, shopping, nights out, drinking and most importantly of all having a laugh with friends (Parker *et al* 1998: 157).

As well as a theory about changing patterns of youth leisure this was also a sophisticated and ambitious attempt to marry up changing patterns of drug consumption with wider processes of social change, which even today probably too little social science

properly attempts to do. Given that such significant social changes have occurred since the 1990s, in particular the advent of the Great Recession, now probably is an opportune time not just to revisit the thesis itself, but also to think again about the relationship between the changing social context, wider patterns of drug consumption, and individuals' life histories. That drug using behaviour should remain differentiated by social class is perhaps no great surprise and the paper by O'Gorman in this special edition explores young people's patterns of drug use in high-risk environments and contexts of social exclusion (2016). In the current context the division between recreational and supposedly problematic drug use continues to be amplified and exacerbated. This is happening at a time when poverty and inequality are increasing, alongside of a rise in the volume of negative rhetoric and stigmatisation directed towards those experiencing poverty. In countries such as the UK, that have followed an aggressive neoliberal agenda for the last thirty years or so, this has resulted in a retreat from the social contract that characterised the post-war period and an accompanying decline in the social safety net and increasingly risks are being forced back on to individuals and families. It is frequently the most disadvantaged in society who have felt some of the most damaging effects of these developments. Furthermore, these general trends have been exacerbated by austerity measures and the forceful retraction of the welfare state, with young people in particular, being particularly badly affected. Yet, poverty, and other associated disadvantages are increasingly explained (away) by individual behaviours and problematic drug and alcohol use has a central place in these ever more animated and vitriolic debates. Problematic drug and alcohol use is not only identified as one of the key causes of poverty but increasingly drug and alcohol use by those in poverty is *only* understood as being problematic. The regular deployment of extreme and sometimes downright fantastical examples are drawn up on by those in political power (aided by a right-wing media) to depict life for those at the bottom as riven by prolific and problematic drug consumption (and drug selling) behaviours. Easily recalled sound bites – such as the 'shirker'/'striver' narrative – are regularly deployed to impose artificial but powerful division and distinction. Popular television programmes, such as the recent *Benefit Street* (and any number of other programmes in the same genre) play to these popular themes too, showing relatively unusual cases of problematic drug use (frequently accompanied by depictions of low level drug dealing) to further

stigmatise *all* people in receipt of welfare or experiencing poverty and disadvantage. Problematic drug and alcohol consumption remain largely problems attributed to the disadvantaged, with recreational consumption within these populations being almost totally invisible.

Final thoughts

In many ways, given the ambition of the original normalisation theory, it is of little surprise that it remains a popular anchoring point for those interested in young people and drug use. In this short commentary it has been suggested that more attention could usefully be devoted to the concept of transition and in particular the ways in which various aspects of youth transition interplay with patterns of drug consumption. In particular, attention might focus on the ways in which particular transitional experiences and/ or critical moments impact on patterns of drug use, as well as the ways in which patterns of drug use influence wider transitional experiences, provoking transitional changes or critical moments. It has also been suggested that it would be useful to further unpick the relationship between problematic and recreational drug use across differing social class groups and different places. There is certainly more room to think about the precise nature of recreational or unproblematic drug and alcohol consumption in poorer and more disadvantaged groups. As the stigmatisation and demonization of those experiencing poverty continues apace and more and more citizens see their incomes fall and are pushed into poverty, this is an issue that should become ever more difficult to ignore.

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