

Pains, pleasures and profits in the lives of drug users and drug dealers: an introduction

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When people talk of drug use, they tend to associate it with problems. They have good reasons for doing so. Taking drugs can cause physical and psychological harm as well as social problems. The drugs market is a magnet for crooks and racketeers.

None of the problems associated with drugs can be adequately understood without taking the illegal status of those substances into account. Although legally permitted substances can also cause harm (consider the serious physical and social consequences of heavy or chronic alcohol use), the illegality of drugs exacerbates the risks.

Governmental drug policies targeting the demand side of the market aim to prevent drug use by conducting universal campaigns to promote abstinence or treatment. In Europe, policies also increasingly seek to reduce drug-related harm, using interventions like drug substitution programmes (Hedrich et al., 2008). On the supply side of the market, the customs, police and justice systems try to curb the production and trade in illegal substances. Despite all such measures, we do not yet live in drug-free societies, either in Europe or in the rest of the world.

Research knowledge pertaining to drug use has greatly expanded in recent years (Muscat et al., 2009). We now know far more about effective treatment methods for long-term drug dependency. However, thanks to the methodological rigour of the evidence-based approach, we also know that many of the well-meaning drug prevention programmes conducted so far have had little or no effect, and that some have even been counterproductive (Cuijpers, 2002). Research conclusions on the efforts to control the supply side of drug markets seem equally discouraging for policymakers (Reuter & Trautmann, 2009).

To better understand the frequent failures to achieve drug policy goals, we need more clarity about the motives and mechanisms of both drug use and drug dealing. Much of the emphasis in social and political discourse, as well as in research publications, is on the *pains* that drug users may experience in the form of physical or psychological problems, social exclusion and marginalisation. Whilst we do not overlook these issues, the writers in this book also try to understand the *pleasures* that drug users are seeking from drugs, such as the positive psychoactive effects they feel, the positive meanings they attach to drugs and the interventions made to improve their quality of life. We also examine the *profits* that accrue from the drugs trade – not only the economic profits from drug dealing or production, but also the more intangible or social rewards obtained from such activities.

This book focuses on Europe. All the authors work in this part of the world, and all but one are involved in local, national or international research on drug use, drug users or drug dealers. Their research is not carried out in laboratories. Some of it is conducted in treatment facilities, but most takes place elsewhere – on the streets, in nightclubs, in private drug-dealing settings. They are social scientists from different disciplines – psychology, sociology, anthropology, criminology – but many of them have an interest in or are specifically oriented to qualitative research methods, including participant observation, informal conversations and in-depth interviews.

1 Drug prevention and the pleasure factor

Powerful advances in biomedical and neuropsychological research have delivered more and more information about the genetic aspects of drug use and addiction and about the actions of drugs on the brain (Muscat et al., 2009; Carter et al., 2009). These have led scientists to redefine drug addiction as a brain disorder, as well as to make some extremely optimistic predictions about novel pharmaceutical treatments. Concerns about ethical issues have also been voiced, such as those regarding the future preventive vaccination of individuals who are genetically predisposed to addiction (Carter et al., 2009).

It has not yet come to that. So far, drug prevention has targeted psychological and social risk factors. In a thought-provoking essay, the Swedish researcher in social work *Karlsson* points out that many research studies not only concentrate heavily on individual risk factors (thereby seemingly neglecting the role of the social environment) but also overemphasise the negative sides of taking drugs. He calls this a ‘deficit model’, that focuses one-sidedly on the problems that accompany drug use and the problems that arise from it. Interestingly, research on alcohol use has long distinguished between ‘coping motives’ and ‘enhance-

ment motives'. When used for coping, alcohol serves as a means to deal with problems; coping motives are therefore negative motives. If people are driven by coping motives, drinking alcohol heightens their risk of misuse and dependency and of exacerbating other problems. If they are guided by enhancement motives, they have positive reasons to drink, such as pleasure and conviviality. A comparable differential approach to the motives for substance use – which can also help to predict problem and non-problem use – has been applied to marijuana in recent years, yielding results strikingly similar to earlier empirical findings on alcohol (Lee et al., 2007; Simons et al., 2005). Against this theoretical and empirical backdrop, *Karlsson* urges that prevention efforts focus more attention on the effects and aspects of drug use that are perceived by users as agreeable. He predicts that current and potential drug users will feel they are taken more seriously if prevention workers acknowledge the pleasure factor. That should enhance the credibility, and hence the effectiveness, of youth drug prevention efforts. He illustrates his theoretical argument with examples from practice. These seem encouraging, but more research will be needed to see if the expectations stand up to the evidence.

2 Long-term dynamics in cocaine use

Cocaine is an unusual substance in that, unlike most other illicit drugs, it is taken both recreationally (and could thus be considered a party drug) and in circles of hard-drug users, who either inject it after dissolving powder cocaine in water or smoke it in the form of crack. It is particularly the latter group of users that have helped foster the image of cocaine as a strongly addictive drug. But sometimes one and the same drug can have different social meanings for different groups of users; the social meanings of the same drug may also radically alter over time (Fountain & Korf, 2007). These processes are lucidly described in a unique longitudinal study reported here by the Belgian criminologists *Decorte and Muys*. In 1996-1997, Decorte conducted in-depth interviews with a non-captive sample of 111 cocaine users (users not in penal or treatment institutions). Twelve years later, half of them could be interviewed again. They were found to have alternated between periods of abstinence and low, moderate or high levels of cocaine use. The keyword here is self-regulation. A number of factors were identified that kept the cocaine consumption of most users from escalating. These included their social networks and their commitments to work, having partners and eventually children, along with the monetary costs of intensive drug use. Over time, the overall trend was towards moderating consumption, and in many cases towards full abstinence. In itself, this does not come as a surprise, because general population studies have repeatedly shown that cocaine use, like that of many other drugs, is a transitory phase for many. In Europe, for example, 3.9% of people aged 15-64 report having taken cocaine at

some point in their lifetimes, but only 1.2% have done so in the past 12 months and 0.4% in the past month. Lifetime prevalence is highest in the 15-34 age category (5.6%), but in this group, too, the last-year (2.2%) and last-month (0.8%) prevalence rates are markedly lower (EMCDDA, 2009).

The study by *Decorte and Muys* now enriches this general picture with detailed insights into the longer-term dynamics of cocaine use – in relation not only to the drug-taking itself, but also to aspects that the users experience as negative or positive. Quantitatively speaking, the number of perceived benefits of cocaine use tends to diminish over time, declining more sharply than the number of perceived drawbacks. The gradually shifting balance at the collective level between material and immaterial costs and benefits is cogently illustrated here in the users' personal narratives. These indicate that there is seldom a clear tipping point, a specific event or intervention, but rather a process in which the pleasure derived from cocaine gradually loses out to the liabilities.

3 Opiate addiction and regulation

Three chapters of the book explore, from very different points of view, the population of drug users that is most heavily represented in European drug treatment programmes – heroin users (many of whom regularly take other substances, both legal and illegal). The Hungarian psychologist *Demetrovics* starts out by establishing that the occasional use of heroin or other opiate drugs is associated largely with positive experiences such as pleasure and euphoria, whereas longer-term use has negative associations – not least the mental and physical distress of withdrawal. So if persistence in taking heroin mainly serves the purpose of combating withdrawal symptoms – and hence of controlling pain rather than experiencing pleasure – then why do heroin users not give up the habit? *Demetrovics* seeks the explanation primarily in their intense emotions, such as fear, and in their inadequate abilities to cope with such emotions. The sedative, anxiolytic psychopharmacological effects of opiates compensate for their deficient internal regulation of emotions.

Juxtaposed to this psychological perspective are the personal experiences of *Farrell*, himself a former injecting drug user and now active for many years in harm reduction efforts. Without claiming to present a systematic analysis, he gives a probing account of the experiential world of injecting drug users and cocaine smokers. He highlights features of this world that he believes remain largely hidden from addiction services (as well as from many drug researchers) and he cites a number of reasons why drug users are reluctant to provide information to professionals. These include stigma, shame, distrust and a lack of safe settings in which to disclose their behaviour. Though one might be tempted to

accuse the author of holding a grudge against drug services because of his own experiences with them (which may also be over influenced by a period in the USA), that would not be fair. His account does not lack critical detachment, nor is there any sign that he is romanticising drug use. The power of his essay lies above all in what anthropologists would call its emic perspective, which gives an 'inside view' of the behaviours and beliefs of people of flesh and blood. This contrasts with an etic approach, whereby the researcher assumes the role of an outside observer who remains as neutral as possible (Headland et al., 1990).

The Danish sociologist *Houborg* assumes a more or less intermediate position between those two poles. Though remaining an observant outsider, his focus is on the force field between the drug users' desire for pleasure and autonomy and the drug services' impulse to regulate and discipline their clients. In combination with a critical theoretical exposition, he describes and analyses the experiences of drug users and staff during an experiment in a Copenhagen methadone clinic that tried to allow clients more self-determination as to where, when and in what amounts they would take their methadone. That gave the clients more leeway to experience the 'pleasures of intoxication' with methadone. The Danish experiment is now defunct, but the tension between discipline and pleasure still persists in the drug services.

4 The meaning of life

The success of drug treatment is often assessed in terms of abstinence and relapse prevention, or else in terms of a reduction of drug use. Yet the interest in harm reduction interventions has intensified, not least due to the spread of HIV and AIDS, in particular amongst injecting drug users. Common harm reduction approaches are needle exchange programmes and opioid substitution treatment (using methadone, buprenorphine or, on a limited scale, medically prescribed heroin; Hedrich et al., 2008). The physical health of the drug users is a focal point in all these interventions. But that is not the whole story. There are also interventions in Europe that concern themselves, sometimes primarily, with psychological and social aspects in the lives of drug users. This was certainly a relevant issue in the cases of the older, marginalised clients with long-term addictions studied by the Dutch researchers *Barendregt, van Straaten & Wits*. They were originally assessing the effectiveness of the care and support services to homeless people who had lengthy addiction careers, but what struck them in their interviews was the importance that the respondents attached to general life issues. An innovative feature of this essay is its focus on philosophical aspects in the lives of long-addicted individuals. Though at first sight they may seem to live from one day to the next and to have little future orientation, they actually long for what the researchers describe as 'a better life'. Many of these

socially excluded drug users would like to have a regular job, a home of their own and a family life, but most realise that those mainstream society goals are not within their reach. Theoretically inspired by the concept of *needs for meaning* advanced by the sociologist Baumeister (1991), the researchers identify four dimensions in the narratives of these drug-addicted individuals: purpose, value, efficacy and self-worth. Purpose is important for them in order to feel that, in their daily search for drugs, they are not exclusively caught up in the here and now and in the immediate, fleeting gratification of needs. Even if their future dreams of family life are far away, they look forward to a weekend visit from a supportive relative. The need for value manifests itself in a wish to do good and act morally, for instance by doing a voluntary job as a street sweeper. The need for efficacy involves their interaction with the people around them in trying to achieve their own aims. It means that their life is not being determined by drugs or by other drug users. To satisfy the need for self-worth, they tend to compare themselves to other people, both socially and morally. One way they do this is by avoiding contacts with other drug users who are not faring as well as themselves.

Barendregt, van Straaten & Wits do not deny how difficult it is for marginalised drug-dependent individuals to fulfil these four needs for meaning in life. One person may run into more obstacles than the other, but their common dilemma is the conflict between personal autonomy and care dependency, for in shaping their meaning in life, they require support from professionals. The same dilemma is prominent in *Houborg's* essay, albeit in a different perspective.

5 Drug dealing and drug control

The usual term for people that sell illicit drugs is *dealer*. But what is a dealer? Dealers can be categorised according to the type of drugs they sell or by the amounts they sell (e.g. lower-, middle- or upper-level drug dealers). Drug users often distinguish between 'real dealers' and 'not real dealers' (partly because informal sources such as peer networks often play a significant role in supplying drugs like cannabis to consumers; Werse, 2008). On the basis of field research in the dance party scene, the Dutch criminologist *Nabben* confirms that many drug users there do not usually view their drug suppliers as 'real dealers'. But he goes a step further to conclude that the process often involves no 'dealing' at all, but 'sharing'. In a legal sense, that conclusion may be debatable, but this does not make it any less relevant for law enforcement. The fact that the drug users do not see their suppliers as dealers is one thing that makes the control of party drugs so difficult. In order to identify dealers under a policy of zero tolerance, Dutch police have resorted to large-scale operations in nightlife venues, complete with sniffer dogs. To avoid the hassles of arrest without relinquishing

the pleasures of drugs, the drug users now devise strategies like hiding the drugs better or taking them before arrival at the venue.

Drug dealing is a lucrative business, made even more lucrative by the illegal status of the products. Hence, economic motives indisputably play a crucial role in global, European, national and regional drug markets. This also applies to the continually expanding market in Europe for domestically grown marijuana. Yet many small growers are also active in that segment of the European drugs market and, as the British criminologist *Potter* shows, they are not driven entirely by commercial motives. In fact, even for those who are seeking commercial profit, non-economic rewards often play a role too – for example, cultivating a plant that will provide pleasure to themselves and others after the harvest; taking pride in their horticultural skills; or feeling they are making a political statement against the criminalisation of cannabis and also against the involvement of organised crime in the large-scale cannabis trade. Growing marijuana may also boost their status within their peer group or subculture. *Potter* argues that marijuana cultivators are rational actors that weigh up the economic and non-economic profits and the pleasures against the pains of failed harvests and the risks of arrest and punishment. He also warns that if policymakers exclusively regard the criminal activities of marijuana cultivation as commercially driven ventures, that may accelerate the growth of this sector in Europe.

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Alternatives to the deficit model of adolescent drug use

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Abstract

In this theoretically oriented chapter, we argue for the need to consider alternatives to the pervasive, but not entirely satisfactory, 'deficit model' of adolescent drug use. A common idea in both scholarly and lay understandings is that adolescents use drugs because they lack something, such as self-esteem or skills to resist peer pressure. Pleasure motives or perceived benefits are typically left aside. Here it is conversely argued for the need for explanatory models that acknowledge the positive sides of drugs. If the positive sides are overlooked, the result will be a rather weak account of why people are attracted to certain types of behaviour such as drug use. Related to this, it is concluded that prevention would benefit from addressing pleasure. While it may be difficult to change positive beliefs, acknowledging the positive sides of drug use may be crucial for increasing adolescents' trust in other intervention components. However, it should also be stressed that not all drug use among adolescents can be explained by pleasure motives. For some adolescents, drugs are used not for pleasure, but in order to cope with personal and other problems.

1 Introduction

Drug use among adolescents has for a long time been the subject of much attention. There is a desire among researchers, policy makers and others to understand the causes and consequences of use. Information about the consequences gives an indication of the magnitude of the problems associated with adolescent drug use, while a proper understanding of the processes promoting use pinpoints factors that could be targeted through interventions. In particular, the processes promoting drug use have occupied a central position in research on adolescent drug use, and continue to do so.

Thus, the bulk of research has explored various factors promoting drug use among adolescents. In a review of this literature, Rhodes et al. (2003) concluded that most research has focused on risk factors at the individual level, typically of a 'deficit' kind (for a similar conclusion, see Karlsson, 2006). Most research is framed by an overall 'deficit model' of adolescent drug use.¹ Rhodes et al. (2003) concluded that little attention has been paid to the pleasures of drug use. Not only is the neglect of pleasure a defining feature of the drug field; indeed, it is typical of the alcohol field (Bergmark, 2004) as well as of the public health field at large (Coveney & Bunton, 2003). Somewhat curiously, while the impact of a host of 'pathologies' on adolescent drug use has been extensively explored, positive, motivational factors have only played a marginal role in the field. A similar understanding is evident among the general public. Activities such as drug use, which are seen as problematic, are often discussed in a way that silence pleasure as a valid motive. Instead, notions of pathology and compulsion are invoked to explain such an 'unreasonable' activity. Moreover, the more this is regarded as a problem, the more downplayed are the discourses of pleasure (O'Malley & Valverde, 2004).

This theoretically oriented chapter concerns alternatives to this dominant view. It will be argued that pleasure is a pivotal concept and that much drug use can be understood as the result of users' pleasure motives. It should be noted at the onset that the concept of pleasure is not an easy one to define (Moore, 2008), although it is usually understood as a positive emotional experience of some sort. The argument advanced is that if failing to consider pleasure motives, it is hard, if not impossible, to understand the phenomenon of adolescent drug use. Young people are attracted to drug use because they associate it with positive effects. Acknowledging this may also ultimately diminish the 'enduring estrangement' between researchers, policy makers and others on the one hand and drug users on the other (Duff, 2008, p. 391). The importance of including the perceived benefits is underlined by both general decision-making theories and by more specific decision-making theories of health-related behaviour (see e.g. Millstein & Halpern-Felsher, 2002). From this perspective, human behaviour is simply not intelligible if the perceived benefits of decision alternatives are overlooked. As will be shown, there is also a growing body of research demonstrating the importance of the perceived benefits or pleasure motives in the more specific context of adolescent drug use. This does not mean that pleasure motives apply to all users (e.g. coping motives may be the driving force for some young people), as discussed in the last section of this chapter.

The chapter begins by an outline of what is referred to here as the deficit model of adolescent drug use. Next, we introduce alternative perspectives in which

¹ Another label is the 'pathology paradigm' (see Moore, 2008).

concepts such as pleasure and perceived benefits play a central role, and continue by arguing for the importance of considering pleasure in drug prevention. The question of how pleasure motives may actually be targeted through preventive interventions has not received much attention. In addressing this issue, we discuss, amongst other things, recent media campaigns in Sweden which have acknowledged the fact that many young people use substances (both legal and illegal) because they think it is fun. Drug preventive interventions often have problems with credibility, and acknowledging the positive sides of drug use may be the key to increasing young people's trust in, for example, health advice. The last section highlights central conclusions that can be drawn and pinpoint avenues for further work.

2 The deficit model of adolescent drug use

Thirty years ago, Kandel (1980) concluded that 'most current drug research is atheoretical' and that the 'classic sociological theories of drug behaviour have given way to social-psychological frameworks in which the explanatory emphasis is on individual attributes...' (p. 250). A similar conclusion could be reached today. Much drug research is strongly empirical in nature, focusing on factors at the individual level. To be more specific, scholarly understandings tend to attribute the sources of adolescent drug use to various deficits or pathologies among the users. Examples include dysfunctional genes, poor academic performance, low self-control and low self-esteem (for reviews, see e.g. Hawkins et al., 1992; Rhodes et al., 2003).

Thus, it is commonly assumed that adolescents use substances because they lack something, an assumption that also permeates the prevention field. For instance, drug education typically targets personal deficits such as a lack of knowledge about risks, poor self-esteem and inadequate skills to resist peer pressure. To many, the strategy of providing risk information in drug prevention has an intuitive appeal. For example, when the first evaluation of 'The National Youth Anti-Drug Media Campaign' – the biggest anti-drug campaign ever in the US – was published and it revealed disappointing effects (Hornik et al., 2002), the preferred solution was to put even more emphasis on informing adolescents about the negative sides of drug use. This change, however, did not make the campaign more effective (Orwin et al., 2006).

The validity of this 'lack of information explanation' of adolescent drug use can be seriously challenged. For instance, recent qualitative studies (Rodham et al., 2006; Tilleczek & Hine, 2006) suggest that adolescents consider themselves well-informed about drug use and other risky behaviour. Participants in the Rodham et al. (2006) study claimed that it was more or less impossible to be

unaware of the risks of such behaviour. They used the phrase 'drummed into you' to accentuate the sheer amount of risk information that they had received at school. MacLean's research (2008) on young inhalant users also shows that a lack of risk awareness is not a major issue. The young people interviewed were highly aware of the fact that sniffing could result in death. In fact, the risk of death seemed to be part of the reason why they engaged in inhalant use. They were, however, very concerned about the effects that inhalant use might have on their health. MacLean (2008) contends that the health effects anticipated were much more 'terrifying even than outcomes described in the clinical literature' (p. 380).

Research by Karlsson (2006) also suggests that adolescents are aware of the risks associated with drug use. There was a clear tendency among the participants in this study to consider the risks to be old and well-known. Thus, although a lack of information may contribute to use among some adolescents, it seems unlikely that unawareness about risks is to be found on a large scale. The shortcomings of the information approach in the drug prevention area may thus instead be related to a general 'saturation' in young people's risk perceptions (cf. Karlsson, 2006). In other words, if adolescents are already aware of the risks, there will be little change potential in this particular domain. However, this does not necessarily mean that the risks are seen as great. Many adolescents probably think that the risks are smaller than they are usually portrayed. Young drug users rate governmental sources of drug information, for example, as lower in accuracy than more informal sources such as friends (Falck et al., 2004).

The deficit model also underpins the so-called social influence approach and competence enhancement approach to drug education. A central assumption of the former is that adolescents use substances because they succumb to the social influence of peers or other sources (Botvin, 2000). A main orientation is to train adolescents in skills that help them resist peer pressure. However, it has increasingly become evident that the importance of peer pressure has traditionally been overrated in the substance use field. This is down to a failure to take selection effects into account and because of a reliance on reports given by adolescents on their friends' use of substances (see e.g. Bauman & Ennett, 1996). Research shows that adolescents tend to choose as friends those who are similar to themselves ('birds of a feather flock together') and that they are likely to overrate the magnitude of their friends' drug use. For example, when researchers asked friends about their substance use habits instead of asking adolescents about their friends' use, the relationship between adolescents and their friends' substance use decreases appreciably (Kandel, 1996). This pattern is consistent with social-psychological research on 'social projection', which suggests that people tend to see their own behaviour in others (Prinstein & Wang, 2005). Recent longitudinal, qualitative work (McIntosh et al., 2006) provides

a rich description of how young people perceive peer pressure and drug use. Participants maintained that the role of peer pressure had declined and that the decision to use drugs had increasingly become one's own. Interestingly, 'most of the non-drug-using children in the study said that they felt able to keep the company of peers when they were using drugs without feeling uncomfortable or threatened in any way and without feeling they had to join in' (p. 280-281).

The competence enhancement approach goes beyond these more specific deficits to focus on broader personal and social shortcomings. The Swedish programme SET (Social and Emotional Training) is a case in point. SET attempts to enhance five main functions among young people: self-awareness, emotion management, empathy, motivation and social competence (Kimber et al., 2008). To do so, it includes exercises such as values clarification, conflict management, resistance skills training, cooperation, goal setting, and stress management. Not only is it assumed that improvements in these areas will result in better mental health, but also that adolescents' alcohol and drug use will decrease. Consequently, the SET programme assumes that poor social and emotional skills underpin adolescent drug use. Another example is the LST (Life Skills Training) programme, developed by Gilbert Botvin. Widely listed as an evidence-based drug prevention programme,² LST attempts to prevent substance use among adolescents through general personal and social skills training (see e.g. Botvin, 2000). Examples include decision-making skills, problem-solving skills, skills for increasing personal control and skills for resisting social influence. Hence, similar to other competence approaches, LST assumes that adolescent drug use stems from deficits in various skill domains.

It is obvious that much of the understanding of adolescent drug use is based on 'top-down' models. A brief review of the research literature suggests that relatively little attention has been paid to how adolescents themselves view drug use and what it means to them. Although there have been calls for more studies exploring how young people view drugs (see e.g. Leeming et al., 2002), most research continues to be conducted over their heads.

3 Alternative perspectives: pleasure and its equivalents

A main problem with the traditional understanding of adolescent drug use is that motivational factors, especially positive motivational factors, tend to be underemphasised. While, for instance, a great deal is known about psychological factors that may put certain adolescents at risk of drug use, far less attention

² It should be noted that serious methodological criticism has been directed at the evaluations made of the LST programme (see Gorman, 2002).