

# Perceptions, motives and trajectories associated with drug use in adolescents

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Before reaching the legal majority age of 18, most French youths have initiated use of alcohol, tobacco and cannabis, and some have already turned into regular users: one in three smokes tobacco every day and one adolescent in ten uses alcohol and/or cannabis at least ten times a month (Spilka et al., 2015). Adolescence is correlated to starting substance use. It may also lead to drug habits, which should be identified in the earliest possible stage (Beck, 2016).

Quantitative surveys finely measure levels of use for psychoactive substance. Yet, they do not take into account the contexts or trajectories of use. Besides, the majority of qualitative studies target adult users, often the most problematic (identified through the treatment system), and rarely younger people even though they are involved in a large range of drug use patterns (rare, occasional or regular; recreational or problem use). From this perspective, the ARAMIS study (Attitudes, perceptions, aspirations and motives surrounding the introduction to psychoactive substances) aims to explore the perceptions and motives for drug use among minors, and their trajectories for alcohol, tobacco, cannabis and/or other illicit drug use. This is the reason why the study encompassed a wide range of young people, reporting different types of use, so as to better understand their perception of harm and reasons for use. Assumedly substance use is embedded in an environment and context, and is associated with meaning or needs.

Why do adolescents get to use psychoactive substances? Why do some develop substance use habits while others manage to limit their use? In order to explore these fundamental questions, hardly documented in France aside from rare fragmentary or dated research<sup>1</sup>, a vast interview campaign was carried out between 2014 and 2017 among 200 minors with diverse social profiles, enhanced by direct observations (see methodological reference points). The sample includes the generation born between 1996 and 2002 (aged 13 to barely 18 years at the time of the survey), who grew up in the context of an economic crisis and endemic unemployment. Its distribution reflects social divisions among young people, the strongly internalised insecurity and relative defiance with regard to the future, which exist alongside the sponta-

*Attitudes, perceptions, aspirations and motives surrounding the introduction to psychoactive substances - Results of the ARAMIS qualitative survey (2014-2017)*



neous valuation of "consumer society" and basic knowledge of the market, movement of goods and unlimited access to information (notably via social networks) (Tiberj, 2017). The analysis should therefore be approached from the perspective of the multiplicity of living contexts, profiles and practices. This issue of *Tendances* offers an initial summary of the results of this undertaking, which opens up numerous lines of reflection, helpful for prevention strategies. The full results will be described in detail in a report due to be published in 2018, which will examine related issues such as the relationship with screen use and the perception of electronic cigarettes.

## ■ Different contexts of first use

### A significant biographical event

The interviews<sup>2</sup> showed that the minors who had never tried a psychoactive substance were a rarity, indicating the high availability of drugs in adolescence (see table on page 7). Biographical accounts routinely associate lifetime use (tobacco, alcohol, cannabis) with three contextual factors: school year (rather than age), place at which use was first introduced (differs somewhat according to the substances) and social circle (a decisive marker in this experience). A fourth factor is often mentioned: the experience of

1. For example: Aquatias, 1999; Beck et al., 2014; Chabrol et al., 2004; INSERM, 2014; Le Garrec, 2002; Reynaud-Maurupt, 2009. The question relating to motives for use, considered essential by the OFDT, has been the subject of several exploratory surveys, particularly in the context of the TREND scheme (Cadet-Tairou and Milhet, 2017; Reynaud-Maurupt et al., 2011).

2. Extracts from the longer and most significant interviews mention the interviewee's first name and age.

first substance use, characterised by the impression left by the substance (taste, odour, appearance) and the nature and duration of the effects experienced (from a physical and psychological perspective).

Young people enjoy describing "their first time": their accounts, often bombastic and almost scripted, are accompanied by tangible signs of emotion (laughter, shivering, blushing). These recollections, by definition based on recent experiences, comprise specific memories, rigorously dated, situated and detailed. The wealth of details indicate heightened curiosity and attention to "what it actually does": the psychoactive effects are both sought after and desired, but also feared and dreaded. The first impulse during first substance use is therefore to discover new sensations and "get the most out of the moment". Although the "actual" effects are sometimes immediately demystified, the impression of the excitement surrounding first use endures.

**Contrasting experiences depending on the substances**

Accounts of first use highlight the importance of the experience and the need to "experiment" is clear. This echoes their curiosity to test their own limits, but also relates to their fear of experiencing something less exhilarating than their peers, which incites them to be ready so as to not miss out on experiences ("don't miss out on anything at the party"). This anxiety associated with missing out on an important moment, fed by the continuous stream of information, thrives on permanent comparison with their social circles ("Being able to say: me too, I've already tried it, is important", Ancelin, aged 17). This phenomenon, which psychosociologists call fear of missing out, is illustrated by young people persuading themselves to "make the most of being young", in case they "have regrets later", as though the best is always now: "We only have one life. We have to try everything between the age of 15 and 17! Everything! Because after 21-22, we will have regrets" (Issa, aged 17).

**Alcohol: two-fold introduction**

Introduction to alcohol often refers to a two-fold experience: "the first time" with the family (involving "having a sip" of an alcoholic beverage), before "the actual first time" (among friends). The very first (furtive) contact with alcohol is mainly unpleasant: early on (often between the age of 5 and 10), this corresponds to a semi-compulsory family experience (champagne at Christmas, at New Year or during a birthday party "to join in the festivities", wine with a family meal "to share the pleasure with their parents"). Memories of both the circumstances experienced and the effects reported are fairly consistent,

describing being compelled by family to "have a taste" (as for any other food), under "pressure" from parents, grandparents or aunts and uncles. Although this first contact is mainly associated with unpleasant sensations, the taste (acidity and bitterness) and the effects ("it's strong"), the wide range of beverages give rise to varied impressions (wine and spirits rarely appreciated, champagne and sweeter alcohols viewed more favourably). The range of impressions is less negative in tone compared to tobacco and, above all, only a few years later is replaced by a positive counter-initiation, considered more significant, corresponding to the "first whole glass finished", in a select context, between friends, between the age of 12 and 16. This "actual first time", which is recreational and voluntary in nature, limits the risk of disappointment by opting for beverages often mixed with sweet ingredients<sup>3</sup>.

**Cigarette: an "essential" milestone**

First contact with tobacco (between the age of 9 and 16) unanimously gives rise to negative impressions: none of the minors interviewed "liked" their first cigarette, associated with more or less derogatory terms (ranging from "weird" or "not good" to "suffocating", "horrible" or even "disgusting", the most frequently used term). Even among smokers, tobacco is automatically identified with negative connotations: unpleasant odours ("it stinks", "bad breath... gross"), smoke (perceived as unpleasant), consequences on health and physical appearance (cancer, stains the teeth and skin), unpleasant sensations experienced (cough, sore throat, tightening of lungs, migraine, dizziness). This first use, shared with their peers in settings far removed from the family or school context, nonetheless appears to be seen as a compulsory rite of passage, "an unpleasant experience" corresponding to a sense of social necessity. It is as though the revulsion for tobacco is precisely the purpose of this experience: the challenge, in fact, appears to involve facing a source of revulsion and overcoming a sense of loathing, with the aim of acquiring know-how and a technique conferring a certain sense of satisfaction (or even pride): "It was quite difficult learning to smoke, but it got better afterwards, I soon picked it up" (Chloé, aged 17). Introduction to tobacco smoking appears to be a learning curve, which aims to test their physical limits, to push back their tolerance limits and subjugate their fear of physical disruption.

**Cannabis, a "positive" discovery**

In contrast, cannabis (tried between the age of 10 and 17 in the sample) often gives rise to positive impressions, particularly as far as herbal cannabis (weed) is concerned. This preference

for marijuana is more apparent among young girls. Discovery of its effects often elicits amused and sometimes enthusiastic reactions, with some young people even describing it as a "revelation": "I was with my cousins; they started smoking and I wanted to try it, to see what effect it had... I had one drag, two drags, three drags, and I felt good afterwards... and I carried out smoking, up to now. When I smoke, I feel good, calm; it makes me feel relaxed" (Thomas, aged 16). The taste and effects of cannabis are spontaneously compared with those of tobacco, and are largely preferred to the latter: "I definitely found it better than tobacco. The taste of herbal cannabis... It wasn't like the old taste of tobacco" (Lucie, aged 17); "The first cigarette, it did nothing, had no effect, whereas the joint, for a moment, it's like... you've gone, into your own little world" (Thomas, aged 16).

**A primarily social experience**

**The desire to belong**

The challenge of being sociable and the collective dimension are determining factors for first drug use. Social relationships dominate the accounts: this involves both experimenting with feelings, perceptions and thoughts of others and forming an immediate affective community. "Experimenting together" is often described as a sign of mutual belonging, trust, identification and validation, particularly among girls (as for the accounts of first tobacco use with a "best friend", in secret, to seal an intimate commitment). In contrast, among boys, the first cigarette is generally smoked in a group setting, often with older adolescents perceived as mentors. Strengthening a bond is the common factor between these different types of experimentation (tobacco, alcohol, cannabis). Depending on the situation, this can involve consolidating a friendship or averting being left out of the group (like the justification: "everyone else was smoking, so..."). The expected social benefit is sometimes explained: "I had problems fitting in, so I thought that, smoking would make me more sociable" (Thomas, aged 16).

**Social conformity rather than misbehaviour**

Experimentation corresponds to neither desire nor strong convictions: the accounts rather show ambivalence and highlight a singular first experience which was lived to the full, but also a commonplace and conventional event, far removed from a sense of misbehaviour. As regards cannabis, the legally prohibited aspect, in practice, appears to be cancelled out by the diffusion of the

3. Flavoured beers, strong liquors mixed with fizzy drinks or fruit juice, cocktails (sangria).

substance, spontaneously compared to tobacco rather than to other illicit drugs (particularly in terms of effects and risks). This comparison shows that the boundaries of misbehaviour have been pushed back with respect to previous generations: "When someone asks you, for example, 'have you already tried it?' you immediately think of weed, and don't even think of cigarettes" (Tania, aged 15).

#### Young people who abstain and refuse to try any substances: profiles of distrust

In contrast to first use guided by a ripple effect and the sense of going with the crowd, demonstrating a context of incitement rather than a personal decision, according to some young people who abstain from substance use, the right thing to do is defy temptations with regard to substance use (see text box opposite). Among the rare young people who have never tried a substance at 15, clearly specific trajectories and profiles are observed, characterised by limited sociability, a family history of problem use, pronounced attention to the body (mirroring an aversion to risk and physical pain), parents behind the times (little supervision or dialogue within the family), intensive and often solitary leisure interests<sup>4</sup>, combined with limited interest in school and low self-esteem<sup>5</sup>. All young people who abstain from all substances have a defensive stance with regard to the loss of control, and claim abstinence "by choice", which gives them personal "pride". Beyond total abstinence, steering clear of psychoactive substances is often a proactive stance, developed as a type of objection, expressing a sense of conflict ("I don't like people who smoke", Tania, aged 15; "I think smoking is stupid", Guillaume, aged 17) and annoyance as to the frequency of incitement, perceived as a recurrent source of stress.

### ■ Social perceptions and knowledge of risks

How are the risks related to drugs perceived by a generation targeted by various prevention campaigns<sup>6</sup>? The first observation is that young people are familiar with the subject of drugs and, regardless of their level of use, have clear opinions and perceptions.

#### Resisting the irresistible?

##### Omnipresent supply

The survey reveals the perception among young people of an environment eminently conducive to substance use. Aside from young people of the Muslim faith, the majority emphasise the omnipresence of tobacco and alcohol in their circles (family, school, friends and social circles), in their neighbour-

### Religious factors in the relationship with substance use

The survey evidenced the specific situation of young people of the Muslim faith with respect to drugs. A large number of these young people spontaneously mention the religious aspect when describing their relationship with substance use (for alcohol, but also tobacco and cannabis). The majority feel uncomfortable about the subject and claim that they find it difficult to follow family and religious prohibition in a context where this behaviour is strongly encouraged. Prohibition relating to tobacco is also mentioned by young girls and eldest sons, who associate it with the risk of being banished from the family: "My mother doesn't want my younger brothers to follow a bad example, and I am the eldest... She doesn't want me to smoke (...) Otherwise, what would happen is: my mother would go out and my father, man to man, would tell me I shouldn't smoke, they would beat me and call my grandmother in Africa who I don't even know (...) Then I'd be sent over there to the middle of nowhere in an instant!" (Souleymane, aged 16). These tensions between private prohibition and public accessibility are observed for alcohol, which gives rise to even more emphatic defensive views: it embodies "temptation" and sin, with the deep-rooted idea that it is practically impossible to resist. Intimate knowledge of alcohol is, in fact, perceived as an obligation, nonetheless conflicting with religious beliefs and ethics: "Some people think that if you go to a party, you have to drink alcohol. But I disagree, I want to be a good Muslim!" (Zacky, aged 15). These young people thus develop specific avoidance strategies: some young Muslims (abstinent or not) thus describe how they have created alternative recreational settings, limited to shisha use and music. Shisha use, which was not examined in the survey, but which immediately emerged, is thus establishing itself as an alternative recreational practice to alcohol and cannabis use, particularly popular among young Muslim girls (providing they are confined to private spaces). It allows them to experience permissible shared social moments, with a substance considered less hazardous and less addictive than other substances, while retaining a recreational and fun aspect ("blowing smoke" or "making rings").

hoods and areas surrounding their schools, and in the images to which they are exposed daily, particularly in fiction (especially in American TV series: Breaking Bad, Narcos, etc.). This context also includes frequent incitement to "at least try", described by the majority of young people. It is difficult to shy away from encountering substances, which helps explain the tendency to minimise the intimidating effect of psychoactive substances.

#### Role in family background

The family is the foundation stone in terms of the relationship with substance use<sup>7</sup>. Spontaneous biographical accounts automatically refer to a family history of substance use: many report health problems, or even deaths, particularly related to tobacco smoking (cancer), alcoholism (one in ten minors describes "alcohol problems" affecting a close relative, usually their father) or, to a lesser extent, addiction to an illicit drug (a few young people think their parents "smoke too much" cannabis). Some express their disapproval of parental substance use, in terms of the quantities, frequency or behavioural changes resulting from use<sup>8</sup>. These experiences are often mentioned as a reason for limiting their own use. In contrast, those rare young people whose parents abstain from substance use express social anxiety with respect to the visibility of substances in the public space and the recurrent incitement for substance use, perceived as a danger to their personal ethics (see text box above).

### Subjective hierarchy of risks associated with substances

#### De-trivialisation of tobacco

The resolutely negative image of tobacco reflects its strongly stigmatised perception among all of the minors interviewed. The description of smokers is often blunt, depicting physical deterioration, suffering and death. The chemical nature of cigarettes appears to heighten its repulsion. As a "hazardous" substance with little appeal due to its lack of psychoactive effect ("it's pointless", "it doesn't do anything"), in this generation, cigarettes are rejected from the first use: a number of young people claim that few of their friends smoke and claim little tolerance in this respect. Lastly, the price of cigarettes, deemed excessive during the survey, is overwhelmingly mentioned as one of the reasons for being out of favour, particularly among young people from the working class. Nevertheless, in a few groups of interviewees

4. Depending on the situation, young people who do music (individual), sports or video games.

5. Biographical accounts are mainly tinged with references to low self-image.

6. Several anti-drug campaigns have been carried out to help adolescents reject these behaviours ("Give them the strength to say no", in 1991), to make users more responsible (at the beginning of the 2000s), to raise awareness of the risks related to cannabis (first targeted campaign on cannabis in 2005), mobilising peers via social networks (information campaign on Youth Addiction Outpatient Clinics: 2015-2016).

7. The generation studied brings together the children and grandchildren of those generations with the highest levels of tobacco use (particularly the mothers), alcohol and cannabis use (over 40% of the parents' generation have tried cannabis and over 10% used it at least once in the past year) (Beck et al., 2015).

8. References to paternal violence after heavy drinking or "sense of embarrassment" regarding episodes of parental drunkenness.



from wealthier social environments, the positive image of tobacco persists, particularly among young girls who associate it with a form of social prestige. However, two types of attitudes can be distinguished: those for whom their parents' reaction would not be a problem – who tend to put the damaging effects of tobacco into perspective (some of whom smoke with their parents) – and those more sensitive to its hazards – who claim that their parents "would not respond well" if they knew they smoked. The parents' relationship with cigarettes therefore seems to be an influential factor, particularly since the majority were and still are smokers<sup>9</sup>: a quarter of minors in the sample claimed that at least one parent was a former smoker, and there are numerous detailed testimonies analysing and sharing their parents' efforts to stop smoking.

Lastly, it should be pointed out that this generation is the first to have gone through childhood and adolescence under a legal system which prohibits cigarettes in public spaces, school establishments, bars and night clubs, and being theoretically ineligible to purchase tobacco or alcohol under the age of 18<sup>10</sup>. Although this prohibition of sale is contradicted by the relatively easy supply<sup>11</sup>, this ban from the public space evidently contributes to increasing distrust with regard to tobacco.

*Denial of risk related to alcohol*

Alcohol is generally associated with joy, festivities, wellbeing, being carefree, social interaction, relaxation ("letting yourself go"), in short, happiness, resembling the words used by a 17-year-old, describing their perception of the product before tasting it: "I just knew that people were happy when they drank champagne." Rather than accompanying a celebration, it sometimes becomes the main goal: "If we're going out for the evening, it's not to stay sitting down with our arms folded; we're going out to have a good time! We go out to drink!" (Issa, aged 17).

Beyond its recreational nature, the relationship with alcohol is marked by pressure to drink, which appears to be a norm which is difficult to escape. Nina, aged 13, disappointed at first, finds it unthinkable "not to like alcohol": profusely thinking up excuses, she believes "that you need to be a bit older to really appreciate it" and that "[she will get there one day] undoubtedly". Most minors who have never consumed alcohol believe they will, one day, "at least to have a go". Not drinking means being taken for a "spoilsport" or a "no life who doesn't know how to have fun", unless they can demonstrate a "valid" reason (prohibition on religious grounds, family history of alcoholism, intolerance).

Alcohol is also associated with a sense of French culture and tradition, most vigorously among young people from the middle and upper classes. However, allusions to the "nobility" of alcoholic beverages (wine, champagne) and "good drinking habits" (associated with etiquette) contrast with the accounts of use, dominated by the reference to strong liquors – some of which are appreciated by both sexes (vodka, tequila), and others mainly by boys (whisky, aniseed liquors) or girls (coconut or mint liquor) –, at quantities evaluated as excessive and "going off the rails" (considered amusing or worrying depending on the situation).

Descriptions of drunkenness and loss of control vary considerably. Alcohol gives rise to a whole spectrum of states of modified consciousness which young people take pleasure in deciphering. Overall, vomiting represents the boundary between being mildly and heavily drunk. The final stage of drunkenness ("blind drunk") indicates the loss of control: of the body (falls) and mind (alcoholic coma, the basic gauge to which occasional users automatically refer when asked about their excessive use). Descriptions of drunkenness involve three parameters: the quantity ingested, visible physical effects and internal perceptions. Several interviewees appear to view alcohol use during adolescence with reference to three categories depending on individual motives and social circumstances ("cheerful", "forced" and "depressive"). As a general rule, the risks and consequences of alcohol use are barely mentioned spontaneously and are largely minimised, except for the extreme example of acute intoxication (alcoholic coma), which an appreciable number of young people claim to have observed among their friends.

*Cannabis: the 'weed generation'?*

In contrast to cigarettes which have fallen out of favour, cannabis is depicted much more ambiguously. "Pleasant" from the first use and "sociable", it benefits from a positive and "played down" image: "When we talk about people who smoke all the time, I would think of a sort of cliché, a bit like a Rastafarian. But when people smoke it occasionally, I would think of a normal young person..." (Thibaut, aged 17). Constantly compared with tobacco, cannabis is perceived as almost equally accessible (despite its illegal status, rarely mentioned in the interviews), even more normalised when widely diffused ("everyone smokes")<sup>12</sup>. Furthermore, it is considered to be "more pleasant tasting" and involving a more reasonable investment (procuring the expected effect for a lower price). Above all, young people see cannabis as less addictive and "dangerous" compared to nicotine, not being associated with illness or death. This less negative image is accentuated

by the "natural" properties attributed to marijuana, which appears to be the main form of cannabis used among this generation, unlike previous generations, more used to resin (hash), described here in more derogatory terms ("pneu" [due to being cut with tyres], "[piece of] shit", etc.). Use of herbal cannabis, perceived as tasting better than the resin ("milder taste"), with more pleasant effects (gradual and more "trippy"), but also "purer" (not cut), or even "organic", prompts particularly enthusiastic discourse. In a context where herbal cannabis is increasingly available and often valued more than the resin, cannabis appears to have gained the image of a "green"<sup>13</sup>, "non-chemical" and even "healthier" product, due to having "fewer cutting agents than the resin" and being smoked with less or even no tobacco. Cannabis is therefore perceived as a substance "which does no harm", as confirmed by its therapeutic use (which appears to be very well known among minors). One 17-year-old interviewee thus believes that "cannabis is a medicinal plant which delays cancer (laughter)": joking aside, the risks of cannabis are never mentioned in the discussions. In practice, it is as though the negative images of tobacco contributed to the 'normalisation' of cannabis, which appears to benefit from its negative reputation.

*Negative user perceptions and disregard for addiction*

Opinions on drugs are defined through use, and are mutually influenced: hence, when switching from occasional to regular use, young people tend to revise their initial perception by playing down the risk of addiction. By denouncing certain substances (heroin, crack, etc.) frequent cannabis users maintain the contrast in their perceptions between "hard drugs" and "soft drugs" (which several young people refer to as "normal drugs"). Unlike cannabis users who would be driven by motives relating to sociability and social interactions, the discussions depict the (reprobate) image of the "drug addict", the "alcoholic" and the tobacco smoker, "addicts" relegated to an image of physical decline and "illness" and weakened by the substance they consume. In this sense, views on "drugs"

9. The proportion of young people with no smokers in their direct family circle is low (less than 15%).  
 10. Prohibition of sale to minors by law no. 2009-879 of 21 July 2009 on the hospital reform and relating to patients, healthcare and territories (known as the HPST law).  
 11. Between tobacco retail shops and distributors, access to tobacco is considered straightforward: "Anyone can get hold of it. Even if, for example, one checkout assistant says no and another says yes, well, you'll just go to the one who says yes! At any rate, it's the same price... they don't even ask for an ID card, even an eight year-old girl can buy a pack!" The perceived high accessibility of drugs among young people in France is widely documented by quantitative surveys (The Espad Group, 2016).  
 12. Sometimes even beyond smoking in certain settings ("I know more people who use cannabis than cigarettes.")  
 13. These findings match the observations reported by the TREND scheme.

maintain a symbolic boundary between what is "social" in nature, considered as legitimate and able to be regulated, and what constitutes a marginal and less acceptable practice: this symbolic boundary between "controlled" and "uncontrolled" use has been reported in numerous sociological research projects on substance use since the 1980s, demonstrating the somewhat persistent practices and views despite changes in the contexts of use. All young people interviewed somewhat look down on addiction, which they claim to have occasionally observed in their circles but which they believe does not personally affect them (except for tobacco): far from seeing themselves as prone to addiction, most minors, on the contrary, claim that substance use is an individual freedom.

### ■ Motives and trajectories for substance use

Although the quantitative surveys identify the factors correlated with regular use, the way in which habits in terms of substance use become established has not yet been elucidated. The survey thus focused on the trajectories of use, derived from the sociological analysis in terms of "drug use careers" (Becker, 1963). It shows that motives develop as the trajectory of use progresses. First use, primarily driven by curiosity and pressure of incitement, turns into a desire for substance use once young people learn to appreciate the effects of a substance: experience produces motivation, rather than the opposite.

#### Two conditions for starting substance use

For an individual to experiment, they first need to be willing to try a substance which appears to be accessible. Wishing to experiment implies challenging family, religious or legal norms, depending on the situation. In practice, the temptation to "try a substance" rarely seems thwarted by legal prohibition or medical views. However, this is sometimes tempered by parents' prohibitive views (particularly as regards tobacco) and current dictates among peers. In working-class areas, the protective role of older family members (older brother, cousin or sister) is often cited. Once willing to try a substance, the individual must be able to access the substance. Now, whether regarding substances which are legal for adults but prohibited for minors (tobacco, alcohol) or illegal substances (classified as illicit drugs), supply is considered "easy": from the age of 16, all of the young people in the sample claim to have already been offered cannabis and the majority would know how to find cannabis during the day. Accounts describing easy access to other illicit drugs are less common<sup>14</sup>.

### Range of opinions on prevention policies

The analysis of the discussions reveals widespread confusion between advertising and prevention. Institutional campaigns and cigarette manufacturer/distributor messages are placed on the same level, as part of a generic category ("advertising"), and are assessed based on technical quality and credibility. Health warnings and photographs featuring on neutral cigarette packaging are thus considered unrealistic due to being "excessive" or even "misleading" ("in real life, you never see such large goitres"). Moreover, young people highlight the limited effect of prevention messages which they perceive as outdated: "On cannabis, bah! I think of those promo videos on prevention with young people with bad hair and scarves (laughter) (...) They try to talk like young people, but usually fail" (Hugo, aged 15). The sense of being subjected to alarmist and dramatised states sometimes gives rise to neutralisation strategies, like the 17 year-old boy who collects photographs from neutral packaging: "I bought the packs, and I'm collecting them. Like, 'ah, cool, I didn't have that one!'".

After first use and gaining experience, this practice turns into a habit as the user takes firm steps to assume one's "identity" as a user (by purchasing the substance exclusively for personal use, for instance). Users learn to put their experiences of substance use into words and assert their preferences. The relationship with drugs constitutes a means of identification and demand for recognition. Substances that we "like" and those we "don't like" define a mindset which reflects social conditions and lifestyle contexts among adolescents. This ability of young people to identify their tastes, together with the desired and unwanted effects for each substance, is therefore a sign of established substance use. Some users thus describe "[their] bad"<sup>15</sup> or "[their] coma" as though it were a founding experience. As a general rule, regardless of user profiles, the "ideal" psychoactive effect appears to be selective and short term, allowing the present to be forgotten for a few moments without completely losing control.

#### Moment(s) of substance use: a substance for each context?

The discussions reveal the extremely varied motives for use, from one substance to another, but also for a given substance which can be used in different ways depending on the context.

#### Alcohol: the celebrating and party substance

Alcohol plays a major role in social interactions among young people, particularly during weekends. Alcohol use at night out has become an established social norm, relegating alcohol-free parties to simple "children's parties" or "birthday parties". The criterion in terms of available quantities of alcohol, moreover, establishes a hierarchy between ordinary parties ("quiet", between close friends) and "big" parties (bringing together several dozen people from different groups) where "there needs to be plenty to drink!" Two aspects appear to be important when organising these parties:

the quantities of alcohol to be provided, optimised based on price ("we buy vodka because it's cheapest", Jules, aged 14), and the guaranteed effects (for oneself and for others). In these evening contexts, alcohol contributes to recreational conditioning: it enables loss of inhibitions ("you can talk to people more easily") and encourages sharing, so as to "be caught up in the atmosphere" and a forced state of elation. Alcohol acts as a catalyst for festivities, from the "warm-up" to the "escalation", and possibly drunkenness. It can also serve as an antidote to boredom, or counteract drowsiness among cannabis users. The relationship between alcohol and sex is a recurrent theme: although not the only substance associated with sexuality, alcohol is renowned to facilitate sexual contact – even though there are mixed reactions to this effect according to gender.

#### The cigarette, a fellow traveller day to day

In contrast, the reasons for cigarette use stem from comfort ("it keeps me company"). Smokers describe the importance of the ritual cigarette and its transitional role (to get started in the morning, to set out on a journey, with coffee, between lessons, before going to bed, etc.). The ability of smokers to retrace their preferred moments to smoke highlights the attention to the sequences of the day associated with the "need for a cigarette". The "cigarette for pleasure" features relatively little in the accounts, apart from among older interviewees, as a symbolic reward after effort. The constraints for "going to have a cigarette" are, moreover, often mentioned: going outside of the high school grounds to smoke, "smoking out of the window" or "at the bottom of the building" appear to be new images of the smoker, often having to hide when smoking, due to legal obligations. As a result, the social dimension of

14. Other than ketamine and MDMA/ecstasy.

15. Reference to "bad trip".

tobacco smoking seems different from previous generations, except among young people who have begun their working life and who perceive smoking inseparable from their professional social interactions; like this 17-year-old apprentice who claims that he puts his "cigarette break" to good use by joining in the group with senior staff, building good relations and strengthening links with other employees.

**Cannabis: a regulating effect?**

Compared with tobacco smoking, cannabis gives rise to extremely diverse situations of use. Given its multiple methods and practices in terms of use (marijuana, resin or synthetic cannabinoids<sup>16</sup>; choice of dosage strength, etc.), "several" types of cannabis can be discussed, corresponding to different contexts and expectations in terms of use: to seek pleasure, alone, or in a context of sharing and social interactions; to relieve anxiety and stress, to sleep better or to ease pain (self-medication reasons); to overcome an obstacle or to improve performance (stimulant function); to alleviate boredom or to pass time (distraction); to forget obligations and difficulties, or to forget oneself. Cannabis thus lends itself to numerous regulatory factors, all the more sophisticated when used regularly, like the discussions describing the composition of different joints throughout the day and their precise function.

**Multiple substance use**

In the survey sample, psychoactive substance use is rarely limited to a single substance. Unlike tobacco and cannabis, it is not rare for alcohol to be used without any other substances (particularly among those "reluctant to use drugs"). It should be noted that the range of available substances becomes wider with increasing opportunities for use. Among substances used "occasionally", as an alternative to or combined with alcohol, codeine medications spontaneously arose in the interviews<sup>17</sup> (before these were prohibited in July 2017) (see text box). Frequent polydrug users often use strategies to compensate for different substances: one substance is used to correct or exacerbate the effect of another, or to reproduce the effect of a substance considered too expensive (for example, "Codeine&Sprite" [lean] to replace marijuana, etc.).

**A space for regaining composure**

Seeking an alternative rhythm to the day-to-day of school and family life is a common feature of substance use. Other research projects on "time outside institutional rhythms" have already evidenced this type of behaviour (Le Garrec, 2002). Particularly regarding alcohol and

**Substance use which arose during the survey: codeine medications**

Referred to as "lean" or "Codeine&Sprite" (never as "purple drank"), codeine medications are sought after so as to "get high", "to be on a little cloud", "to trip a little", "to quietly rest" (hence the English term "lean"). These are resolutely used in the recreational and party setting, in clearly defined circumstances: "lean" would be "taken in context", in "quiet parties" (or "small gatherings"), defined as parties where "there isn't much music and where no one is dancing", or, on the contrary, at the end of the evening: "When you don't want to drink any more, you think, well, why not take some codeine" (Nils, aged 17). This is part of coming down after an evening of heavy drinking, so as to enter a "waking dream" state, summarised as "a mix between alcohol and being stoned, a delirious state between the two" (Tristan, aged 17). In practice, the experiences described are predominantly disappointing ("pointless", "not funny", "rubbish effects", etc.), ending in extreme fatigue and nausea, as the mixture is often considered "too sweet". Furthermore, codeine medications are not perceived as "a drug" but "more dangerous than a drug", in an observation context before the ban<sup>18</sup>: "You avoid messing around with it, because you know it's a medication, that it can get you hooked, so we try to keep it under control pretty well" (Redouane, aged 17). This phenomenon, already reported by the TREND observational setting (Cadet-Tairou and Milhet, 2017), particularly concerns adolescents who refuse to drink for religious reasons.

cannabis, this involves taking time "to relax", "to have a break" and "to breathe", as though to make time stand still and try to find a sense of weightlessness, in response to the usual profusion of information or demands. From first use, this sense of suspension dominates the biographical accounts: a break in time (during a party, after lessons, during holidays) but also a change in space (at friends' homes, in a park, etc.). The goal of "doing nothing" and "enjoying the moment" still has great resonance in the relationship with substances. The longing for a floating sensation, an in-between state (between full consciousness and managed loss of control), is obvious among cannabis users who mention sleep disorders for which cannabis would be an immediate solution (like the play on words used by one interviewee to describe "[their] bédodo" [joint before bed, with a pun on the "bédó" label which refers to a joint and "dodo" for sleep]).

The moments of substance use also allow users to play with their identity. From experimentation, use is perceived as provocation with respect to their own limits and health: the interesting thing about drugs is not the "paradise" they supposedly promise, but the knowledge which they can unlock. The body is explicitly used as the medium for experimentation, as the adolescent is both the one experimenting and the subject of the experiment. Depending on the situation, this can involve winning a bet, performing an amazing feat, changing stance, showing that they can "do well", asserting their social status, feeling courageous ("I had a drink before carrying out a robbery", Ousmane, aged 13), or asserting their sexual identity. Alcohol, in particular, causes users to experiment with their identity: drinking seems to be associated with the goal of "maintaining

one's rank" and building one's reputation, by adopting "virile" behaviour, sometimes even among young girls ("I was drinking vodka, and I was downing shots to show my mates, because I was hanging out a lot with lads, that girls could do it too", Loucia, aged 17). While playing with self-regulation primarily aims to test their own limits, it can also aim to "deregulate" others and put their friends to the test – like a group of boys describing their strategies to "make one of their friends drink" even though he cannot tolerate the effects of alcohol. Practising substance use is thus a means of managing identity during adolescence. In particular, it can help change a set image. This was the experience shared by a young girl who managed to win over the "cool" crowd by taking cannabis.

**"Learning substance use": rationalising practices**

By learning how to use substances, novices free themselves from social norms which disprove of use, described as dangerous and resulting in loss of self-control. Attempts to "put substance use into perspective" take on different forms. Alcohol and cannabis are often valued compared with other drugs, and favoured with a "separate status": "Cocaine and all that, well, it's normal that it's a taboo subject! But cannabis, quite frankly... Plus, it's legal in some countries, so it's not the end of the world... it's like alcohol really, it just needs to be taken in moderation" (Chloé, aged 17). During their "career",

16. Synthetic cannabis falls under "synth", described by a few interviewees as an occasional practice.  
 17. Approximately twenty quotes from 125 individual interviews, particularly between the end of 2016 and June 2017.  
 18. The ban on over-the-counter sale of codeine medications by decree of the Ministry of Health and Solidarity on 12 July 2017, amending the exemption from the regulations on poisonous substances.



very young users thus learn to put their practices into perspective, both to justify them and make them compatible with their obligations (financial, professional, family, etc.). The majority of occasional and regular young users thus feel that they are "managing" their use, which they believe corresponds to deliberate and well-thought-out choices. Nonetheless, the argument for "knowing their limits" is often contradicted by the experiences reported: their behaviour depends on the circumstances and incitement for substance use, with young people conceding that "if no one smoked, it would be easy to resist". These risk minimisation strategies allow users to ensure that their opinions and practices are not too disparate. They can, however, lead to personal reflection on their limits and ability in terms of control. Hence, it is not unusual to hear claims that young people can "party" without excessive substance use<sup>19</sup> or defending the benefits of moderate alcohol use: "It's not alcohol that is dangerous, it's how we use it. Not like cigarettes, because we soon become hooked. If alcohol is consumed twice as much as cigarettes, but the effects are less serious, it's not without good reason... Quite frankly, alcohol, if managed properly, can be beneficial."

### Individual aversion and self-regulation strategies

Some young people manage to develop self-regulation techniques based on their experiences. For example, among young people who claim to "poorly tolerate" the effects of alcohol, protective strategies are set in place. Some thus develop practical self-restrictive measures, by setting themselves limits (referring to their perception of a "critical limit" beyond which their behaviour changes): for example, Margot, aged 18, who only "goes to parties with [her] female friends", believes that consuming more than 3 glasses of alcohol is "the sign for her to stop" and describes the mutual regulation system set in place with her friends "who poorly tolerate alcohol" which involves the most sober amongst them curbing the others when this limit is reached. Similarly, the young man Camille, aged 17, aims to spread out the doses of substances he consumes throughout the course of the evening (where he will drink his first beer on arriving, and will then wait until 11:30 p.m. for his second). Lastly, several female college/high school students claim that they play for time by "sipping their drinks" to "make [their] whisky and coca cola last 20-30 minutes" or by "discreetly" watering down their drink several times with fruit

19. "I prefer having a quiet drink with friends, having a quiet cigarette, but never get so drunk that I lose control... If you're with good friends, you don't need things to lose control, you're already having a good time with them. You want to have fun without taking something which makes you go crazy, right?" (Thomas, aged 16).

### Methodological reference points

From November 2014 to June 2017, the OFDT coordinated a qualitative study among young volunteers\*, so as to shed light on the factors encouraging (or dissuading) them to experiment with (then use) substances, particularly the most common substances (tobacco, alcohol, cannabis). The analysis, conducted according to the grounded theory method, is based on three types of materials:

- 125 individual face-to-face interviews with 57 boys and 68 girls aged 13 to 18 (mean age 16.2), with parental agreement (see descriptive table);
- 6 collective interviews with 7 to 12 individuals, i.e. a total of 29 boys and 21 girls aged 15 to 20 (mean age 16.6);
- Direct observation of 150 boys and 70 girls aged 15 to 25 during 4 prevention discussions organised among school children in the Ile-de-France region (high schools, vocational training institutions, second-chance schools).

The objective was to diversify the survey setting and profiles, in terms of geographical criteria (14 administrative departments covered, in 7 regions), socio-economic criteria, academic criteria and drug use. Specific contacts made it possible to study settings known to be hard to access (minors under judicial youth protection, young girls in private denominational schools and users in the so-called recreational scene). Although the sample predominantly consists of boys (60%), over-represented in the group interviews and discussions on prevention, girls were more willing to volunteer for the individual interviews (54%). The mean age of the young people having taken part in the interviews corresponds to the pivotal age identified in statistical surveys as the period in which regular initial use becomes established (age 16).

The benefit of combining three types of qualitative methods was to neutralise the deficiencies in each method: for example, the group interviews made it possible to overcome resistance to face-to-face interviews and create a group discussion highlighting divisions in the motives for drug use (which made it possible to study the influence of the religious factor). The analysis is based on 160 hours of individual interviews, 12 hours of group interviews and 8 hours of direct observations during prevention discussions.

\* Recruitment of interviewees only gave rise to 5 refusals, related to the absence of parental permission.

### Structure of the target sample (minors interviewed face to face)

|                              |   | Face-to-face interviews (n = 125)   | In % |      |
|------------------------------|---|-------------------------------------|------|------|
| Gender                       | Boys                                    | 57                                  | 45.6 |      |
|                              | Girls                                   | 68                                  | 54.4 |      |
| Age                          | 13-14 year olds                         | 12                                  | 9.6  |      |
|                              | 15 year olds                            | 14                                  | 11.2 |      |
|                              | 16 year olds                            | 36                                  | 28.8 |      |
|                              | 17 year olds                            | 57                                  | 45.6 |      |
|                              | 18 year olds                            | 6                                   | 4.8  |      |
| School situation             | Middle school/Junior high school        | 15                                  | 12.0 |      |
|                              | High school                             | 100                                 | 80.0 |      |
|                              | After the baccalauréat**                | 1                                   | 0.8  |      |
|                              | Out of school or looking for employment | 9                                   | 7.2  |      |
| Type of school               | General                                 | 88                                  | 70.4 |      |
|                              | General with a vocational focus         | 17                                  | 13.6 |      |
|                              | Vocational                              | 10                                  | 8.0  |      |
| Drug use                     | After the baccalauréat**                | 1                                   | 0.8  |      |
|                              | Out of school or looking for employment | 9                                   | 7.2  |      |
|                              | Tobacco                                 | Lifetime use                        | 94   | 75.2 |
|                              |   | Use in the last year                | 59   | 47.2 |
|                              |   | Regular use                         | 29   | 23.2 |
|                              | Alcohol                                 | Lifetime use                        | 113  | 90.4 |
|                              |   | Use in the last year                | 92   | 73.6 |
|                              |   | Regular use                         | 16   | 12.8 |
|                              | Cannabis                                | Lifetime use                        | 75   | 60.0 |
|                              |   | Use in the last year                | 54   | 43.2 |
|                              |   | Regular use                         | 19   | 15.2 |
|                              | Other uses                              | Lifetime use of other illicit drugs | 29   | 23.2 |
|                              |   | MDMA/ecstasy                        | 16   | 12.8 |
|                              |   | Cocaine                             | 10   | 8.0  |
| Amphetamines, speed          |   | 7                                   | 5.6  |      |
| Medicines containing codeine |   | 20                                  | 16.0 |      |
| Shisha                       |   | 18                                  | 14.4 |      |
| Poppers                      |   | 11                                  | 8.8  |      |

N.B: 'Use in the last year' means at least once during the past 12 months and 'Regular use' at least 10 times during the past 30 days.

\*\* Equivalent to GCE A-levels in the UK or high school diploma in the United States

juice. These "harm reduction" strategies are sometimes more finely tuned according to their preferences in terms of substance use. As a general rule, the harmful signs described are states of blatant physical discomfort and a sense of "losing" their abilities due to substance use (academic or in terms of physical performance). However, self-control, a theme featuring strongly in the discussions, does not always match perceptions.

## ■ Conclusion

ARAMIS, the first extensive qualitative survey ever carried out by the OFDT on the perceptions of drugs and motives for use among minors, shows that, as for adults, the determining factors for drug use are primarily social in nature. These are based on shared norms and perceptions, and are part of the social customs which determine social roles and acceptable types of behaviour. Particularly in adolescence, tobacco, alcohol and cannabis are used to gain experience and take on new roles: introductory use and occasional use are correlated with a two-fold experience, on the one hand, involving personal changes (during puberty), and on the other hand, by breaking the rules, then regaining self-control, away from any parental influence. At an age where physical expression is perceived as a public matter, psychoactive substance use thus appears to be a means of building identity, enabling experimentation with both intimate and visible sensations.

This research highlights factors for continuity between generations (the urge to experience psychoactive effects, rationalisation of practices, self-regulation, etc.), but also specific sociocultural aspects in the relationship with drugs. One of its results was to illustrate the different hierarchy of risks surrounding tobacco. The deterioration in the social image of tobacco among younger generations, revealed by the latest statistical surveys, appears to go hand in hand with the certain trivialisation of cannabis (particularly herbal cannabis), which is emerging as

one of the most striking phenomena of this survey. At the same time, alcohol appears to benefit from a special status: possibly harmful at this age (especially when consumed in large quantities), it is widely perceived as a commonplace, recreational and social substance. Alcohol use is a social obligation which starts in the family. In this respect, the survey identifies the role of the religious factor in avoidance and the distant relationship with alcohol. More broadly speaking, it sheds light on the central role of alcohol in social interactions, both parental then juvenile, side lining those who have never tried it: this finding suggests a prevention practice primarily targeting parents and adults, who are the first to trivialise alcohol use among the youngest generations.

Furthermore, the study confirms the easy access among minors to substances which are nonetheless prohibited (tobacco, alcohol and cannabis), partly related to their omnipresence in the public space, which appears to make substance use more acceptable. The success of prevention strategies depends on the ability to influence the perception of substances, their associated norms and expectations in terms of use, together with the accessibility of the substances.

Lastly, the survey highlights the questions raised by young users with regard to self-control. Both curious and distrustful with regard to drugs, many of them explain the way in which they "select" the effects of the substances they use, taking care to neutralise unwanted effects. The minors interviewed thus appear to seek reference points and techniques for self-regulation, particularly with regard to alcohol. These findings lead us to encourage support-based professional practices (including non-therapeutic measures) and harm reduction measures.

This research would be worth continuing, for example, in the form of a cohort conducting yearly qualitative interviews among young people aged 15 to 18, so as to identify the decisive milestones in the trajectory of use.

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