

## Motivations and perceptions associated with drug use in adolescents

### ARAMIS study project

*(Attitudes, Représentations, Aspirations et Motivations lors de l'Initiation aux Substances psychoactives - Attitudes, Perceptions, Aspirations and Motivations associated with experimentation with psychoactive substances)*

Before they reach the end of their teenage years, the majority of French young people have already experimented with alcohol, tobacco and, often, cannabis as well. A significant number are already regular users of one or more of these substances. Such use is particularly harmful to health since it occurs at an age when the brain has not yet fully matured. Why do adolescents use psychoactive substances? Why do some of them become regular users while others manage to stay away from them? Although these issues are a priority for public authorities, they remain poorly documented in France, apart from a few, rare fragmented studies concerning adolescent perceptions (Aquatias 1999; Le Garrec 2002; Chabrol *et al.*, 2004; Beck *et al.*, 2014).

To address the urgent need identified by the 2013-2017 French Government Plan for Combating Drugs and Addictive Behaviours to develop effective drug use prevention strategies and meet the recommendations of the collective expert report of the INSERM on adolescent addictive behaviours (INSERM 2014), this study project aims to explore use trajectories during adolescence, by examining the motivations behind their use and the perceptions associated with various psychoactive substances (alcohol, tobacco, cannabis, other illegal drugs).

By focusing on the intentions of substance users and the reasons for their actions, in relation to their lifestyles and personal situations, it aims to illustrate what contribution social sciences can make to improving our understanding of addictive behaviour during adolescence in order, ultimately, to improve the effectiveness of prevention strategies.

### Current state of knowledge and the value of a specific study

Adolescents primarily experiment with three main substances, namely tobacco, alcohol and cannabis. Studies carried out in school environments show that their use increases progressively during secondary school, accelerating at around the ages of 13 to 15. The first regular uses are observed in sixth form college students (from the age of around 16). Hence, one in three sixth form college students smoke tobacco every day and one in four regularly drink alcohol (at least 10 times per month) or use cannabis (at least once per month) (OFDT, 2013). Furthermore, when it comes to cannabis, for example, French adolescents report much higher levels of use than their European counterparts. However, unlike other countries (such as the UK or Switzerland, see appendix 1), little research has been carried out – particularly qualitative – in France concerning the motivations for using and perceptions of the various psychoactive substances among adolescents and their use trajectories. This is all the more striking given that the general debate concerning the effectiveness of prevention policy highlights the need for studies of this very type (Peretti-Watel 2005; Morel and Coueron 2008; Peretti-Watel and Constance 2009).

Whereas addictive behaviours are also *social* practices, underpinned by opinions, beliefs and perceptions, existing studies primarily concern the sociodemographic or biological (pathological) aspects of substance use, favouring a medical approach to addictions. Perceptions and expectations (positive or negative) with respect to the most used psychoactive substances remain little explored in French studies although they determine use practices, predicting not only the level of

dissemination of psychoactive substances, but also their health and social consequences on individuals. These use practices have *specific significances* for users, notably because they satisfy *needs*, which must be fully understood so that they can be taken into account in prevention strategies: changing the expectations, perceptions and motivations related to addictive behaviours may be a pertinent objective of prevention policies among young people, as highlighted in INSERM's recent collective expert report.

The few studies conducted in this field demonstrate the variety of use motivations, from one substance to another, but also for the same substance: pleasure-seeking ("*hedonistic*" motivations), spirit of sharing and conviviality (drugs as a "social lubricant" or festive component); combating anxiety or stress, sleeping better or suffering less ("*self-treatment*" motivations); overcoming an obstacle or enhancing performance ("*stimulant*" function of drugs); overcoming boredom or passing the time ("*distraction*" motivation); forgetting about restrictions and problems or forgetting about oneself (*escapism*) (Kunstche *et al.* 2006). A few English-language studies have, for example, established that the main use motivations are related to pleasure, accessibility of the substances and a euphemistic perception of the risks related to their use (Amos *et al.* 2004; Menghrajani *et al.* 2005; Moore 2008; Akre *et al.* 2010). Thus, it has been demonstrated that adolescents appear to be less sensitive to the long-term health risks, which they tend to minimise due to a capacity to distance themselves from (or deny) the harmful effects of drugs (Peretti-Watel 2005). Conversely, they appear to be highly susceptible to the marketing developed around legal addictive substances (tobacco, alcohol). However, studies do not examine the *variability of functions attributed to a given substance depending on the circumstances*. So, for example, cannabis can sometimes represent a crutch, a sedative, a sleeping pill, an antidepressant or a reward (as demonstrated by the recent CAUSA MAP study conducted at Nancy University hospital (CHU). Likewise, a substance may be used to correct or exacerbate the effects of another substance, leading to polydrug use practices (tobacco, alcohol and cannabis, in particular). In which circumstances and in what way are the substances combined? What techniques are used to regulate the effects of substances among adolescents simultaneously using tobacco, alcohol and cannabis? These questions remain poorly documented, especially in France, as do specific expectations with regard to the various substances and the way they are used and combined.

The studies available show that the use motivations reported differ depending on gender and social environment (Kunstche *et al.* 2006), particularly among adults. However, they do not reveal *how gender and social conditions influence the specific motivations of younger people* (except for alcohol). Studying differences in addictive behaviour between men and women, different socio-economic categories and regions from adolescence is therefore a research priority. This is related to the need to improve our knowledge of the links between drug use during adolescence and living conditions (rural versus urban/suburban living context, social deprivation, etc.), in order to understand the mechanisms that transform social inequalities into health inequalities (in terms of consequences of use, as well as access to specialised schemes, such as youth addiction outpatient clinics) before the age of legal majority is even reached. Although the research identifies the existence of certain risk factors, such as stress related to a chronic lack of resources, and the accumulation of risks throughout life, the specific targets at which actions designed to reduce social inequalities in terms of health should be aimed have still not been clearly defined. Ultimately, it is thus necessary to identify the population targets and relevant levels of intervention for initiatives aimed at reducing health inequalities.

Furthermore, the studies conducted remain focused on motivations to stop using a substance (and not *motivations to use it*) and the manifestations of use (frequency, duration, associated damage to health), rather than the *associated perceptions*: regular quantitative surveys conducted among French adolescents focus almost exclusively on methods of use and not on *user expectations* (except where

recreational use is concerned). And yet, the expectations and attitudes reported with respect to drugs are a key component when it comes to understanding substance use practices: their analysis helps us understand how those involved perceive their actions and rationalise their drug-related behaviours. In this respect, the question of influential cultural reference points (artists, singers, actors, authors, etc.), liable to provide contrasting role-models in the eyes of adolescents (positively or negatively identifying with the substances, use practices and expected effects) is still largely under-studied, despite the fact that phenomena linked to identifying with reference figures play a key role in identity construction during adolescence.

The research being conducted continues to focus on the influence of family or peer groups in adolescents' perceptions and expectations with respect to psychoactive substances. However, these studies do not explain the "*selective*" nature of these family, friend and social influences. For example, why do some adolescents experiment with certain psychoactive substances while others, even within the same peer group, do not? Given that adolescents themselves vigorously deny the hypothesis of peer pressure as an explanation for using a substance, the studies to be conducted should probably take better account of *the role of free will (and its perception) in use motivations in young people*. It is true that their denial of external factors can be partially explained by issues related to self-esteem but ignoring the fact that young people consider themselves to be making a voluntary, controlled and deliberate choice in using consciousness-altering substances (illegal for some of them) poses a problem if we want to examine the reasons for their actions.

Finally, studies have so far provided little information concerning *use trajectories*, from lifetime use to occasional use, then, if applicable to regular or daily use. Beyond their first experimentation, why do some young people continue using a substance and not others? Why do some of them begin regularly using tobacco, alcohol or cannabis, while others stop or maintain their use at occasional levels? While surveys conducted in the general adolescent population offer a few avenues for explaining the factors associated with regular use, the *use habit-building process* still represents a blind spot in current knowledge. Thus, although users' perceptions and motivations constitute a key component in use behaviours during adolescence, these aspects are still not properly taken into account in studies.

## Study objectives

The primary aim of the study proposed consists in analysing the significance adolescents attribute to their substance use practices and their use trajectories, particularly with respect to alcohol and cannabis. The approach foreseen will try to take into consideration the subjectivity of the players involved, in order to better understand their perceptions of drugs, their opinions, their attitudes and their motivations.

The study will examine the following questions:

- What significance do adolescents give to their first experimentations with tobacco, alcohol and cannabis (exploration and thrill-seeking, fitting in, rebellion, etc.)? What role does the group play in this learning process?
- Does the significance attributed to use practices change depending on the age of initial use?
- How does it change throughout the stages of the user's career?
- What are adolescents' expectations with respect to these first-time uses and how do they analyse them (before and after the event)? Have adolescents who have already experimented perceived a difference between their expectations and the actual satisfaction gained?

- In what circumstances do adolescents experiment with their first cigarette / their first drunken episode / their first joint (social context, accessibility, etc.)? What are the positive aspects (enjoyment, novelty, loss of inhibitions, sharing, etc.) and negative aspects (repulsion, malaise, feeling of not having a choice, physical problems, etc.) associated with this first experience?
- How are use habits formed for some substances (or combinations of substances)? What are the factors associated with a progression to routine drug-related behaviour (parental use, peer users, feeling of personal failure, social circumstances, etc.)?
- What atmospheres are associated with occasional or regular use? When is substance use associated with positive circumstances (recreational, festive, creative use) or, conversely, negative (to cope with anxiety or boredom, get to sleep)? How can the range of circumstances associated with use be described? What lies behind night-time use practices, with night-time and evening often being a time for experimenting with excessive use (particularly for heavy episodic drinking or binge drinking)?
- What negative consequences are perceived with respect to using? On the basis of which experiences, use frequency and signs do adolescents become aware, if applicable, of the harmfulness of psychoactive substances?
- How are drunken episodes and loss of control perceived? How is heavy episodic drinking (binge drinking) perceived?
- "Being able to hold their drink" or other substances: is this a positive value for this generation, which consumes faster than previous ones?
- Are girls and boys equal in terms of the risk of progressing to regular psychoactive substance use?
- What are the differences between the trajectories leading to occasional or, conversely, regular use?

On the basis of the information obtained in response to these questions, the study will help us **improve our knowledge of vulnerability factors**, be they individual (thrill-seeking, desire to take risks, etc.) or social and environmental (ease of access, influence of friends, family, etc.), for use (or regular use). It should also provide some avenues to help identify *factors for switching* from one type of use to another, at the different stages of use (experimentation, occasional use, then regular or even daily use). It may also help **build up a user typing system**, useful for understanding the motivations behind use and identifying potential risk factors for subsequent problem use, which will be discussed and validated by professionals (clinicians) and adolescents themselves (users).

In addition, the study will allow us to **develop hypotheses with respect to prevention strategy success factors**. What perceptions do adolescents have of the dangers of various substances? When they are aware of the health and social risks, why do adolescents experiment with harmful substances - some of which are also illegal - *despite everything*? What meaning do they give to their rebellious behaviour? The study will make it possible to test the explanatory hypotheses put forward in the literature. If adolescents ignore advice on prevention, is this because they are attached to values opposing those conveyed by the prevention messages? Does it have a specific link with the time aspect, with the long-term risks (chronic diseases related to tobacco smoking and alcohol abuse) appearing to be a long way away at this age? To design effective prevention strategies, it is necessary to develop a better understanding of the perceptions and motivations underpinning psychoactive substance use in adolescents.

Finally, it will lead to the **emergence of a core set of indicators that can be used in the general population surveys conducted by the French Monitoring Centre for Drugs and Drug Addiction (OFDT)**, relative to expectations associated with the use of various substances. These indicators could be incorporated into the cross-sectional use surveys conducted regularly in the general adolescent population by the OFDT (ESCAPAD, ESPAD, HBSC). They will make it possible to monitor changes in the expectations and perceptions of the various substance user categories and contribute to the statistical study of the factors associated with psychoactive substance use.

## Method

To answer these questions, the study will be conducted in three stages. Following a review of the international literature and drawing up an inventory of current knowledge with respect to the motivations underpinning substance use in young users, it will then seek to identify dividing lines between subgroups of young users, via a secondary analysis of the [ESCAPAD](#) survey (conducted in 17 year-old adolescents) and the [ESPAD](#) survey (conducted in 15-16 year-old schoolchildren in around 40 European countries). Finally, the third stage will attempt to understand the significance given to use practices by the users themselves and explore their use motivations via the use of qualitative survey methods specific to the field of social sciences. It will develop an investigation method based, in particular, on around 50 long interviews with several categories of adolescents, supplemented by group interviews (focus groups) with professionals and adolescent volunteers.

Hence, to identify the perceptions associated with use and the reasons for using certain substances as accurately as possible, the study will be carried out in three phases.

The first study phase will consist of a **review of the scientific literature** to identify the main research results focusing on the use motivations reported by young people.

The second study phase will concern **quantitative data** derived from general population surveys. This will involve a secondary analysis of the ESCAPAD survey, to identify the main reasons for using various substances at the age of 17, and of the ESPAD European survey, to analyse the obstacles to use and evolving perceptions of the risks and dangers related to drugs at the age of 15-16 years in France from 1999 to 2011, compared to other European countries. This preliminary phase will make it possible to identify the main perceptions, expectations and motivations associated with use reported by adolescents with respect to the various substances, along with any specific national characteristics. This information will be used to construct an interview grid, which will be administered to a survey population.

The third phase of the study will take the form of a **qualitative survey via individual interviews with under-age users** of different ages (from 15 to 17 years), both boys and girls, supplemented by **group interviews (focus groups)**, conducted among adolescent users and also professionals in contact with adolescents seen at youth addiction outpatient clinics.

In the context of *in-depth individual interviews* (semi-structured), three user categories will be questioned, in order to compare their expectations and perceptions with respect to alcohol, tobacco, cannabis and other illegal drugs:

- a group of 15 non-users of cannabis (who have never tried cannabis), including 10 tobacco smokers and 10 non-smokers (who have never tried cigarettes);
- a group of 15 occasional substance users (tobacco, alcohol, cannabis);
- a group of 15 regular cannabis users (including 10 who also regularly drink alcohol, potentially prone to heavy episodic drinking).

Adolescent volunteers will be recruited for the interviews via various channels: via local observers from the OFDT's [TREND network](#), via youth addiction outpatient clinics (CJCs) and national treatment and prevention centres for addiction (CSAPAs) dealing with young people, via adolescent guidance centres, schools, youth or specialised prevention associations, social networks and user forums, etc. The objective is to ensure maximum diversity of the adolescent sample interviewed by "recruiting" young people from different social backgrounds, boys or girls, living in urban or suburban/rural areas, in contact with the healthcare system or otherwise.

Since the public survey is composed of minors (voluntarily participating in the interview), a parental authorisation will be required before the interview. An information letter will be sent to the parents two to three weeks before the interview, guaranteeing the confidentiality and anonymity of the responses, and giving them the opportunity to notify the organisers of their refusal by a letter sent to the OFDT. The minors themselves will be asked to sign an informed consent form, guaranteeing their anonymity (there will be an audio recording of their interview). The parents and adolescents surveyed will be informed of their right to access the study results and to obtain any information concerning it.

In the context of the *group interviews (focus groups)*, this set of individual interviews will be compared in terms of the points of view of those involved (adolescent users, on the one hand, professionals on the other), in order to identify a categorisation of user types that is validated and consensual for both publics. Two user adolescent focus groups (volunteering to participate in the discussion) and two professional focus groups, of 10 people each, will enable a comparative validation of the criteria for identifying different "user types".

On the basis of a systematic interview grid, information will thus be collected concerning the factors associated with first use, occasional use or, if applicable, the various stages in the progression to regular use. By differentiating between three surveyed groups, the factors associated with non-use (interviewing a group of non-users) will be identified, for example, particularly the resources these individuals draw on within their social group to resist peer pressure, if applicable.

## Budget

Direct costs	€20,900 inc VAT (including 7% administrative costs)
<b>Organisation of focus groups</b> <i>Travelling expenses, room, purchase of audio recording equipment</i>	€500
<b>Transcript production costs</b> <i>Individual interviews (90 hours) and focus groups (12 hours)</i>	€20,400
<b>Personnel costs (OFDT)</b>	<b>€58,608</b>
<b>Documentalist</b> <i>Bibliographic search</i>	€1,836
<b>Project managers</b> <i>Literature review, secondary analysis of ESCAPAD and ESPAD data, conduct of individual interviews (45 interviews) and focus groups (4 to 10 people each), production of report</i>	€56,772

**Appendix**  
**Qualitative studies conducted among adolescents concerning their practices and their drug use motivations (in chronological order)**

Bibliographic reference	Country	Substance(s) cited in the study	Sample (n=)	Method
Power <i>et al.</i> , 1996	UK	Recreational drugs ('dance drugs'): MDMA, LSD, amphetamines	23	Interviews
Boys <i>et al.</i> , 2001	UK	Alcohol, cannabis, amphetamines, ecstasy, LSD, cocaine	364 aged 16-22 years	Interviews
Denscombe, 2001	UK	Tobacco	15-16 year-olds	Interviews
Mcintosh <i>et al.</i> , 2003	UK (Scotland)	Illegal drugs	216 young people aged 10-12 years	Interviews
Amos <i>et al.</i> , 2004	UK (Scotland)	Tobacco, cannabis	99 adolescents aged 16-19 years + 46 15-16 year-olds	Interviews + 8 focus groups
Menghrajani <i>et al.</i> , 2005	Switzerland	Cannabis (perceptions)	4 groups: - Adolescents aged 12-15 years - Adolescents aged 16-19 years - Parents - Professionals in contact with young people	4 focus groups
Akré <i>et al.</i> , 2010	Switzerland	Tobacco, cannabis (types of use and perceptions)	22 (14 boys + 8 girls) aged 15-21 years	7 individual interviews + 5 focus groups

**Bibliography**

Akré, C., Michaud, P.-A., Berchtold, A. and Suris, J.-C. (2010). Cannabis and tobacco use: where are the boundaries? A qualitative study on cannabis consumption modes among adolescents. Health Education Research 25 (1) 74-82.

Amos, A., Wiltshire, S., Bostock, Y., Haw, S. and McNeill, A. (2004). 'You can't go without a fag... you need it for your hash' - a qualitative exploration of smoking, cannabis and young people. Addiction 99 (1) 77-81.

Aquatias, S. (1999). Cannabis : du produit aux usages. Fumeurs de haschich dans les cités de la banlieue parisienne. Sociétés Contemporaines (36 (Les pratiques sociales des drogues)) 53-66.

Beck, F., Legleye, S., Chomynova, P. and Miller, P. (2014). A quantitative exploration of attitudes out of line with the prevailing norms toward alcohol, tobacco, and cannabis use among European students. Substance Use and Misuse 49 (7) 878-890.

Boys, A., Marsden, J. and Strang, J. (2001). Understanding reasons for drug use amongst young people: a functional perspective. Health Education Research 16 (4) 457-469.

- Chabrol, H., Roura, C. and Kallmeyer, A. (2004). Les représentations des effets du cannabis : une étude qualitative chez les adolescents consommateurs et non consommateurs. L'Encéphale 30 (3) 259-265.
- Denscombe, M. (2001). Uncertain identities and health-risking behaviour: the case of young people and smoking in late modernity. The British Journal of Sociology 52 (1) 157-178.
- INSERM (2014). Conduites addictives chez les adolescents : usages, prévention et accompagnement. INSERM, Paris.
- Kuntsche, E., Knibbe, R., Gmel, G. and Engels, R. (2006). Who drinks and why? A review of socio-demographic, personality, and contextual issues behind the drinking motives in young people. Addictive Behaviors 31 (10) 1844-1857.
- Le Garrec, S. (2002). Ces ados qui "en prennent" : sociologie des consommations toxiques adolescentes. Presses universitaires du Mirail, Toulouse.
- McIntosh, J., MacDonald, F. and McKeganey, N. (2003). Knowledge and perceptions of illegal drugs in a sample of pre-teenage children. Drugs: Education, Prevention, and Policy 10 (4) 331-344.
- Menghrajani, P., Klaue, K., Dubois-Arber, F. and Michaud, P.A. (2005). Swiss adolescents' and adults' perceptions of cannabis use: a qualitative study. Health Education Research 20 (4) 476-484.
- Moore, D. (2008). Erasing pleasure from public discourse on illicit drugs: On the creation and reproduction of an absence. International Journal of Drug Policy 19 (5) 353-358.
- Morel, A. and Coueron, J.P. (2008). Les conduites addictives. Comprendre, prévenir, soigner. Dunod, Paris.
- OFDT (2013). Drogues et addictions, données essentielles. OFDT, Saint-Denis.
- Peretti-Watel, P. (2005). Cannabis, ecstasy : du stigmatisme au déni. Les deux morales des usages récréatifs de drogues illicites. L'Harmattan, Paris.
- Peretti-Watel, P. and Constance, J. (2009). Comment les fumeurs pauvres justifient-ils leur pratique et jugent-ils la prévention ? Déviante et Société 33 (2) 205-219.
- Power, R., Power, T. and Gibson, N. (1996). Attitudes and experience of drug use amongst a group of London teenagers. Drugs: Education, Prevention, and Policy 3 (1) 71-80.