“The first time I took acid I was in heaven”:
a consumer research inquiry into youth illicit drug consumption

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Introduction

The majority of marketing and consumer research limits its attention to legal forms of economic activity although there are few reasons why it should not be applied to investigate illicit marketing contexts. Whilst there may be dangers and pitfalls in extending the consumption and marketing literature to illicit markets, especially in terms of moral objections and concerns over the negative social effects of illicit trade, a coherent statement is necessary to examine how valid inquiries informed by business disciplines should be developed. Illicit markets are an integral part of our society and operate and function in accordance with a derived set of marketing principles.

Drug use has attracted a great deal of research interest from social policy (e.g. Parker and Mesham, 1994), psychology (e.g. Schmid, 1998), medicine (e.g. Green et al., 1995) and other disciplines. There is also a large body of drugs related research that is most appropriately classified as cross-disciplinary. There is, however, limited evidence of a business discipline perspective despite the widespread application of market terminology in drugs related research.

Business disciplines, including marketing and consumer research, have given minimal attention to illegal forms of economic activity and exchange although there are notable exceptions (e.g. Hill, 1992; Maynard, 1992). Activities such as prostitution, fencing of stolen property and the sale of illicit drugs represent substantial income generators for many individuals, groups or countries (Hill, 1992). Indeed some countries and regimes have almost come to depend on the production of narcotics (Tullis, 1991).

From the perspective of consumer research, the legal, social and moral distinctions that have been established to differentiate illicit drug use from other types of consumption are not in themselves sufficient to justify considering it separately. Such distinctions are, after all, founded on prevailing social and moral beliefs rather than on the effects and consequences of consumption (Hoffman, 1990; D’Angelo, 1994). In this article we seek to treat the market for illicit recreational drugs like any other. Clearly the key difference a priori is the illegality of illicit markets. This gives rise to a situation where market cues, “branding”, quality and other factors (if they exist) are completely unregulated. While it would be naïve to assume that illegal marketers do not borrow from or imitate legitimate marketers, the distinctive quality of these markets allows the consumer researcher to examine consumer behaviour interdependently of several components of the traditional marketing armoury, such as formal advertising and promotion campaigns. Marketing knowledge and techniques become the property of the public constituency, and their use cannot therefore be restricted to specific types of economic activity. The study reported here seeks to both broaden the scope of consumer research to include illegal economic activities, as well as examining a situation in extremis which might in turn shed additional light on other consumption situations. For instance, in the context of the market for illicit drugs various marketing techniques and principles simply cannot be applied. Unreliability of both the quantity and quality of supply, the illicit nature of distribution, and the limited opportunity for any kind of marketing communications to be developed, impose specific restraints on the market and consequently encourage a particular type of marketing to evolve. The development, maintenance and enforcement of control over social networks as a basis for economic exchange networks, pricing strategies based on reputation and word of mouth, as well as increasing market size and share through
informal, socially derived means, offers a unique insight into a form of “implicit market relations”. This insight may well also be useful in examining some legitimate marketing situations that share some of these characteristics. In terms of the importance of social networks, the study of the market for illicit drugs could potentially inform certain types of direct selling and network marketing strategies. Examining the consumer behaviour of drug use, where censure and taboo are present, may further enlighten understanding of consumer adoption and information search about other legitimate but culturally sensitive products, such as certain types of medical treatments, and financial products and services.

The study sought to identify an environment in which the market for illicit drugs was to a certain extent self-contained, well established and accepted by many members of the community as “everyday”. These conditions can be found in a number of settings in the UK. Most major metropolitan areas have established illicit drugs markets although drug use is also prevalent in many rural environments. Drug use communities are not defined by social class, ethnicity or age but include consumer segments with a range of demographic profiles. To this end the study focussed on youth recreational drug use in Scotland and selected a town on the Clyde estuary as the principal site for the research. This location is reported to be a mass market and a consumer market (fencing goods may be perceived as a business-to-business activity). Crucially it is also a discrete market. The selling of counterfeit goods feeds off the legitimate market, whereas recreational drugs are not in direct competition with legitimate goods. One could argue that they are in the same market as drink or tobacco, although this point is debatable and still does not suggest a dependent relationship on a legitimate market.

**The context of recreational youth drug use**

Previous research shows that people use drugs for a variety of different reasons (Tullis, 1991; Glassner and Loughlin, 1987). It depends on the individual, it depends on the social context and it depends on the properties of the drug (or drugs) being used. Clearly a drug with physically addictive properties (e.g. heroin) is a special case. The desire for and use of the drug has the potential to become the over-riding force in an individual’s life. The research here is therefore directed at the use of “recreational” drugs which are not physiologically addictive or have disputed addictive qualities, for example, cannabis, LSD (lysergic acid diethylamide), ecstasy (MDMA: methylenedioxymethamphetamine); and speed (amphetamine sulphate)[1].

Consumption of these drugs is often confined to specific social situations and lifestyles and may be psychologically addictive (habit forming). The continued consumption of these drugs by an individual is still largely a matter of choice, indeed it is even possible for someone to be dependent on one drug and to use others recreationally (Heffner et al., 1996). Physiological addiction is a phenomenon which consumer research is not equipped to enlighten, however where there is a degree of personal choice in continued drug use (as with many recreational drugs) consumer research may provide insights.

There is mounting acceptance and evidence suggesting that young peoples’ use of recreational drugs such as cannabis, and hallucinogenic and stimulant drugs is endemic or even pandemic in many industrialised societies of the western world (Boys et al., 1997; Adlaf and Smart, 1997). Parker and Mesham (1994) surveyed over 700 15-16 year olds in the North West of England and found that 47 per cent had used illicit drugs. Cannabis was the most commonly used substance although LSD was also popular. This corroborates findings from other official and unofficial sources showing that in many areas of the UK a process of “normalisation” is occurring whereby the use of illicit drugs is now simply perceived to be part of growing up for many young people. Parker and Mesham (1994) also suggest that class barriers were less important than they are popularly perceived to be, i.e. middle class youths were almost as likely to use illicit drugs as their less affluent counterparts.

Another common popular perception of youth drug consumption in the UK and elsewhere is that it is inseparable from the “rave” club and dance scene. Whilst the studies cited acknowledge the importance of this phenomenon in accompanying drug consumption, it seems that drugs are often used before the opportunity to attend such events arises. Raves are one focus of youth drug use, but by no means the only one. This has been shown to be the case specifically in the Scottish context (Forsyth, 1996). There is also evidence of prevalent polydrug use among the young in the UK and in Scotland specifically (Parker and Mesham, 1994; Forsyth, 1996). Forsyth (1996) also found that the average Scottish rave-goer had used 10.7
different types of recreational drug in their life (including alcohol and tobacco), and typically first consumption took place in the mid-teens. This evidence is generally supported by data from official sources (Frischer, 1996).

Readings on drug use and desk research raise a number of questions for the consumer researcher. More often than not drug takers are described as users rather than as consumers. This creates a potentially fallacious impression that the activity is somehow detached from other forms of consumption. Clearly drug use is a singular manifestation of consumption, but it is consumption nonetheless. Prior to research a number of potential issues of interest arose from the desk research and literature review stage. For example: What is the role of quality perception? How does the “decision process” relate to those described in the consumer research literature? What is the role of market cues and “branding”? What is the role of source credibility? These general research questions were used to frame and ground the research program and to develop an appropriate research design and methodology.

**Methodology**

The approach was based principally on Glassner and Loughlin’s (1987) seminal study of adolescent drug use. This lead to the adoption of an interactionist methodology deploying humanistic forms of data capture. Qualitative methodologies of this kind are appropriate for a number of reasons. The first advantage is that it is possible to deal with highly fragmented and sensitive data. Many recreational drug users involved were below the legal age for tobacco and alcohol consumption and, for obvious reasons, were highly sceptical about the invitation to be involved with the study. Formal interviewing or questionnaires would not have been acceptable to users as they are perceived to compromise privacy and anonymity. Furthermore, such formal research tools have a limited capacity to capture experiential, emotional and group dynamic phenomena and tend to encourage post-rationalised and justified types of responses. A less structured format involving group discussions allowed respondents to feel no loss of control or infringement of anonymity whilst facilitating descriptively rich, socially emergent data on the topic (Geertz, 1973). The interactionist approach also encourages numerous sources to be drawn upon to inform the research without demanding integration or parity between different data sources. Thus, interpretation of data from group discussions with recreational drug users could be supplemented and informed with data collected from interviews with other involved constituencies and parties. The interviews, lasting between one and two hours each, were conducted with two police drug squad officers (DSO) working in a crime unit of a large police constabulary in Scotland, two drugs education police officers (PEO), and three health promotion professionals (HPP) working on behalf of various local authorities in Scotland in drugs and alcohol abuse issues. All of the interviews were tape recorded and transcribed.

Through the assistance of a community youth scheme organiser access was gained to a youth group in a town on the Clyde estuary near Glasgow in Scotland. The group provided a venue where young people in the local area could go during the evenings and where they could socialise, play pool and table tennis, etc. and talk informally to the group organisers about a range of issues, including drug use. A relationship with this organisation and the individuals involved was developed over a period of weeks prior to data capture in order to encourage openness and facilitate trust. The youth group was not intended to directly tackle drugs related issues and those attending were not necessarily involved with recreational drug consumption although the prevalence of drug use in the local area was such that the vast majority of young people attending the group indicated that they frequently used recreational drugs and had done so for some time.

With the assistance of the group organiser, two group discussion sessions were arranged at the venue in which the young people were asked to join in a discussion about drugs in the local area. The sensitivity of the topic area and the informal nature of the group meant that no more structure could be imposed upon the data collection than this. During the sessions, lasting for approximately four hours, most of the young people present joined in the discussion for varying lengths of time. At the request of the young people present, the session was tape recorded rather than video recorded and no attempt was made to collect personal details from the participants. Approximately 15-20 respondents participated in the discussions although only eight or so respondents were involved in the discussion at any one time. The transcripts from the sessions were taken as raw data and coded in terms of prevalent
Findings

The striking degree of consensus and agreement between experts and the respondents involved with the group discussions at the youth group on many of the following issues should be highlighted. A number of the points detailed below were corroborated by most of the informants of their own volition, not because of leading questions. Clearly the issues and themes as defined are not entirely discrete and there is overlap between them.

Drugs as business

The authors avoided referring to the drugs in business or market terms during the encounters with informants. However, a number of respondents in the expert interviews and in the youth group discussion referred directly to the illicit drugs trade as a business or market. Market and consumption terminology more often associated with legitimate markets were freely and frequently used. Phrases such as “supply and demand”, “it’s about making money”, “it’s a business” were used on numerous occasions. Moreover, legitimate markets and products were frequently used as illustrative examples to demonstrate how the flow of drugs is organised and distributed. The market is a model or discourse with virtually universal meaning and significance. Perhaps the most striking evidence of drugs as a culturally “legitimate” commodity or product like any other was the phenomenon of giving quantities of drugs as birthday presents. The following excerpts are taken from the group discussion:

Boy 1: You would buy drugs for birthday presents. No point buying other things because you would only sell them to buy drugs.

Interviewer: You buy drugs for birthday presents?

Girl 2: Ay, because that is what you want.

Girl 1: If they give you money then you’ll just buy drugs anyway.

This relates and supports evidence suggested in the literature review that a process of normalisation had occurred in terms of youth consumption of illicit drugs in some areas of the UK. A health promotion professional (HPP 1) made an explicit reference to this issue:

In terms of normalisation, I think normalisation is not really about the particular type of young people who are using, but the fact that it is part of their world.

Respondents in the group discussion also indicated the extent of drug use in the community:

Girl 1: Drugs are everywhere, you can see that everyone is on it. Whether it is your mates who are on it, everyone wants to try it. It is everywhere … Everywhere you turn.

Boy 1: There are a lot of people who take hash, sulph and acid – “easy drugs”, it just depends what you like.

Not only are drugs widely available in the community but it is perceived as an institutionally embedded market in which the principles of exchange, choice and selection are seen to operate.

The decision process

The concept of the predatory dealer forcing or coercing drug use was given little credence by the experts interviewed or the users. The following response was typical:

HPP 2: I think one of the common myths is that young people’s contact, or first contact with drugs is through strangers or dealers, or through the figures who hang about, sort of pushing drugs in street corners and playgrounds and stuff like that … It doesn’t happen that way, young people’s first experience with drugs is more likely to be from their peers, from their friends, from an older brother, sibling or a cousin, it is people they know basically.

This places the decision to take drugs very much in the realm of other consumption choices in so much as overt coercion did not seem to be an issue. The apparent normalisation of drug use had a powerful influence on the decision to take drugs and risk assessment, i.e. everyday items tend to lead to everyday decision making. As with legitimate products, the fact that drugs are in common use means that there is a greater propensity to consider drug consumption as common and everyday. Peer judgement is an important qualification and influence.

After initial contact with drugs, consumers tended to describe continued use as an increasingly personal experience whereby choice and individual product evaluation emerged as the over-riding factor in terms of the decision to take drugs and the assessment (or denial) of risk. Users tended to rate a drug as being good if they have had a good experience and rate a drug bad if they have had either a bad experience themselves or have directly witnessed someone else having a bad experience. There was also some
evidence of heuristic based decision making both in terms of underestimating the potentially negative impact of use and overestimating the positive effects. During the group discussion it emerged that the positive effects of drugs are experienced personally but the negative consequences were often displaced onto the “other”. Even where these negative effects were acknowledged, users’ denial at the point of consumption was clear:[2]:

Girl 3: See when you have acid and you have a bad trip you are like that [gesture: freaked out] and you think oh shit, I am never taking that shit again, it f***s your head up. You get paranoid. Sometimes you say to yourself: “if you have a bad experience with it you don’t go and take it again”. But sometimes you don’t. Other times you think “f*** it” it wasn’t that bad I’ll take it again.

Girl 2: It is basically, “f*** it I’ll try it”. If it f***s you up ± too bad.

Negative effects did not appear to serve as a sufficient deterrent from seeking future consumption experiences. Moreover, there is no real evidence that ceasing to take drugs is ever considered as a serious possibility. It would seem that no matter what experiences users have with any given substance, they would almost certainly take that substance again. Perhaps the impact of the negative experience diminishes over time (a sleeper effect), as Girl 3 alludes to above. The process can be characterised as a kind of “trial by fire”. There was no evidence of pre-purchase evaluation of alternatives, information search or pre-determined purchase as orthodox consumer behaviour theory would suggest. The lack of sufficient credible information about the quality of substances and limited choice of supplier may well account for the lack of formal decision making. Whilst availability was reported to be widespread in the community, dealers (who are themselves likely also to be consumers) recognised that they had limited control over the quality of the product they were able to source and distribute. The process is largely experiential and hedonically driven, with even the risks being perceived as mainly experiential.

There would seem to be a weak relationship between the consumption process described by the information processing school (Nicosia, 1966; Howard, 1977; Bettman et al., 1991) and the consumption process described in the context of recreational drug use. Illicit consumption is less calculative and/or rational. More recent perspectives on hedonic consumption would appear to be more pertinent (e.g. Holbrook et al., 1990; Gardner and Hill, 1989; Hirschman and Holbrook, 1982; Holbrook and Hirschman, 1982). Elliott et al. (1996) and Elliott (1994) suggest that consumption itself can be susceptible to addiction; this clearly provides valuable overlap with any analysis of drug consumption. Consumer research has also shown that situation is important (Belk, 1975; Chow et al., 1990; Umesh and Cote, 1988) and context and situation appeared to be very important especially during the early stages of drug use. Most initial drug consumption occurred in familiar social groups, and the decision to take drugs was typically described as impulsive or “unplanned”.

Risk
One of the key consumer decision making variables in this consumption context was risk. Consumption of illicit drugs, like all consumption decisions, evokes a certain degree of risk. The types of risk are, however, more extreme than in legitimate contexts, with both legal, physical and financial risk being an implied and accepted element of use. The lack of any formative rational decision making in the choice process meant that users tended to disregard and abdicate any concern for these risks, despite their potential severity:

Interviewer: What about longer term effects?

Girl 3: That doesn’t bother you, you just don’t think about it. You don’t care. You don’t care until it happens to you.

Risks were invariably played down. Long-term risks were typically completely dismissed by users, whereas short-term risks were described in essentially experiential terms, i.e. “a bad trip”. However one respondent added disturbing anecdotal testimony in support of the growing volume of recent research into the negative effects of ecstasy use. This research suggests that ecstasy consumption can impair mental processes and emotional wellbeing in the long term as well as the short term, and even cause death without overdose as well as causing renal or other physical harm (e.g. Elk, 1996; Williamson et al., 1997; Lapostelle et al., 1997; Vuillemet and Warter, 1998). Although aware of these warnings, respondents still supported continued personal consumption of ecstasy:

Girl 2: They say that acid and eccy doesn’t do nothing. But when I was at primary school I wasn’t dead clever but I was brainy, but now I’m getting more stupid everyday, my mum says it’s because of my age. I can’t remember simple words, I repeat things. But I’m still going to take it. My sister knows that, she doesn’t agree with it.

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40/4 [2002] 372–382
There was general agreement that heroin use and the consumption of other hard drugs such as cocaine and crack cocaine were fundamentally different to other types of soft, recreational drugs. A typology of consumer perception about drugs based on the views of this group could be characterised in terms of low risk/high risk, or even heroin/all other illicit drugs and tobacco and alcohol. There was a general agreement that intravenous drug use was “worse” than drugs taken orally. The mode of delivery is very important in the relative perceptions of different drugs and their risk associations. Evaluative judgements about drugs are made in a relativistic manner, i.e. heroin is “bad” whereas, and by implication, others drugs were acceptable. There was evidence to suggest that these negative views of heroin were used to reinforce their own personal denials about ill effects of other drugs.

The experiential aspects of risk and risk related consumer behaviour in recreational drug use has been examined in a number of academic studies (Kalichman et al., 1996; Schmid, 1998; Lee et al., 1998). Empirical evidence suggests that young people who perceive drug use to be low risk are more likely to consume illicit substances (Schmid 1998). Furthermore, this study showed that young people’s intention to take illicit drugs was linked to their overall attitude and behaviour to other risks. Clearly it is possible for denial mechanisms to operate so that risk is played down in order to interfere less with the more positive aspects of consumption as evidenced here. Moreover it is widely accepted in risk research that sometimes individuals assume that they have a greater knowledge about a given hazard than comparable others (e.g. Frewer et al., 1996) even if they do not possess that knowledge. This in turn might fuel any feeling of imperviousness or denial as reported here.

**Source of information credibility**

The findings suggest that source credibility is derived from previous experience of drug use. Those respondents who had a history of drug use referred to these experiences to inform perceptions about the effects of drug use in the absence of alternative credible sources to inform the decision-making process.

*Boy 1*: Teachers take a “they know better than you” attitude, but how can they know if they haven’t taken it?

The preference for experientially derived sources of information over other informed sources such as health promotion information, teachers and the police is an interesting characteristic of drug consumption. Previous research suggests trusted sources are often seen as superior to “expert” sources (McGinnies and Ward, 1980). The experts interviewed for this study acknowledged this credibility gap as a major barrier to drug education in schools. This also requires the rationale for drug prevention advertising and anti-drug promotion campaigns to be questioned since there is considerable evidence to suggest that users do not generally consider these sources to be credible.

*Girl 3*: The only people that tell you about these ill effects are people who have never taken drugs before. They’re all just making up all these things. They say to you, “just say no”. They don’t really know what it is doing and how it makes you feel …

*Boy 1*: My mum tells me not to takes drugs and you don’t listen to her because she doesn’t know shit. She used to say to me, “if you take this it will do that, and if take this it will do that”. And I just used to say ay, ay, I know what happens. So they don’t know.

Family members are not necessarily a trusted source in this context to the degree that previous source credibility research has shown unless they have themselves had previous personal experience of drug use (McIntosh et al., 1996). This is consistent with previous work into adolescents’ perceptions of source credibility in terms of drugs (Hammersley et al., 1997). The willingness of the respondents to trust social acquaintances and peers as credible sources more than “experts” in perceived risk situations is a well documented finding in other contexts (Smith et al., 1997; Frewer et al., 1996). The low regard for official or government sponsored sources parallels findings from a number of studies relating to source credibility and trust (e.g. Frewer and Shepherd, 1994). Sources perceived to have an external or ulterior reason for making a persuasive argument have a greater propensity to be discounted (Wiener and Mowen, 1986).

**Market cues: quality, credibility and branding**

How market information is transmitted about perceptions of quality and its subsequent effect is a salient issue in terms of drug use. Research suggests that many consumers perceive and use branding as a risk-reducing factor (Richardson et al., 1994; Mitchell and Greatorex, 1990). The question whether “branding” or a proxy form of branding can be said to exist in the illicit drugs market therefore requires attention as well as the question of quality and other market cues.
Trust is a multidimensional and complex concept (Preisendorfer, 1995). The importance of trust in an exchange context has been widely acknowledged, particularly as a risk reducing factor (e.g. Anderson and Narus, 1990; Anderson and Weitz, 1992; Andaleeb, 1995). Whatever the dimensions in terms of channel relations may be, it is generally accepted that basic trust and belief in a product’s safety is essential under conditions of choice. Whilst few products are completely “safe”, the consumer must have a base-line level of trust if he/she is to physically consume it under normal circumstances. This is a serious problem in the context of drug use since very little trust can be held by the user towards either the dealer or the substance being purchased. The most overt attempt at branding that seems to have been undertaken is in the ecstasy market, where it is typical for different pills to have emblems embossed on them (see Figure 1). Many of the pills are referred to by their emblem signification and referred to as “doves”, “dollars”, “swans” or whatever sign is used.

Signifiers from legitimate products and brands (such as “VW”, Mickey Mouse) are also used to emboss the tablets. This raises this issue of whether the brand values of the known legitimate brand are being used to suggest attributes for the pill, e.g. reliability, quality, etc., or whether they are simply being used as a counter-culture, expression. LSD is also marketed using picture tablets/printed paper using cartoon characters, pictures of flowers and other popular imagery. Whilst we can generate a number of possible interpretations concerning the role of branding in this market, drug squad officers and the youth users participating in the group discussions held rather ambivalent and ambiguous attitudes about the use of insignia on LSD and ecstasy:

*Interviewer:* What do you think about these little signs they put on “eccy” tabs.

*Boy 6:* If they have a star on it they will call them “stars”. If they have got doves on them then they will call them “doves”. But it doesn’t really matter.

*Girl 1:* It doesn’t matter what they have on them, you would still take them.

Whilst many respondents refuted the suggestion that emblems on LSD and ecstasy were important cues in the decision-making process, they did perceive such emblems as significant in terms of the effect they thought they would have on the experienced outcome. It may be that branding efforts at the emblem level (rather than the generic ecstasy brand name) also have little impact because dealers do not typically supply ecstasy tablets with a number of emblems at any one time, i.e. they offer consumers a given brand of ecstasy rather than offer a range of different tablets.

![Figure 1](https://example.com/figure1.png)

**Figure 1**
Ecstasy tablet insignia
with alternative signifiers. There is, however, a recognition that the type of experience one can have when consuming ecstasy can vary significantly:

**Boy1**: You get a different feeling on different tabs. On some you will feel like (gesture: hyper) and on others you feel (gesture: comatose). Some eccies you take and you are like that, and others you take are like that. **Interviewer**: Do the different effects make you think that they are different substances? **All**: NO, NO, NO.

**Boy2**: As long as it gives you a good hit. It is only the next day that you think about it. **Boy2**: It’s wicked. You never know what they are putting in it. **Girl1**: You don’t know anything, you don’t know what they are putting in sulph, or *f****** ing eccy and that, and you don’t care, you don’t *f****** ing care.

**Boy1**: You like to think it’s made in a factory. **Girl1**: It’s because it comes in a tablet. Despite having high experiential awareness of the negative effects of drug use, users continue to maintain positive expectations about continued use. The main branding in this context is the brand of ecstasy itself (or “E”), although the actual chemical constituency of the drug sold, purchased and consumed as ecstasy is widely understood to be open to question by the users themselves. Users refer to tablets as “E” whatever the tablet may actually contain. The same generic verbal signifier is attached to products with diverse product characteristics. Drugs squad officers (DSO) made an interesting observation regarding the constituency of ecstasy. They reported that chemical analysis of a sample of tablets gathered in Scotland at the time of this study had shown that only a small percentage actually contained any MDMA, and those that did often contained a very small amount. It is therefore highly likely that many users had never consumed any genuine MDMA “ecstasy” and accounts for the wide variation in the types of experiences that users report when taking it:

**DSO 2**: What it was chemically [MDMA], wasn’t why it was called ecstasy as far as they [users] were concerned. **DSO 1**: They [users] don’t know either, they will get patterns embossed on them, or *f****** ing eccy and that, and you don’t care, you don’t *f****** ing care.

Participants in the group discussions reported that social networks were important for marketing drugs and the assessment of risk and quality. This appears to serve the double function of an adjunct to quality uncertainty and providing reassurance to dispel or reduced concerns of risk (particularly for first time consumption). Peer pressure in the purest sense did not seem to play an important role in terms of active coercion although social conformity and the subsequent normalisation of drug use was a salient factor in consumer choice.

The drugs market is similar to the drink and tobacco market (often perceived as legalised drugs) although there are key

Respondents described the effects of ecstasy in terms of it being a stimulant, a depressant, a sedative, and a hallucinogenic. Whilst “E” is taken as slang for MDMA, it is also a generic signifier for a range of drug induced experiences and sensations. The lack of an effective information search in the consumer decision-making process for ecstasy is therefore quite understandable in light of this finding.

There are some parallels that can be drawn here with copycat branding in legitimate markets. If an ecstasy tablet with a new motif gains a good reputation then other suppliers would use the same motif:

**DSO 2**: It is just like the fake t-shirts. It is easier for [dealers], it just boosts their profits. If they have to put in the constituent parts of ecstasy then that perhaps is going to cost a lot more than if they just putamphetamine in it [the ecstasy tablet] and put a stamp on it. And it is all down to profit at the end of the day.

So whilst product signifiers and market cues exist and are referred to by users, they are generally unreliable sources of information for determining risk and influencing choice. Trusted relationships are often cited as risk relieving factors in exchange relationships as stated above. Users reported that they relied on personal relationships to validate the product’s quality. They believed that those dealers they knew were less likely to supply bad substances because the buyer has some perceived comeback. Using suppliers known to the consumer and reliance on supply through social and family networks seemed to be used to compensate for the uncertainty in quality and the spurious attempts to “brand” ecstasy and LSD:

**DSO 2**: They know what they are getting. If they have bought from say Russell for the last ten years and “Russell” has given me good amphetamine then I will always buy from him because I know I am getting “good stuff”. Whereas if you change your supplier and it is rotten, then it is trust — sold as seen.

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The drugs market is similar to the drink and tobacco market (often perceived as legalised drugs) although there are key
differences. These differences relate principally to the pronounced experiential nature of drug use and their illegality. The decision process is hedonically and experientially driven. There was little evidence of a rational decision process as suggested by some models of consumer behaviour, but more recent research as outlined above (based on social theory, hedonic, experiential, and addictive consumption research) can provide insights. Risk assessment was minimal and experientially oriented, and denial and heuristic decision making were pervasive.

Source credibility is based on proof of previous drug consumption experience. Previous work identifies trustworthiness as often more important than expertise, whereas here trustworthiness correlates with the experience of drugs and drug use. Although some form of branding exists for ecstasy (and to a lesser extent for LSD), it is unreliable and is acknowledged as such by users. Known supply routes and social networks are used as major indicators of quality.

**Concluding remarks**

This study emphasises the characteristics of markets that are not regulated by conventional systems of quality control, competition and product choice. Despite being legislated against, the illicit drugs market is perversely free from government inspection, trade descriptions legislation and quality assurance beyond the obvious attention of law enforcement. In this context other systems emerge in order to organise the market. Social networks emerge as a major source of quality assurance and credibility. In the absence of information that could be used to balance risk, consumers seem to abandon risk altogether as a manageable variable in this type of consumption. Attempts at branding provide arbitrary, yet in some senses a mildly credible form of signification for “good” or “bad” experiences. An intriguing question that arose during the course of this research was the effect of consumer culture on the young people’s desire for recreational drugs in the UK. Clearly the wider consumption environment will have an effect on attitudes to this form of consumption. The mechanism or nature of this interaction remains unexamined here although there are some initial insights into such effects. For example, the apparent inability to say no and the “must have” attitude relates to the representation of insatiable desire in consumer society. The findings also offer some limited explanation for the ineffectiveness of anti-drug advertising and suggest that the source of information deemed most credible by users is other users and ex-users. Furthermore, if the “danger” of drug use is normalised then the use of sensationalised scare messages becomes a problem (Hewgill and Miller, 1963; King and Reid, 1990). This view has lead many health professionals to advocate education programmes rather than campaigns aimed at promoting refusal. However, as other studies have shown and ours anecdotally reveals, the dangers of recreational drug use are real, if often denied by the users themselves. The dissemination of information and message framing has been the focus of a significant amount of drug related research for some time, particularly in respect of the efficacy of anti-drugs campaigns (Smart and Fejer, 1974; Schlegel, 1977). The general question of advertising effectiveness is also an area where marketing and consumer research has a long tradition of interest (e.g. Hornik, 1989; Shavitt and Lowrey, 1992; Franzen, 1994) and one of the few areas where some interest in drug consumption has been displayed (Schoenbachler et al., 1996). The nature of any developments in anti-drug marketing is therefore the other primary ongoing aim of the extension of this work.

Whether one chooses to advocate or condemn recreational drug use on moral, medical or social grounds, it is evident that drug culture is also a consumer culture that emulates some aspects of legitimate markets. Researchers studying legitimate markets can therefore shed considerable light on the parallel processes in illegal markets; even if those processes and phenomena (e.g. ecstasy branding) are arguably vulgarisations of those prevalent in legitimate markets. Business subjects and disciplines should not be bashful about investigating market and consumption phenomena that might be regarded as peripheral or beyond the boundary of its traditional areas of focus since there is a real chance that useful insight might be gained. Business practice is not a discrete activity in society and legal barriers do not prevent the principles of marketing from being practiced, albeit in a modified form, in illicit and illegal markets.

**Notes**

1 Recreational drug cultures develop highly sophisticated languages and discourses to talk about and describe different substances. The terminology is often specific to sub-culture groups and regions. In the setting for this research, users employed a range of slang and
colloquial terminology. Cannabis is typically referred to as “hash”, “weed” or “pot”. Lysergic acid diethylamide (LSD) is typically referred to as “acid”, MDMA/ecstasy is referred to as “E” or “Ecstasy” as well as various other terms specific to the emblems embossed on the tablet itself (e.g. “doves”). Amphetamine sulphate is commonly referred to as “Speed” or “Sulph”.

2 Various offensive terms and phrases were common to the social discourse of the members of the group discussion. Whilst this language may be perceived as offensive to some readers, it is used as very much everyday, normal language in this setting. It needs to be read in this context so as to avoid attributing excessive significance to certain comments. Expletives have been masked.

3 A veterinary pharmaceutical.

References


Hoffman, J.P. (1990), “Ideology, racism and morality: investigating the structural origins


