Exploring the impact of post-secondary drug education

By

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ABSTRACT

The prohibition of many drugs has led to the development and implementation of drug related education programs that typically exist at the elementary school level. As many of these programs are funded by the Canadian government, it is possible that such education serves as a means of re-enforcing the traditionally held values that are currently reflected in Canadian drug laws. One alternative form of drug education (DE) occurs at the post-secondary level. The present research examines an alternative form of DE through interviewing four students who attended the University of Ontario Institute of Technology (UOIT) –two who had taken the 4th level course, *Advanced Justice Studies: Drugs and Society Course,* and two who had not. This thesis determines if the students' views on drug use, drug users, and drug policies differed. There is some differentiation that occurs between those interviewed; however, this differentiation is not solely attributable to having followed the drug course in question.

DEDICATION

I dedicate my thesis work to my family who have lovingly stood by and supported me throughout my academic career. I want to specifically dedicate my thesis to the late Lloyd Edwin Hack. Although he was not present for the beginning of my journey through the Graduate program at the University of Ontario Institute of Technology, his constant encouragement to strive for academic excellence ensured that I would not tire in my efforts to succeed. Lloyd's tireless efforts in service to his Lord and Saviour Jesus Christ, have, and will continue to inspire me to "run with endurance the race that is before [me] looking to Jesus, the founder and perfecter of [my] faith" (Hebrews 12:1b-2a).

I would also like to thank the rest of my family for their encouragement in the difficult times that every student encounters during their academic journey. Without the unwavering support that was available to me at all times the completion of this thesis would certainly have been a difficult feat.

Finally, I would like to dedicate this work to my Lord and Saviour Jesus Christ. Coming from a difficult situation and having struggled with academics my entire life, my post-secondary journey can only be understood as a blessing from God who, despite my own questionable abilities, has brought me through the Graduate program, the trials that came with it, and to the completion of this thesis. Having dedicated this thesis to my family and my Lord, I now leave the reader with the one of the most encouraging passages to me and my late grandfather, "Trust in the Lord with all your heart, and lean not on your own understanding. In all your ways acknowledge him, and he will direct your path" (Proverbs 3:5-6).

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INTRODUCTION

Drugs and policies associated with drugs have been the cause for much debate throughout Canada's history. In Canada today, drugs are subject to control. While some drugs are legal, many drugs remain illegal and their use and possession are cause for punishment if a person is caught in either act. Additionally, due to the legal consequences associated with drugs there is a social stigma that surrounds drug users (Ritson 1999).

The prohibition of many drugs in Canada has led to the development and implementation of drug-related education programs, many of which are implemented at the elementary school level (Fletcher, Bonnell, Sorhaindo, & Strange 2009; Allott, Paxton, & Leonard 1999; Shiner, 1999; Tupper 2008, 2009). Many of the aforementioned drug-education programs are funded and administered by the government (Tupper 2009). As policy and education surrounding drugs are both administered by the government, there is cause for concern among critical scholars. A specific concern exists when considering questions of whether government administered drug-education programs serve as a means of re-enforcing traditionally-held prohibitionist values regarding drugs. That is, DE programs (funded by the federal government) may bias recipients' views in accordance with the current drug policies established by the government. To properly address this concern, I examine one alternative form of DE and interviewed four students in order to determine their views on drug use, drug users, and drug policies: two students who had taken the drug course in question, and two who had not.

One alternative form of DE that is not administered by the government is post-secondary DE. For the purpose of this paper, post-secondary DE will refer to a specific

university course offered at the University of Ontario Institute of Technology to students in their fourth year, the *Advanced Justice Studies: Drugs and Society Course*. This course examines drugs from a sociological perspective, while reviewing the history of drugs and their use in Canada and the United States (US).

Prior to commencing an examination of post-secondary education, it is important to consider that education is a uniquely human occurrence to be understood as differentiating men and women from any other creature (Hughes 2003). Therefore, understanding the uniqueness of education to humans, and the evolution of post-secondary education which began, and continues to develop, since its earliest known existence in Bolonga in 1158 (Hughes 2003), post-secondary DE represents the pinnacle of educational achievement in modern society. According to O'Brien, education is one of the best ways to help people learn about diverse others with whom they co-exist (O'Brien 2012).

Post-secondary DE is conducted and administered at the post-secondary (university) level and is often offered in the form of elective courses. As this level of DE is not directly funded by the government, it is reasonable to assume that the views of those who have participated in this form of education will not be biased by the current political objectives of the government in power. Additionally, because these programs are not directly funded by the government they represent an alternative form of DE to examine than that which is currently offered at the elementary school level. By examining this alternative form of DE and, more specifically, examining the opinions of those who have participated in this form of education (and those who have not), the present study will be able to examine the impacts that post-secondary DE has on its recipients. Additionally, this research will attempt to answer the question, "Do those

students who have participated in post-secondary level DE hold different opinions of drug use, drug users, and drug policies than those who have not?"

Prior to attempting to answer this question, it is necessary to begin with an examination of the literature related to drugs. This examination of the literature will cover relevant definitions of drugs, drug history, drug use, methods used for conducting drug-related research, education, and drug policies ultimately ending with an overview of relevant theory.

LITERATURE REVIEW

The literature on drugs (illegal and legal) is both vast and comprehensive, covering topics from the chemical properties of drugs and their harmfulness to people (Single, Rhem, Robson & Vantruong 2000), while also addressing issues of social stigma which surrounds them (Boland 2008). Since there is such a wealth of literature that examines the subject of drugs an appropriate starting point for any review of the drug literature would be to attempt to answer the question, "What are drugs?"

Defining Drugs

The task of securing a concrete definition for drugs is daunting to say the least. Such a definition must make note of the pharmacological effects of the substances themselves as well as the sociological and cultural variables which give drugs their meaning, while also accounting for the differing meanings that they may have within distinct subcultures of users and non-users. The naming, or defining of something is merely a political exercise (Scott 2001), the same may be said of drugs. In attempting to inform anyone who would seek to define drugs, DeKeseredy, Ellis, and Alvi (2005) suggest that two categories exist (objectivist and subjectivist). These categories form our understanding of what constitutes a drug. Objectivist definitions of drugs take account

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of chemical properties which drugs themselves possess. According to an objectivist definition a drug would include any substance that alters one's consciousness (DeKeseredy et al. 2005). Such a broad definition of drugs is indeed problematic for researchers as this may even extend to include food which may also alter a person's consciousness as a result of an allergic reaction. Subjectivist definitions of drugs account for our understanding of drugs as social constructs (DeKeseredy et al. 2005). Defining drugs in light of their subjective meanings also presents problems. One such problem can be found by considering the cultural makeup of a society. Different subcultures that compose our society will undoubtedly view drugs differently by the mere virtue of their differential makeup resulting in multiple (possibly competing) definitions of what constitutes a drug.

Another approach to defining drugs is based on their use. In this sense, drugs can be either used illegally or legally, used for recreational purposes, or to satisfy the demands of addiction (Goode 2007). A definition such as this presents a better starting point for researchers as these four forms of drug use narrow our focus on drugs to a specific moment, that of use. Additionally the term, "drug," then is taken to mean whatever the user considers a drug. Boland (2008) further narrows the scope of drugs definitions to a dichotomy between legal and illegal. Legal drugs are any drugs whose use is not prohibited by the government, while illegal drugs refer to those whose use is controlled by the government.

According to Boland (2008), Western society has been socialized into accepting a dichotomy between legal and illegal drugs. The evidence of this dichotomy is even visible among academic work as we compare harm caused by legal drugs (alcohol/tobacco) and illegal drugs (heroin/marijuana) (Single, Rehm, Robson & Van

Truong 2000). The benefits of adopting a dichotomous definition of drugs (legal vs. illegal) include the ability to situate the research within the given society. Specifically, laws in a democratic society should serve a utilitarian purpose and reflect the will of the public. If, as Boland (2008) suggests, Western society has accepted a dichotomous definition of drugs, any research using such a definition will allow participants to easily understand and accept such a definition of drugs. A critical examination of this definition, however, would reveal that categorizing drugs as legal or illegal simply decrees without giving reason. While this may be true, the rationale of having an accepted definition of drugs (such as that which exists in the dichotomy between legal and illegal) outweighs the problems associated with such a definition.

It should now become clear to the reader that there exist a number of different ways by which drugs are defined. The lack of a clear consensus among academics concerning a definition of drugs presents a problem for the current research. One possible way that this may be remedied is using participants' own definitions of what constitutes a drug. This would eliminate the need to differentiate among the definitions offered by academics, and would ensure the participants' views on drug use, drug users, and drug policies that are consistent with their own understanding.

A Brief History/Drug Policies

Having settled on a definition of drugs that is to be determined by the individual participants during the course of their interviews, it then becomes important to examine the historical factors that have led to the criminalization of drugs. Canadian drug history is decidedly different than that of our neighbours to the south in the US and is not as exhaustively documented. The latent causes underlying the drug war in the US are similar to those in Canada (Jensen & Gerber 1993). Declining political support and a moral

panic over the perception of increased drug use were the catalysts for early anti-drug policies in Canada (Smart & Adlaf 1992). One key difference between the approaches taken by the US and Canada is the softer language which is used when discussing drugs in Canada. Currently, Canada employs a drug strategy as opposed to a drug war against a drug use epidemic (Jensen & Gerber 1993). Similarities also exist concerning the rationale for codifying drugs in the US and Canada. Critical scholars note that the targets of early drug legislation in the US were primarily Hispanic and African American (Faupel, Horowitz & Weaver 2010). Similarly, in Canada, early drug legislation is said to have targeted the Chinese immigrant population (Fischer, Ala-Lemppalimpi, Single & Robbins 2003). The prohibition of drugs (such as heroin often used by the Chinese) was believed to have been used as a means of controlling this population. From the early prohibition of heroin and opium, drug policies in Canada have continually been expanding, and now prohibition extends from substances such as heroin to lysergic acid diethylamide (LSD). This history of drug prohibition is particularly important to consider in light of theory. As Cohen noted in his theory of social control, the net is ever widening (1985). This same net-widening effect can be observed in the recent history of drug policy. There are increasingly more drugs scheduled as illegal and understanding this trend is essential to understanding Canada's current position on drug use.

Having examined drugs in history, now it becomes possible to examine current perspectives on drugs. The inclusion of drugs to schedules which prohibit their possession and use is a process which varies depending on their characteristics. The reasons for scheduling drugs include: the psychological effects of the drugs, addictive potential, and the potential for societal harm (Faupel et al. 2010). Marijuana, however, was added to the schedule of illegal drugs in spite of a lack of evidence that this drug is highly addictive or

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harmful (Commission of Inquiry 1973; Fischer et al. 2003). The addition of marijuana to illicit schedules has been theorized to be political (in accordance with drug policy in the US) (Commission of Inquiry 1973). In addition to the evolution of the schedules classifying illicit drugs, there has been an evolution of the approach used to deal with drugs. Traditionally, Canada has followed a prohibitionist approach with its drug policy (Caulkins & Reuter 1997). Prohibitionist approaches are characterized by a "just say no" approach. The evidence of this approach to drugs can be found in the legislation which prohibits the use of certain drugs under any circumstance. Prohibition alone cannot adequately serve a population because these strategies often lead to increased harm being done to users (Caulkins & Reuter 1997). One competing ideology that is emerging is that of harm reduction. Harm reduction approaches are characterized by a "just say know" approach, seeking to inform people, and empowering them to make informed decisions. According to Grant (2007), harm reduction has now become the model based on which drug policy is formed in Canada. This shift marks a departure from the drug war mentality embodied by the US to a more progressive treatment of drugs as a social problem. In addition to changes in the scheduling of drugs, and the approaches of governments, there has been a historical shift in the way that drugs are viewed as harmful or not, and the use of drugs has consequently become "normalized".

The normalization of drug use is occurring partially due to a normalization among young people that is also manifesting itself among adults who are being educated by their "drug wise" kids (Parker, Williams & Aldridge 2002). Drug use in young people, the authors note, has been normalized due to the proximity that users have to their dealers. Specifically, many drug dealers are the peers of young people, removing the assumption that drug dealers are notorious criminals from the underbelly of society (Parker et al.

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2002). The normalization hypothesis that Parker et al. (2002) propose, however, is to be understood as subjective. While they note that marijuana has reached "universal" normalization, many other drugs can only be viewed as normal within distinct subcultures (e.g., ecstasy use in clubs). The importance of understanding the phenomenon of normalization is twofold. First, if normalization is the current trend, it is appropriate to assume that soon the current approach to drug policy will need to be revisited in order to render the approach more applicable. Second, if drug use is becoming increasingly normal, people must be receiving their understanding of drugs and their use from non-traditional sources. Having briefly examined the history of drugs, the following section will now examine drug policies from a Canadian perspective.

Drug Policies

In order to examine the issue of drug policy it is first necessary to understand the approach Canada has taken to drug policy. Governments, when enacting laws, seek to promote values, and provide symbolic characterizations of acts, ideas, and intentions, through which citizens live their lives (Scott 2001). In essence then, drug laws are to be understood as promoting the values of the ruling class who make the laws, symbolically characterize the acts, ideas, and intentions of drug-related crime, and seek to influence society's actions based on this framework. Clearly, the value of protecting the public could not have been considered when scheduling marijuana. As the findings of the Le Dain commission indicate there was no evidence to suggest that marijuana legality was harmful to the public, and should therefore be criminalized (Commission of Inquiry 1973). Similarly, the criminalization of heroin, and subsequent targeting of the using population of Asian immigrants (Fischer et al. 2003) could not be thought to be beneficial to society. These are two examples of how the criminalization of some drugs is not

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always in keeping with the reasons suggested by Faupel et al. (2010). This then begs the question, if the value of criminalization is not experienced by society, then who is experiencing it?

One clear problem with the literature on drug policies is a failure to examine the views of members of society on drug policies. More specifically, there is no literature examining the views of those who have taken some form of post-secondary DE in Canada. As those with post-secondary education represent a significant portion of the current, and future voting population, their views should be considered when forming future drug-related policies. The cases considered above of the scheduling of marijuana and heroin are clear examples of the conflicted nature of drug policy. As was noted above, the scheduling of these substances appears to be for reasons other than those pointed out by Faupel et al.(2010). However, to be certain of the conflicting values of policy makers and society, it would be beneficial to have an understanding of the modern day patterns of drug use in Canada. These drug use patterns will be further examined below.

Drug Use

Much of the drug literature focuses on illicit drugs, however, to only examine these drugs would be only a partial examination of the phenomenon that is drug use. Legal drugs, including alcohol, and tobacco, are the most commonly used drugs, and they account for the greatest cost to society in terms of healthcare spending (Single et al. 2000). Further support for this can be found in a study of drug use patterns that found the majority of youth (ages 12-17) in Canada (62%) report alcohol use, while only 19% report using marijuana, and even fewer report using other illicit drugs (Leatherdale, Hammond & Ahmed 2008). Based on the evidence presented above it would appear that

legal drug use will continue to be relatively common among youths and adults. Further, as is evident in this research, the majority of drug users choose to use drugs considered to be legal. The problems with this information are obvious, as one cannot expect people to self-report criminal behaviour accurately. Another possible explanation for these use rates may be the easy availability of legal drugs compared with illegal drugs. Another possible explanation may be due to the perceived stigma attached to illicit drugs (Scott 2001). Although there may be any number of explanations, legal drugs continue to be the most widely used substances when compared with illegal drugs.

As evidenced by the preceding examination of marijuana, the use patterns of this drug have not significantly differed since its scheduling. Similarly, as the scheduling of heroin was considered to be for reasons other than merely public harm, a contemporary analysis of its use patterns will help to understand the modern manifestations of this drug. Historically, heroin in Canada was introduced and primarily used by Chinese immigrants; its criminalization was suggested to be a means of targeting this population upon their completion of the railway work for which they were brought to this country (Fischer et al. 2003). Contemporary use patterns, however, indicate that heroin use is more distributed among demographics and that its use is declining throughout the country (Fischer, Tehm, Patra, & Cruz 2006). The exception to this trend is in cities with access to seaports.

In Canada, the cities of Montreal and Vancouver continue to display high heroin use, while interior cities such as Toronto and Winnipeg demonstrate a shift toward the use of prescription opioids in lieu of heroin. Scholars indicate that one potential reason for the lack of change in use patterns among Montreal and Vancouver may be due to the ease of access to shipments of heroin from across the globe (Fischer et al. 2006). These cities have easy access to sea ports which offer an easy means by which drugs can enter the

country. Once an illicit substance has entered the country, the transportation of this substance increases the propensity for detection which may result in criminal sanctions. The use patterns of interior cities instead tends to make use of synthetic opium derivatives, substances which are legal under certain circumstances (prescription) and are less likely to be detected as a result. Additionally, the transportation of these synthetic derivatives to interior cities need not be done by users, as a steady supply arrives via legal means to pharmacies, and licensed hospitals on a regular basis, ensuring a steady supply for users. While it would appear that the use patterns of marijuana have not changed significantly since its early scheduling, the same cannot be said of heroin. Other changes in drug use can be observed with legal drugs as well.

Drugs and their use are primarily focused on singularly in the literature as evidenced by the literature examined thus far. That is to say that the literature examined to this point has failed to account for drugs that are used in conjunction with other drugs. This may provide an incomplete picture of the phenomenon of drug use, as a growing number of people are reporting using substances in conjunction with other substances (Barrett et al. 2006). The practice of using more than one drug at a time has come to be referred to as polysubstance use. In their research Barrett et al. (2006) found that alcohol, marijuana, and tobacco were the most common substances used in conjunction with each other. The findings of this research further indicate that polysubstance use is practiced commonly by university students and members of the rave subculture (Barrett et al. 2006). This growing phenomenon of polysubstance use is particularly important to understand because of the potential pairing of legal and illegal drugs. Specifically, it would appear that those who engage in using legal and illegal drugs together have no regard for the criminal law in making their decision to use drugs. Rather, the indication

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may be that illegal drugs are becoming normalized based on their pairing with legal drugs, evidencing the normalization hypothesis (Parker et al. 2002). The above research draws on samples of university students and members of the rave subculture. The distribution of users among men and women, however, remains unclear.

So far the literature reviewed on drug use has ignored one critical issue, and that is the difference in drug use among men and women. To assume that drug use is equally distributed among men and women would be foolish as different gender roles undoubtedly attribute to the social acceptability of drug use. As the literature indicates, men tend to use more illegal drugs than women (Grant 2009; Johnston, O'Malley & Bachman 2000; SAMHSA 2008). An understanding of this pattern of drug use is essential to any research that would examine the perceptions of drug users, as perceptions (if accurate) would tend to reflect drug use as a phenomenon dominated by men. This may be changing, however, as the number of women incarcerated for drug-related offences is continually growing at an alarming rate (Harrison, Allen & Beck 2005). Understanding that the picture of a drug user is in a state of flux, opinions of what constitutes a drug user may vary considerably. For this reason, the following section will examine the ways by which people learn about drugs, and their users.

Drug Education

Understanding that perceptions of what constitutes a drug user may vary, the question arises, how, and where do we learn about drugs and drug users? Many people learn what they know about drugs from experience, many equating their knowledge of drugs to the sum of what they have learned from their peers (Sussman, Dent & Stacey 1996). In addition to learning what we know from peers, many people indicate that their own experience with drugs tends to shape their understanding of the phenomenon of drug

use (Fletecher et al. 2009). Those who self-report drug use indicate that oftentimes their first experience with drugs correlates with a desire to fit in, a searching for identity, and for dealing with anxiety (Fletcher et al. 2009). Additionally these three reasons for engaging in drug use were reported to stem from the educational environment (school) that participants were in at the time of their first use.

Building upon the work of Fletcher et al. (1999), Shiner (1999) offers a similar understanding of the prevalence of peer-led education concerning the phenomenon of drug use. Peer-led education can be understood to be any education whereby the person delivering the content is of a similar age to the recipient (Shiner 1999). Shiner further notes that there is increased legitimacy surrounding information delivered by someone that a recipient perceives as a peer. This is consistent with the social learning theorist Bandura (1963), and his idea of social learning. Understanding that peers have an unprecedented amount of influence on a persons' experience with drugs, it is also important to understand what other agencies contribute to a person's informal DE.

Sources of DE include police, teachers, peers, and parents as these four sources are the main contributors to DE (Alott, Paxton & Leonard 1999). The first contributors, (teachers and police) represent agents of formal control (Gottfriedson & Hirschi 1990). Teachers and police are both agents of the government and their role should be understood as one which seeks to uphold/enforce the values of the government in power. Subsequently, this may result in the enforcement and transfer of government values to those who have contact with either police or teachers. The latter two influences (peers and parents) represent informal agents of control (Gottfriedson & Hirschi 1990). While these actors still undoubtedly play a role in the shaping of a person's views on drug use,

their role is less shaped by the agenda of the government, therefore, deviance from the norm may more commonly occur with views shaped by this group.

In Canada, DE conducted by agents of the government, or formal actors is primarily handled by teachers within the public school system. Additional education may come from police programs; however, consistent with our system of learning, teachers in schools are responsible for the majority of DE received by students (Tupper 2009). According to Tupper (2009), this may be a problem as teachers are not adequately prepared to deliver DE to students. Many teachers, due to a lack of training, express a fear of sending pro-drug use messages to their students when teaching in accordance with the principles of harm-reduction. Further, many teachers fear professional stigmatism and isolation which they indicate may result from refusal to adhere to precepts aligned with the "drug war" mentality (Tupper 2009). This systematic failure to adequately prepare educators for their role in teaching students about drugs is problematic. It creates a potential for incorrect, or incomplete messages about drugs to be taught to students resulting in an improper understanding of drug use which may have many unintended consequences.

While there is relatively little training available to teachers to prepare them to deliver DE to their students, there are some resources available (Tupper 2009). One particular resource is a DE text primarily used in British Columbia's schools. Through critical discourse analysis (CDA), Tupper (2008) found that this text was filled with language that is suggestive of latent political agendas. Although the material in the text contained some information referencing the principles of harm-reduction, much of the language and material aligned with a more traditional prohibitionist agenda. While teaching in accordance with harm-reductionist ideologies is good, a softening of language

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used to describe drugs may be in order for the material being delivered to be perceived as neutral (Tupper 2008).

To this point drug-related education has been examined primarily by considering formal DE programs, however, learning occurs also from informal actors such as peers (Fletcher et al. 2002). Similar informal learning about drug treatment was observed in the work of Bobrova, Alcorn, Rhodes, Tughnikov, Neifeld, and Power (2007). They observed informal DE when injection drug users learned from experience with substitution therapy. The informal (self) education that caused participants' views on substitution theory to change can also be observed in the work of McCambridge and Strang (2004) who examined the potential of motivational interviewing to reduce substance use among youth. Many youths believed false information (often learned from peers) about drugs (McCambridge & Strang 2004). The substitution of more accurate information from the researchers led to a reduction in drug use among this population. The learning occurring here is again less formal and occurs between peers and, in this case, also among the researchers.

One final example of informal DE can be found in the work of Clarke, Cornelius, Wood, and Vanyukov (2004). In their work the researchers discovered that informal education by way of observation often led children (of drug abusing parents) to learn to abuse drugs themselves when they grew older. In this case, the observation of parents (informal education) often led the children to adopt drug abusing behaviours themselves.

One clear gap in the literature on DE should be evident. None of the literature examined has sought to understand the phenomenon of DE at the post-secondary level. This is particularly problematic as post-secondary education represents one of the highest level of education that exists. Failure to examine the views of people having subscribed

to the rigors of higher education is undoubtedly a gap that should be addressed. The

following section will now shift to examine some of the ways that theory has contributed

to an understanding of DE and drug use in the drug literature.

Theorizing Drug Use

There are many theories that are used to explain a number of phenomena in drug-

related research. The normalization theory of drug use proposed by Parker et al. (2002)

has already been briefly examined, as well as learning theories (Alott et al. 1999; Fletcher

et al. 2009), therefore, this section will inform the reader on the use of the symbolic

interactionist perspective and its contributions to understanding drug-related research.

Symbolic interactionism has been a widely used perspective in drug-related

research (Biernacki 1986; Brown 1985; Denzin 1987; McIntosh & McKeganey 2002;

Simmons and Carey 1998; Grant 2012).   Further, Charon (2011) contends that an

individual is

> an organism that interacts with others and with self; a dynamic being; a being
> that defines immediate situations according to perspectives developed and
> altered during ongoing social interactions. (p. 40)

From this understanding of the role of the individual, symbolic interactionists

theorize based on self, interaction, and socialization (Denzin 1992).   Symbolic

interactionism also accounts for the individual meanings which people attribute to

certain phenomena and allows the path to these meanings to be understood.

Symbolic interactionism as a framework works well with the qualitative approach

as Grant (2012) notes, because of the ability of qualitative methods to examine

participants' views. One specific example of how this method allows the views of

participants' to be properly examined can be found in the simple definition of a

drug. By allowing participants to define drugs on an individual basis the researcher can allow participants to indicate exactly their position.

Following the approach of symbolic interactionism, learning theories become an ideal way by which to examine the phenomenon of DE. Social learning theory is one such learning theory that suggests that behaviour is learned and modified (Tibbetts & Hemmens 2010). Its use in drug literature can be found in the early work of Akers, Krohn, Lanza-Kaduce, and Radosevich (1979) who tested social learning theory in the area of drug use. More recently, learning was also examined in the work of Allott, Paxton and Leonard (1999) who made note of the number of different ways in which people learn about drugs. This research found that people learn from both formal (police, school) sources, and informal sources (peers) about drugs. Finally, the work of Fletcher et al. (2009) also examined learning about drugs and the sources from which this learning occurs. The use of learning theories, following the framework of symbolic interactionism is certainly common when attempting to theorize matters of DE, and represents an ideal way by which to examine the present research.

In keeping with the framework offered by symbolic interactionism, one additional theory may prove beneficial in the examination of the impact of post-secondary DE, this theory is differential association (Sutherland 1937; Sutherland & Cressey 1978). As demonstrated by Cressey (1954) and Glaser (1956), the theory of differential association meshes well with the overarching framework of symbolic interactionism used in my research.

In his work on how to become a professional thief, Sutherland (1937) suggests that simply being in contact with other professional thieves will not cause

one to become a professional thief. This belief that simple exposure to learning does not automatically require the adoption of learned values forms the basis for the differential association theory. Differential association theorists, rather, contend that a person chooses a criminal or lawful course of action. A test of the differential association theory found that the theory explained well the phenomenon of marijuana use, namely those who had more friends who smoke marijuana are more likely to adopt the practice of marijuana smoking (Orcutt 1987). Additional support for the use of differential association theory in the present research can be taken from Matsueda (1988) who calls for inductive studies cataloguing important definitions applied to behaviour by groups.

Having reviewed definitions of drugs, Canadian drug history, Canadian drug policy, patterns of drug use, Canadian DE, and some current drug theories, it now becomes important to clarify and justify the aims of the present research. For the purpose of understanding how DE shapes a person's views of drug use, drug users and drug policy, the present research will employ qualitative methods. Some of the ways in which these methods have contributed to drug-related research are further examined below.

Methods Used in Drug Research

Currently, there is a large disparity in the research that is being conducted regarding drugs, 90% of which is conducted in the US (White & Pitts 1998). In addition to the drug literature being dominated by research done in the US, Nichter, Quintero, Nichter, Mock, and Shakib (2004) note that the fields of drug and alcohol related research are traditionally dominated by quantitative researchers employing positivist methods. This thesis is intended to add to the Canadian drug literature by examining one factor (DE) that contributes to the formation of a person's views of drug use, drug users, and

drug policies. This will be done by interviewing four university students. The experience of individuals is unique and personal, therefore, any attempt to understand the lived experience of another should be conducted in such a way as to preserve their unique voice. In addition to adding to the Canadian drug literature, this thesis will make use of qualitative methods in order to capture the voices of the participants, allowing them to shape the data in such a way as to ensure its validity. Participants in the present research were able to verbally express their views by way of semi-structured interviews, thus allowing them to ensure their stories were being accurately relayed to the researcher.

As Gainey, Steens, and Engen (2005) note, quantitative methods often fail to capture the true essence of the phenomena at play. This was evident in their own research where the quantitative study they conducted which examined the use of alternative sentencing options led to the false conclusion that mitigating factors (quantity of drugs and offender histories) played a role in the receiving of an alternative sentence. In reality the increasing use of alternative sentences stemmed from a belief held by prosecutors that current drug penalties were excessively harsh (Gainey et al. 2005). In this case, the lack of familiarity of the researchers with the subject they were studying led them to draw a false conclusion, an error that was only avoided by allowing participants to reveal the true picture to the researchers by way of qualitative interviews.

The notion that one method is superior to another (as suggested above), however, is to be treated with caution. The methodological preferences of some scholars may lead to a divide emerging between qualitative and quantitative approaches, however, methodological rigor and identity should never be preserved at the cost of greater understanding (McKeganey 1995). Ultimately, an integrative approach that combines the strengths of different methods with the aim of achieving a greater understanding is

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heralded as being the answer to this question of methodology (McKeganey 1995). Rhodes and Moore (2001) also advocate an integrative approach combining the strength of different methods. Both inductive and deductive methods have benefits that contribute to understanding the social world. Citing early Chicago school researchers, Rhodes and Moore (2001) suggest that the integration of methods has been a practice that has occurred for some time, adding that the recognition of the multiple ways that a phenomenon may be captured by researchers will contribute to an attitude of objectivity that will lead to an increasing quality of research. It is important, however, when attempting to combine approaches that the researcher comprehend how to properly capture the phenomenon under examination using the selected method. The integration of qualitative methods with quantitative methods will only work provided the methods are used properly (Buchanan 192). For example, when using an inductive approach such as is offered by qualitative methods, it was not appropriate to quantify the qualitative data for the purpose of examining a hypothesis in accordance with a deductive approach. The pitfalls of such a strategy are obvious as the methodological integrity of both approaches is compromised by the improper implementation of the researcher (Buchanan 1992).

When selecting an approach, then, it is important to consider the strengths of each. Deductive approaches are ideal when the researcher has a hypothesis based on experience, or observation that they wish to test. Inductive approaches are strong because of the hypotheses and theory derived from the data itself, data which is given to the researcher by the participants (Nichter, Quintero, Nichter, Mock, & Shakib 2004). Qualitative approaches are unique as they are not driven by theory; rather, they inform theory by posing broad questions, the answers then inform theory. The strength of these methods can be found in their understanding and appreciation for the human experience.

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When employing qualitative methods researchers are examining the lived experiences, or narratives of participants (Evans & Wallace 2007). These narratives ultimately become the data which researchers will use to understand the phenomenon being studied. Such an understanding of the importance of human experience is crucial then to qualitative methods.

Further contributions to the drug literature by qualitative scholars can be found in the work of Gainey, Steen and Engen (2005) who used qualitative interviewing techniques in their examination of the uses of alternative sentencing in drug trials. Similarly the use of semi- and fully-structured interviewing techniques as a means of collecting data appear in the qualitative drug literature (Ustin, Compton, Meager, Baiyewu, Chatterji, Cottler, et al. 1997). The Diagnostic and Statistical Manual (DSM) was then used as a tool through narrative analysis by the authors to discover latent disorders alluded to in the interviews. Such an approach embodies the principle of reflexivity heralded by Denzin and Lincoln (2008) as an essential component in achieving validity. A final example of the contributions that qualitative methods have made to the drug literature can be found in the work of Grant (2008, 2012) who used qualitative interviews for the purpose of understanding men and women's stories of addiction and recovery. In her books, Grant (2008, 2012) includes many of the statements gathered from the participants' interviews for the purpose of understanding their specific journeys through the processes of addiction and recovery. Demonstrating the strength of the qualitative approach, theorizing occurs based on an understanding of the data which participants presented in their interviews (Grant 2008). Further evidence of this can be found in the work of Young (1988) who allows his ethnographic experience in the drug using community to shape his understanding. Finally, every observer, scientist, or

layman brings with them a set of perspectives that determine how they view things (Jones 2003). The reality of the experiences of the participants and the observers cannot be discounted as they offer considerable insights into any phenomena under examination. The grounded approach which characterizes qualitative methods is undeniably one of its strengths and the one which informs this research.

METHODS

Data Collection

Participants

For the purpose of understanding the data collected during the course of this research there are several characteristics of the sample that should be noted. This research examines the views of students who had taken a post-secondary level DE course and those who had not for the purpose of examining their views on issues of drug use, drug users, and drug policies. As such it was necessary to have a sample that was composed of students who had taken a post-secondary DE course (two) and students who have not taken a post-secondary DE course (two). As Becker (1998) notes, sampling is a problem in any research as the researcher cannot study every case. The following section will explain how the sample for the present research was chosen.

It was necessary that all participants be Masters of Arts (MA) students. The reason that MA students were used was due to the fact that the drug course of interest is offered at the 4th year level of an undergraduate BA (Bachelor of Arts) program. If participants are MA students then they will have had the opportunity to take this course, or not take this course by virtue of having completed their BA degree. Further, MA students are not at risk of taking the course at anytime during this research as the course is offered only to undergraduate students.

Additionally, it was deemed important to have both male and female participants. In addition to participants being chosen based on the absence or presence of post-secondary DE, it was important to have 1 male and 1 female represent each category, either having, or not having a post-secondary DE. While specific gender differences were not of interest this strategy was employed for balancing the sample.

Age was not used as a tool for excluding, or selecting participants, however, it is important to note that all of the participants were between the ages of 18-30. It should be noted that this age range is representative of the most prevalent drug using age group in Canada (Substance Abuse and Mental Health Service Administration 2010). It is important prior to examining the results to answer the question, of "Was the sample random"? In this case the sample selected was not random. This non-random selection of participants is seen as a strength by Flyvbjerg (2013) who suggests that often the most obscure cases yield the richest data. In the present research the sample is small and composed of MA students who, in order to be admitted to the MA program, needed to earn higher marks than many of their peers. In effect, MA students represent a small group of high achieving students. These specific cases of high achievement in post-secondary education were chosen as it is believed by the researcher that those with DE (because of their status as MA students who achieved good grades) will have learned a great deal from this DE course, while those without DE will display similar excellence in learning. In spite of the acknowledgement that the sample was not random, demographic data on the participants was collected. These data may be found in the table below.

Table 1: Participants' Demographics

Group	Group A		Group B	
Interview #	004	001	003	002
Participant	M	Pat	Blackberry	Bass Pro
Race	Caucasian	Caucasian	South Asian	Caucasian
Gender	Male	Female	Male	Female
Age	26	27	23	23
Education	Completing Masters	Completing Masters	Completing Masters	Completing Masters
Marital Status	Single	Married	Single	Single
Ever Used Drugs	Yes	Yes	Yes	Yes

The above table describes the characteristics of the participants interviewed for the present research. While the demographic characteristics of: race, age, gender, and marital status are not analysed, they are included here for the benefit of the reader.

Recruitment

For the purpose of recruiting MA students for this research, a presentation was prepared and delivered to students entering their first year as MA candidates. Following this presentation, those interested in participating in the research wrote down their contact

information for the researcher. After reviewing these contacts, potential participants were contacted. The first female student on the list with DE and the first female without DE were contacted to arrange interviews. Each of the male participants volunteered to participate in the research prior to the presentation being conducted following separate, independent conversations with the researcher. The way that recruitment was carried out meant that all of the participants were volunteers. As participants all willingly participated in the study, they answered all questions and were extremely forthcoming with their answers. As all of the participants were volunteers, there exists a potential for bias in their answers. The issue of bias is one that is well addressed by the researcher's close proximity to the participants. Indeed, the close proximity of the researcher to participants allows for such potential biases to be detected. This proximity will be further discussed below.

All of the participants in this study were in some way known to the researcher. The two participants without DE are both Masters students with whom the researcher had a previous relationship. This previous relationship allowed for an understanding of the background of the student prior to their interviews. For example, both of the participants who did not have DE were Masters students who had come from a university other than UOIT. As these participants were known to the researcher prior to the study, it was known that the universities they attended did not offer a DE course similar to the one taken by participants with DE. The researcher was also familiar with the students who had taken DE. One of the students who had taken DE was a classmate of the researcher in his undergraduate years. This meant that the researcher was familiar with the DE course that this participant had taken, ensuring that the questions that would be asked were consistent with the experience of the participants, and able to properly examine their

experience with post-secondary DE. The second participant with DE was also known to the researcher. This participant took the same DE course as the first participant and was taught by the same professor. Although these participants took the course in different years, the researcher was confident that the DE they received was similar based on conversations with both participants and the professor who taught both these courses.

Conversely, it is important to discuss the potential challenges that the researcher's proximity to the participants may present. One potential issue may exist with respect to bias, more specifically, bias related to the views of those with DE. As the researcher also attended the *Advanced Justice Studies: Drugs and Society* course and observed students indicating that this course had changed how they think about drug users, it is possible that the researcher searched for this in participants' statements. One way that this potential issue was averted was by having the transcripts, codes, and themes reviewed by the researcher's supervisor. Having these materials reviewed serves to address this issue of bias in two ways, first, the researcher knowing that these materials would be reviewed by his supervisor would be extra vigilant in attempting to remain objective on this issue for fear of appearing biased in the eyes of the supervisor. A second way that the review of the transcripts by the research supervisor serves to eliminate bias is achieved using the supervisor's objective lens. Specifically, the research supervisor in this case does not benefit from seeing a theme of changing views about drug use, drug users, or drug policies emerging from the data; therefore, she is able to objectively examine the material to see whether or not this theme emerges.

The researcher's close proximity to participants is certainly a strength of this research. As was noted above, this close proximity ensured that the questions developed would allow the researcher to effectively examine the experiences of those who had taken

DE. As Denzin and Lincoln (2008) note, researchers are often part of the interaction that they seek to study. Further, as Crabtree and Miller (1999) argue, one of the advantages of the qualitative approach is the close collaboration between researchers and participants, while still enabling participants to tell their stories. In this case the researcher interacted with participants during the interviewing stage and the pre-interview stage of this research. Further, while there were no data collected during this stage, the researcher maintained contact with all participants after interviews were completed as well. Post-interview contact in the form of conversations provided a medium for participants to ask any questions they may have of the researcher. The close proximity of the researcher to the participants noted above served as a way of ensuring that the participants either received or did not receive DE, and allowed the researcher to detect potential biases that may exist. In addition to the proximity helping to detect bias, close proximity between the researcher and participants serves as a way of enhancing validity. As Flyvbjerg (2008), notes great distance from the object of study can lead to academic blind alleys and affect the usefulness of research. In this case it was decided that although there exists potential for biases to develop because of the researcher's close proximity to the participants that the benefits of close proximity outweigh this drawback. The researcher's close proximity to participants can be seen as a great strength of this research.

Interviews

Interviews were conducted with participants for the purpose of understanding their views of drug use, drug users, and drug policy. An interview guide was drafted for the purpose of gathering data to determine whether those who have taken post-secondary DE differ with respect to their views in these three areas compared to those who have not. The interview guide was designed to be open-ended in nature to allow participants'

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voices to emerge concerning the topic at hand. A copy of the interview guide can be found in Appendix A.

Interviews were conducted over a period of a month and each participant was interviewed at a time chosen by them. Interviews were held in an office at the University Of Ontario Institute Of Technology (UOIT), with appropriate precautions taken to preserve the confidentiality and anonymity of participants. After participants entered the office, the blinds were closed, a sign that read "Do Not Disturb" was placed on the office door, and the door was closed. This was done to prevent people from knowing that the individuals in the office were engaged in an interviewing process. Prior to beginning the interview, participants chose pseudonyms and these pseudonyms were used during the transcription and dissemination of data. Participants who have taken post-secondary DE (Group A) include Pat and M. Participants who have not taken post-secondary DE (Group B) include Blackberry and Bass Pro.

Once the participants were settled in the office where the interviews were scheduled to take place, the informed consent form was read and explained to participants. After participants indicated that they understood, they signed the consent form. One copy of the form was provided to the participants, while another copy was kept for the researcher's records. Next, a copy of the interview guide was given to the participants. At this point the researcher reviewed the questions in the interview guide with the participant prior to beginning the interview. During this pre-interview review of the questions, the researcher spoke with the participants for the purpose of building rapport and encouraged the participants to speak openly. This brief pre-interview conversation was not recorded, or used for any purpose other than for rapport building.

Next, the researcher asked each individual participant if they had any questions about how the interview would proceed. Once all the questions that the participant had were answered, the researcher informed the participant that the interview would begin. Interviews were recorded on tapes by two tape recorders; one tape recorder was started 30 seconds in advance of the other tape recorder. This was done to allow the researcher time to change tapes in the event that one ran out while the participant was speaking. Each interview started with question #1; however, the questions were not always posed in order. If the participant appeared to be speaking about something that related to another question, the researcher would wait until the participant had finished answering the question they were originally posed, and then proceed to ask another question. This often required the researcher to pose questions out of the order that they were listed in on the interview guide; however, this ensured that participants were able to answer questions while they were thinking about them.

Interviews were roughly one hour in duration, however, the length of interview varied depending on the individual participant; some participants took longer to answer certain questions than others understandably resulting in different interview lengths. As was noted above, the questions posed were open-ended in nature. Participants were not simply limited to yes/no answers to questions; rather they were free to express their views during the interviews. Notes were not taken during the interview process because the researcher felt that that would hinder the development of a conversation-like interview. Upon the completion of the interviews, once the participants left the office, the researcher began making simple notes on each interview. These notes contained comparisons to other interviews, non-verbal cues which the participants made during the interviews, and other relevant information the researcher saw at the time.

During the process of interviewing and throughout the qualitative research process the question of validity is always lingering (Baxter & Jack 2008). As these authors note, one of the greatest difficulties facing researchers is ensuring that the data collected are valid. According to Silverman and Marvasti (2008) one way that validity may be ensured in data collection is by means of respondent validation. The practice of respondent validation was implemented during the course of these interviews by the researcher framing and re-framing participants' statements and then asking the individual participant to verify the statements' correctness. For example, if a participant said "drugs affect your state of mind," the researcher would re-frame the response to "so drugs have psychological effects"? Participants would then either affirm the researcher's understanding, or negate it, and then make the appropriate corrections. This use of respondent validation proved beneficial as the researcher did not question results during the process of transcription, but instead was confident that the information being transcribed was complete. This process of respondent validation also provides the reader with some insight into the open-ended nature of the questions. Participants often referred to the question being asked and then re-worded their responses when clarifying their meaning to the researcher. By being able to answer questions in such a way that they were able to control how answers were framed, validity is ensured.

Secondary Data

For the purpose of enriching the data collected from participants, secondary data was incorporated as a means of enhancing the description. In this case the secondary data collected includes the syllabus used for the DE course being examined, a list of suggested readings for students in this class, notes taken (by the researcher) on guest speakers who attended the class, and notes compiled by the researcher detailing his personal experience

in the course. These additional sources of data will provide the reader with a better understanding of the education that those who participated in the DE course being examined received. Further, the examination of the researcher's own experience in this course serves as a way of enhancing the validity of the findings.

Data Analysis

Approach

For the purpose of examining this topic, a symbolic interactionist approach was taken. Symbolic interactionism allows a researcher to gain an understanding of the perceived impact that learning about drugs at the post-secondary level would have on the meanings that individuals apply to what they have learned. Having at one point been a student in the DE course being examined, I observed first-hand people sharing how their perceptions of drug use, drug users, and drug policies had changed based on the learning they received in this course. As the students who have taken the class change from year to year, and some of the content of the class changes, I felt it important to take an inductive approach with the present research. Indeed, by listening to the experiences of participants in accordance with the principles of grounded theory, an accurate understanding of the phenomena being observed may be achieved.

Once interviews were conducted and transcribed, the process of coding began. Interviews were coded after several thorough readings that sought out key themes, words or expressions used repeatedly. Once these key themes and words were noted they were compiled into an excel spreadsheet document. Each code was then examined individually and in conjunction with similar code words / themes. Once this was completed the original transcripts that had been marked up, and the spreadsheet documents were

examined with my research supervisor, Dr. Judith Grant, an experienced qualitative researcher who has done much work in the addictions field. Dr. Grant reviewed the codes, and we began to attempt to funnel these codes down into key themes. Codes were grouped with other like words or themes and these themes helped to shape how the final results would be organized.

Limitations of Design

Prior to examining the results that this research yielded it is important to consider some of the limitations of the research design. One of the specific areas where this research is limited is in relation to the sample size. The DE course being examined only enrolls a small number of students (approximately 30). The sample in this case of two students who had DE only represents 6.6% of the potential class size. With such a small sample, the generalizability of these findings may be subject to question. As Becker (1998) notes, however, sample size is a major problem in any research as researchers cannot possibly examine every case. The use of secondary data in this research helps to address the issue of small sample size by enhancing descriptions for the purpose of enhancing validity.

Another potential limitation of this research exists in the composition of the sample. Several justifications for this small sample exist. First, as Silverman and Marvasti (2008) note, cases are often chosen as a matter of access. As this course is offered to students at the 4th year in an undergraduate degree, access to students who have completed this course is limited by virtue of the completion of their university degree. Further, the DE course being examined is not offered every year. The limited availability of the course, paired with its small number of students that the course enrols, makes the

pool of students who have taken this course small and creates issues of access. As the course was not offered this year, there was not a new pool of students who had taken the course, so the researcher was limited to students who had already graduated from the program and moved on. Finally, given the small pool of students who had taken the course and the limited amount of time with which to complete the research, the small sample was utilized. Another justification for the small sample is that often the richest data can be found in obscure cases (Flyvbjerg 2013). MA students represent only a small portion of the student population who have separated themselves from their peers by earning high grades. These students, by virtue of their high grades, may only be representative of those who have excelled in all areas of their academic discipline including the DE courses. This high degree of academic achievement may indicate that these students learned much from the DE course as indicated by their grades.

While the sample size used was relatively small even for qualitative research, codes and themes that emerged from the data were remarkably consistent. More specifically, each of the themes that emerged from the data were evident in all of the participants' interviews. This consistence among emerging themes indicates a high quality sample. Specifically, it is held by qualitative researchers that a number of individuals independently expressing the same idea is a better indicator of thematic importance than the absolute number of times a theme is expressed (Guest, Bunce, & Johnson 2006). The emergence of key themes in all of the interviews is an indicator of thematic importance. Finally, samples as small as four have been used before in qualitative research and are heralded for rendering extremely accurate information (Romney, Batchelder & Weller 1986). In the same spirit, Howard Becker notes that a single interview is adequate if only to establish possibility (2007). While larger samples

are generally preferable, as many academics note, often access, time, and other such

constraints force researchers to make use of smaller samples (Flick 2011; Adler & Adler

1987; Riemer 1977). The present research that interviews MA students in a Criminology

program who only make up a small portion of the student population at the university can

be likened to deviant case sampling. When making use of deviant cases in qualitative

research, it is often deemed acceptable to make use of a sample as small as one (Miles &

Huberman 1994). In the present research the sample of four, while small, is acceptable for

the above mentioned reasons.

RESULTS

Secondary Data Analysis

The inclusion of secondary data is one of many means that qualitative researchers

employ when addressing issues of validity (Flyvbjerg 2013). The secondary data analysis

in this case addressed material from the *Advanced Justice Studies: Drugs and Society*

class to provide an understanding of the learning that those with DE had been exposed to.

This section will begin with a review of the course objectives and weekly topics

examined in the DE course.

By understanding the topics reviewed in the course being examined (*Advanced

Justice Studies: Drugs and Society)*, an understanding of the type of learning about drugs

that was encouraged in this course may be achieved. The course objectives include: 1)

examining the historical and social implications of drug use and abuse, 2) understanding

relevant terms and definitions within the drug field, 3) understanding the psychological,

physiological, and sociological impact of drugs, 4) understanding the social, legal, moral

and ethical issues surrounding drug use and abuse, and 5) understanding the factors that govern social policy and affect community institutions (Grant 2009). It is important when considering these course objectives to understand that there were no concrete suggestions about how the students in this course should think about these subjects contained within the objectives. The language used indicates that the course will cover these topics, not what opinions should be formed by students. The apparent neutrality evidenced by the language used in the syllabus is consistent with the researcher's own opinion of the course based on attendance. When I was in this course, it was always apparent that the course material was merely delivered to students who were then encouraged to think critically about it. The professor never attempted to impart her views upon students, and oftentimes did not even offer her own opinions on the topics. The neutrality available in this course stands in contrast to the critique of Tupper (2008) who suggests that DE (delivered at the elementary school level) may serve to re-enforce traditionally held prohibitionist values.

Another way to examine the type of learning that was experienced by students who have DE may be achieved by examining the weekly topics that the course covered. There were nine weekly topics, and two guest speakers. A list of these topics is available in Appendix C. What is important to note, however, is that the course topics indicated an apparent neutrality with which material was presented to the students. For example, one week the topic was theoretical explanations for drug abuse, and drug addiction. In this class students were presented with a number of different theories about drug abuse and drug addiction including sociological and medical theories. Based on the researcher's experience, the "societal responses to drug abuse" topic was covered by detailing a number of different responses from prohibition/prohibition to harm-reduction/medical

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models. In each case, students were presented with the information and challenged to critically evaluate the material and form their own views.

One final source of data that was examined was the videos that students in the DE course watched. Videos in this course were used in a supplementary fashion in accordance with the weekly topics. Students in the course watched five videos summaries that can be found in Appendix D. These movies demonstrate the neutrality with which course material is delivered as they present material from many differing perspectives; each movie examining the drug phenomenon through a different lens. For example, the movie, *Through a Blue Lens,* examined the effect that drug prohibition has had on a community in the Downtown Eastside of Vancouver. This film is shot through the lens of two police officers. Another example of this can be found in the movie, *Cracked but not Broken.* This movie follows the life of a woman who is addicted to crack cocaine, and gives the viewer an idea of what a day in the life of an addict is actually like. These are just two examples of the different perspectives that are presented by the movies viewed by students in this class. Similar to the course objectives and weekly topics, the movies used also demonstrated neutrality by the number of view-points addressed by each different video.   After reading the above section the reader should have a clear idea of the way that those who took the DE course were taught. The course material was delivered from a sociological view and presented objectively to students.

When examining the different sources of secondary data, the researcher examined the physical artifacts and compared these with his personal experience in the course. This method bears strong resemblance to the practice of triangulation heralded by Denzin and Lincoln (2008) for enhancing validity. The key difference between the method employed and the practice of triangulation is that this method of examining secondary data was only

applied to the group of participants that had DE. No secondary data sources were examined for the group that did not have DE.

Secondary data that were used include the course objectives and weekly topics that were taken directly from the syllabus used to teach this course. This physical artifact of the course syllabus provided the objectives, and weekly topics for examination, but the researcher's own experience in the course provided an understanding of how these topics were delivered. This is important not only for understanding the information which those with DE are exposed to during this class, but it also served to aid the researcher in developing relevant questions for the present research.

Defining Drugs

As was discussed in the foregoing literature review, there is much debate as to what actually constitutes a drug. Definitions of drugs found in the literature attempt to categorize drugs based on objective and subjective attributes (DeKeseredy et al. 2005), aspects of their use (Goode 2007), and their legality (Boland 2008). As there is much debate among academics concerning the definition of drugs, it is reasonable to assume that participants' definitions of drugs wouldvary. When reading the following section, it will become important to keep in mind the two categories of participants who were interviewed: those who had taken post-secondary DE (Group A), and those who had not taken post-secondary DE (Group B).

When asked to define in their own words what constituted a drug, participants use a variety of descriptors that were not limited to the dichotomy based on legality that Boland (2008) suggests exists. Rather, participants accounted for the physiological and

psychological effects that substances have on their users in the main components of their definition. When describing the physiological effects of drugs, the participants indicated that drug use resulted in: (1) "making you high," (2) giving the user "physical symptoms," and (3) inducing an "altered physical state". M (Group A) described drugs as "any substance that can alter your consciousness by varying degrees," and offers the example of a crack addict who twitched uncontrollably as a physiological effect of drug use. Similarly, Pat (Group A) suggested that drugs are "any substance that would alter your mental or physical state". Both of these definitions suggest that the effects of drugs are physiological.

The psychological effects that drugs produce is understood to be one of the main reasons why people take drugs. Further evidence that the psychological effects of drugs are considered to be part of the defining criteria for what constitutes a drug can be found in its existence as one of the 4 categories (psychoactive/hallucinogenic) by which drugs are separated (DeKeseredy et al. 2005; Faupel et al. 2010). As such it is not surprising that participants' responses suggest that one category that drugs can be broken down into is based on their psychological effects. Participants suggested that drugs "control your mind," "alter your consciousness," and "alter the mental state [of the user]". Blackberry (Group B) suggested that drugs are:

> Something that controls the mind, that, um, decreases one's rational ability like in terms of what they're doing, in terms of awareness, so it decreases their senses in terms of how they act or how they engage in certain types of behaviour.

This definition offered by Blackberry (Group B) clearly suggests that one of the defining characteristics of drugs is the psychological effects that they have on their users. These effects fall under the category of objectivist definitions. Participants' characterization of

drugs as having physiological and psychological effects is consistent with the objectivist

definitions of drugs (Goode 1989). This is one of the two categories by which

DeKeseredy et al. (2005) suggest that drug definitions can be categorized. This objective

definition accounts for the properties of the substance that alter one's consciousness or

one's physical being. The physiological effects of drugs on their user are the first

category and psychological effects are the second category which participants mentioned.

In their definitions, the participants mentioned the objective attributes of drugs

and made no mention of the subjective. One possible reason for this is that perhaps when

attempting to account for subjective attributes such as sociocultural values, power

relations, and social problems, the definition becomes increasingly complex. However,

as DeKeseredy et al. (2005) noted, accounting for these attributes makes it possible to

address the question of why certain drugs are illegal while others are not.   When it came

to defining drugs, there was no clear differentiation between the group with DE and the

group without. In this instance all of the participants defined drugs by accounting for

their objective attributes.

While the issue of legality was not addressed because of participants only

accounting for the objective attributes of drugs, to say that participants ignored the

dichotomy of illegal and legal drugs that Boland (2008) suggested exists would be

inaccurate. Participants accounted for this dichotomy in their analysis of what constituted

a drug; however, they addressed the effects that drugs have on their users more than the

issue of legality. Blackberry (Group B) alludes to the dichotomy that exists between legal

and illegal drugs when he suggests in his definition that "I would consider even medical

drugs as drugs". In this statement, the use of the term, drugs, twice with the modifier of

"medical" indicates that there exist different categories of drugs (medical and non-

medical). Medical drugs compared with non-medical drugs are to be understood as legal

(when prescribed), where non-medical drugs are illegal. Similarly, M (Group A)

suggested that "caffeine is a drug and [it] can make you more awake; I think alcohol is a

drug and [it] can make you more sleepy". Both of the "drugs" that M refers to in this case

are legal, however, according to the definition M offers, these are to be considered drugs

alongside illegal substances such as cocaine. With this statement, M suggests that

caffeine and alcohol, both of which are legal are still drugs, indicating that there exists a

category of drugs that are legal. Similarly, Pat suggested that drugs cannot be simply

considered as such based on legality alone, "drugs to me don't have to be legal or illegal".

Both statements by M and Pat (Group A) recognize that drugs are distinguished by

legality within the Criminal Justice System (CJS), yet they recognize that more than

simply legality needs to be considered when attempting to define drugs. See Table 2

(below) for a breakdown of how participants defined drugs.

Table 2: Defining Drugs

Group	Group A		Group B	
Participant	M	Pat	Blackberry	Bass Pro
Drug Definition	Physiological/ Psychological	Physiological/ Psychological	Physiological/ Psychological	Physiological/ Psychological
Types of Drugs	Soft	Soft	Soft	Soft
	Hard	Hard	Hard	Hard
	Legal/Illegal	Legal/Illegal	Legal/Illegal	Legal/Illegal

The above table contains a summary of how participants defined drugs. Both participants in Group A and Group B defined drugs based on the physiological and psychological effects they have on users. Further, while participants do not define drugs based on legality, they all indicate that there exists a clear difference between legal drugs and illegal drugs. After defining drugs, participants all indicated that there is a differentiation between types of drugs. Participants suggest in their statements that there are two clear types of drugs, hard drugs, and soft drugs. As is evident by a cursory examination of the table, there is no clear distinction between groups concerning the issue of defining drugs. All of the participants define drugs by using objectivist definitional criteria.

As was noted at the beginning of this section, there exists much debate surrounding the question, "What constitutes a drug?" The variance in definitions among

academics and research participants has already been highlighted.   It is interesting to note

that participants expressed the difficulty that exists when attempting to define a drug, "it's

hard to give a succinct definition" suggested M. Bass Pro (Group B), in response to the

same question requesting participants' definition of drugs, responded "that's hard".   It is

interesting to note, however, that each of the participants understood what was meant

when the researcher asked for a definition of drugs. This understanding was clear by the

fact that once the question had been posed, participants at no point questioned the

researcher what he meant by "drugs," rather they proceeded to offer their own definition.

This immediate understanding indicates a basic knowledge of what constitutes a drug

indicating that no further clarification was necessary.

Further indication of a common knowledge among participants as to what

constitutes a drug may be found in their similar definitions. Both groups of participants

(those with DE and those without) broadly defined drugs based on physiological and

psychological effects. These similar definitions may indicate that DE does not shape

what substances a person considers to be drugs. One possible explanation for this was

offered by Lyman and Potter (2003) who suggested that humans have been taking drugs

since the beginning of history. Such an extensive history with drugs would suggest that

many people would have a basic understanding of what drugs are influenced by a

multiplicity of factors throughout their lives.

Drug Use

Based on my literature review, the lack of Canadian drug literature suggests a gap

exists in Canadian drug-related research. Recently, however, Health Canada has begun to

monitor the phenomenon of drug use by means of the Canadian Alcohol and Drug Use

Monitoring Survey (CADUMS 2011). This measuring tool indicated that in 2011, 40.9%

of the population suggested that they had used drugs in their lifetime (CADUMS 2011).

In the present research, participants were also asked to self-report drug use, and it was

observed that all of the participants indicated that they have used drugs at some point in

their lives. Compared with 40.9% of the Canadian population being reported as drug

users, 100% of the participants in the present research identified themselves as drug users.

One potential reason for this may be the demographic characteristics of participants.

According to SAMHSA (2008) in a study of drug use, the age group of 18-25

years self-reported being more prevalent drug users than respondents in other age ranges.

In the present research, the majority of the sample falls under this age range and,

therefore, would be expected to use drugs at a rate higher than other age groups. Another

potential reason for the high number of drug users displayed in these results is the

definitional criteria for what constitutes a drug. In the CADMUS (2011) results, a drug

was considered to be the following: cannabis, cocaine/crack, meth/crystal meth-

amphetamines, ecstasy, hallucinogens, salvia, inhalants, heroin, pain relievers, stimulants,

and sedatives (CADUMS 2011). In the present research, participants defined drugs

broadly based on the substances having a physiological or psychological effect on the

user that included substances from caffeine to cold medicine. This broad definition used

by participants therefore accounts for more substances as drugs, and increases the

potential for one to be considered a drug user. This broad definition of drugs, however,

was narrowed down further by participants into two main types, as well as two main types

of users.

Although participants in the present research all admittedly used drugs, they also

suggested that a difference exists with respect to the type of drug use, and they were

quick to suggest this in their own admissions of use. One such example of this

differential type of drug use can be found in the comments of Bass Pro (Group B): "I was never heavy into it…so I'm not a druggie".   When asked about drug use, Blackberry (Group B) indicates, "There's a spectrum, so if you want me to be general, yeah, I've used drugs".   The statements of Blackberry and Bass Pro (Group B) indicate that they were both "casual" drug users as M (Group A) refers to, but there exists another category of drug user known as the hard-core user. This is also implied by Pat (Group A) who indicates, "I actually got addicted to drugs, I struggled with…a hard-core drug addiction". The two types of drug use proposed here by the comments made by M and Pat (Group A) then are "casual" and "hard-core". These categories of drugs are particularly visible by examining the comments of Blackberry (Group B) and M (Group A). Blackberry (Group B) indicates that casual drug use can be likened to "drinking alcohol when you're in a social gathering." Casual use of this drug according to Blackberry (Group B) is characterized by one's ability to "control their habit" and engaging in the behaviour in a "controlled setting". Hard-core drug use is also defined by M (Group A) as "past the point of doing it recreationally, you actually need it". These two categories can be further examined in light of their social acceptability. More specifically, according to both Blackberry (Group B) and M (Group A), hard-core drug use and dependence on drugs is "a problem," while casual drug use is acceptable. This understanding exists also in the comments of Pat (Group A) who indicates that harder drugs are "less socially acceptable" and that some drugs are "socially accepted, and less stigmatized".

While casual drug use was described by participants to be use which occurs under control or the "ability to control their habit," the type of drugs used may also contribute to the categorization of use being either casual, or hard-core. Pat (Group A) indicates that some drugs are "socially acceptable" or "less stigmatized," such drugs that are considered

to be more socially acceptable may be used more casually in accordance with the criteria

that Blackberry (Group B) suggestes. Blackberry (Group B), in offering alcohol

consumption as an example of casual drug use, provides a clear picture of what the casual

user appears to be. This type of user can engage in their behaviour in a controlled

environment such as a bar and, because this is a legal, and socially acceptable drug, no

stigma is associated with this type of use. Similarly, some illegal "soft" drugs such as

marijuana are not stigmatized. This can be found by examining the words of Bass Pro

(Group B) who states, "Weed, it doesn't have a stigma behind it". It is reasonable based

on this explanation to believe that soft drugs such as marijuana may be used casually.

The ability of marijuana to be used in a casual manner is also suggested by M (Group A)

when he offers the example of a recreational user "smoking a spliff at the bar in the

smoking section". Although marijuana is an illegal drug, participants indicate that the use

of marijuana does not carry the stigma that they associate with hard-core drug users.

Further, marijuana use is able to be conducted in a casual manner such as "in the smoking

section". Conversely hard-core drug users "have a problem" (Blackberry Group B).

Participants characterize hard-core drug users by an inability to control their drug habit,

however, hard-core users may also be categorized as such by the type of drug that they

use. As Pat (Group A) notes, some drugs are "less stigmatized," however, for some drugs

to carry a lesser stigma, it goes without saying that other drugs must carry a stigma.

The categories of hard-core and casual drug use are indicative of the differential

ways that drug users are viewed. There also exists, however, different categories of drugs

termed by participants as "hard" and "soft". Hard drugs are described by M (Group A) as

"very addictive". This definition alone would make it difficult for users of hard drugs to

be viewed as casual users. Because casual users are characterized by an ability to use

their drug in a controlled manner, addictive substances would be considered difficult to control in this way. Additionally, the setting in which a person may use hard-core drugs is limited by the requirements of use. For example, M (Group A) offered "heroin and meth" as examples of hard-core drugs. As these drugs are considered to be stigmatized, it is reasonable to assume their use in a controlled setting such as a bar would be limited compared to drugs such as alcohol and marijuana that participants suggest are less stigmatized. As a result it can be seen how the type of drug used (hard or soft) may contribute to the user's categorization as either a hard-core user or a casual user.

Casual drug use is implied by the participants' statements to be more socially acceptable than hard-core drug use. One such indication can be found in the statement of Bass Pro (Group B) who suggests that casual use of marijuana "doesn't have a stigma behind it". Similarly, Pat (Group A) indicates that socially acceptable drugs are "less stigmatized". Having discovered that hard-core drugs and their use carry a stigma, the nature of this stigma becomes the next point for examination. The nature of the stigma as indicated by participants is characterized by their views of the problematic nature of hard-core drug use and the resulting addiction. Blackberry (Group B) indicates that hard-core drug users "have a problem" and this problem is the dependence on drug use in order for one to function. Further, M (Group A) indicates that hard-core drug use is problematic, but that the problem may be characterized as a mental health problem as opposed to a societal problem.

One explanation for the differential views on problematic drug use may be participant's own experience with drug use. As Parker, Williams and Aldridge (2002) noted, drug use is becoming increasingly normal among younger populations. This trend is made clear by the admissions of all participants to having used drugs. This

normalization may also contribute to the distinctions made between types of drugs. More specifically, while drug use may be increasingly normal, this does not necessitate that all types of drug use are normal. The differentiation between hard and soft drugs made by participants seems to indicate that soft drugs are viewed as more socially acceptable than hard drugs.

The normalization of soft drugs is clearly contained in the statement of Bass Pro (Group B) who indicates that "weed doesn't have a stigma behind it," and who when questioned about personal drug use indicates a personal use of "just weed". This is further supported by the words of M (Group A) who spoke of a personal normalization of marijuana based on an observed pattern of use by a family member: "I saw that you know pot wasn't this you know nightmare drug that turns people into demons". The statement of M (Group A) is a perfect portrayal of the normalization of drug use according to Parker et al. (2002). First, people come into contact with users, and their observation of users often leads to a discovery that they have been given misinformation regarding the true consequences of drug use, and this leads to a view of drug use as more normal. In this case, however, both Bass Pro (Group B) and M (Group A) reference weed and pot, more commonly referred to as marijuana, as having become normal. This view is consistent with the work of Parker et al. (2002) who found that marijuana has reached universal normalization in spite of its prohibition. As has been observed by the pattern of marijuana normalization, it is possible for this normalization to extend to other types of drugs such as is currently occurring with ecstasy (Barrett et al. 2006).

While drug use as a whole has not become normalized, it is important also to consider the normality of drug use situationally. For example, the work of Becker (1953) introduced the reader to the idea that drug use is acceptable within certain subcultures,

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even if it is not viewed as acceptable in society as a whole. This sentiment was echoed by

M (Group A) who indicates,

> The fact of the matter is that people are going to do drugs
> regardless of whether they are legal or illegal. Like you know in
> my rave days, you could get anything on the dance floor, like
> anything, and you didn't know where it was coming from.

In this statement, M (Group A) indicates not only that drugs are readily available in

the rave subculture, but also that it was normal to expect to be able to buy drugs in

this setting. Further support for the normality of drug use within this subculture can

be found in the work of Barrett et al. (2006), in their study of the rave subculture.

The authors noted that drugs are not only normal within this subculture, but that, in

many cases, drugs are used in conjunction with other substances both legal, and

illegal, a phenomenon more commonly referred to as polysubstance use.

The views of participants in the case of drug use do not appear to vary greatly;

both participants who had taken post-secondary DE and those who did not share similar

views on drug use. The key to understand here is that according to the participants, there

are different types of drug use (casual, and hard-core). Further, casual and hard-core drug

use are not perceived in the same way. Casual drug use is viewed by both groups to be

acceptable, while hard-core drug use is depicted as problematic, and carries with it a

stigma. If in this case there exists no variance in views about drug use, it is possible DE

at the post-secondary level is not what is shaping participants' views on drug users.

Literature on DE indicated that other sources of learning about drugs include, peers,

police, teachers, and parents (Alott, Paxton & Leonard 1999). Additionally, Fletecher et

al. (2009) indicated that the influence of peers is often the most prevalent shaping factor

for a person's views on drug use. Since it is evident that there is no variation among

groups regarding their views on drug use, perhaps the effects of DE are less prevalent than other factors that shape participants' views on this matter.

Drug Users

Having examined participant's views on drug use, it now becomes important to consider their views on drug users. Discussing the issue of drug use without considering drug users themselves is somewhat dehumanizing, therefore, it is of the utmost importance to consider participants' views on drug users. It is also important to note prior to beginning this section that all of the participants in this case admitted to being drug users when questioned about their personal drug use.

As was already noted, participants suggested two types of drug users (hard-core and casual) from which all subsequent examples of drug users can be understood. To review, the hard-core drug user is considered to be someone whose drug use is problematic, past the point of recreational use, where the user actually needs it. Conversely, casual drug use is described as taking place in a casual manner and often in a controlled environment. Users are further differentiated by the type of drug they use. For example, participants view users of soft drugs to be different than users of hard drugs, as such, the type of drug that a person uses may contribute to the user being viewed as either a hard-core, or a casual drug user. As M (Group A) indicates hard drugs can be "very addictive". Further, addiction to a substance was one of the defining characteristics of a hard-core drug user as identified by participants indicating that hard drug use may contribute to the perception of a person as a hard-core drug user. Blackberry (Group B) notes that hard-core can be differentiated from casual use by "control". Similarly, M (Group A) indicates that hard-core drug use is past the point of just doing drugs "recreationally". In both cases, hard-core drug use was defined in part, based on the

characteristics of the user (control, and recreational use). The second differentiation comes from the characteristics of the drugs themselves. Participants describe two categories of drugs, hard and soft. Blackberry (Group B) suggests that hard drugs include "crack and cocaine". Similarly, M (Group A) suggests that hard drugs include "heroin and meth," and further suggests that hard drugs are "very addictive". The characterization of hard drugs as addictive makes it unlikely that users of hard drugs could be viewed as casual users, namely because addiction and needing a drug are the characteristics which all participants (in various ways) suggest are symbolic of hard-core drug users.

Another differentiation participants made concerning drug users was discovered when examining their views on penalties for drug possession. While all participants suggest that there should be penalties for the traffickers of drugs, there was dissension as to whether or not penalties for possession should exist for those who were only in possession of drugs for the purpose of personal use. Bass Pro (Group B) says of drug users "I don't think they should be penalized with jail terms for possession". Additionally, when M (Group A) was questioned regarding penalties for drug possession, he portrayed drug possession as part and parcel of being a drug user when he stated, "So, like just being a user?" When further questioned, M suggests that "incarcerating people for using drugs is as asinine as incarcerating someone for drinking the wrong brand of coffee". In both cases, participants indicate that penalties for activities consistent with simply being a drug user render drug users themselves to be criminals. Yet, in their statements, participants suggest a belief that drug users are not to be considered criminals in the same way as traffickers, a belief that will be further examined below.

Participants also differentiated drug users from traffickers in terms of criminality, indicating that drug traffickers to be symbolic of organized crime, and suggesting that they differ from drug users because of the fact that they make money from selling drugs. When questioned about the difference between those found in possession of drugs for the purpose of trafficking and those found in possession of drugs for personal use, M (Group A) states, " Trafficking you're making a profit, and it's certainly more of an organized crime thing". The differentiation M made between users and traffickers in this statement seems to indicate that drug users are only criminal because possession has been criminalized, compared to those trafficking drugs who are viewed as criminals because of the organized crime component. This view is also evident by the comments of Bass Pro (Group B) who when questioned about what effects drugs have on crime responds by saying, "First of all they are crime." This statement bears resemblance to the statement of M (Group A) who indicates that being in possession of drugs renders a drug user criminal. Similarly, Bass Pro (Group B) who states that "drugs are crime" suggests that drug users are rendered criminal by drug prohibition. Blackberry (Group B) also differentiated drug users from drug traffickers first by indicating that the media portrayal of drugs being the cause of violence is incorrect, "there's violence associated with [trafficking] but that's higher up the escalator rather than street user's crime". The clear difference is that drug users are only considered to be criminals because the prohibition of drugs renders users who carry drugs criminal. However, the differentiation between users and traffickers implies that the criminality surrounding drug users is not perceived by participants in the same way as the criminality and organized crime component that is associated with drug traffickers.

One area where participants in the present research differed greatly was concerning the concept of addiction. According to the National institute on Drug Abuse (NIDA 2012) many people do not understand how and why people become addicted to drugs. This was clearly evident among those who had not taken DE, as the concept of addiction was only referenced once throughout the duration of the interviews. This neglect to mention addiction when discussing drug users indicates a lack of understanding regarding the seriousness of the issue of addiction. Conversely, those who had taken DE referenced the concept of addiction many times, and communicated a level of understanding that is consistent with the literature on drug addiction. For example, M (Group A) after characterizing hard-core drug use as highly addictive states,

> Hard-core drug users, when you're past the point of doing it recreationally you actually need it umm… I do think that's a problem, but I think it's a…it's more of a health problem, a mental health problem.

This view characterizing drug use as a health concern is consistent with the literature which suggested that drug addiction is a complex phenomenon that cannot simply be viewed as users who lack the moral conviction to abstain from continual use; rather, drug use is equated to a complex disease that affects the brain (NIDA 2012; Faupel et al. 2010). Similar to M (Group A), Pat (Group A) suggests that the issue of drug addiction is a problem not simply with the user, but with society. First, Pat suggests that addiction to hard drugs is viewed by society to be less socially acceptable. Pat then states that "when I think of drug addicts I view it as more of a social issue". In both the case of Pat and M (Group A), both of whom have DE, the view of drug addiction as more than simply an inability of the individual user to cease using is remarkably consistent with the literature. Further, the lack of

reference to the issue of drug addiction by those without DE is consistent with what the NIDA (2012) indicated when they suggested that many people do not properly understand the phenomenon of drug addiction.

When compared to those without DE, the participants who have some form of DE appeared to have a more concrete understanding about the phenomenon of drug addiction as when they made mention of addiction their statements were in accordance with the views of the NIDA. Perhaps one reason for this understanding about the phenomenon about addiction comes from the material this group was exposed to during the course of the DE class. Specifically, those with DE would have seen several films documenting addiction during their time in the DE class. The films: *Fix, Through a Blue Lens, and Cracked But Not Broken* are all films that students in this class watched and discussed as part of the course, and each of these films document addiction from a different lens.

So far the participants have differentiated drug use, and drug users based on criminality and non-criminality, and casual compared with hard-core use. Further differentiation is also found in the control that participants suggest drug users have over their perception in society. The descriptors used by those with DE can be grouped into the category of "lacking control," while those with DE can be grouped into the category of a "social view". One such example of the language consistent with lacking control is found in the statements of Bass Pro (Group B) who states, "If I know that someone's a user I don't look at them negatively, or like I don't stigmatize them". The lack of control in the statement of Bass Pro is with respect to how drug users are perceived. In this case Bass Pro indicates that in her view there are people who view drug users negatively and stigmatize them. The stigmatization

that results as a consequence of being a drug user can be understood as an area

where drug users lack the ability to control how they are perceived by society. A

second example of the language of lacking control is evident in the statements of

Blackberry (Group B), who references the lack of control that users have over

impulses to take drugs: "those who have a problem, basically depend on it…they

rely on drugs". Here the lack of control that Blackberry referenced displays his

belief that users have an inability to live without their drugs of choice. Although

the absence of control is indicated by both participants without DE differs, it is

apparent from their language that this is a problem solely concerning the users

themselves. This differs greatly from the opinions of those with DE who viewed

drugs as more of a social problem.

The views of those with DE also equated the user to lacking control,

however, those with DE viewed the issue of drug use as more of a social problem.

One such example of this view can be found in the statement of M (Group A) who

when questioned about drug users says of hard-core users, "I do think that's a

problem but I think it's a…it's more of a health problem, a mental health problem".

The view of M here is somewhat consistent with those who do not have DE as he

problematized drug use, but rather than equating this problem to a lack of control on

behalf of the user, M indicates that the problem is social. The solution to this social

problem, according to M is partially dependent on treatment that may be offered by

the healthcare system. Similar to the view of M, Pat (Group A) also views drug

users through a social lens. Pat indicates that "a large proportion of society [is]

drug users, whether they acknowledge that or not". Pat goes on to indicate that the

reason why drug users are stigmatized, and experience a lack of control is due to the socially unacceptable nature of certain drugs.

In this case, those with DE and those without both indicates that users lack control. Specifically, users do not have control either how they are perceived, or on their ability to cease using. The major difference between groups in this case, however, is that those with DE explain the lack of control that users have by taking a sociological view. M equates the lack of control to a mental health problem that is not being properly addressed, while Pat (Group A) equated the problem to her belief that there are differing levels of acceptance by society toward certain types of drugs. In both groups, there is the expressed perception that drug users lack a certain level of control regarding use, and the way they are perceived by society. The key difference, however, appears to be that the participants with DE equate this to a social problem, while those without DE do not.

Table 3: Drug Use(rs)

Group	Group A		Group B	
Participant	M	Pat	Blackberry	Bass Pro
Drug User Types	Casual	Casual	Casual	Casual
	Hard-core	Hard-core	Hard-core	Hard-core
Perceived Stigma	Casual=Low	Casual=Low	Casual=Low	Casual=Low
	Hard-core=High	Hard-core=High	Hard-core=High	Hard-core=High
Mention of Addiction	Yes	Yes	No	No
Drug Use Normal	Yes	Yes	Yes	Yes

The above table highlights the way that participants describe drug use, and drug users. All of the participants describe drug use as becoming increasingly normal. This fits with the normalization hypothesis examined above. It is interesting to note that participants in both groups differentiate between two types of drug use, casual, and hard-core. Each of these types of drug use according to participants carries a stigma; casual drug use carrying a low stigma, hard-core drug use a high stigma. One key difference between groups exists with respect to the

issue of addiction. Specifically, those without DE make no mention of addiction, while those with DE do.

Drug Policies

As the views of participants differed greatly on issues surrounding drug use and drug users, it is reasonable to assume that variation will exist with respect to their views on drug policies as well. It is important prior to beginning this section to recall that participants defined drugs on their physiological and psychological effects. This broad definition of drugs serves to qualify many substances that are used with relative normality in Canada such as Tylenol, or caffeine as drugs. Keeping this definition of drugs in mind, the following section on drug policies will be divided to address participants' views on the following: 1) current drug policies, 2) drug programs, and 3) future drug policies.

Current Drug Policies

When attempting to understand the views of participants concerning current drug policies, participants were questioned concerning what they know about Canadian drug policies. Responses to this question were generally limited to descriptions of their own feelings about such policies. Participants used words such as "silly" (Bass Pro Group B), "problem" (Blackberry Group B), and "archaic" (M Group A) to describe Canadian drug policies. Bass Pro (Group B) indicates that these policies are silly because of feelings that certain drugs that are criminalized are not dangerous enough to warrant prohibition. Comparing the effects that marijuana has on its users to the effects of alcohol on its users, Bass Pro indicated that the negative effects of alcohol outweigh those of marijuana and thus marijuana use should not be prohibited, "I dunno I think there's not that many negative effects

with weed". This statement by Bass Pro (Group B) suggests that the negative effects of marijuana use (the prohibited substance) are not as harmful as those of alcohol use (the legal substance). For this reason she describes Canadian drug policy as "silly". If examined further, it would appear that the discontent Bass Pro feels with current Canadian drug policies stems from a differential definition of what constitutes a drug. Bass Pro, having defined drugs as substances that have physiological and psychological effects on their users, indicates dissatisfaction with drug policies because the negative effects of legal drugs appear to outweigh those of illegal drugs. In a similar fashion to Bass Pro (Group B), Blackberry (Group B) also indicates the problematic nature of drug definitions used by policy makers.

Blackberry (Group B), when speaking of drug policies used the word, problem, in two distinct ways, first, to descrive the construction of drug use as problematic, and second, to describe the challenges faced by the criminal justice system as a problem. The problem that Blackberry describes is similar to the views of Bass Pro (Group B); as Blackberry suggests that "There are certain drugs that are legal and others that are illegal…which, I don't know how they distinguish the two". In this statement, Blackberry cites the lack of definitional clarity as contributing to the problematic nature of drug policies. The differentiation between Blackberry and Bass Pro, however, emerges with respect to the source of the definitional problem. Bass Pro suggests that the definitional problem is largely due to the effects of legal vs. illegal drugs, while Blackberry suggests that a problem that exists is due to a lack of understanding regarding the reasons why certain drugs are classified as illegal and prohibited, while others are not. In this instance, both participants without DE problematized the construction of a drug problem based on

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a lack of clarity and consistency concerning the definitional criteria that are used to differentiate between legal and illegal drugs.

Compared with those who do not have DE, those with DE also expressed a level of dissatisfaction with current drug policies, but not merely grounded in the definitional problems that exist. Rather, those with DE recognized problems beyond mere definitions. For example, M (Group A) suggests that in his opinion current drug policies are "archaic" and in "a sad state of affairs". M s\indicates a belief that there are definitional problems, "I think that drugs should be legal because I equate [drug use] to drinking alcohol no matter what type of drug it is". M also suggests that current drug policies suffer from improper implementation. M suggests that he believed there to be a disconnect between drug policies and their enforcement highlighted by the statement, "police aren't really going to put you in jail if you're caught with a little bit of pot". This statement indicates that the enforcement of drug laws may not be consistent with the policies surrounding drugs. In this case M suggests that the crime of marijuana possession does not require a severe response such as incarceration. As a result of this disconnect between the severity of the offence and the punishment required, M suggests that law enforcement may ignore minor drug law violations such as marijuana possession. This statement by M further re-enforces the differential categories (hard and soft) of drugs that participants alluded to earlier when describing drug use.

This differential treatment of drugs within the CJS is further demonstrated when M suggests that "you can be incarcerated for injecting heroin because the powers that be in our society deem that an inappropriate drug". While re-enforcing

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the differential treatment of certain types of drugs, in this statement, M also re-affirms the problematic nature of drug definitions and highlights the latent power dynamics at play. This sentiment is also expressed by Blackberry (Group B) who suggests that "drugs are used in a racial manner…to target certain groups" and then highlighted the power dynamic at play by suggesting that "it shows you those who have power in society, and how they target those who don't." According to this statement, drug policy becomes a tool of the powerful used for the purpose of targeting the less powerful members of a society. As the concern of this research is the effects of post-secondary DE, it becomes necessary to examine how and where participants learned what they know about current drug policies.

When questioned on where they learned what they know about drug policies, participants referenced some form of education as being the source of their knowledge about drug policy. Those without DE referenced a number of undergraduate classes that they studied that indirectly looked at drugs, while those with DE named a specific course that examined drugs from a sociological perspective as the main source of their knowledge. For those with DE, it was expected that they would be dissatisfied with the current approach to drug policy. One of the learning objectives in the DE course that they took addressed the issue of drug policies, and participants with DE were exposed to the different approaches taken in Canada and the US. In both cases the mention of post-secondary education as the main place where participants learned what they know about drug policies serves to indicate that the role of education is of particular importance to their understanding of drug policies. While it was expected that those with DE would directly attribute much of their knowledge to education, it is surprising to find that

those without formal DE still cited indirect DE as an important factor in shaping their views on drug policies.

Having examined participants' views on Canadian drug policies and found that participants expressed a number of concerns related to definitional criteria, and power imbalances that plague drug policies, participants were then asked to compare the approaches of Canada and the US related to drug policies. More specifically, participants were questioned regarding their thoughts on different approaches to drug policies.

When questioned about the Canadian approach to drug policies, participants immediately identified some concerns that they feel need to be addressed. One major concern that both participants with DE and participants without DE expressed was with regard to the effects of drug prohibition. As a direct result of drug prohibition, any drug possession or use is rendered illegal. One consequence of this is that unless the demand for drugs is reduced, then the prices of drugs will be driven up as the risks associated with the participation in any type of drug related activity are increased. This increase in the prices of drugs ultimately results in the creation of a lucrative business for anyone who would endure the risk of participating in the drug trade. As Bass Pro (Group B) notes, the demand for drugs does not dissipate with their prohibition, prompting a statement indicating that the government should legalize drugs. "Legalize [drugs]…Tax it…the government could make so much money off [drugs]". Further, Blackberry (Group B), suggests that policies that prohibit drugs may give rise to drug economies. Blackberry further indicates his belief that Canadian drug policies are not having their desired impact, "I think its increasing drug use". When questioned further regarding the

belief that Canada's current drug policy is increasing drug use, Blackberry indicates that "by illegalizing [drugs] it's creating a market". This market, according to Blackberry, exists due to a demand for drugs which still exists despite their prohibition.

In both their statements, Bass Pro, and Blackberry (Group B) suggest that drug policies (in their view) are partially to blame for the creation of drug markets. While those with DE also indicated their belief that drug laws play a part in the creation of illegal markets; those with DE also highlighted the punishing effects that drug policies have on their transgressors. For example, Pat (Group A) indicates that rather than helping people who are caught up in drug use, current drug policies "punish people who are caught with drugs". Pat continues on to indicate that in her view policies should not seek to punish drug users or those in possession of drugs, rather they should attempt to "help people get over their addictions". Similar to Pat, M (Group A) suggested that the CJS's reaction to drug use is overly "punitive," and that drug use should be more of an "individual concern" as opposed to a "societal concern". Both M and Pat (Group A) in this case suggest that there is more that needs to be considered about drug policies than simply the effects it may have for the CJS, policies should also consider the ramifications experienced by their transgressors. Overall, participants emphasize two main shortcomings with the Canadian approach to drug policy. These shortcomings were concerning the creation of a lucrative underground economy where drugs continue to be sold, and the adverse punitive effects of drug legislation. Participants were then questioned about the approach of the US toward drug policy that participants indicated suffers far more severe shortcomings than the Canadian approach.

When questioned regarding their views on the approach of the US toward

drug policies participants were quick to suggest that in their opinion the Canadian

approach was superior. M (Group A) argues that the approach the US takes toward

drug policy is "a disaster," while Pat (Group A) indicates that the approach is

simply "incorrect". Participants referenced the War on Drugs in the US as merely a

way of targeting and controlling certain populations. This understanding exists in

the comments of Blackberry (Group B) who cites the different penalties for cocaine

and crack cocaine indicating that drug laws are used to "control certain areas". This

statement is consistent with the literature that indicates that these differential

penalties suggest that certain groups were the target of drug policy (Faupel et al.

2010, Commission of Inquiry 1973).   M (Group A) indicates that the War on Drugs

in the US is "a war on the poor, and the black, and the marginalized."   M also

suggests that the differential penalties for cocaine and crack cocaine are an example

of the injustice that is rooted in US drug policy.

In addition to the belief that the approach of the US is targeting certain

populations, participants also indicate that the approach of the US is more punitive

and detrimental than that of Canada. M (Group A) offers an example of the

punitive nature of US drug policy by referencing "three strikes you're out

legislation" while Blackberry (Group B) makes mention of "mandatory

minimums", both of these pieces of legislation contribute to the punitive nature of

drug policy in the United States. *Three strikes and you're out* legislation is

legislation whereby a criminal's third felony conviction requires a mandatory life

sentence. The effect of such legislation is exacerbated by laws that render crack

cocaine possession to be a felony, and its more expensive pure form of cocaine to

be a misdemeanor (Faupel et al. 2010). Mandatory minimum sentences are another

problem that stems from distrust toward the court system in the US (Zimring 2001).

Mandatory minimum sentences ultimately serve to increase incarceration terms and

cause more people to be held in custody for longer periods of time. As these

penalties exist for certain drug offences, they serve to render US drug policy

increasingly punitive.

Another area of current drug policy that was examined was participants'

views on penalties for drug possession. This was one area of current drug policy

where participants with DE and participants without DE differed greatly. Those

without DE were more supportive of penalties for drug possession, while those with

DE were opposed to penalties for drug possession.

When questioned regarding penalties for drug possession Bass Pro (Group

B) indicates support for penalties for possession with the condition that possession

should not result in jail time, "I don't think they should be penalized with jail terms

for possession". Bass Pro also suggests that there should be different penalties

depending on the type of drug that the person is caught in possession of, "I don't

think someone caught in possession of weed should get the same [penalty] as

someone who is carrying heroin, or acid, or speed". This statement demonstrates

that in the mind of Bass Pro certain drugs carry a greater stigma than others as was

suggested by participants when questioned about their views regarding drugs.

Further, this demonstrates Bass Pro's view that certain drugs should still carry a

penalty for possession. Much like Bass Pro, Blackberry suggests that "there should

be penalties [for possession]" suggesting that the limit to penalties for possession

should be that they should not carry mandatory minimum sentences. In both the

statements of Bass Pro and Blackberry (Group B), it is suggested that there should

be penalties for drug possession, but these penalties should not include either

mandatory minimum sentences, or jail terms. This view differs greatly from those

with DE who suggested that there should not be penalties for possession of drugs.

When questioned whether penalties for drug possession should exist M

(Group A) indicates, "we totally shouldn't have them". Similar to the views of M,

Pat (Group A) suggests that there should not be penalties for possession for

"personal use". One exception to this view, however, emerges concerning the issue

of drug trafficking. Both M and Pat suggest that there should continue to be

penalties for possession for the purpose of trafficking drugs. This can be related

back to the earlier distinction that participants suggest exists between drug users

and drug traffickers. Specifically, both participants indicate that drug trafficking

serves a function in the world of organized crime, while possession for personal use

does not. Having examined participants' views on Canadian and US drug policy

and drug possession, the following section will examine participants' views on drug

related programming that exists in Canada.

Drug Programs

Drug related programming represents one of the tangible effects of drug

policies in a given society. These programs are a visible indicator of action on

behalf of the government and non-profit organizations. Participants were

questioned concerning their knowledge and opinions of drug related programs.

Differentiation between those with DE, and those without DE was clearly evident in

their responses. Those without DE considered drug related programs mainly as

tools to cause people to cease using drugs, while those with DE saw drug related

programs as being designed to serve drug users. One example that suggested that

drug programs are tools to reduce drug use can be found in Bass Pro's (Group B)

statement about the nature of drug programs, "programs that help people wean

themselves off drugs". This statement seems to indicate that drug related

programming serves the main function of attempting to reduce drug use among the

population. Blackberry) suggests that drug programs "target the underlying cause

of why someone engages in, or takes drugs". Similar to the views of Bass, Pro

Blackberry suggests that drug related programs are concerned with understanding

why someone would choose to use drugs, with the end goal of such programs to

reduce the drug using population.

The views of those with DE regarding drug programs differ greatly from

those without DE. The main difference is rather than seeing drug related

programming as serving to reduce the number of drug users in society, those with

DE suggested that drug programs serve users by reducing the harms associated with

drug use. One example of this type of thinking can be found in the statement of M

(Group A) who suggests that:

> Drug related programs should be a combination of harm
> reduction, so, making drug use as safe as possible, and provision
> just for being there in terms of support, if they have a drug
> overdose or something like that.

In this statement, M suggests that the purpose of drug related programming is to

serve the users and to provide for their needs. Namely, M suggests that drug related

programming should provide for the health needs of individuals and support them

through their drug use. This type of thinking is evident also in the views of Pat

(Group A) who suggests that drug related programs should be "educating users or

addicts on the impact that drugs have on their social health, mental health, psychological health, and physical health". In Pat's view, these programs are not intended to minimize the number of drug users, but rather to offer support to users by way of education. The differentiation that exists between those with DE and those without DE appears then to be concerning the purpose of drug related programming. Those with DE in this case viewed drug related programming to be user centred and designed for the purpose of harm-reduction and education, while those without DE perceived drug related programming to be for the purpose of reducing the prevalence of drug use. Although participants held different views of what drug related programming is and should be it is of note that all participants believed drug related programming should be continued, and expanded to be more available.

When questioned on the implementation of drug related programming all of the participants suggest in some way that drug related programming needs to be improved and expanded. Participants make note of several barriers to becoming involved in drug related programming which will now be examined further. Bass Pro (Group B) suggests that drug programs can be hard to find and that these programs require "more awareness to the public…make them more known". Citing an example of a friend who was searching a drug program for a loved one without success, Bass Pro suggests that these programs should be made more known. The barrier that Bass Pro suggests exists in this case is with respect to access. More specifically, Bass Pro indicates that if the programs are hard to find people will not be able to access them. Therefore, there should be more public awareness regarding available drug related programming.

Similar to the views of Bass Pro (Group B), Blackberry suggests that drug related programming should be accessible. Blackberry (Group B), rather than addressing the barrier of awareness, however, suggests that drug related programming may need to be changed in an effort to be more inclusive. Blackberry, citing the example of Narcotics Anonymous, suggests that "the way it operates certain groups are excluded from it". The barrier to access according to Blackberry in this case is related to culture, "South Asians…don't go to these programs because they believe, 'oh what do they understand about our culture, our religion, or our background'". Blackberry raises concern regarding the inclusiveness of drug related programming concerning other cultures, while Bass Pro raised issues of access. Pat (Group A) also suggests that access to drug related programming needs to be improved, "people struggling with addiction wouldn't know where to find something like that." Pat here indicates that in her view those most in need of the services offered by drug related programs may be limited in their ability to access such services.

While those with DE may hold different views on the purpose for drug related programming than those without DE, it is apparent that both groups suggest that access to drug related programming needs to be improved. Participants' suggestions to improve drug programming include raising awareness and making the programs more accessible to the communities they serve. As participants offered opinions on how drug related programs could be improved, they also offered insight into improvements that could be made to drug policies also. The following section will examine the suggestions of participants concerning future drug policy.

Future Drug Policy

The issue of determining the content of future drug policies is complex and multi-faceted. Understandably, as participants varied in their views on the content of current drug policies, variance on future drug policies is also to be expected. While participants all had unique suggestions concerning the contents of future drug policies, those without DE focused on specific changes that could be made to the current approach, while those with DE focused more on general changes that should occur at a societal level.

When questioned regarding what the future goals of drug policy should be, Bass Pro (Group B) immediately suggests a change to the process of scheduling of drugs. Bass Pro suggests that a two-tiered approach should be taken where soft drugs should be legalized, and hard drugs should remain prohibited and their use discouraged. The latent goal that Bass Pro appears to be stressing is that of public safety as indicated by the comment "if you legalize it, you're kind of making it safer for people". Further support for Bass Pro's indication that safety should be the main goal of drug policies is evident when she was questioned further about how hard drugs should be addressed, "Yeah hard drugs are an issue but it's not a threat to society". Here Bass Pro suggests that although hard drugs should remain illegal, their use should never result in jail time. Indicating that hard drugs are not a threat to society, Bass Pro again indicates that safety should be the main goal of drug policy, and if there is no threat to the safety or security of a society, the use of these drugs should not warrant jail time. Similar to the views of Bass Pro, Blackberry (Group B) suggests that specific areas of drug policies need to change.

Blackberry (Group B) offers the example of mandatory minimum sentences as a piece of drug legislation that is highly problematic indicating "We should look more into the individual characteristics…[t]hat brought the individual before the criminal justice system". Here Blackberry is suggesting that mandatory minimum sentences do not effectively address the underlying reasons why an individual comes before the CJS. Blackberry also suggests that sentencing should "try addressing the underlying cause [of drug use]" rather than simply punishing offenders. The underlying goal that Blackberry suggests is rehabilitation over punishment as a sentencing guideline. For the purpose of further emphasizing the ideal of rehabilitation, Blackberry notes that "drug policy I think should be more about rehabilitating the individual rather than bringing them into the system". Ultimately, according to Blackberry, the goal of any drug policy should be the rehabilitation of offenders.

Both Blackberry and Bass Pro (Group B) suggest two main changes that need to occur in the area of drug policy. Bass Pro indicates that a clear distinction between hard and soft drugs needs to be made in order to allow for the safety of society to be protected. This ultimately emphasizes the main goal of safety as Bass Pro's goal for drug policies.   Blackberry (Group B) conversely suggests that there should be reform to the sentencing procedures being used, namely that mandatory minimum sentences should no longer be used to deal with drug offences. Mandatory minimum sentences as Blackberry notes have the effect of "slapping a one scale on every type of drug user". This ultimately does not allow for distinction between different types of drugs or users. The issue with sentencing for Blackberry is to be understood as serving a rehabilitative function, not as a tool to simply

punish all drug users as transgressors of the law. The two main goals of drug policies then according to those without DE should be safety for users, and society, and the rehabilitation of offenders.

Those with DE also suggest the necessity of protecting the safety of drug users. M (Group A) indicates, "We need to provide access to clean safe drugs," a statement which advocates safety for drug users. The issue of safety, while addressed briefly by M, is not of primary concern, rather the issue of addressing drug policy from a societal perspective receives primary importance.

When questioned regarding the future goals of drug policies, M (Group A) notes the importance of an "institutional change". Institutional change is not the end goal, however, rather, "because the institutions have changed, people's values will change". Reflecting on personal experience, M recalls a time where because of personal views regarding the social acceptability of drugs, and when presented with arguments opposed to those he currently held, M would not "give the other side of the argument the time of day". In addition to changing the institutions, M suggests that in order to help change societal views on drug use, "there needs to be an educational thing…to educate [the public] on the harms associated with using the CJS to control drug use". Safety appears here to be a concern for M (Group A) inasmuch as he addressed the issue of reducing harm, however, the differentiation between M (Group A) and Bass Pro (Group B) is that M (Group A) suggested that to achieve greater safety, there needs to be institutional and societal changes to thinking concerning drugs, as well as their users.

Similar to the views of M (Group A), Pat (Group A) suggests that there needs to be a change in thinking about drug use. Pat suggests that the goals of drug

policy should include, "looking at drug use as a social problem and not as a criminal issue". Pat also suggests that drug policies should be concerned with safety, "especially with the…physical harm…that emerges [from drug use]". This statement is similar to the comments of M, however, Pat suggests that changing the social thinking concerning drugs is the way to most effectively address this issue. Pat indicates that understanding the reasons why people use drugs was one way this could be done. Drug use according to Pat is a way of "coping" and is often used as a "numbing thing". These types of drug use according to Pat (Group A) should not be perceived by society as a criminal justice issue, but rather as "a mental health issue".

Participants with DE in this case indicate there is a need for change in their response to drugs. One potential reason for this may be found in the material they were delivered during their time in the DE course. Specifically, one of the weekly learning topics was on the societal responses to drugs. During this class students are presented with a number of different responses that have been taken in an attempt to address the drug problem. One other source from which these participants might draw understanding is from one of the guest lectures that took place during the *Advanced Justice Studies: Drugs and Society Class*. One of the guest speakers who came to the class spoke on the response of "harm reduction" that is classified as a medical response to drugs according to Faupel et al. (2010). Exposure to these different societal responses may have been an important shaping factor for the views of participants' with DE on the goals of future drug policy.

While participants vary greatly on the shape of future drug policies, they do agree on two distinct goals, first, safety, for the public and for drug users, and

second, rehabilitation for violators of drug legislation. The key distinction that exists between those with DE and those without DE is with respect to how these goals might be achieved. Those without DE suggest changes within the CJS may have the ability to appropriately shape future legislation. Bass Pro (Group B) suggests that a new method of classification of drugs may yield positive change, while Blackberry (Group B) indicates new sentencing guidelines. Conversely, those with DE suggest that the only way to achieve these goals is to change the society's perceptions of drugs and their users. M (Group A) indicates that by fostering institutional change in the way drugs are viewed, society's perceptions may also begin to change. M further suggests that education of the public will play a key role in changing the societal thinking concerning drugs. Pat (Group A), similarly indicates that institutional change is needed in order to shift the thinking on drugs to be a health issue opposed to a criminal justice issue. More specifically, Pat suggests that the coping and numbing effects of drugs on their users need to be seen, and treated as a mental health issue, as opposed to a criminal justice issue. Table 4 below provides an overview of participants' views on drug policies and programs.

Table 4: Drug Policies and Programs

Group	Group A		Group B	
Participant	M	Pat	Blackberry	Bass Pro

	Drug Policies			
Views on Drug Policies (reason)	Dissatisfied (definitional/practical)	Dissatisfied (definitional/practical)	Dissatisfied (Definitional)	Dissatisfied (Definitional)
Types of Penalties Necessary	Trafficking	Trafficking	Trafficking Possession	Trafficking Possession
Where Learning Occurred	DE Course	DE Course	Electives	Electives
	Drug Programs			
Chief Goal Of Programs	Safety (users) Rehabilitation (users)	Safety (users) Rehabilitation (users)	Safety (public) Rehabilitation (users)	Safety (public) Rehabilitation (users)
What Programs Do	Help users in any way	Help users in any way	Wean off drugs	Wean off drugs
Problems With Programs	Availability	Availability	Availability	Availability

As Table 4 shows concerning views on drug policies, participants are again similar. Key differences are observed with respect to satisfaction with drug policies, sources of learning about drug policies, and views on penalties for drug possession. First, while all participants express a level of dissatisfaction with current drug policies, those with DE differ from those without as they suggest differential enforcement of drug laws by police as one of the sources of their dissatisfaction, while those without DE only indicate dissatisfaction with the way that drugs are defined by policymakers. Second, while all participants indicate that they learned about drugs from some form of post-secondary education, those without DE indicate this was secondary information delivered in a non-relatable course. The

difference here is that those without DE draw their understanding from a number of elective courses that only dealt indirectly with drugs, while those with DE indicate that they learned from a course that solely dealt with drugs. Finally, participants differ with respect to their views on drug penalties. Those with DE suggest that penalties for drug possession should not exist while those without DE indicate a necessity for such penalties.

With respect to participants' views on drug programs there is also differentiation between groups. Participants with DE suggest that drug programs are completely user centred, while those without DE suggest that drug programs also serve to protect society. Further, there is differentiation with respect to participants' views on the purpose of drug programs. Those with DE suggest that drug programs are designed to "wean people off of drugs," while those with DE suggest that programs are designed to meet the needs of drug users. Finally, all participants suggest that there are issues of availability that plague drug programs.

Summary of Results

There were a number of themes that emerged from the findings. First, when defining drugs it was surprising to discover that both those with DE and those without defined drugs in a similar fashion by accounting for their objective characteristics. Second, when questioned about drug use, participants in both groups suggested that there exist two distinct types of drug use, "casual" and "hard-core". Those with DE, however, took this distinction further and mentioned the issue of addiction as a reality of "hard-core" drug use, while those without DE made no mention of addiction. Third, when

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questioned about drug users, both groups of participants made mention of the different stigmas that are associated with differing types of drug use. More specifically, "casual" drug use was perceived by participants in both groups as normal and the belief that "casual" drug users should not bear a stigma emerged. Conversely, "hard-core" drug use was perceived by participants as abnormal and such drug users according to participants experienced stigmatization. Finally, there was a clear distinction between participants on issues of drug policy. While both groups of participants mentioned a distinction between drug trafficking and drug possession, the views of those with DE differed from those without on the question of whether or not penalties for drug possession should exist. Specifically, those with no DE suggested that penalties for drug possession should remain for certain types of drugs (hard drugs) and be removed for others (soft drugs). Those with DE indicated that penalties for drug possession should not exist. Understanding now where participants differed in their views, the following section will theorize these findings by way of differential association theory.

DISCUSSION

The findings of the present research are many, and the results section provides much opportunity to further consider the topics discussed by participants. This section will examine the results and examine them in light of theory in order to better understand these findings.

The first question asked of participants in this study, and perhaps the most important foundational question, was with respect to participants' personal definitions of drugs. As was noted in the brief literature review, there are many different ways in how people define drugs. Participants' statements indicated that drugs are not merely limited

by dichotomous standards of legality which Boland (2008) suggested, but rather drugs are broadly defined to include any substance with physiological or psychological effects on the user. This broad definition aligns with objectivist categories of drug definitions proposed by Goode (1989). Also in accordance with the literature are participants' statements expressing the difficulty that abounds when attempting to define drugs. As DeKeseredy et al. (2005) noted, subjectivist definitions of drugs are difficult to attain as they account for sociocultural values, power relations, and social problems. While these definitions are difficult to attain, once such a definition is reached, the question of "why are certain drugs legal while others are not?" may be answered.

While the literature varies greatly when attempting to offer a concrete definition of drugs, all participants were consistent in that they broadly defined drugs based on objectivist attributes of their effects on users. While participants did not directly account for other definitions, they did suggest that there are effects that legality has on drug definitions, they also briefly note the difficulty that abounds when attempting to consider the subjective attributes of drugs. In this way the definitions of drugs offered by participants are remarkably consistent with the literature.

A second area where participants' statements were reflective of the greater literature relates to the normalization hypothesis as suggested by Parker et al. (2002). Participants' statements reflected the belief that marijuana has reached universal normalization as Parker et al. (2002) suggest. Participants further suggested that there is a normalization of several different types of drug use. Additionally, the process or normalization that Parker et al. (2002) suggested is directly referenced. For example, when M spoke about how he learned that marijuana was not a nightmare drug that turns people into demons.

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It was expected that those with DE in this case would view marijuana use as relatively normal. One reason this was expected was because those with DE would have been exposed to material in the DE course that examined the normality of marijuana use. For example, the film, *The Union,* that was part of the required learning materials for this class examined the illegal market for marijuana in British Columbia, and depicted many individuals speaking about, and using marijuana with relative normality. In the present research, however, both participants with DE and without DE indicated the increasing normality of marijuana, suggesting that exposure to this film in the DE course could not be the only reason why those with DE perceive marijuana use as normal. One example of the normalization hypothesis' accuracy is portrayed in the statement of M whereby he suggested that his sister played a role in his personal normalization of marijuana.

Addressing the specific research question of whether those who have taken post-secondary DE differ from those who have not on their views of drug use, drug users, and drug policies, it is evident that although there are some differences, they are not absolute. Participants who have taken DE do differ from those who have not particularly in their views of drug policies. It is not clear, however, that the difference is as a result of having taken post-secondary DE. Participants in both groups when asked where they learned what they know about the topics on which they were being questioned indicated a variety of sources including formal education, peers, and media. Participants who had taken post-secondary DE and those who had not, indicated that education had informed them on the topics of drug use, drug users, and drug policies. It should be clear then, that while post-secondary DE was partially responsible for shaping participants' views on drug use, drug users, and drug policies, it was not the only factor.

Understanding that DE is not the sole cause for differing views on drug use, drug users, and drug policies, it is important to theorize the effects of DE. The literature suggested that there are a number of different mediums by which we learn about drugs. The work of Sussman et al. (1996) emphasized the role of peers, while the work of Fletcher et al. (2009) indicated that personal experience also plays a role in learning about drugs. Similarly, the work of Allott et al. (1999) emphasized the role of schools, peers, and police on learning about drugs. According to the literature then, schooling or education is only but one of a number of different sources by which people come to learn about topics related to drugs. The problem with attempting to apply a learning theory to this topic, however, emerges when considering that the participants do not all hold the views that they learn from any of these sources. Although M indicated that he learned about the effects of marijuana by observing his sister using this drug, this did not dramatically transform him into becoming a user. M did not normalize the use of marijuana and manifest this normalization in his behaviour by beginning to use marijuana, rather his view of what constituted a user changed. Similarly, although Blackberry indicated that he received learning about drug programs from an elective course he had taken, he indicated this only partially influenced his thinking on drug programs. As learning (from different sources) is then only partially responsible for the views that participants expressed, learning theory can only partially explain how the views of participants on drug use, drug users, and drug policies differ. This is where the use of differential association theory proves beneficial in explaining the findings.

Differential association theory holds that exposure to learning does not necessitate that what is being learned will be accepted or rejected by the recipient of the learning. Rather, differential association suggests that we are exposed to a number of different

sources from which we learn, meaning is then derived from this experience and a personal stance is taken (Sutherland 1937). This theoretical lens proves beneficial for understanding the findings of the present study as there is variation between groups A & B (those who had taken DE and those who had not) in addition to variation among groups [(Blackberry & Bass Pro) (M & Pat)]. While those with DE differ from those without DE, they also differ from each other. There are both differences that exist between groups and among groups.

This variation among groups can be explained by differential association as the effects of the different sources of learning that a person has been exposed to. In accordance with the literature (Allot et al. 1999; Sussman et al. 1996; Fletcher et al. 2009; Orcutt 1987) learning about drugs occurs in a number of different ways, through many different sources. Participants in the present study indicate that they had learned what they know about the topics on which they were questioned from a number of different sources. Differential association suggests this would be the reason for the differentiation both within, and outside of, the groups of participants (having or not having DE). When attempting to understand the differences that were observed between groups, differential association theory also explains these. Take for example the issue of addiction. Those without DE made no mention of the issue of addiction when discussing their views on "hard-core" drug users, while those with DE did. Differential association would explain this difference between participants as a possible result of the learning which those with DE had been exposed to. Those with DE in this case were exposed to learning about addiction. This was discovered by an examination of the course syllabus. Those without DE, however, did not make mention of addiction, as they had not been exposed to the same type of learning as their counterparts with DE. Differential Association Theory

does not hold that simple exposure to learning necessitates an adoption of the information learned. Rather, Differential Association holds that groups may in fact not hold views consistent with other members of their group. This would explain the lack of differences between participants on definitions of drugs, normality, and types of drug users.

In this research simply being exposed to learning as part of a DE course does not always result in participants holding different views on issues of drug use, drug users, and drug policies, than those who are not exposed to this same learning. Differential association works well to explain this difference among groups as a product of the different ways that people learn.

The framework of symbolic interactionism allows for an understanding of the future impact of learning on participants' views. Symbolic interactionism places specific emphasis on the meanings that individuals apply to the things that they have learned. Specifically, the interactionist would suggest that whatever participants have learned from any of these sources should be contextualized and understood within the specific environment in which the person exists. Moreover, although having taken post-secondary DE will in fact cause the person to learn about drug use, drug users, and drug policies, the views that they hold about these topics is not solely influenced by having taken DE. Rather, their views are continually evolving and being shaped by a number of other external factors such as environment, setting, and culture. Post-secondary DE then is to be understood as merely symbolic representing one of the many sources of learning, and not as the sole determinant of how a person's views are formed.

There are several implications for drug policy that emerge from the findings of this research. First, all of the participants indicated a level of dissatisfaction with current drug policies. Based on this information it would be of interest for policy makers to

revisit current drug policies. Further, policy makers should pay specific attention to policies around the issue of drug possession. Participants in the present research expressed similar views towards traffickers of drugs, yet differed in their views with respect to penalties for possession. In either case both groups of participants suggest that penalties for possession need to be changed to be more reflective of their perceived societal view. Specifically, those without DE suggested that in their view penalties for possession should be removed only for "soft drugs," while those with DE suggested that penalties for drug possession typical of drug users should not exist. In either case, it would appear that in light of the current findings the rationale for drug possession penalties should be reconsidered.

In addition to the above mentioned issues, participants suggest that a new approach needs to be taken regarding drug-related programming. While those with DE made specific mention of the issue of addiction, those without DE did not. When questioned about drug-related programming all participants suggested that drug-related programming currently available is, in their opinions, not sufficient to address the needs of the population. Regarding the approach that needs to be taken in order to change this perception there are two clear possibilities. First, the appropriate programming does exist, yet participants did not have knowledge of these. If this is the case then perhaps the solution simply involves making people more aware of these programs. A second possibility is that adequate drug-related programming does not currently exist. If this is the case then policy makers should examine the societal need for drug programs, and construct new drug-related programming in order to meet these needs.

CONCLUSION

The present research addressed the question of whether those who have taken post-secondary DE will differ from those who have not in their views of drug use, drug users, and drug policies. The answers to this question are somewhat ambiguous. While there are some clear differences between those with DE and those without, their views are also similar on many issues. Exposure to DE certainly effects how a person will view these issues; however, it is by no means the sole determining factor. In response to the question of whether those who have taken post-secondary DE differ regarding their views on drug use, drug users, and drug policies, the answer is both yes, and no. There are clear differences on issues of addiction, and views on how drug policy should function; however, there are similarities on definitional issues and perceptions of drug normalization. This information has several implications for policy makers, and as alternative forms of DE become more popular these policy implications will become more important.

One area that future research should consider is the role of other sources of education in shaping a person's views. In this research participants indicated that education did play a role in shaping their views, but the extent of this role is unclear. One limitation of this study exists with respect to the number of participants used. In the present research only four participants were interviewed. As well, all of the participants had a Criminology background, and this may contribute to reasons that students who had taken DE did not differ greatly from those who had not. Future research should consider the differential thinking on drugs that occurs within different disciplines in the post-secondary landscape, not merely within a faculty of Criminology.

It is also important to note that this thesis examined a single DE course offered at UOIT to fourth year students. Similar courses exist (many of which are in the US) and students of these courses should also be evaluated to determine the effect that such education has on its recipients. Further, this DE course, and the perceptions of students were only evaluated in one way, by analyzing data from semi-structured interviews, and only by analyzing students from a single DE course. The present study could be modified in two ways for the purpose of further evaluating the effects of post-secondary DE. First, participants could be interviewed from several different DE courses to determine whether there are differences in perceptions of those who have received post-secondary DE from different sources. As these courses are designed and delivered by individual instructors, it is possible that the epistemological orientation of the instructor may play a role in shaping the students' experiences during the DE course. Second, a future study could make use of multiple interviews with recipients of DE both before and after having taken the DE course. By assessing participants' perceptions both prior to, and following the receipt of DE, it would become possible to theorize more accurately the effects of this type of learning on its recipients.

One final consideration of future research exists with respect to the national picture of post-secondary DE. In the present research, participants were limited to UOIT students. Future research should consider the effects of DE at multiple universities in multiple provinces to offer a more holistic view of the effects of DE throughout Canada. This will be challenging as there is not a consistent framework that would ensure that DE at this level is administered in a similar fashion.

REFERENCES

Adler, P., & Adler, P. (1987). *Membership Roles in Field Research*. Newbury: Sage.

Akers, R., Krohn, M., Lanza-Kaduce, L., & Radosevich, M. (1979). Social Learning and
Deviant Behaviour: A Specific Test of a General Theory. *American Sociological
Review,* 44 (4) pp.636-655.

Allott, R., Paxton, R., & Leonard, R. (1999). Drug Education: A Review of British
Government Policy and Evidence on Effectiveness. *Health Education Research,
Theory and Practice,* 14 (4) 491-505.

Bandura, A., & Walters, R. (1963). *Social Learning and personality Development.* New
York, NY: Holt, Reinhart & Winston.

Barrett, S., Darredeau, C., & Pihl, R. (2006). Patterns of Simultaneous Polysubstance
Use in Drug Using University Students. *Human Psychopharmacology,* 21, 255-
263.

Baxter, P. & Jack, S. (2008). Qualitative Case Study Methodology: Study Design and
Implementation for Novice Researchers. *The Qualitative Report,* 13 (4) 544-559.

Becker, H.(1953). Becoming a Marijuana User. *American Journal of sociology,* 59, 32-
42.

Becker, H. (2007). *Telling About Society.* Chicago: University of Chicago Press.

Becker, H. (1998). *Tricks of the Trade: How to Think About Your Research While Doing
it.* Chicago: University of Chicago Press.

Biernacki, P. (1986). *Pathways From Heroin Addiction: Pathways Without Treatment.*
Philadelphia: Temple University Press.

Bobrova, N., Alcorn, R., Rhodes, T., Rughnikov, I., Neifeld, E., & Power, R. (2007).
Injection Drug Users' Perceptions of Drug Treatment Services and Attitudes
Toward Substitution Therapy: A Qualitative Study in Three Russian Cities.
Journal of Substance Abuse Treatment. 33, 373-378.

Boland, P. (2008). British Drugs Policy: Problematizing the Distinction Between Legal
and Illegal Drugs and the Definition of the 'Drugs Problem'. *Probation Journal,*
55 (2), 171-187.

Brown, S. (1985). *Treating the Alcoholic: A Developmental Model of Recovery.* New
York: John Wiley and Sons.

CADUMS. (2011). *Canadian Alcohol and Drug Use Monitoring Survey: Summary of
results for 2011.* Retrieved October 12, 2012, from http://www.hc-sc.gc.ca/hc-
ps/drugs-drogues/stat/_2011/summary-sommaire-eng.php#a8

Caulkins, J., & Reuter, P. (1997). Setting Goals for Drug Policy: Harm Reduction or Use
Reduction. *Addiction,* 92 (9), 1143-1150.

Charon, J. (2001). *Symbolic Interactionism: An Introduction, An Interpretation, An
Integration,* 7th ed. Upper Saddle River, NJ: Prentice Hall.

ClarkeD,, Cornelius, J., Wood, D., & Vanyukov, M. (2004). Psychopathology Risk
Transmission of Children of Parents With Substance Use Disorders. *American
Journal of Psychiatry*. 161, 689-691.

Cohen, S. (1985). *Visions of Social Control*. Cambridge: Polity Press.

Commission of Inquiry into the Non-Medical Use of Drugs. (1973). Final Report,
Ottawa: Information Canada (LeDain Commission).

Crabtree, B., & Miller, W. (1999). *Doing Qualitative Research,* 2nd ed. Thousand Oaks:
Sage.

Cressey, D. (1954). The Differential Association Theory and Compulsive Crimes.
Journal of Criminal Law and Criminology, 45, 29-40.

DeKeseredy, W., Ellis, D., & Alvi, S. (2005). *Deviance and Crime: Theory Research
and Policy.* 3rd ed. Cincinnati: Elsevier.

Denzin, N., & Lincoln, Y. (2008*). Collecting and Interpreting Qualitative Materials*.
Thousand Oaks, California: Sage.

Denzin, N. (1992). *Symbolic Interactionism and Cultural Studies: The Politics of
Interpretation.* Oxford: Blackwell.

Denzin, N. (1987). *The Alcoholic Self.* Newbury Park, Ca: Sage.

Evans, T., & Wallance, P. A Prison Within a Prison? The Masculine Narratives of Male
Prisoners. *Men and Masculinities*. 10 (4): pp. 484 – 507.

Faupel, C., Horowitz, A & Weaver, G. (2010). *The Sociology of American Drug Use*
.New York: Oxford University Press.

Fischer, B., Ala-Leppilampi, K., Single, E., & Robbins, A. (2003). Cannabis Law Reform
in Canada: Is the saga of Promise, Hesitation, and Retreat" Coming to an End?
Canadian Journal of Criminology and Criminal Justice, 45 (3) 265-298.

Fischer, B., Rehm, J., Patra, J., & Cruz, M. (2006). Changes in Illicit Opioid Use Across
Canada. *Canadian Medical Association Journal,* 21 (11), 1385-1388.

Fletcher,A., Bonell, C., Sorhaindo, A., & Strange, V. (2009). How Might Schools
Influence Young People's Drug Use? Development of theory from qualitative
case-study research. *Journal of Adolescent Health.* 45, 126-132.

Flick, U, (2011) *Introducing Research Methodology-A Beginners Guide to Doing a Research Project.* Thousand Oaks: Sage.

Flyvbjerg, B. (2013). Case Study. In N. Denzin, & Y. Lincoln (Eds.), *Strategies of Qualitative Inquiry* (pp. 169-199). Thousand Oaks, CA: Sage.

Gainey, R., Steen, S., & Engen, R. (2005). Exercising Options: An assessment of the Use of Alternative Sanctions for Drug Offenders. *Justice Quarterly.* 22 (4), 488-521.

Glaser, D. (1956). Criminality Theories and Behavioral Images. *American Journal of Sociology*, 61, 433-444.

Goode, E. (2007). *Drugs in American Society,* 7th ed. New York: McGraw Hill.

Goode, E. (1989). *Drugs in American Society,* 3rd ed. New York: Knopf.

Gottfredson, M., & Hirschi, T. (1990). *A General Theory of Crime.* Stanford, California: Stanford University Press.

Grant, J. (2009). A Profile of Substance Abuse, Gender, Crime and Drug Policy in the United States and Canada. *Journal of Offender Rehabilitation.* 48, 654-668.

Grant, J. (2007). Incarcerated Women and Drug Abuse: An International Perspective. *The Journal of the Institute of Justice & International Studies.* 7, 134-148.

Grant, J. (2008). *Charting Women's Journeys: From Addiction to Recovery.* Lexington Books.

Grant, J. (2012). *Men and Substance Abuse: Narratives of Addiction and Recovery.* Boulder: First Forum Press.

Grant, J. "Advanced Justice Studies: Drugs and Society" University of Ontario Institute of Technology. (2009).

Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews are Enough? An

    Experiment with Data Saturation and Variability. *Family Health International.* 18

    (1), 59-82.

Harrison, P., Allen, M. J., & Beck, J. (2005). Prison and Jail Inmates at Midyear 2004.

    Washington, DC: U. S. Department of Justice, Bureau of Justice Statistics.

Hughes, J. (2003). Why a Scriptural View of Science? In J. MacArthur (Ed.) *Think*

    biblically recovering a Christian worldview. (221-239). Wheaton: Crossway

    Publishing.

Jensen, E., & Gerber, J. (1993). State Efforts to Construct a Social Problem: The 1986

    War on Drugs in Canada. *Canadian Journal of Sociology.* 18 (4), 453-462.

Johnston, L., O'Malley, P., & Bachman, J. (2000). Monitoring the Future National

    Results on Adolescent Drug Use: Overview of key findings, *Rockville ME:*

    National Institute on Drug Abuse.

Jones, M. (2003). Why a Scriptural View of Science? In John MacArthur (Ed.) *Think*

    biblically recovering a Christian worldview. (221-239). Wheaton: Crossway

    Publishing.

Leatherdale, S., Hammond, D., & Ahmed, R. (2008). Alcohol, Marijuana, and Tobacco

    Use Patterns Among Youth in Canada. *Cancer Causes Control.* 19, 361-369.

Lyman, M., & Potter, G. (2003). *Drugs in Society: Causes, Concepts and Control,* 4th ed.

    Cincinnati: Anderson.

McCambridge, J., & Strang, J. (2004). The Efficacy of Single-Session Interviewing in

    Reducing Drug Consumption and Perceptions of Drug Related Risk and Harm

    Among Young People: Results From a Multi-Site Cluster Randomized Trial.

    Addiction. 99, 19-52.

McIntosh, J. & McKeganey, M. (2002). *Beating the Dragon: The Recovery from Dependent Drug Use.* Harlow, England. Prentice-Hall.

McKeganey, N. (1995). Quantitative and Qualitative Research in the Addictions: An Unhelpful Divide. *Addiction,* 90, 749-751.

Miles, B., & Huberman, M. (1994). *Qualitative Data Analysis: An Expanded Sourcebook 2nd ed.* Thousand Oaks: Sage.

National Institute on Drug Abuse. (2012). Drug Facts: Understanding Drug Abuse and Addiction. U.S. Department of Health and Human Services. Retrieved, February 05, 2013 from http://www.drugabuse.gov/sites/default/files/drugfacts_understanding_addiction_final_0.pdf

Nichter, M., Quintero, G., Nichter, M., Mock, J., & Shakib, S. (2004). Qualitative Research: Contributions to the Study of Drug Use, Drug Abuse, and Drug Use(r)-Related Interventions. *Substance Use & Misuse.* 39 (10-12), 1907-1969.

O'Brien, L. (2012). Fulbright NEXUS program 2012-13 Inaugural meeting. *Fulbright Canada Alumni Newsletter.* Winter 2013.

Orcutt, J. (1987). Differential Association and Marijuana Use: A Closer Look at Sutherland (With a Little Help from Becker). *Criminology,* 25, 341-358.

Parker, H., Williams, L., & Aldridge, J. (2002). The Normalization of 'Sensible' Recreational drug use: Further evidence from the North West England Longitudinal Study. *Sociology,* 36 (4) 941-964.

Rawls, J. (1971). A Theory of Justice. Cambridge: Harvard University Press.

Rhodes, T., & Moore, D. (2001). The Qualitative in Drugs Research: Part One. *Addiction Research and Theory,* 9 (4), 279-297.

Riemer, J. (1977). Varieties of Opportunistic Research. *Urban Life*, 5, 467-477.

Ritson, E. (1999). Alcohol, Drugs and Stigma. *International journal of clinical practice.* 53 (7), 549-551.

Romney, A., Batchelder, W., & Weller, S. (1986). Culture as Consensus: A Theory of Culture and Informant Accuracy. *American Anthropologist.* 88, 313-338.

Scott, F. (2001). The Governance of Human Agency. Retreived October 01, 2012 from, http://www.parl.gc.ca/Content/SEN/Committee/371/ille/library/background-e.htm

Shiner, M. (1999). Defining Peer Education. *Journal of Adolescence,* 22, 555-566.

Silverman, D., & Marvasti, A. (2008). *Doing Qualitative Research: A Comprehensive Guide.* Thousand Oaks, CA: Sage.

Simmons, J., & Carey, K. (1998). A Structural Analysis of Attitudes Toward Alcohol and Marijuana Use. *Personality and Social Psychology Bulletin.* 24 (7), 727-735.

Single, E., Rehm, J., Robson, L., & Van Truong, M. (2000). The Relative Risks and Etiologic Fractions of Different Causes of Death and Disease Attributable to Alcohol, Tobacco, and Illicit Drug Use in Canada. *Canadian Medical Association Journal,* 162 (12): 1669-1675.

Smart, R., & Adlaf, M. (1992). Recent Studies of Cocaine Use and Abuse in Canada. *Canadian Journal of Criminology* 34: 1 - 14.

Substance Abuse and Mental Health Services Administration. (2008). *National Survey on Drug Use and Mental Health: National Findings.* Retrieved November 01, 2011, from www.oas.samshsa.gov/nsduh.htm

Sussman, S., Dent, C., & Stacy, A. (1996). The Relations of Pro-Drug Use Myths With
Self-Reported Drug Use Among Youth at Continuation High Schools. *Journal of
Applied Psychology*, 26 (22), 2014-2037.

Sutherland, E. (1937). *The Professional Thief.* Chicago: University of Chicago Press.

Sutherland, E., & Cressey, D. (1978). *Criminology.* 10th ed. Lippincott.

Tibbetts, S,. & Hemmens, C. (2010). *Criminological Theory.* Thousand Oaks, California:
Sage.

Tupper, K. (2008). Drugs, Discourses, and Education: A Critical Discourse Analysis of a
High School Drug Education Text. *Discourse: Studies in the Cultural Politics of
Education,* 29 (2), 223-238.

Tupper, K. (2009). Teaching Teachers to Just Say "Know": Reflections on Drug
education. *Teaching and Teacher Education.* 24, 356-367.

Ustin, B., Compton, W., Meager, D., Babor, T., Baiyewu, O., Chatterji, S., Cottler, L.,
Gogus, A., Marvreas, V., Peters, L., Pull, C., Saunders, J,, Smeets, R., Stipec, R.,
Vrasti, R., Hasin, D., Room, R., Van den Brink, W., Regier, D., Blaine, J., Grant,
B., & Sartorius, N. (1997). WHO Study on Reliability and Validity of Alcohol and
Drug use Disorder Instruments: Overview of Methods and Results. *Alcohol and
Drug Dependence,* 47, 161-169.

White, D., & Pitts, M. (1998). Educating Young People About Drugs: A Systematic
Review. *Addiction*, 93(10), 1475–1487.

Young, J. (1988). Deviance and Drugs: Absolutism, Relativism, and Realism*,* in P.
Worsley (ed). *The New Introductory Sociology*, London: Penguin.

Zimring, F. (2001). Imprisonment Rates and the New Politics of Criminal Punishment.

APPENDIX A

Standard Open-Ended Question Sheet

1) In your own words give me a definition of drugs.

2) Tell me what you think about drugs and their users.

3) Tell me what you know about Canadian drug policy. Where/how did you learn this?

4) What do you think about Canadian drug policy?

5) What do you think about the American approach to drug policy?

6) Tell me what you think about the penalties for drug possession.

7) In your own words define drug-related programs.

8) Tell me what you know about drug-related programs. What are your opinions of drug-related programs?

9) In your opinion what, if any effect do drugs have on crime?

10) Have you ever used drugs?

11) In your opinion what should be the goals of a drug policy?

12) Are there any additional questions that I should have asked? If so what are they?

APPENDIX B

PERSONAL NARRATIVE

The process of deciding where to take a Masters thesis may be a difficult, and often a discouraging journey for a Masters candidate. The following personal narrative details the process by which I came to choose to study the topic of post-secondary DE for my thesis work.

Prior to the completion of my undergraduate degree I had been working on a project supervised by Dr. Carla Cesaroni on the practice of targeting prolific young offenders by law enforcement. During the completion of this study I found that I wanted to continue researching, and to practice conducting research employing different methods. Following the advice of Dr. Cesaroni, I applied and was accepted to the Graduate program at the University of Ontario Institute of Technology (UOIT). At the undergraduate level, my research interests were shaped mainly by my own personal situation. Specifically, my honours level thesis that was supervised by Dr. Cesaroni on the practice of targeting prolific young offenders emerged from a summer internship with the Durham Regional Police Service (DRPS) where I researched this area from a law enforcement perspective.

Following the pattern that I established in my undergraduate research, the topic for my dissertation emerged from personal involvement. In this case, however, rather than emerging from interests that I was able to pursue through employment, my interest came from volunteering in the community where I live. For several years I have been a volunteer with the *Celebrate Recovery* Program in Oshawa. This Program is designed to aid people who suffer from "hurts, habits, or hang-ups" in any area of life, following a 12 step program similar to the one used by Alcoholics Anonymous and Narcotics

Anonymous. Through volunteering with this group of people, I was challenged for the first time on my own personal opinions concerning drug users. This view would later be further challenged in my university experience. The combination of my educational and volunteer experience ultimately led me closer to what would become the topic of my dissertation.

In the final year of my undergraduate degree I took a 4th year course with Dr. Judith Grant, titled *Advanced Justice Studies (Drugs and Society).* This course examines drugs through a sociological lens, and reviews the history of drugs in Canada and the United States. This course challenged my views on people with addictions, and taught me to think critically about what I had been learning about drugs, and the people from whom I was learning.

For one class Dr. Grant had a guest speaker attend to speak about the Alcoholics Anonymous program, and about the people that they served through this program. My own experience volunteering paired with the information that the guest speaker delivered caused me to think about why people perceive drug users the way they do. Additionally, I began to think critically about why certain drugs are legal, while others are not. What I was learning in the course taught by Dr. Grant and through my own experience volunteering with people who suffer from addiction began to change the way I thought about drug users. At the end of the semester several students shared that their thinking about drugs and drug users had changed throughout the course of the semester, and credited this to Dr. Grant's class. This change expressed by students intrigued me, and this topic would eventually become the focus of my research.

The exposure to thinking about drugs from an academic perspective and from a social work perspective indeed caused me to want to explore this topic of learning about

drugs further. There was also another experience that undoubtedly sparked my interest in this topic. During my college years, I participated in the DRPS mentoring program. This program had me paired with a DRPS constable who I would shadow over the course of a year. The officer I shadowed had a keen interest in drugs, and he took every opportunity to expand his knowledge on the detection of drugs through the many courses offered by the DRPS. Throughout this experience I was exposed to people being arrested for simple drug use (often in the same places). This constant stream of drug users caused me to question why people continue to use drugs in spite of their prohibition. Further, this experience exposed me to the perspective from which the law views drugs. Indeed, the law views drugs strictly from a prohibitionist view, contending that drugs are illegal, and by virtue of their prohibition, people should abstain from drug use.

From my experience volunteering, I was able to see the way that society treats people who suffer from addictions. Further, during my time with the DRPS, I was exposed to how drug users are treated by law enforcement. Recalling the statements of students in Dr. Grant's class about having their views of drug use, and drug users changed by participating in the class, I became interested in examining this topic further. I began to search the academic literature, and I discovered that there is very limited literature on drugs in Canada, and no research that examines learning about drugs at the post-secondary level. This was problematic for me, because the lack of literature in this area indicates that insufficient attention has been paid to this topic. Indeed, understanding the way that people learn about drug use and drug users could have far reaching implications for policy makers. This lack of literature is also problematic because post-secondary education represents one of the highest levels of educational attainment possible. The failure to study the effects of such a high level of education on a person's thinking is

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indeed problematic as the recipients of higher education will become a significant part of the population whose views on drugs need to be understood and considered.

In an effort to add to the scarce literature on the topic of post-secondary DE, I designed and completed this study. As I indicated above, the reason that I became involved with this topic was due to a combination of personal, professional, and academic interests all combining to lead me to an interest in researching the issue of post-secondary DE further. The thesis preceding this narrative is the product of this effort.

The process of beginning and conducting my research has been filled with a number of different challenges. Each of these challenges has allowed me to develop further in my abilities as a researcher and ultimately led to the completion of this project. I am pleased to say that this project provided me with a meaningful understanding on the subject of "how and where people learn about drugs". By examining the views of my participants, two who had received post-secondary DE, and two who had not, this research shines light on the effects that post-secondary DE has on their views of drug use, drug users, and drug policies.

APPENDIX C
Course Objectives, Weekly Topics, Supplementary Materials

Advanced Justice Studies: Drugs and Society Class			
Course Objectives	Weekly Topics	Alternative Material	Guest Speaker Topics
Historical/Social implications of drug use/abuse	1) Sociological approach to drug use 2) Brief history of drug use, abuse, and controls	**Video:** *Through a blue lens*	Alcoholics Anonymous/Narcotics Anonymous
Understand relevant terms and definitions within the field	3) Classifications of drugs 4) Theoretical explanations for drug abuse/addiction	**Video:** *Cracked but not broken*	Needle Exchange programs, and other social programs
Understand the psychological, physiological, and sociological impact of drugs	5) Official/unofficial data sources 6) Social correlates of drug use	**Video:** *Stopping Traffik*	
Understand social, legal, moral, and ethical issues surrounding drug use and abuse	7)Societal responses to drug use 8) Preventative responses to drug problems	**Video:** *Fix: The story of an addicted city*	
Understand the factors which govern social policy, and affect community institutions	9) The Drug War	**Video:** *The Union*	

Course Description:

Drugs & Society is designed to provide students with a wide-ranging understanding of the differing components inherent in the drug "problem" in Canada and around the world. Beginning with a historical overview of drugs and the relevant terms/definitions, we will emphasize the social, psychological, and physiological implications of drug use/abuse both individually, locally, nationally, and globally. We will examine social, political and global influences on the use/abuse of drugs and focus on how a variety of different countries across the globe interpret and approach such issues within the criminal justice system. The course covers a large quantity of factual

information about the nature and amount of drug use/abuse around the world and about the

agencies that study and seek to control it. Drug controversies occur in many different arenas:

political, legal, medical, scientific, social, philosophical/ethical, psychological, and others. Almost

all are highly complex issues, therefore we will explore, in some depth, the reasoning and

evidence underlying different positions on many different types of issues. We will also monitor

the prevalence and range of drug-related questions in the news during our time together.

Description of videos used in the course examined

Videos

Through a blue lens

Constable Al Arsenault, along with six other policemen, documents the people on their beat to create a powerful film about drug abuse. This group of officers developed a unique relationship with addicts in Vancouver's Downtown Eastside. In this documentary, drug addicts talk openly about how they got to the streets and send a powerful message of caution to others about the dangers of drug abuse

Cracked but not Broken

Lisa was raised in the right part of town, she went to the right schools, had the right friends. But somewhere along the way something went terribly wrong. At age 37 Lisa is an estranged mother of one, and a Crack addict who prostitutes herself to help support her drug habit. Get a glimpse into the harsh reality and chaotic lifestyle of drug addiction. This film will force you to examine all of your stereotypes about the addicted in a sometimes shocking way.

Stopping Traffik

Since 1982 when Ronald Reagan declared war on drugs, the international trade in black market drugs has grown to a $600 billion industry. Now a new clarion is being heard as the war against the war on drugs gains support. Leading the crusade is a coalition of unlikely allies: outspoken cops, wealthy businessmen, social activists and medical professionals. They contend that stopping the traffic in human misery lies in decriminalizing drug use and treating addiction as a medical problem, not a crime. From

Vancouver to Liverpool to Zurich, this video looks at experiments and programs that would seem to give merit to this growing campaign.

Fix the story of an addicted city

Fix tells the story of the torturous progress of the campaign to set up a safe-injection site for hard drug users in Vancouver's bombed-out downtown east side. The film concentrates on two strong narrative stories relating to the fight: Mayor (at the time) Phillip Owen's struggle to pass harm-reduction legislation through city council, and social worker Ann Livingston's relentless advocacy for the city's drug users. *Fix* is a fast-moving and completely absorbing look at the political and personal dimensions of an out-of-control hard drug use culture in a North American city.

The Union

BC's illegal marijuana trade industry has evolved into a business giant, dubbed by some involved as *'The Union'*, commanding upwards of $7 billion Canadian annually. With up to 85% of 'BC Bud' being exported to the United States, the trade has become an international issue. This film demystifies the underground market and brings to light how an industry can function while remaining illegal. Through growers, police officers, criminologists, economists, doctors, politicians and pop culture icons, *The Union* examines the cause and effect nature of the business in an industry that may be profiting more by being illegal.

Date: October 22, 2012

To: Matthew Hack (PI), Judith Grant

(Supervisor) From: Amy Leach, REB

Chair

REB File #: 12-017

Project Title: Examining the impact of post-secondary drug education:Four Case Studies

DECISION: APPROVED

START DATE: October 22, 2012   EXPIRY: October 22, 2013

The University Of Ontario Institute Of Technology Research Ethics Board has reviewed and approved the above research proposal. The application in support of the above research project has been reviewed by
the Research Ethics Board to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and the UOIT Research Ethics Policy and Procedures.

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and approved by the REB.

Always quote your REB file number on all future correspondence.

Please familiarize yourself with the following forms as they may become of use to you.

> ➢ **Change Request Form:** any changes or modifications (i.e. adding a Co-PI or a change in methodology) must be approved by the REB through the completion of a change request form before implemented.

> ➢ **Adverse or unexpected Events Form:** events must be reported to the REB within 72 hours after the event occurred with an indication of how these events affect (in the view of the Principal Investigator) the safety of the participants and the continuation of the protocol. (I.e. un- anticipated or un-mitigated physical, social or psychological harm to a participant).

> ➢ **Research Project Completion Form:** must be completed when the research study has completed.

> **Renewal Request Form:** any project that exceeds the original approval period must receive approval by the REB through the completion of a Renewal Request Form before the expiry date has passed.

All Forms can be found at
http://research.uoit.ca/EN/main/231307/Research_Forms.html.

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