



Causes of Drug Initiation among Adolescents

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Abstract

Drug use is a behaviour frequently seen among adolescents. The *World Drug Report* draws attention to the increase in this phenomenon. The studies were undertaken to look for determinants that promote drug use and those that protect against reckless activities. It seems important to determine the causes of drug initiation. The presented study aimed to identify the determinants favouring first contact with drugs among adolescents. Eighteen respondents participated in the study. Purposive sampling was used and data were collected using categorized interviews. The exploratory nature of the interviews focused on obtaining information on three areas: family life, peer influences and the role of mass culture products. Education, financial background, and inquiries about life plans, dreams, and their realization were also recorded. The analysis of empirical data made it possible to establish interesting factors conducive to the respondents' first contact with drugs both in the family environment, peer environment, but also related to popular culture, lifestyle, the influence of significant others, as well as to the dangers of the Internet. Established causes of drug initiations are indicated. The obtained results can be used in designing preventive interventions among adolescents. They can also be the basis for planning further studies with this group.

Keywords: adolescents, drug initiation, family, peer environment, popular culture

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Introduction

Drug use has been under observation for several decades, and researchers across various disciplines are investigating the reasons for its use. Periodic surveys confirm past trends in using so-called 'old drugs' which include cocaine and crack, hashish and heroin (EMCDDA, 2020). In the last decade, the use of new drugs such as α -methyltryptamine, benzodiazepine analogues, benzofurans, methiopropamine, novel amphetamines, piperazines, synthetic cathinones and synthetic cannabinoids, (more popularly known as 'legal highs'), have become a social problem (King & Corkery, 2018). Authors of social studies note the growing indications of narcotic use globally and the increase in problems caused by their use. In 2009, an estimated 210 million users represented 4.8% of the global population aged 15 to 64, compared to an estimated 269 million users in 2018, or 5.3% of the population (UNODC, 2020).

Among social behaviour researchers, drug use, and in particular, the sources of such behaviour, have attracted interest for many decades. In the late 1930s, Robert Merton believed that the social structure that defines cultural goals and provides institutionalized means to achieve those goals plays a fundamental role in engaging in this behaviour. According to R. Merton, drug users are individuals who have rejected proposed or imposed cultural goals and the means to achieve those goals. Drug use and the distinctive lifestyles associated with this activity are ways of adapting to changing social circumstances (Merton, 1938). Travis Hirschi presented his concept of deviant behaviour, in which he isolated and identified variables that may influence the undertaking of illicit acts. According to Hirschi, individuals who engage in delinquent acts (such as drug users) are deprived of the ties that bind them to conformist society (Hirschi, 1969).

Interesting indications, and at the same time adequate to the observed contemporary changes in attitudes towards drugs, are the assumptions of social learning theory. According to Albert Bandura, the author of this theory, reaching for drugs by adolescents may be the consequence of adopting models of such behaviours from people who are significant to them. Strong relations with drug users may significantly influence the imitation of such behaviours (Bandura, 1997). The assumptions of social learning theory seem to correspond most closely with the observed dynamics of attitudes towards drugs and the increase in their use, especially marijuana. Being a participant or observer of one hundred, two hundred, or more events or circumstances with a particular message (e.g., a liberal image of drugs) causes the observed phenomenon to be perceived not as bad or good, but as commonplace (Jędrzejko, 2015).

Researchers point out that the multidimensionality of drug initiation determinants observed in the social environment, cultural influences, and the peer and family environments of individuals, confirm drug use (Spooner & Hetherington, 2005; Jiloha, 2009). Individual characteristics conducive to using these drugs were considered to include low self-control, curiosity, seeking exciting sensations, low competence in coping with stress, and a lack of knowledge about the consequences of drug use. The following were considered social determinants: poor community ties, lack of role models, poverty, abnormal family relationships, low emotional support, peer influence, and low availability of rewarding life choices (Chan et al., 2019).

Aim

The initiative aimed to determine the determinants of drug initiation of the respondents.

Material and Methods

The data presented in this study come from the research carried out among problematic drug users, those hospitalized due to their drug use, and those suffering legal and social consequences (i.e., family breakdown, stigmatization, job loss, low education). In addition to questions related to drug use, the study focused on obtaining information on three areas: family life, peer influences, and the role of mass culture products and the respondents' decision to use drugs. The respondents were also asked about their resources: education, financial background, life plans, dreams and their realization. In connection with this initiative, research problems were formulated which determined the directions of the study.

The data was collected from people who came for therapy to two institutions in Podkarpackie voivodeship in Poland. (The author was employed as an addiction therapist.) Permission was requested from the directors of these institutions in order to undertake the research with the assurance of maintaining full anonymity of the participants. After obtaining the approval, each person who confirmed their drug use was interviewed according to a prepared scenario. All interviews were conducted and recorded with the respondents' consent from May, 2014 to August, 2016.

The research tool used in data collection was an interview questionnaire which consisted of 38 questions. During the interview, the focus was on establishing the motives and circumstances of drug initiation, identifying the drugs they used, their perception of addiction, the influence of popular culture products (i.e., literature, music, and film) on their risk-related choices. While recording the data, gender, age and place of residence were also noted.

The preparation of an appropriate set of questions allowed data to be obtained on issues common to all, and in addition, it increased the respondents' sense of security in disclosing sensitive data. Depending on the respondents' openness, additional questions were also asked in order to obtain more complete information about their lives. Eighteen interviews were conducted, three of which were recorded on audio files. Respondents' consent was not obtained when recording the others.

Results

Fourteen men and four women participated in the study. During the interviews, each person was asked the same set of questions, sometimes in a different order. A brief characterization of the subjects and summaries of their responses obtained are presented below. The data were enhanced with the original statements of the respondents. The respondents' statements were divided into several areas and presented in the following order:

- description of the respondents' family situation (whether they grew up in a complete family, whether there were addicts in the family, or whether anyone used drugs);
- contacts of the respondents with drugs (age, circumstances and reasons for drug initiation, and identification of all drugs used);
- determine the respondent's current drug use situation in their community (number of friends who use drugs, access to drugs, and sources of obtaining drugs);
- use of popular culture products which may create a liberal attitude towards drugs (preferred music, participation in mass music events, knowledge of pro-drug films, books, people who admit to using drugs) and affiliation with subcultures.

All respondents were young adults between the ages of 18 and 24. Five have completed elementary school, eight have completed vocational school, four have completed high school, and one person reported having higher education. Five of them are parents and two of them live with their families. Except for one all respondents were unemployed. Thirteen were brought up in families with addiction problems (e.g., alcoholism or drug addiction of family members), twelve came from single-parent families, and two came from families without dysfunctions.

Description of Family Situation

Most respondents did not talk much about their parents. It was apparent during the interviews that this was not an easy topic for them, especially when they did not know their parents or when they admitted that one or both of them were addicts. Statements on this topic were usually laconic, and only a few respondents decided to talk a bit more about their relatives¹.

I do not know my father. I hope my daughter will not have it like that. The girl I have her with took the little one and went away to her parents.

I grew up in a full family. My mom had a child with another guy before, and I have a stepbrother who is 13 years older than me. My brother is an alcoholic, and he also used to do some drugs, but I don't know what because he's been in prison for the last six years, but they're already letting him go on furlough.

There were always fights and drug use at home. Both parents were doing amphetamines, took some drugs and sometimes smoked weed.

The statements of the respondents confirm both their upbringing in a single-parent family and being surrounded by addicts. However, it cannot be concluded that only young people from such families use drugs, which is proved by the statement below:

I grew up in very good conditions. My parents were principals in schools and were great educators. We did not lack anything at home, maybe we were chased to study a bit, but now I have a profession for that.

However, the majority of interview participants were raised by a single parent. Of the twelve respondents reporting family breakdown as a result of death, divorce, or long-term imprisonment, eight of them faced irreversible losses due to the death of the parent or lack of any information about them. Thirteen respondents also confirmed that they grew up in a family with alcohol (one or both parents and siblings) and drug addiction or abuse.

¹ Original vocabulary was left in the quoted statements of the respondents.

Drug Initiation

Social patterns of drug use (e.g., the fashion for using drugs at social gatherings), are a fundamental reason for drug initiation. Among adolescents, especially those who sympathize with or belong to subcultural groups or informal peer groups (also criminal groups), a much stronger stimulus conducive to the first contact with drugs is the desire to belong and adapt. As a result, the need to be accepted by group members can be satisfied by imitating observed behaviours (e.g., by using drugs). Moreover, drug initiation may be triggered by stressful situations experienced in a malfunctioning family; shaping a child's personality to being susceptible to addiction (Jędrzejko et al., 2009; Jędrzejko, 2013). The statements of the respondents collected during the interviews corresponded with the indicated determinants of initiation.

The first drug was at the beginning of vocational school – marijuana.

In our school, most people used to smoke. You could buy weed at every break. The first time I even did not pay. My friends asked me if I wanted a hit, and everyone took it, so I took it too.

The first time was hashish. I was on a camping trip from my mother's workplace in France. My friends gave me some. I was a bit afraid, but it was stupid to refuse, and I wanted to know what it was like.

Contact with a drug given by a family member - this time by the brother of a drug addict was presented by one of the respondents:

There was a party at home that my brother was doing. It was a few weeks after mom died. Some of his friends were there, smoking weed and drinking. No one else was there but us, and I sat with them the whole time. The brother is seven years older. He gave me a few clouds of herb.

The indicated lowest age of first contact with drugs is ten years, and the highest is 18 years. The average age of drug initiation of the respondents was between 14 and 15 years old. Apart from two cases, marijuana was the drug of initiation most often taken in the company of friends, out of curiosity or under the influence of persuasion from them. In one case, the initiation factor was the pressure of people offering the drug. Almost all respondents confirm their contacts with novel psychoactive substances (NPS).

Also, interesting are the statements of some respondents about further contacts with drugs, especially the following statement illustrating the pace of development of risky behaviours and the scale of progressive addiction:

Later on, I had it so that I liked it from the beginning. I didn't have any vomiting or anything. I just liked it because I felt better after it than after alcohol, and I had access to it because there were a lot of friends on my estate who sometimes sold protein or greens there, and generally, I had access to it from a young age.

I took "speed" as soon as I had money, and I had it often because I quickly started making money playing after parties. I bought all drugs that had ephedrine or pseudoephedrine in them and processed them.

The statements of the respondents indicate that for half of them, the factor conducive to drug initiation was being among people who use drugs and constant exposure to proposals of use. Moreover, as indicated by the respondents, they encountered drugs at the schools they attended, in their neighbourhoods and backyards, while playing truant, during trips, on vacations, and even when they were at home. The respondents indicated that drugs could be encountered in any environment, and those who control the behaviour of adolescents (teachers, tutors, guardians, parents) are probably not in a position to recognize the emerging threats. The experience with other drugs, (which are much more destructive than the initiation drug²), indicated by the respondents, confirms the possibility of people experimenting with weaker specifications and then moving on to more potent drugs, which are more addictive and destructive at the same time. This also broadens their contacts by entering into relationships with users from other environments.

Drug User Environment

The majority of interview respondents lived in large cities. Only three indicated that they lived in small towns and three in rural areas. Most of the respondents confirmed having many drug-using friends in their community, while a few indicated that now "everybody takes drugs". However, these statements should not be taken literally, as most young people do not use drugs. The indications of the respondents, especially those claiming that almost everyone in their environment uses drugs, should rather be interpreted as narrowing down their peer group to drug users.

Much more worrying are the indications concerning access to drugs; all respondents confirm that it is not difficult to buy drugs at the current time. Most buy from drug dealers, and some buy through friends, some use websites and stationery stores offering NPS for sale. Almost half of the interview participants used these sources interchangeably, depending on their ability, current access and subjective needs.

Most often, we buy from trusted dealers for regular customers.

Now, I usually buy one pipe (a glass barrel loaded with marijuana) for Saturday. Once, before vacations, if I wanted to, I could buy it in a store that everyone knew was full of drugs, but I prefer to order online.

I buy over the Internet because dealers almost always cheat.

From the statements of other respondents, it can also be concluded that in the environment of drug addicts, people who regularly buy drugs (probably, people with developed addictions) have the opportunity to buy them at lower prices, and even - as indicated by the respondents - they can get so-called credit from their dealers:

I got a kilo of crystal recently, and I was supposed to distribute it in P... I sold some, and the rest went, I don't know when.

² In the case of one respondent, it is still marijuana.

I can always get a cannon (a pipe of marijuana) on credit.

Besides, four respondents admitted that the source of their income is criminal behaviour including theft, burglary and extortion; two respondents admitted that they spend the money received from their guardians on drugs, one respondent used the pocket money received, and one respondent used the family pension that was received after a father passed away.

Also, interesting are the statements regarding the use of narcotics themselves and the descriptions of the states they achieved afterwards. Some of the respondents speak about their experiences with fascination:

After taking, I disconnect from reality and drift away. I feel a sense of relaxation. When it comes to all these substances, it increases sexual pleasure a lot, that also has a big impact.

I was able to open up in the company. After marijuana, I thought more logically and focused better.

Amphetamine helped me at work - I was more productive and efficient. Marijuana is like medicine: it calms me down, I am cheerful. I wish it was legalized.

I liked the states. After taking it, I feel indestructible; I have better concentration, energy.

Some also say proudly:

After speed, I can do everything. Anyway, I do everything at home because my wife works. I clean, take care of the child, cook, do the laundry.

Expectations connected with the use of drugs are a strong incentive to use drugs, despite previous declarations about stopping the use. The need to reduce tension, the intensification of pleasure, the mobilization for action, and the manipulation of self-image are the most frequently indicated sensations sought and expected after drug use. The emerging deficits in expected sensations, resulting from an increased tolerance to the drug taken, forces the user to take higher doses. It also influences them to use mixtures (made up of different drugs at the same time or combining them with alcohol) or it induces them to use more potent drugs than the ones taken so far. As the following respondents indicated:

For three years, I took only drugs, either in pills or processed. I drank alcohol on the downhill side. That year I started taking amphetamines, but I only like the original, the wet kind, when you buy it because later it's mixed with different kinds of shit. That's why I prefer crystals. They are always safe. Sometimes I drink alcohol with it, but then I can drink a lot, and I don't feel the phase, so I rarely do it because it's not economical. I drink on the way down, only vodka, but I always drink until it passes. I'd rather get tired after drinking than after powder. Later I go back on the pills again.

I used to combine beer with marijuana, and legal highs with alcohol.

I took everything with everything.

Alcohol with mephedrone, amphetamines and weed, then it is the best phase.

Combining different drugs is a popular way to intensify pleasurable sensations and reduce unpleasant ones, or as indicated by one respondent, it allows for a smooth end to the sequence of use: legal highs → drugs → alcohol → sex. Some respondents experience the phenomenon of polytoxicomania - taking different psychoactive substances together or alternately, often with antagonistic effects. This results in a stimulus that encourages rather than deters them from taking such mixtures (Motyka, 2018).

Preferred Music Style and Affiliations with Subcultures

The data collected showed that many respondents have similar musical tastes and affiliations with subcultural groups. The statements indicate that hip-hop and rap music are the most popular, with fourteen respondents confirming that they listen to this kind of music. A few respondents also indicated music styles, the listening to which is associated with the use of so-called club drugs: techno, club music, drum and bass; along with drugs that can cause hallucinations - psychedelic music; marijuana - reggae. A few respondents reported that they also listen to other music styles, but most indicated hip-hop and rap music as their most listened to music.

Thirteen of the respondents indicated their affiliation with subcultural groups, most of which are associated with the hip-hop subculture, and three confirmed that they identify with the football fan subculture. Also, one person identified with hippies, one with metalheads, one with skinheads, and one with the punk subculture. Two interview participants reported affiliation with two subcultures simultaneously.

When asked about attending mass music events, eight respondents confirmed such activities, except that in two cases it was in the past. One respondent claimed that he stopped going because he was afraid of what might happen to him when he was under the influence of drugs. Another respondent stated that he currently could no longer afford it. The others were not interested in going to such concerts.

Orientation to the Pro-narcotic Content of Popular Culture

The purpose of the following questions was to determine the relationship between the presence of liberal drug content in social spaces and their use of narcotics.

During the interviews, participants were asked if they could name the titles of films about drug use or how drugs played an important role, if they knew books describing drugs, websites targeting drug users, and if they knew public figures who openly admitted to using drugs.

The responses confirmed that most respondents were familiar with movies about drugs, as almost all of them identified known drug users, and most of them were familiar with websites aimed at people interested in drugs. Six respondents reported that they read books about drugs, and one respondent admitted that he regularly reads a magazine aimed at marijuana advocates called *Soft Secrets*.

I was most impressed with Trainspotting and Requiem for a Dream. Of those that I know of, those are the most awesome movies that show what happens after a shot (of use). The scenes where you can see how the drugs come in, how the pupils change, how the contacts in the brain are overtaken by pleasure, and the scene in Trainspotting where the guy was sitting on the job interview after taking amphetamines are great scenes. The best part is that it's actually like they showed in the movies. They had to do drugs themselves to show it like that.

I preferred older friends from a young age. I listened to Marley with them. It was from his lyrics that I learned about grass, and later on, I got to know it myself.

Trainspotting is a cult film. When I watch it, it always makes me want to tap.

From the above statements, it can be concluded that the recalled scenes from films and lyrics chanted by hip-hop performers may have been influential in the respondents' decision to use drugs. The curiosity of the experience, fascination with drugs, and access to these resources may have significantly facilitated the respondents' decision to engage in this type of activity.

Respondents' Educational and Professional Resources and Plans for the Future

The statements collected from the respondents also revealed that for most of them, the socio-occupational situation they were in was not very favourable. All of them, except one respondent, were unemployed. Two of them are still students, but the rest, due to their lifestyles, are not seeking employment or they have found it but have been fired from their jobs.

The unfavourable situation indicated by the respondents, both economic (i.e., no job, no regular income, low education, or no home of their own) and emotional (i.e., loneliness, isolation, and social ostracism) may be conducive to drug use in order to reduce unpleasant feelings. These relationships are likely two-way, with users unable to engage in employment due to their developing addiction and increasing focus on drug acquisition and use, while those in employment lose employment due to their drug use. Those with little education may struggle to find jobs that meet their needs, while drug use prevents them from furthering their education. Drug users are unlikely to be in stable relationships and do not start families, and when they do, these relationships break down. It is difficult for users of psychoactive drugs to decide to move into their own apartment because being in the family home provides some comfort related to use:

I am dependent on my mother [...], well, if I want, I can even spend all the money on drugs.

The indicated educational and professional opportunities do not constitute capital for the respondents, where they could improve their quality of life (both economically and emotionally). This can be inferred from their statements when they are asked about their dreams and plans for the future. Some explicitly indicated that they would like to stop using drugs and drinking alcohol. Some confirmed, but not explicitly, that they would like to change their lives: "to have better than one has", "to live with dignity, and not to fall to the bottom". For a few, the dream is to have their own apartment and to get rid of their debts. The dream declared by some of the respondents is "to start a family", "to find a job" and "to continue education", while four respondents could not specify any plans they would like to realize. In the interview, some participants realized that their dreams encountered barriers that were difficult to overcome. Others did not link low educational and professional capital with drug use, while others, despite problems directly related to drug use, did not consider themselves addicted, claiming to have full control over their lives. Stereotypes about drug users, in particular, were a barrier.

Most interview participants did not consider marijuana to be a drug that can lead to addiction. Those who do, however, simultaneously acknowledged that they were addicted. Two respondents indicated that although marijuana was their initiation drug, they admitted to being addicted, however, they did not consider it a drug that can cause dependence. This stance may be due to a desire to reject (quit) drugs while at the same time wanting to keep the door open (i.e., to be able to continue using them). A total of seven respondents considered themselves to be addicts. The others, despite the consequences of drug use, such as several unsuccessful attempts to stop, did not consider themselves to be drug addicts. Many of them stereotypically perceive an addict as one who cannot say no to drugs, because once they take a drug, they cannot stop themselves from retaking it, and feeling constant (continuous) hunger, and they are forced to use it every day; that they cannot say no to drugs, that they want to use it all the time, or that once they take it, they cannot stop. Only people who confirm their own addiction gave rational reasons for such self-diagnosis: they cannot live without the drug anymore, they have difficulties in functioning sober every day, and they feel the need to use in order to live normally.

Discussion

Both health-promoting behaviours and behaviours leading to the loss of health and life autonomy are primarily determined by factors related to the individual's social life. The values recognized and the place that health occupies in this hierarchy are crucial in making subjective choices. Besides, health habits acquired in the process of socialization from significant people in the environment, and then consolidated or modified, are of significant importance. Observing tobacco and alcohol users in the child's environment without any sanctions and facing various consequences if the child engages in such behaviours may imply cognitive dissonance towards these substances, reduce the awareness of health risks caused by their use or abuse, and encourage attempts to take advantage of their properties.

More than three decades ago, Judith S. Brook and her team, based on research conducted among adolescents, found that the lack of emotional bonds between parents and children and

deviant parental attitudes and behaviours were fundamental predictors of adolescents' risky activities. The results of these inquiries have been referred to as family interaction theory and have been used by many researchers to both observe and design subsequent measures to determine family causes of drug use (Brook et al., 1990).

The family environment appears to play a crucial role in making life-affirming or dysfunctional choices, as its influence affects both the individual's signaled characteristics and the social dimension of the individual's relationship with the environment. The family is the primary source of norms, rules, values, and attitudes internalized by the child during the socialization process (Baferani, 2015). As long as the behaviours of the people from whom these patterns are acquired are consistent with the rules implemented, the process of assimilation becomes apparent. These values shape the identity of the individual favouring the creation of a robust internal control (Hardy, et al. 2008). However, this process does not always take place correctly. Relationships between family members, depending on the relationship's quality, have been found to both encourage and protect against drug initiation. The greater the closeness between parents and child and the lack of dysfunction in the family and adequate control over the child, the lower the likelihood of abnormal activity including drug initiation.

On the other hand, lack of closeness, too little or too much control, conflicts, and abnormal family member behaviours are conditions that may favour such behaviours (Brook et al., 1990; Hawkins et al., 2002; Brook et al., 2007). Drug use may be viewed by the adolescent family member in such circumstances as a strategy for ultimate psychological gratification as relationships with significant others fade (Chan et al., 2019). According to Kathleen R Merikangas and coworkers, a family history of drug use is one of the most decisive risk factors for offspring to develop drug dependence (Merikangas et al., 1998).

The information obtained from the respondents regarding their family situation, contacts with drugs and perception of addiction, relations with the environment (especially with the groups they identify with), popular culture products they use, as well as the resources they have at their disposal, allow us to identify fundamental reasons for entering the world of drugs and developing a drug addiction.

Most of the respondents came from single-parent families with an addiction problem. For many of them, presenting their family situation was a difficult task, and only a few described their relatives' alcohol or drug use in more detail, emphasizing their influence on their behaviour. Similar results were obtained in studies conducted among girls, some of whom were raised in correctional homes and juvenile shelters. The girls confirmed that their first contact with cigarettes took place in family homes, and some of them consumed alcohol with family members: fathers, mothers, siblings and cousins. Identified family determinants conducive to the use of psychoactive drugs were quarrels with parents and a lack of support from them (Kruczek, 2013).

The data obtained in Ewa Miturska's study confirm that the subjective feeling of emotional support from parents may have a protective function against reaching for drugs, while the lack of opportunities to talk, listen to the loved ones and the experience of being forced to cope with everyday difficulties may be conducive to crossing the threshold of drug initiation. In the research conducted by the author, proper communication between family members turned out to be a quite significant factor protecting from reaching for drugs (Miturska, 2006).

A dozen or so years ago, Ewa Sowa pointed out the fad for drug consumption among Polish youth. The reasons for the observed tendencies were: greater availability of these substances, the need to quickly achieve states of emotional relaxation and the atmosphere of good fun, more comfortable social contacts, the belief in the possibility of better absorption of

knowledge after using drugs, but also low awareness of the possibility of developing addiction in an individual who recreationally uses drugs (Sowa, 2007).

Not every person with a liberal attitude towards drugs or even experimenting with them becomes addicted to them, but for the respondents participating in the study, drug initiation appeared to be a caesura marking the beginning of the road to addiction. The first drug they encountered - marijuana - was indicated by almost all of them (except for one respondent) replaced over time by drugs with much more robust effects and more addictive potential. Given the above data, it is reasonable to de-mythologize the image of marijuana promoted by the media as a recreational drug and to consider - at least in the sample - the use of this drug as the beginning of the development of a long-term dependence on narcotics with different effects and different destructive potential. Studies conducted in six European countries have confirmed that the early age of drug initiation with the use of cannabis can lead to the use of more potent drugs in the future and other risky behaviours, including increased aggressiveness and the onset of early sexual behaviour (Kokkevi et al., 2006). Analogous conclusions were presented by the author of the "gate" theory D. B. Kandel - who believes that the recognition of marijuana use as a route to other drugs best describes the relationship between the seemingly innocent smoking of this popular drug, and the decision to reach for much stronger drugs (Kandel, 1975; Kandel, 2003).

Awareness of drug use by peers is a significant factor in drug initiation. The desire to impress others and to accept a drug as a result of persuasion are reasons for initiation indicated by adolescents themselves who have had drug initiation (Motyka, 2018).

The collected data indicate that among the surveyed adolescents confirming drug use, drug initiation started with marijuana and continued with more potent drugs. Drug initiation in almost all cases occurred under the influence of curiosity and persuasion among peers. It is also important to note that each of the interview participants identified between a few and a few hundred drug users in their environment. Some indicated that it was difficult to determine the number of drug users. In the study group, the place of residence was not significant as both residents of small towns and big cities admitted that there were groups of drug users around them. Moreover, none of the respondents reported problems with access to these drugs. Some of them indicated that they could obtain drugs whenever they had such a need, most often from dealers, friends, websites and pharmacies. Drug prices quoted by the respondents may indicate that one-time or recreational use does not pose significant economic difficulties for those concerned. The problem arises, however, with increasing dependence on these drugs, when there is a growing demand for larger doses taken in shorter time intervals, and as costs increase. Then, as the respondents pointed out, the most common way of acquiring funds to buy drugs is by trading them, as well as other criminal activities enabling the satisfaction of personal drug needs: theft, burglary, extortion. Some of the respondents also indicated that they buy drugs using money obtained from work, while others use pocket money, benefits or organize a group contribution to buy more drugs.

Respondents' opinions concerning preferred music, affiliation with subcultures, knowledge of films about drugs and media persons admitting to drug use (mainly marihuana), and knowledge about websites promoting or selling drugs proved interesting. The majority of the respondents confirmed that they prefer hip-hop (12 indications), rap (6 indications), reggae (3 indications), but they are also close to other trends associated with drug use: techno, psychedelic music, club music and punk. Data on the associations of music listened to with decision-making to use drugs have been reported in many other studies (Adlaf & Smart 1997; Chakraborty et al., 2011; Fernández-Calderón et al., 2018; Motyka & Al-Imam 2019).

Of the participants in the present study, thirteen indicated their affiliations with subcultures, with the largest group (eight individuals) identifying with the hip-hop subculture, while the rest indicated affiliations with hippies, punks, football fans, metals, and skinheads. This data corresponds with other researchers' observations (Blackman, 2010) confirming the existence of a correlation between the affiliation with a subculture indicated by the respondents and the use of psychoactive drugs. Drug use within these groups, analogous to the members of the punk subculture indicated above, is one of the characteristic features of these communities (Wrzesień, 2013).

To establish a causal relationship between the use of popular culture content positively related to drugs and drug use, it would be necessary to research a larger research sample. However, based on the data collected in interviews from eighteen regular drug users, it can be seen that within this group, almost all respondents can name the titles of films about drugs, identify public figures who admit to their contact with drugs, and are familiar with websites where they can get answers to any of their questions about drugs and their use. Some of them used or have used readings describing drugs and their use. Almost all of the respondents were able to name titles of films about drugs, with the majority mentioning *Trainspotting*, a film about the lives of Scottish drug addicts, showing a realistic portrayal of heroin users (Byrne, 1997). Other films also depict the tragic lives of drug users or illustrate the amusing adventures of characters who use drugs, especially cannabis. None of the respondents mentioned the drama of drug addicts in the films, while six respondents found the comedy scenes involving marihuana funny, especially the film *Super Herb*.

The participants of the interviews are quite familiar with the possibility of obtaining all the necessary information about drugs and their use from the websites *Hyperreal* and *Neurogroove*. These websites are created and run by users of narcotics. They describe, among other things, experiences related to drug use, and the so-called trip reports (Wiszejko-Wierzbicka et al., 2016).

What draws attention in the respondents' statements is the alarming ease of obtaining all the necessary knowledge to acquire drugs via the Internet and, above all, the possibility of unrestricted purchase through this means. In most cases, the ability to quickly obtain any information via the Internet is invaluable. However, it can also foster new problems, especially among young people aged 15-25 years old who constitute the largest group of WWW users, susceptible to any influence and suggestions, which are very easy to encounter on the Internet.

These hypotheses have been confirmed in measurements taken among young Internet users. In 2010, in a study conducted in twenty-five EU countries among children and adolescents (including 1,034 from Poland), which aimed to determine the benefits and risks associated with the use of the Web, as many as 24% of respondents confirmed that through the Web they had come into contact with drug content (Kirwil, 2011). Between October, 2011 and May, 2012, adolescents aged 14-17, living in seven European countries (including Poland: N=2000 - quantitative research and N=140 - qualitative research) were surveyed to identify risks related to Internet use. In the explored group, almost a quarter of the participants confirmed their experiences with drugs (Włodarczyk, 2013). The cited results of the measurements, may indicate the existence of significant risks resulting from both the lack of parental control over the time children spend on the Internet, as well as adolescents being influenced by the content encountered in virtual reality to engage in deviant behaviour in the real world.

The perception of drug addiction and one's own participation in it may also indicate significant educational deficits among adolescents and the occurrence of psychological defence

mechanisms in drug users, thus confirming that the process of drug addiction is developing (Mellibruda & Sobolewska-Mellibruda, 2006). On the other hand, the educational and professional resources indicated by the interview participants exemplify the consequences that may occur in people who start to use drugs.

Conclusion

The data collected during the interviews corresponds with the conclusions drawn by J. Brook and her team in the family interaction theory that marijuana use may imply reaching for more potent psychoactive substances (Brook et al., 1990). The family and social situations indicated by the respondents and activities associated with drug use and related criminal behaviours (i.e., theft, burglary, extortion, drug trafficking) correspond with the social control theory of T. Hirschi (1969). The decision to use alcohol and, consequently, drugs by people brought up in families with addiction problems is consistent with the assumptions of social learning theory by A. Bandura (1997). On the other hand, the indications of sympathizing with subcultures by the interviews participants correspond with the assumptions of the theory of differentiated abilities by R. Cloward and L. Ohlin (1961). They established that this type of behaviour is a consequence of the individual's earlier entry into the ranks of these groups. The uncritical reception by the examined adolescents of the pro-drug content present in mass culture messages, the multiplicity and diversity of these contents, as well as reaching for drugs, in consequence, correspond to the assumptions of researchers and observers of postmodern influences, especially with J. Baudrillard's (2009) observations emphasizing the role of mass media and advertising as carriers distorting the proper message of a given social phenomenon. Low educational and professional resources and losses caused by the current lifestyle, and at the same time the difficulties associated with the realization of basic needs (indicated by the respondents, the need to have a family, home, work, life stability, break with drugs) with the simultaneous use of these means in order to mitigate the indicated deficits, correspond to the assumptions of R. Merton's theory of anomie. Merton's theory of anomie (1938); drug use may be a form of withdrawal for the subjects - one of the ways described by this researcher of coping with the discrepancies between cultural norms and goals and the individuals' possibilities of achieving them.

Based on the interviews, the factors contributing to drug initiation were identified, as shown in the table below.

Table 1: Determinants of Drug Initiation

Family	Environmental	Cultural	Social
Growing up in a single-parent family		Creation of a liberal attitude towards drugs by the media	Increased offers of new drugs
Lack of parental support	Drug use by peer group members		Increased availability of drugs
Lack of parental supervision and low involvement with the child	Exposure to offers to use	Existence of pro-drug content in popular culture productions	Exposure to online offers to use
Exposure to drug users in the family	Easy access to drugs	Beliefs about the low harmfulness of drugs	Lack of information and education about the consequences of use, which encourages new initiations

Source: Own study

Findings

- Drugs are often used by individuals whose families include addicts (13 respondents).
- Adolescents from single-parent families are more likely to use drugs than adolescents brought up by both parents (12 respondents).
- Liberal attitudes towards drugs are more common among individuals around drug users than among individuals who are not in contact with drug users (18 respondents).
- Individuals who identify themselves with a subculture are more likely to use drugs than those who do not (13 respondents).
- Young people who listen to music that promotes drug use are more likely to use drugs than those who do not listen to such music (18 respondents).
- Youth participating in mass music events use drugs more frequently than youth not participating in such events (8 respondents).
- Watching pro-drug videos influences liberalizing attitudes towards drugs and using them (18 respondents).
- Browsing pro-drug websites influences the liberalization of attitudes towards drugs and using them (16 respondents).
- Awareness of drug use by public figures influences liberalizing attitudes towards drugs and using them (18 respondents).

The data collected can be used to prepare prevention programs to identify appropriate prevention strategies. The results of the study may also serve as a starting point for research conducted on analogous or more representative samples of participants.

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