Flight of the Kiwi

New Zealanders experiences of Cannabis in Amsterdam while on their Overseas Experience (OE)

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Abstract

Cannabis consumption and travelling share a number of similarities, such as evoking pleasure or anxiety and, like in the title used to reflect this thesis, represent the experience of "flight" for the "Kiwi" (New Zealander). This thesis therefore explores both the experiences of cannabis consumption, a flight of the mind and travelling a flight of the body. The aim was to understand how New Zealanders experience cannabis in Amsterdam while they are undertaking a working holiday based in the United Kingdom (UK), known within Aotearoa New Zealand as an Overseas Experience (OE). Given Aotearoa New Zealand's current political debates on cannabis control and the upcoming 2020 public referendum on legalising the substance, this thesis provides an opportunity to explore how New Zealanders experience cannabis within a liberal country that tolerates the sale of soft drugs in licensed premises, while growing up in a country that enforces cannabis prohibition. Statistics on cannabis use illustrate a steady rise in global consumption, however majority of countries still implement prohibition as a method of control, therefore choosing to study New Zealanders use of cannabis in a country without any legal ramification or stigmatisation for personal consumption allowed for greater transparency and in depth exploration.

Nine, one-on-one, in-depth interviews were undertaken with New Zealanders, aged between 18-30 who were living and working in London. Interviews were recorded, transcribed and analysed using Interpretive Phenomenology Analysis (IPA). Four subordinate themes were identified within the data, along with ten sub-themes. The results illustrate the sensible and structured nature cannabis was consumed and enacted abroad. Cannabis was not the sole motivator for the trip to Amsterdam however consuming cannabis to reach a pleasurable level of intoxication was intentionally pursued by all participants whilst in Amsterdam. In order to reach the desired state participants often drew from previous experiences or shared knowledge on the effects of cannabis and would implement certain techniques and practices to ensure they did not reach an undesired level of cannabis intoxication. Future research, with a diverse and larger sample would provide additional insights and could possibly assist in the potential policy change and implementation within the country.

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Introduction

Flight of the [1]Kiwi investigates the experiences of citizens of Aotearoa New Zealand (here on in referred to as New Zealanders) who are on a working holiday in the United Kingdom (UK), also known as an Overseas Experience (here on in referred to as an OE) and have consumed cannabis in Amsterdam. While these two phenomenon are seemingly different experiences, in that one is travel and the other drug use, they converge on a number of levels. Travelling and drug intoxication share the ability to evoke pleasure and anxiety despite being conceptualised differently (Banco, 2008). Holidaymakers can be seen as escaping their day-to-day routine just as drug users can be seen to be escaping 'reality'. Both experiences further unite through the metaphors and colloquialisms used to convey each phenomenon (Banco, 2008). In this sense, I have combined both concepts of travel and cannabis consumption as seen in the word 'flight' in the title of this thesis. Flight refers to the necessity of people from Aotearoa New Zealand, a remote Pacific nation, flying at some point to begin their OE and also travel to Amsterdam, similarly, consuming cannabis is often referred to as getting high, insinuating a 'flight' of the mind.

The purpose of studying New Zealanders overseas travel and cannabis consumption has steamed from two core reasons. The first relates to changes in social attitudes and legal control towards cannabis, which has been witnessed across a handful of western countries. For instance, in 2001 Portugal decriminalised cannabis and in 2018 Canada legalised cannabis, while 28 American states have decriminalised cannabis for medical and/or personal use (Cohen, Reinarman & Hendrien, 2004). Aotearoa New Zealand could soon follow this trend. While cannabis in Aotearoa New Zealand is an illegal substance, with drug use seen as a moral failing of the user, statutory penalties have remained unchanged for over 35 years (Wilkins & Sweetsur, 2012). However, in 2017 the New Zealand Drug Foundation criticised Aotearoa New Zealand's prohibition policies claiming they were not "keeping up with the changing world" (Model Drug Law to 2020, n.d., para, 1) that is shifting towards controlling drugs through humanitarian approaches, oppose to punitive measures. In an attempt to align Aotearoa New Zealand and overturn the countries

[1] The term Kiwi used to refer to a person from New Zealand can be considered offensive, especially for Māori. The Kiwi bird was a source of food for Māori therefore referring to a person as food can be considered as an insult (Warne, n.d.).

punitive stance the government is scheduled to hold a binding referendum in 2020 to decriminalise cannabis (Cooke, 2018).

One of the challenges Aotearoa New Zealand faces is the uncertainty of how New Zealanders will consume cannabis under a different framework to that of prohibition. As Månsson (2017) identifies, the context surrounding drug consumption can influence the meanings people assign to drug use and in turn how people define, relate and experience drug use. The second reason for this research is to address a gap in knowledge about New Zealanders experiences of cannabis use in a non-punitive context. Amsterdam provides the ideal context to understand how New Zealanders who have been orientated in a country that implements cannabis prohibition, experience cannabis in a country where personal consumption is tolerated.

As this study overlaps several disciplines and combines different research fields including tourism, psychology, criminology and sociology, the following literature review chapters provide a summary of the important points from these disciplines. The literature review is broken down into three chapters. The first chapter focuses on travelling and describes the various types of travel and motives to travel, paying specific attention to the Aotearoa New Zealand OE experience. Chapter two is split into two parts. The first part focuses upon cannabis conceptualisations through medical and social science understandings, including the effects, prevalence and motives for using cannabis. The second part addresses the legality of cannabis, past and present, both globally and within Aotearoa New Zealand. This chapter traces historical, social and political landscapes of drug prohibition, specifically focusing upon cannabis. The purpose of this section is to outline how cannabis use and control has changed over time and influence our current perceptions and views of drug use. Chapter three illustrates how travelling and cannabis intersect and are described as drug tourism. Separating drug tourism from the literature on travel may be perceived as a lack of cohesion, however the theories drawn on to explain cannabis use in the context of travelling draw from both conceptualisations of travel and cannabis consumption therefore for sense making these are explained first.

Chapter four explains the methodology, theoretical framework of governmentality and research methods including, ethical considerations, data collection, participant recruitment, interviewing process, transcription and analysis. Chapter five presents the study's results

and discussion in relation to the participant interviews and current academic literature. Chapter six discusses the studies implications by drawing from and combining the following sections, literature review, theoretical framework and participant analysis. The chapter finishes with a review of the studies limitations, followed by a conclusion and possible future directions.

Chapter I: Defining Travel

Part 1: Travel

The purpose of this chapter is to define and explain the various classifications of travellers and travel and how they influence this work. The chapter begins with a brief discussion about the categories of travel and then moves on to focus on youth travel in relation to the working holiday phenomenon. I then specifically focus on the Aotearoa New Zealand's form of working holiday the 'OE', and include a discussion about the motives for undertaking such a pursuit.

Categories of Travel

The overarching concept of travel encompasses many types of travellers and also varying categories and segments of travel. For example, the term traveller is comprised of youth travellers, experimental travel holidaymakers, backpackers, working holidaymakers, and categories of travel may include adventure, religion, culture, food, history, rest and relaxation which reflect the motivation to pursue travel (Uriely, 2001). There are additional subtypes of travel that fall under what is referred to as deviant/marginal tourism and include sex, abortion, hooliganism, gambling, drinking and drugs (Uriely & Belhassen, 2005a). Based upon this delineation of travellers and travelling, this research engages primarily with both working holidaymakers and drug tourists. To understand the range of travellers and types of travel more fully I have unpacked these categories below.

Youth Travel and the working holiday phenomenon

Youth travel is acknowledged as one of the fastest growing segments within the international travel market, according to a report published in 2016 by the World Tourism Organisation. In 2008 youth travellers made up 20% of the total 160 million global international tourist arrivals, which increased to 23% in 2012 (United Nations World Tourism Organisation, 2016). Youth travellers are aged between 15-29 and are recognised for their increased amount of travel compared to previous generations of youth travellers. Surveys conducted by Expedia, a global travel and technology company, investigated the reasons behind this increase and concluded that this cohort of travellers perceive travelling

as a core aspect of their identity (Expedia, 2016). They are considered a heterogeneous group who are defined by their travelling style and purpose. It is estimated that 50% of youth travellers pursue travel for traditional reasons such as holidaying but the remaining 50% undertake what has been coined, experimental travel (UNWTO, 2016).

Often experimental travellers are referred to as 'backpackers' and their travel purposes include working, studying, volunteering, and learning a language abroad (UNWTO, 2016). Backpackers are travellers who take short or extended trips and carry their belongings around in a backpack. This type of travelling has become mainstream amongst younger people however there are several variations that exist amongst this group, such as age, gender, nationality, destinations and motivational reasons to travel. In academic literature (for example see Locker-Murphy & Pearce 1995; Sørensen 2003) backpackers have been categorized with similar characteristics as the youth traveller but are positioned as young people between the ages of 15-25, traditionally known for their choice of budget accommodation, involvement in recreational activities, partying and mixing with local culture (Locker-Murphy & Pearce 1995). Sørensen (2003) identifies backpackers as:

"A group seen as self-organized pleasure tourists on a prolonged multiple destination journey with a flexible itinerary, extended beyond that which it is usually possible to fit into a cyclical holiday pattern" (p. 851).

The backpacker market also relies on working holidaymakers as they are seen as sharing the same fundamental objective - the quest for travel. However backpackers are not necessary looking for work opportunities as a key characteristic of the working holiday makers is the pursuit of work in addition to travel.

Unlike backpackers, working holidaymakers connect two fields, travel and employment. As far back as 1964, Pape (as cited in Brennan, 2014) describes this as "a form of journeying that depends upon occupation, but only in a secondary sense in that it serves the more primary goal, the travel itself" (p. 99). However, some descriptions of working holidaymakers are not so concrete. For instance, Uriely (2001) proposed four categorisation of working travellers, which fall under two main groups: Working tourist and travelling worker. These categories were introduced to differentiate travellers based on their motivation to travel, occupation and skill set. There are overlaps between the different characteristics, essentially reflecting the conglomeration of definitions that exist for

working holidaymakers. While the varying definitions offer different perspectives they all encompass the fundamental basis of travel. A working holiday tourist was defined by Uriely and Arie (2000) as "tourists who engage in situations that combine work with tourism" (p. 268). For the working holiday tourist travel is seen as a working holiday. The term working holiday, as coined by Cohen (1973) fits well with the notion of a working tourist as it represents a special type of tourism whereby youth are seen to be travelling from one country to another to work for short periods of time, usually seen in the summer months during the school vacation period (Brennan, 2014). Wilson, Fisher and Moore (2009a) proposed that a typical working holiday "involves extended stays in other countries by 'holidaymakers' with consequential immersion, to varying degrees, in the economic, social, and cultural dimensions of the host locales" (p. 4). This definition does not mention working, but reflects the varying understanding and definitions within the literature. Brennan (2014) suggested abandoning any academia definitions of a working holidaymaker because they do not specifically illustrate the divergence between backpackers and working holidaymakers, and instead adopt the definition proposed by the New Oxford Companion of Law dictionary:

"[W]orking holiday maker ('WHM') schemes are like super-international exchange programs for young people from selected countries" (p.100 as cited in Brennan, 2014)

According to Brennan (2014) this explanation highlighted the visa exchange program, rather than just the activity of travelling, furthermore it illustrated that a working holiday correlates with the legal ability and right to work in another country that is not the visa holiday makers nationality, further emphasising the separation between backpackers and working holiday makers. The definition also subtly echoes how humans have divided the world by 'man-made' boarders, which are not only marked by culture and language but also legal and authoritative privileges. The availability of working visas therefore provide people with some of these privileges, such as the ability to legally work, an entitlement to working standards and practices and access to healthcare and aid in transnational mobility. The ability to legally undertake this type of exchange lies in the reciprocal agreements made between countries, including Aotearoa New Zealand, which usually grant working visas to people aged between 18-30 (Haverig & Roberts, 2011). Often a working holiday is distinct global movement – young, well-educated adults with no dependents, and is often

undertaken by those from Anglophone countries including, Canada, United Kingdom, Australia and Aotearoa New Zealand (Haverig & Roberts, 2011).

The final point made by Brennan (2014) as taken from the New Oxford Companion of Law dictionary cited above, was the lack of time scales placed around the working holiday experience; further illustrating the heterogeneity within this phenomenon. For example some working holidays can be understood as consisting of both travel and work but also incorporate a form of temporary migration. More specifically, a form of travel that fits into this intermediate fusion between travelling, working and migration is the well-established, Aotearoa New Zealand OE which involves temporary migration to the United Kingdom for many young New Zealanders (Wilson, Fisher & Moore, 2009b). This next section will focus specifically on the Aotearoa New Zealand experience.

How 'Kiwis take flight' – The big OE

In spite of the flightless nature of Aotearoa New Zealand's national icon the Kiwi, many New Zealanders have historically embraced the pursuit of travel (Myers & Inkson, 2003). The big OE has been undertaken for more than five decades and has become embedded within 'the culture' of Aotearoa New Zealand. A recent online news article in Stuff, a news company operating in Aotearoa New Zealand, titled "More New Zealand school leavers pick travel over study" reflected how youth would prefer to travel over going to university (McConnell, 2016). Simpson initially identified this shift in his research on the changing landscape of gap years (2005). What was once considered an act of rebellion by youth who 'dropped out' of university and employment to pursue travel has now changed into a commercial industry and contributing to varying underpinnings of professionalism morals (Simpson, 2005). Bell (2002) has described the OE as a way for some young New Zealanders to fulfil a curiosity about "what is out there" and is a life stage that aligns with leaving school, finishing a degree, getting married and having children (Bell, 2002). Researchers, such as Bell (2002), Myers and Inkson (2003) and Wilson et al. (2009b) however overlook the multiplicity of 'culture' within Aotearoa New Zealand in their discussions, as often the OE is taken up by those who have the means and resources to travel, such as middleclass, Pākehā New Zealanders. Notwithstanding, the Aotearoa New Zealand OE is reflective of a working holiday with several unique characteristics that specifically separate the Aotearoa New Zealand experience from other overseas working holidays.

One characteristic of the Aotearoa New Zealand OE is the destination. Due to both historical and social-cultural ties, and the geographical isolation of Aotearoa New Zealand, the United Kingdom has been established as the foremost destination for New Zealanders to choose for their OE (Wilson et al., 2009b). This connection to the United Kingdom is located in the colonial history of Aotearoa New Zealand. During the ninetieth century Aotearoa New Zealand was colonised by the British, resulting in the oppression and erosion of Māori culture, traditions and language. British systems, including legislative and educational practices, became the norm and English became the dominant language spoken with te reo Māori being banned (Wilson et al., 2009b). The long history and many effects of colonisation had many lived effects on the people of Aotearoa New Zealand, for example most of the migrants were from the United Kingdom, which meant that prior to the 1960s and 70s an OE was seen as returning home.

Another characteristic is that most New Zealander's on their OE use London as the base because it is easy to explore the greater United Kingdom and Europe due to the close geographic proximity, while providing a number of employment opportunities (Wilson et al., 2009b). London is regarded by some as one of the most vibrant cities in the world because it has a diverse culture and arts scene. For example, London houses 170 museums and 11 national museums. It has four UNESCO World Heritage sites: Royal Botanic Gardens at Kew, Tower of London, Westminster Palace and Maritime Greenwich. There are over 250 festivals held in London each year, including Europe's largest street festival and the Notting Hill Carnival (Greater London Authority, n.d.). Additionally, London is one of the most ethnically varied cities in the world. Christie & Douglass (2017) highlight figures from the 2011 census which reported three million people, 37% of London's total population were from 50 different countries.

A further key feature of the Aotearoa New Zealand OE is the duration of time spent away. Typically the Aotearoa New Zealand OE is estimated to be three years and has the primary goal of travel. Due to this goal along with a traditionally weaker currency exchange between the New Zealand Dollar (NZD) and the Great British Pound (GDP) working abroad has become a necessary means of facilitating long-term travel (Wilson et al., 2009b). With a weaker currency conversion, it is difficult for young New Zealanders to afford multiple and extended trips to the United Kingdom and Europe, therefore the ability to earn pounds facilitates travel and compensates for a poor exchange rate. The need to work, paired with

the duration of time living in the United Kingdom reflects the crossover between working holidaymaker and temporary migrant (Wilson et al., 2009b).

The Aotearoa New Zealand OE has also been characterised as a rite of passage and a circular pilgrimage by Bell (2002), a national ritual by Sell (2004 as cited in Wilson, et al., 2009a) and a symbol of adulthood by Inkson and Myers (2003). These ideas illustrate that the OE is not just about working in the United Kingdom or travelling to Europe but a period of transformation and an important process of freedom (Haverig & Roberts, 2011). Sell (2004, cited in Wilson, et al., 2009a) proposes that the ideas of independence and escape from the isolation of a small island nation as common motivators for undertaking an OE. Jones (2004) also reported similar motives including taking a break, experiencing a different culture and space and time for freedom and development.

Haverig and Roberts (2011) argued however that these conceptualisations are simple and do not capture the nuances of the Aotearoa New Zealand OE. Researchers (for example see Haverig & Roberts, 2011; Rose 1999) question the degree of freedom young holiday makers actually have and how much their travel plans are bound by the legislative requirements, such as having a working visa. Despite the close bond between Aotearoa New Zealand and the United Kingdom, New Zealanders are still required to obtain a working visa therefore the OE is regulated by government agreements and policies. Over the years the Aotearoa New Zealand OE has been impacted by multiple policy changes governing the availability of working visas in the United Kingdom. To illustrate, during the 1950s and 60s New Zealanders did not require a visa to work in the United Kingdom however during the 1970s holiday working permits were introduced, impacting upon the length and time a New Zealander could stay in United Kingdom (Wilson, 2009b). Since the introduction of the working visa there have been additional changes, including replacing the holiday-maker scheme with a points-based system that is used today, known as a youth-mobility visa. This requires New Zealanders to be aged between 18 and 31 and have sufficient savings and no dependents; this visa cannot be extended, unlike previous visas. In 2012 the United Kingdom introduced a quota system where visas could only be allocated to a total of 10,000 New Zealanders. Changes to the working visa illustrate how the subjective freedom of those who chose to undertake the OE are governed by institutional powers (Rose, 1999). As Haverig and Roberts (2011) proposed the Aotearoa New Zealand OE is a form of governance that is enacted through discourses of freedom.

From this perspective the apparently independent and free nature of working holidays have been moulded by the overlying interests and practices of governments (Havering & Roberts, 2011; Simpson, 2005) which are seen to currently operate at two levels within the Aotearoa New Zealand OE. One, through the motives that govern New Zealanders to undertake this experience and two by the visa conditions that enable this phenomenon to exist. Haverig and Roberts (2011) identified that young holiday workers not only expect to improve their skills and professional experiences benefitted through overseas residency, but also aspire to re-develop themselves as adaptable, neoliberal subjects who are recognised as having the ability to freely and individually choose their life courses. In this work the OE experience is understood as bound, influenced, conditioned and controlled by institutional powers. This backdrop of government control also provides a converging framework for understanding the practices that govern travel and consuming drugs.

As consuming cannabis while on an OE is the focus of this thesis, the next chapter looks at the pharmacological meaning, effects and prevalence of cannabis both globally and in Aotearoa New Zealand, and then explores theories behind cannabis use. The decision to include the physical and psychological effects of cannabis use in this work has been influenced by how the drug is understood and explained within both the literature and participant discussions. The chapter will then move on to discussing drug prohibition finishing with a specific focus on Aotearoa New Zealand.

Chapter II: Cannabis and the road to drug prohibition

This chapter is split into two parts. The first part focusses specifically on cannabis, discussing the plants pharmacological meaning, effects and prevalence before moving on and discussing theories behind cannabis use. The second part focuses on global drug prohibition, including cannabis as well as prohibition in the context of Aotearoa New Zealand and the impacts of implementing this type of systems.

Part 1: Cannabis

Pharmacological meaning and effects of cannabis

The word cannabis is a universal name that represents the major psychoactive property tetrahydrocannabinol (THC) within the Cannabis sativa plant (World Health Organisation, n.d.) (Refer to Figure 1, Image 1 below). When ingested THC alters communication between cannabinoid receptors that are located throughout the brain and body. Cannabinoid transmitters are essential to the endocannabinoid system, which is responsible for the functioning of the nervous system (Grotenhermen & Kirsten Müller-Vahl, 2012).

Figure 1: The first image (top left) is of a plant as it is growing, the second image (top right) is cannabis that has been dried and ready to be consumed, the third (bottom left) and forth (bottom right) are of cannabis paraphernalia, a pipe and two style of bongs.

The cannabis plant is a green herb and can grow wild in nature in all most any climate, making it easy to cultivate. To obtain the effects of THC there are three different processing methods that can be applied. The most common form is known as marijuana and involves drying the leaves and smoking them, usually through a pipe, bong or joint (refer to Figure 1, Image 3 and 4). A second form is known as hashish or hash, which is the dried resin off the plant. Hash contains higher concentrations of THC and is often added to baking, producing hash biscuits or cakes. Cannabis oil is the third and most potent form it is extract from cannabis resin and is commonly smoked (United Nations Office on Drugs and Crime, 2016).

The short term effects of cannabis consumption include physical and psychological changes such as feelings of euphoria, relaxation, and intense feelings of ordinary experiences: eating, listening to music, watching films, sex and increased talkativeness. These usually take effect within 30 minutes of consumption and can last up to a few hours. Cannabis use may also accompany paranoid thoughts. In most instances paranoia is understood as feeling suspicious about others motives around you, which can make it difficult for people to interact with people while intoxicated. Paranoia however this is not as common as the pleasurable effects stated above (Hall & Degenhardt, 2009).

Paranoia as a symptom of mental health disorders, including bipolar and schizophrenia, can be trigged by heavy use of cannabis. Evidence from two prominent longitudinal studies in Aotearoa New Zealand, the 1977 Christchurch Health and Development Study (CHDS) and the 1973 Dunedin Multidisciplinary Health and Development Study (DMHDS), which followed over 1000 infants into adulthood (Fergusson & Boden, 2008) illustrated the relationship between cannabis use during late adolescents and early twenties and developmental issues. The effects included lower educational attainment, income, employment outcomes and a higher dependence upon welfare system (Fergusson & Boden, 2008). The CHDS study also identified a connection between cannabis use at age 15 and schizophrenia symptoms at age 26, however this was only witnessed in those that had a predisposition towards psychosis (Fergusson & Boden, 2008). Supporting these findings, recent studies have suggested that early cannabis use increases the likelihood of misuse, mental health issues, and school dropout, expulsion, lower educational achievement, injury and neurocognitive deficits (Meier, Caspi, Ambler, Harrington, Houts, Keefe, & Moffitt, 2012). Other effects of heavy cannabis use also include, impairment of cognitive functioning and memory, bronchitis, injury to the airway and lungs, anxiety and panic attacks (Ministry of Health, 2015). Nonetheless, any debates surrounding harms caused

through cannabis is beyond the scope of this thesis; the purpose of the above was to outline the short and long-term effects of cannabis.

Cannabis is recognised as a 'drug'. The World Health Organisation's (WHO) Glossary of Alcohol and Drugs defines drugs as any psychoactive substance that affect the mind and mental processes (WHO, n.d.). Interestingly, Pinheiro Dias Pereira & Batista de Paula (2016) highlight how 'drugs' have become commonly understood as psychoactive or psychotropic substances that enable people to 'get high' or 'wasted'. Over time, the association of drugs with illicit substances has meant that people neglect to recognise legal substances as drugs, such as alcohol, tobacco and caffeine. People therefore have subjective understandings of drug terminologies, which vary from person to person. Nevertheless drugs are formally categorised in a variety of ways including origins, outcomes, legality and usage. Formal categories represent where drugs originate from: natural, synthetic and semi-synthetic. Outcomes or the effects of drugs are referred to as: stimulants, depressants, hallucinogens, cannabinoids and opioids. Usage is understood as being medical, recreational and religious.

People that use drugs are also categorised in ways that reflect consumption: recreational, dependent or addiction (Pinheiro Dias Pereira & Batista de Paula, 2016). Recreational drug users are understood to use drugs as part of a lifestyle, including pleasure seeking and rejection of conservative and straight values (Simpson, 2003). The New Zealanders on their OE who use cannabis are positioned as recreational. Although, as argued by Simpson (2003) any recreational/dependent user dichotomy overlooks the diversity of drug users. Categorisations of drug users are not only applied by external and socially bound classifications but also on subjective beliefs that the drug user holds about their drug consumption and their reaction to it (Coomber & Sutton, 2006). Drug user identities are produced through context such as employment, social groups, and wellbeing as well as structural influences, including authorities, legislation and policies. As with the debates around the effects of cannabis, this work does not attempt take up any moral, ethical or social discussion about cannabis use, but to outline the multiple ways in which users of cannabis are positioned, such as those on their OE.

Cannabis Prevalence

New Zealanders that might use cannabis on their OE need to be contextualised within the global climate of cannabis prevalence because cannabis is said to be the most consumed drug globally (Ministry of Health, 2015; United Nations on Drugs and Crime, 2016). The United Nations on Drug and Crime estimated that a total of 166 million adults worldwide had used cannabis in 2006, which increased to 181.8 million in 2013 and 182.5 million in 2014 (UNDOC, 2016). Oceania, which includes the regions of Australasia, Melanesia, Micronesia and Polynesia, is often cited as having one of the highest cannabis consumption rates per capita (UNDOC, 2016). Cannabis use appears to follow a consistent trend, male use is higher than female use, while the highest rates of consumption are seen amongst youth, often peaking in the early twenties and dropping off before mid-thirties (Månsson, 2017; UNDOC, 2016).

There is a general agreement that cannabis use in Aotearoa New Zealand maybe slightly higher than the global average, although data collection methods used for the United Nations Office on Drugs and Crime Report have been criticised for being misleading (NZ Drug Foundation, n.d.). Local knowledge, as produced through the New Zealand (NZ) 2007/08 Alcohol and Drug Survey found that cannabis (46.4%) was the most common recreational drugs New Zealanders reported consuming (Ministry of Health, 2010). Cannabis use was basically threefold of any other drug in Aotearoa New Zealand [2]. According to the. However, due to the legality of illicit substances it can be difficult to obtain accurate figures on use.

High Times – Depictions and Theories of Cannabis Use

As with any 'illicit' act, histories and theories surrounding cannabis consumption, medically, recreationally and religiously are well documented. Early cannabis use was reported over 4000 years ago (Hall & Degenhardt, 2009; UNDOC, 2008), with medical use evidenced in 2700 BC through the emperor Chen-Nong's pharmacopeia. Cannabis use in India is also

[2] Other drugs used were: benzylpiperazine (BZP) party pills (13.5%), LSD (7.3%), amphetamines (7.2%) and ecstasy (6.2%) (Ministry of Health, 2010).

documented in the Altharva Veda, a holy book during the period of 1400 BC. However, it was not until the 19th Century that cannabis use spread throughout the rest of the world (UNDOC, 2008). A range of literature (for example see Manning, 2007; Månsson, 2017) highlighted the increased use of cannabis during the 1950s within European and America youth culture. Youth groups known as 'hipsters' listened to Jazz music, consumed cannabis, and constructed an identity of 'black coolness'. The relationship between youth, black jazz musicians and 'deviance' awakened both media and political interest. It was at this point that racism began to contribute to negative representations of cannabis and its users'; it became a substance that did not belong to White, Western cultures. The rise of the hippie movement in the late 60s and early 70s also saw an increase in cannabis consumption (Manning, 2007; Månsson, 2017). During this time of social change, cannabis became a focal point for law enforcement in America, eventually leading to the criminalisation of cannabis in number of countries, including Aotearoa New Zealand.

To date, there is a vast amount of research on the cultural meanings of cannabis and its users (Månsson, 2017; Parker, Aldridge & Measham, 1998; Pennay & Measham, 2016; Sandberg, 2012), which has implications for how we understand use amongst New Zealanders on their OE. However, it is necessary to note that theories on cannabis use change in accordance with how it has been conceptualised and what motives are cited for using the substance. As Sznitman and Lewis (2015) point out, these are socially and politically located. As indicated earlier, cannabis use commonly positioned as problematic. In this way researchers often take a moral stance, viewing consumption as an abnormal and deviant behaviour that must be corrected (Belhassen, Santos & Uriely, 2007). Contemporary theorists however conceptualised cannabis as a normative action due to its popularity (Belhassen et al., 2007).

One of the most cited theory's on cannabis use is the cannabis normalisation theory as founded by Parker and colleagues (1998) over twenty years ago. Here, drug experimentation during adolescents and young adulthood was not found to be a deviant behaviour engaged in by minority or marginalised groups but a part of mainstream cultural practices for conventional adolescents (Duff, Puri, & Chow, 2011). Based in the United Kingdom, their study demonstrated that young people transitioning into adulthood viewed recreational drug use as 'normal' behaviour. Parker and colleagues (1998) proposed key dimensions to the normalisation of illegal drug use.

These included increased availability and access of illicit drugs increased drug trying and usage, condoning attitudes towards 'responsible' recreational drug use, especially by non-users and an amount of cultural accommodation towards illicit substance use.

Contesting this theory, as quoted below, is Shiner and Newburn (1997) and Taylor (2000) who state that the increase in drug use to a level of normalisation has been exaggerated because the increase has been based in an evolution over time. In this perspective the normalisation theory is seen as focussing upon usage as oppose to acceptance and that the two do not necessarily coincide (Shiner & Newburn, 1997; Taylor, 2000).

"At the heart of the normalisation thesis, is confusion between normalcy and frequency. Normative behaviour is not necessarily the most frequently occurring pattern, but is that which conforms to popular expectation. From this perspective, what young people think is at least as important as what they do" (Shiner & Newburn, 1997, p. 519).

Another criticism is that the normalisation theory focuses upon youth transition into adulthood thus it cannot be drawn on to explain adult drug use. Studies that have focused upon adult consumption of drugs found drug use to be less than youth consumption and within functional lifestyles (Decorte, 2001; Hathaway, Comeau, & Erickson 2011). It is also argued that those who consume illicit substances still face stigma and criticism in addition to criminal prosecution and therefore challenge the process of normalisation.

As cannabis is still as an illegal substance in most countries the concept of risk neutralisation practices has also been forward as a theory to explain cannabis use. Skyes and Matza (1975) outlined the way in which drug users rationalise their behaviour to protect their self-image, where deviance is understood as an external agent as opposed to an 'individual' characteristic (as cited in Shiner and Newburn, 1997)

Cannabis is also positioned as a gateway drug and as such influences people's attitudes and policy decisions, such as prohibition (Vanyukov, Tarter, Kirillova, Kirisci, Reynolds, Kreek, & Ridenour, 2012). It assumes an implicit relationship between cannabis use followed by harder drug use. The gateway is said to occur through changes in the brain's opioid system so that drug use becomes normal (Ellgren, Spano & Hurd, 2007), while social gateways occur via social relationships and drug use. However, the link between cannabis and harder drug use is debated (Fergusson & Boden, 2008) when tobacco and alcohol are also used

prior to cannabis. Research design and data interpretation when statistical correlation becomes causality is also contested.

Cannabis is also thought to be medicinal, although clinical evidence supporting this remains scarce, impacting upon treatment and health policies (Borgelt, Franson, Nussbaum & Wang 2013; Patel, Williams & Wallace, 2017). Grotenhermen and Kirsten Müller-Vahl (2016) have coined this a 'cannabis dilemma' (p. 379) because on one hand cannabis has shown positive outcomes but on the other, evidence has come from small clinical trials (Grotenhermen & Kirsten Müller-Vahl 2016). Nonetheless, in the past decade, there has been a spike of research interest into Cannabis for Therapeutic Purposes (CTP) (Lucas, Walsh, Crosby, Callaway, Belle-Isle, Kay, Capler & Holtman 2015). Patel et al. (2017) conducted a literature review on the health effects of cannabis and found that cancer, HIV/AIDS, multiple sclerosis, epilepsy, seizures and glaucoma are the most widely accepted conditions to qualify for medicinal use of cannabis. Cannabis was also found to reduce chronic pain symptoms in a small number of cases.

Cannabis use is a fusion between political, social and medical controversies (Duff, 2016). However many of these depictions overlook why cannabis is so widely consumed, and suggests that we need to address the positive motives for consumption. To focus exclusively on the harmful effects is ignoring the lived experience of cannabis use in its entirety (Duff, 2007a; Measham et al., 2001). To address this gap, the next section unpacks the pleasures underpinning drug use and how it might matter to policy decisions.

Pleasure and Drug Use

According to as Duff (2007b) there are two main conceptualisation of drug use and pleasure. One draws upon the biological effects drugs have upon the body. This approach views pleasure as a feeling, or a conscious experience brought about by the substance. In this viewpoint according Keane (as cited in Duff, 2007b) sensations are independent of how drugs are obtained, prepared, and consumed. Reflecting a contemporary pharmacological discourse, the chemical properties are said to define and create the pleasurable experiences. Whereas the second views the pleasures from drug use as intricately connected to the ways in which drugs are consumed, the interplay of associated activities

and the context of the experiences (Keane as cited in Duff, 2007b). Becker's (1953) seminal account argued that those less experienced with cannabis consumption did not reliably obtain pleasure therefore needed to learn how to do so. Part of this involved the sharing and passing of knowledge from those more experienced to those less experienced. Although the 'pursuit of pleasure' motives for consumption are recognised, they are often relegated to the margins of drug research and policy (Duff, 2007b).

In the same way, the prevalence of cannabis and other illicit substance in the context of travelling is under researched (Uriely & Belhassen, 2005b). Although it is known that drug use amongst some travellers is common in particular destinations, such as Amsterdam and Prague, (EMCDDA, 2012). This is due to the ease of obtaining drugs in these cities and how they are regulated, therefore what approach they take to drugs, such humanitarian or prohibitive. In fact the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2012) has flagged both the increase in youth travel and the susceptibility to consume drugs overseas (youth are those aged between, 16-29). The report emphasised the significance of relaxed border controls in Europe as part of the Schengen Agreement which comprises of 26 countries in Europe. This agreement means that no boarder checks take place between internal boarders (EMCDDA, 2012). This next section will provide a brief overview of drug prohibition, paying specific attention to cannabis and the context of Aotearoa New Zealand.

Part 2: The Road to Prohibition

Understanding the prohibition of illicit substances and how cannabis became controlled both globally and in Aotearoa New Zealand is important to this study because it illustrates the context participants were conditioned in, prior to travelling to Amsterdam. An objective of this study was to understand how New Zealanders consume cannabis in a context that legislates a different approach towards cannabis use, such as Amsterdam. Regulations influence people's attitudes and the way in which cannabis is used. This next section will provide a brief historical overview of the United Nations (UN) global drug policy conventions, followed by cannabis prohibition and consequences in the context of Aotearoa New Zealand.

A Brief Overview of Global Drug Policies and Cannabis

While cannabis is attributed to negative social outcomes, the governing of cannabis use contribute to, and legitimise, private behaviour (Duff, 2007a). Drug policies and regulations aim to govern people's behaviour in line to fit within desirable notions of health and wellbeing. Yet such policies fail to acknowledge that the way drugs are understood and respond to them is historically conditioned (Duff, 2007a). Arguably, the governance of drug consumption is against a narrow perception of health, wellbeing and desire (Duff, 2015; Nettleton, Neale & Pickering 2013).

There are three international drug control treaties that were introduced by the United Nations after World War II: The 1961 Single Convention on Narcotic Drugs, which was adopted in 40 countries in 1964 and was amended in 1972; the 1971 Convention on Psychotropic Substances; and the 1988 Convention Against Illicit Trafficking in Narcotics and Psychotropic Substances. The purpose of these treaties was to establish international control over psychoactive substances to ensure they were accessible for medical and scientific use, while simultaneously preventing them from being consumed, manufactured and distributed through illegal channels (Room & Reuter, 2012). Over 180 nations adhere to these international drug control treaties reflecting near universal acceptance (UNDOC, 2008).

The 1961 United Nations Convention on Narcotic Drugs replaced previous agreements, which only controlled for opium and cocoa and their derivatives such as morphine, heroin and cocaine. This Act was aimed at eliminating non-medical use and illicit manufacturing of cocaine and cannabis within a 25-year period and of opium within a 15-year period (Jelsma, 2015). The 1961 Act covered more than 100 drugs which were categorised into four schedules and at that time, provided a workable framework for international drug control (New Zealand Law Commission, 2010). The schedules are four lists that are comprised of more than 100 controlled substances. Substances are placed on a particular list/schedule based upon the perceived therapeutic value and likely risk of abuse (Primer, 2015). The idea of creating a Single Convention steamed from the United States (US) who had been advocating for international control of narcotic drugs for more than half a century (Jelsma, 2015; Primer, 2015). After World War II the US emerged as the global political, economic

and militant powerhouse and was therefore able to shape drug control policies and had the power to impose them upon other countries (Jelsma, 2015). The 1961 Act enabled a shift away from independent drug regulation and instead, towards a regulated and prohibitive approach and provided the legislative foundation for the today's global drug control system (Taylor, Buchanan & Ayres 2016). The 1961 Act asserts that narcotic drugs have no place in society and must be restricted however the Act only lists substances that reflect cultural and social use during the 20th century as opposed to scientific evidence that identifies a particular substance as harmful (Taylor et al., 2016).

The 1971 Convention on Psychotropic Substances Act is similar to the 1961 Act, in that it also has four list/schedules of drugs and imposes a number of restrictions upon manufacturing, distribution, importation, exportation, possession and consumption of drugs (NZLC, 2010). Unlike the 1961 Act, which is directed towards controlling and regulating plant-based drugs the 1971 Convention imposed weaker controls over psychotropic drugs due to pressures from the pharmaceutical companies in Europe and North America (Jelsma, 2015). The 1971 Act was established in response to the change in the use of drugs and introduced new controls to more than one hundred psychoactive drugs, including amphetamine type stimulates, psychedelics, benzodiazepines and barbiturates (Jelsma, 2015; NZLC, 2010). These substances were not covered in the 1961 Act, which was consequently amended by a protocol in 1972. The 1988 convention provides further mechanics for enforcing both the 1961 and 1971 Act's (Jelsma, 2015).

The 1988 Convention Against Illicit Trafficking in Narcotics and Psychotropic Substances Act is focused upon precursor substances that are used for manufacturing. Parties/United Nation States must take steps to monitor and control the distribution and use of precursor substances within their own country and territories. This Act is explicitly concerned with the illicit trafficking of drugs and is aimed at controlling it through international law enforcements (NZLC, 2010). Prior to the establishment of these Act's (1988, 1961 & 1971) there were attempts to control cannabis. The first international convention to control cannabis was the 1925 Convention. This convention only controlled for the cannabis trade internationally not domestically within any country, it also did not control for production (UNDOC, 2008).

As cannabis is considered an illegal substance under the 1961 Single Convention on Narcotic Drugs and 1971 Convention on Psychotropic Substances, it is classified as under schedule 1. A drug ranked under section 1 is viewed to have a significant potential to be abused and have no medical value (Borgelt et al., 2013). The controls placed upon psychoactive substances are supposedly in place to reduce the harms associated by directly limiting use through legislative penalties. It is nevertheless argued in the case of cannabis that the legal and social penalties imposed such as fines, prison, potential loss of employment and travel restrictions outweigh any harm's caused through using the drug itself (Nutt, Kin & Nichols, 2013).

Prohibition in the context of Aotearoa New Zealand

In accordance with the 1961 United Nations Single Convention on Narcotic Drugs and the 1971 Psychotropic Substances Convention, Aotearoa New Zealand is required to assist with global drug control through limiting possession, use, cultivation, and distribution of cannabis and other illicit substances (Field, Casswell, Ruanga & Paekaka, 2000). In order to so, Aotearoa New Zealand employs the Misuse of Drugs Act 1975 (MODA), and in agreement with this Act it is an offense, to consume, possess, cultivate, or traffic illegal substances (New Zealand Police, ngā pirihimana o Aotearoa, n.d.). MODA has three class categories, A, B and C which are based upon the risk of harm the drug poses. Class A drugs are considered to have a very high risk of harm, Class B drugs are seen as a high risk of harm and Class C a moderate risk (Misuse of Drugs Act, 1975).

Aotearoa New Zealand has made a number of amendments to the 1975 MODA because of the changing way in which drugs are produced and used. For example, in 2005 the Act expanded to include new psychoactive active substances referred to as party pills. These pills often contained benzylpiperazine (BZP), which is a synthetic stimulus that mimics the effects of ecstasy. BZP posed a low risk of harm therefore MODA was amended to include a new restricted substance regime. The Expert Advisory Committee on Drugs can review drugs that pose a small to moderate threat and make recommendations to the Minister of

Parliament to determine if a substance should be restricted (NZLC, 2010).

Although MODA can be amended, the New Zealand Law Commission has highlighted a number of issues with the Acts. For instance not only are all three Acts (1988, 1961 and 1971) and subsequently MODA (1975) subject to amendments in order to keep up to date with newly created and harmful substances, Aotearoa New Zealand is estimated to spend $350 million each year implementing and maintaining the practices as governed by these Acts. Most of the expenditure is directed toward law enforcement agencies, which aim to eliminate and reduce supply of illicit substances. Despite the cost of spent enforcing prohibition New Zealanders still consume illicit substances. Further, MODA is over thirty years old and does not cover legal substances that are manufactured to imitate illegal drugs. Questions have been raised about how to control for new psychoactive substances, what substances should be included in the Act and if substances should be classified differently (NZLC, 2010).

Cannabis Prohibition

MODA classifies cannabis (plant, leaf, fruit or seed) as a Class C drug as it is considered to possess a moderate risk of harm. It prohibits any preparations of the cannabis sativa plant (Misuse Drugs Act, 1975). More potent forms of cannabis however, cannabis resin and oil, are categorised under Class B (New Zealand Police, ngā pirihimana o Aotearoa, n.d.). As cannabis is illegal, supply and possession carry several penalties including imprisonment. Currently the maximum penalty in Aotearoa New Zealand for the possession of cannabis is three months imprisonment and/or a $500 monetary fine. Manufacturing or supplying can incur a 14-year jail sentence, and cultivation, depending on how much, ranges from a two to seven year jail term and/or $2000 monetary fine (New Zealand Police, ngā pirihimana o Aotearoa, n.d.). Currently, prosecution of cannabis within the Aotearoa New Zealand criminal justice system can be divided into two processes: police apprehension and prosecution; and court conviction and sentencing (Wilkins & Sweetsur, 2012).

It is argued that while punishing drug consumers who often come from marginalised groups through a criminal justice system has increased oppression and social inequality (UNDOC,

2008). More specifically, Māori are unfairly penalised under this framework with statistics revealing that in 2016 Māori received 42% of both low-level drug convictions and all drug convictions within the country. While Māori represent nearly half of all drug convictions, they only represent 15% of Aotearoa New Zealand's total population. Low-risk drug offenses include possession and use of drugs and drug utensils. Moreover, Māori experienced a higher proportion of legal problems resulting from cannabis. In 2012, 3.4% of Māori had experienced legal problems due to cannabis past year use in comparison to 1.9% of people from other ethnicities. Māori also have a higher proportion of lifetime substance use disorder. Between, 2010-14 Māori represented approximately 40% of those in prison for a drug offense (Ministry of Health, 2015). What prohibition laws do is ignore the historical and social consequences of colonialisation on Māori and merely serve to reproduce racist and oppressive colonising practices.

In late 2017 a new drug law model, Whakawātea te Huarahi was proposed by the Aotearoa New Zealand Drug Foundation. The model suggests that drug use, abuse and addition should be dealt with through the health system as opposed to the criminal justice system, which is where it presently sits (NZ Drug Foundation, 2017). Whakawātea' means to clear, free up, or purify spiritually, and 'huarahi' translates to pathway, the title therefore signifies a fresh start for Aotearoa New Zealand's drug policy (NZ Drug Foundation, 2017). The model puts forward three new legislative changes that could see Aotearoa New Zealand take a humanitarian approach towards drugs, much like the Netherlands, which include: the removal of all criminal penalties for consumption, social supply and personal possession of drugs; developing, introducing and regulating a strict cannabis market; and investing more resources into drug education, prevention and treatment (NZ Drug Foundation, 2017).

We now find ourselves at an interesting and tricky point within Aotearoa New Zealand's drug history. At one end of the scale people believe that recreational use of mind-altering drugs can affect judgment and therefore choices and rob people of free will. At that the other end of the scale, people believe that we should be free to do and consume whatever we want and that punitive drug policies do not address the social and human costs (NZLC, 2010). One position calls for the legalisation of illicit substances while the other meets it

with huge resistance. Unfortunately, however, the case for drug decriminalisation is often overlooked in global policy development.

Decriminalisation is seen to as the half way-point between prohibition and legalisation. This stance calls for reduced penalties and control over drugs, compared to current forms of prohibition. Often personal possession and use of drugs are decriminalised while manufacturing and supply are still punishable. Portugal for example is a country that has opted to implement this approach and has ended all criminal penalties for personal use and possession of drugs, including amphetamines, cocaine, heroin and marijuana (Field et al., 2000). Drug users are instead dealt with in the health and medical systems as opposed to the criminal justice, whereby jail time is exchanged for a meeting with a panel of health experts to determine if there is a drug abuse problem (Ammerman, Ryan & Adelman 2015). Aotearoa New Zealand could also adopt a similar approach; is important for us to consider decriminalisation as effective approach to cannabis use. According to a 2017 poll, there is a strong trend for the increase in support towards changing the cannabis law in Aotearoa New Zealand. Overall 65% of people voted for cannabis decriminalisation and 81% agreed with making medicinal cannabis available (norm.org.nz, n.d.). Throughout history few other issues have become and continue to be such fixtures within political debates extending throughout the health, social, justice, political and economic arena. The final chapter in the literature review explores the idea of 'drug tourism' and how it matters to the way in which we unpack New Zealanders experience of cannabis use while on their OE.

Chapter III: Taking Flight

Travel and drugs may appear as two separate phenomenon, often conceptualised differently with different moral stances, yet they can equally be understood to share similar qualities (Banco, 2008). For example both tourism and drug consumption converge on the idea of 'restraint' and 'disruptiveness'. Travelling and mobility requires minimising cultural disruption to countries through travelling, while risk-taking drug behaviour should also be minimised (Banco, 2008). A fitting example is the removal of the iconic I amsterdam letters in December 2018 outside the Rijksmuseum. The premise of the removal was due to the negative effects of mass tourism, which included drawing too many people to a limited space (Hitti, 2018). This chapter will illustrate how cannabis and travelling are intertwined within the practice of drug tourism. The chapter moves beyond just addressing the similarities between these two phenomenon's and draws from the literature on drug tourism and how this type of traveller is related to this study. Specific attention will be given to cannabis tourism in the context of Amsterdam.

Figure 2: I amsterdam sign before its removal in December 2018

Drug Tourism and Cannabis use

The practice of drug tourism it understood in a variety of ways. For instance, in one of the first explanations, Valdez and Sifaneck's (as cited in Uriely and Belhassen, 2005b) state it is "the phenomenon by which persons become attracted to a particular location because of

the accessibility of licit or illicit drugs and related services" (p. 239). This definition positions drug use as the sole motivator for travel and infers drug knowledge in a specific location prior to travelling there. However, Hoffman (2014) argued that despite travellers knowing about the potential to obtain and use drugs while at their holiday destination it was not the main objective for travel, but complementary. Some tourists gain knowledge of drug availability on holiday and go on to consume during their stay. In this way, knowledge and drug use is not the sole motivator but a by-product of the travelling experience (Uriely & Belhassen, 2005b). Uriely and Belhassen (2005b) propose a definition of drug tourism that refer to drugs that operate on the parameters of socially accepted substances, where the consumption of these illegal or illegitimate substances occurs in either the traveller's home country or a travel destination.

Cannabis use within the tourism literature is reflective of how cannabis use is conceptualised within society. Investigating the social factors that contribute to tourist's motivations to consume cannabis while travelling, Belhassen, Santos and Uriely (2007) found that cannabis use and tourism was influenced directly by drug consumption normalisation seen within Western societies and cannabis was consumed by travellers because of the lack of social control felt while abroad. Furthermore, Shields (as cited in Uriely & Belhassen, 2005a) has put forward the idea that people use drugs while travelling because they experience a sense of freedom. This is because people do not feel constrained by daily norms, such as work and family responsibilities. Travelling can therefore be understood to foster an environment where people perceive less social constraints and can take an opportunity to engage in deviant acts, such as drug taking, without the fear of social repercussions. Research on backpackers and drug consumption while abroad has shown an increase in drug use (EMCDDA, 2012). One study based in Australia compared 1000 British backpackers use of cannabis, cocaine and ecstasy while abroad against their cohorts use from their home country. Results demonstrated those aboard consumed more drugs than their respective peers in their home country (Bellis, as cited in EMCDDA, 2012)

A further convergence between travelling and cannabis use, is they are both pleasure time activities. Phenomenological research undertaken by Uriely and Belhassen (2005b) found that motives to consume drugs while abroad were related to pleasure or the quest to uncover deeper meaningful experiences; pleasure was described as an extension of leisure time activities. Overall studies that have investigated travellers' drug use and travellers who voluntarily engage in what has been conceptualised as risk taking behaviours, including sex,

drugs, excessive consumption of alcohol and gambling, as unrestrained thrill seekers (Uriely & Belhassen, 2005a). Studies suggest that tourism provides a space where people feel they have an opportunity to undertake adventure.

Drug tourism in this sense involves risk. Although drug consumption in any context accompanies risk, this risk is greater when consuming illicit substances abroad (EMCDDA, 2012). For example, consuming drugs of unknown purity is a risk for any user as it may lead to un-wanted psychical and psychological damage however while in a foreign context accessing medical assistance could be difficult because of drug policies, a lack of medical care or travel insurance to cover medical expenses (EMCDDA, 2012).

Amsterdam

Amsterdam in the Netherlands provides a context where a number of drug taking risks including, physical and psychological health risks, personal safety risks as well as legal risks are minimised due to the country's drug policy. The Netherlands implements the Opium Act 1976, which divides drugs into two categories, hard (schedule 1) and soft (schedule 2) drugs. Schedule 1 drugs include cocaine, LSD, heroin and morphine and are seen as posing an unacceptable risk to users and the community. Schedule 2 drugs include cannabis and its derivatives - marijuana, hash, hash oil - truffles, sage formally referred to as salvia divinorum and peyote cactus. The different classifications led to the implementation of different policies, an approach known as the separation of markets (Reinarman, 2009). The fundamental objective of the Dutch policies are to prevent and reduce the risks and harms caused by drug consumption for both the users and the community. In an attempt to do so it is the Ministry of Health is responsible for coordinating drug policy, as opposed to the Ministry of Justice (Reinarman, 2009) making drug use a health not a criminal concern. Their law makes a further distinction about drug use based upon the nature of consumption, such as the small possession of drugs for personal use versus selling. Officially it is illegal to sell and purchase drugs however the Dutch government tolerates the sale of soft drugs in licensed premises, known as coffee shops.

The Dutch coffee shops, where the sale of cannabis and its derivatives is tolerated provide one of the most famous examples and international symbols of the Dutch drug policy

(Pinheiro Dias Pereira & Batista de Paula, 2016). The coffee shops are governed by strict policies including restricting operating hours (8am – 1pm), limiting cannabis transactions to 5 grams per persons over the age of 18, prohibiting sale of alcohol and hard drugs, and banning the establishments within 250 meters of schools. Cannabis cafes are also subject to inspections and failure to comply with the above rules incurs severe penalties (Pinheiro Dias Pereira & Batista de Paula, 2016). Annually Amsterdam receives 4.5 million visitors a year, of this 26% visit a coffee shop and 10% have revealed that consuming cannabis was the main the motive for visiting the city (EMDDA, 2012).

Studies Objectives and Justification

Currently there is no published research on the experiences of New Zealanders consuming cannabis in a country that takes a different drug policy to Aotearoa New Zealand. In light of New Zealand's potential policy change and the current trend of cannabis decriminalisation throughout the Western world it is therefore advantageous to explore the experiences, perceptions and behaviours of New Zealanders who do consume cannabis within a context where drug use is not prohibited. Amsterdam provides a unique cultural setting for this study, as it is not only a tourist destination but also a place where cannabis use is tolerated and embraced (Pinheiro Dias Pereira & Batista de Paula, 2016). The study therefore is primarily concerned with cannabis use in Amsterdam and cannabis that is only consumed in Amsterdam. Cannabis in this setting could be taken through any route of administration, such as inhalation and ingestion. The study is not concerned with debates or ethics around drug addiction but recreational use of cannabis, which can also include drug abuse[3].

[3] Drug addiction and drug abuse are both diagnosable conditions by the Diagnostic and Statistical Manual of Mental Disorders (DSM). Drug addiction is a chronic relapse disorder, where a person is categorised as a compulsive user of addictive substances, either illicit and illegal (Ali, Onaivi, Dodd, Cadet, Schenk, Kuhar, & Koob, 2011). Drug addiction often starts with drug abuse, the key characteristic between the two, is that someone who is addicted to drugs cannot stop using them, despite wanting to, where as a person who abuses drugs can stop for long periods of time.

As detailed in the introduction the aim of this research was to investigate New Zealanders experiences of cannabis use in Amsterdam while undertaking their OE and based in the United Kingdom. Additionally, I was interested in how people use cannabis in a different policy context to the one of prohibition in Aotearoa New Zealand. The following chapter outlines how I addressed these research objectives by outlining my motivation for this research and the methodology and methods that I employed.

Chapter IV: Theoretical Framework, Methodology and Methods

In this chapter I present the theoretical framework, methodology and methods used to conduct this research. This involves a discussion on the theoretical framing as drawn from Foucault's concepts of governmentality and bio-politics which illustrate how participants' cannabis experiences are bound within governmental regulations, policies, knowledge and discourse. I also justify my choice of applying Interpretive Phenomenological Analysis (IPA) and outline the constraints within this approach. An overview of the ethical considerations are also presented. However, I first commence this chapter by reflecting upon who I am as a person, my opinions on this research topic and the factors that lead me to this study. The purpose of presenting the reflexivity section first is to illustrate how my personal understandings and experiences of this subject guided my choice of methodology and therefore shaped the framing of this research. As Crotty (1998) highlights, epistemology is a theory of knowledge and embedded within this knowledge is the researcher's theoretical perspective, which informs the research methodology.

Who am I? My reality, experiences and opinions

Unlike quantitative research that professes to be able to produce observable and generalisable results through scientific data collection methods, qualitative investigations aim to gain deeper understandings through first hand experiences (Willig, 2001). Therefore knowledge derived from qualitative research is understood as subjective and as such the researchers' subjective experiences, perspectives and assumptions are recognised as important to every area of the research, from the type of questions that are asked, to the answers that are found, and the knowledge that is produced. In this way, the researcher's opinions, experiences, knowledge and culture are understood to influence the interviews, analysis and therefore the results and conclusion drawn from the research. Accordingly Malterud (2001) said:

"A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (p. 483-484).

In this work it is unfathomable for me, as the researcher to position myself outside the context of this study because as the researcher I am implicated in some way with the phenomenon being investigated, as argued by Willig (2001). Similarly, the meanings derived from this research developed from, and emerge in the interactions between myself, as the researcher and the participants in the study. The focus, especially during the interviews and data analysis were subjectively produced and therefore I am attempting to make this process transparent. It is necessary to convey how this research is connected to who I am, the experiences that have shaped me and my theoretical lens. In this way, Horsburgh (2003) argues that reflexive practice enables the reader to determine if the study is credible and represents what it aims to do.

I am a thirty year-old, Pākehā woman, currently undertaking my OE in London and completing a Masters in Health Psychology at the same time. My interest in the topic of cannabis use in Amsterdam grew from an elective course, Drugs in Society, I chose as part of my thesis course work in 2017. Before taking this paper, I had readily accepted Aotearoa New Zealand prohibition policy towards drugs, but had little understanding of its history, and other methods that are used throughout the world to control drug consumption. It made me realise how embedded this policy is within our societies, and how evident it is within Aotearoa New Zealand's schooling curriculum and employment sector. After reading through the literature on Aotearoa New Zealand's drug using culture, I questioned how these policies mattered to drug use when in other countries with drugs easily accessible and cheaper. I questioned how and if the prohibition policy aids Kiwi's choices of using drugs in other settings, and if the knowledge derived from such a stance assist with safe drug making choices. From my own experiences and discussions with friends I concluded that Kiwis are big consumers of drugs while in the United Kingdom leading one to question the effectiveness of the prohibition stance. As I intended to travel through Europe after completing the eight papers required as part of the Health Psychology Master's degree it only seemed fitting to conduct research in this area to answer these questions.

My motivation to undertake an OE was firstly attached to my age, if I had left it any later I was not going to eligible for the Tier 5 Youth Mobility Visa and secondly to fulfil a goal of travelling to London and Europe. As explained in part 1, the visas, such as the Tier 5 Youth Mobility allows New Zealanders to work in the United Kingdom for up to two years, however they must be aged between 18-31, have zero dependents and £1890 in savings

(Gov.uk, n.d.). I have always been interested in seeing the world, to know how other people live, to understand why people act the way they do and to feel connect to the rest of the world. Growing up in Aotearoa New Zealand, a remote Pacific nation, meant I always felt so removed from the world. My education meant that I learnt much about Britain and Europe that I yearned to see it for myself. In hindsight completing a thesis while on an OE and having to work was challenging, something I would re-consider if I could do it over again. However, I recognise that without these elements this thesis would have not been produced.

I was also a regular cannabis smoker during my late teenage years. Retrospectively I see this time in my life, as a form of escapism. My relationship with cannabis was never one of dependence, but at times perhaps abuse, consuming most weekends and throughout the week nights, especially at the age of 19. There were many positive aspects through this period of my life, for example I consumed cannabis with a number of people who I am still friends with today, although it does not remain the basis of our relationships. I therefore have intimate knowledge about cannabis use and it as a medium to socialise, expand social circles and as an alternative to alcohol. Nevertheless, although I believed cannabis is an acceptable drug, through this time I kept my cannabis consumption a secret from my mother and other family members. I grew up embedded in a society that positioned cannabis as a terrible drug. At school we were told drugs, including cannabis were prohibited and its use would mean you would be expelled from school. However I do not recall being taught about the physical effects of cannabis, which meant my first few experiences with the drug were unpleasant as I felt as if my whole body was shaking and could not relax. Today I do not consume cannabis regularly, although I am not anti-cannabis I just realise that it is not the best substance for my body, as it often makes me feel sluggish the next day.

Theoretical Framework

The way in which the participants experience cannabis use in Amsterdam and Aotearoa New Zealand in this work is understood though the Foucauldian concepts of governmentality and bio-politics. Governmentality is the processes that governments use to regulate it citizens and in turn how citizens come to govern their own and others actions.

It can be understood as a form of control that the State has over its subjects, including its habits and customs (Foucault, 2008; Türken, 2017). As a framework for this study it enables us to understand the participant's experiences of cannabis in Amsterdam through interactions between the government's regulations of cannabis and participants subjectivity. Embedded within these concepts are Foucault's theories relating to power, knowledge and discourse.

From a Foucauldian perspective power is intertwined with knowledge. Foucault (1979) traced the way in which power shifted from physical and public punishment in the seventieth and eighteenth centuries to surveillance in the ninetieth (Borch, 2015). While his analysis was focused on prison, punishment and disciplinary mechanisms, Foucault demonstrated a new establishment of power which shifted from a negative model of power to a practical and influential idea of how power should be exercised (Borch, 2015). This re-organisation of power illustrated a change in political practices and techniques. Foucault drew from Jeremy Bentham's assertions and a technique of surveillance based on the panopticon prison. The panopticon prison is an arrangement of cells around a central tower, which enables prison guards to monitor inmate's behaviours although inmates do not know when they are being observed. In this way behaviour is governed through the possibility of being watched. The tower acts as a mechanism for modifying behaviours and as a subtle method of discipline (Borch, 2015). Surveillance does not require a human presence however it is an 'observing gaze' with the intent of avoiding problems within groups and promoting particular forms of citizenship (Pereira, 2013, p.72)

Changes in how we enact power and control marked the beginning of bio-politics (Pereira, 2013) which according to Muller (2016) concern the management of 'populations'. The management of populations is seen through varying categories of bodies such as productive bodies, risky bodies, diseased bodies and focuses upon strategies that can optimise these bodies. There is also a focus upon biological characteristics and the governing of bodies including health, longevity, sanitation, and birthing rates (Mullller, 2016). Bio-politics therefore involves managing the problematisation of human bodies that are presented to governments. Governments implement a range of systems and techniques, such as surveillance, via analysis, regulatory frameworks and intervention techniques (Muller 2016; Pereira, 2013). The purpose of these techniques is to shape, regulate, observe and monitor behaviour to facilitate governmental objectives and

ambitions and citizenship (Pereira, 2013; Rose & Miller, 1992). The body is therefore subject to claims on how it should function and be maintained (Duff, 2015).

Discourse from a Foucauldian sense produce knowledge and therefore power. Discourses are understood in this work as the systems of statements that governments use to produce its citizens. Embedded within discourses are cultural constructs or ideological 'truths' that govern objects (Pereira, 2013). Not all discourses however, are of equal value and have the ability to hinder, expose and facilitate power as well as resist it (Gaventa, 2003). Discourses offer certain subject positions located within systems of meanings. These systems reflect the relationship between social power and the meanings that are attached to them. For example the word cannabis is attached to a green plant that is illegal in most countries, it can be smoked recreationally or can be used medicinally. Discourses can change depending on the context. For example discourses governing cannabis position a cannabis dealer in Aotearoa New Zealand as problematic because they are not adhering to good citizenship, and therefore they whereas discourses governing a cannabis dealer in Amsterdam position them as a productive citizen who contributes to society. Governments regulate bodies by regulating substances through policies (Alaszewski, 2011). These policies control the production, distribution and use of both pharmaceuticals and illicit substances (Duff, 2015).

While drawing on the concepts of governmentality and bio-politics, this project engages Interpretative Phenomenological Analysis (IPA) as a qualitative approach to understanding participants experiences of cannabis in Amsterdam. This next section outlines how IPA and its methods are used in this research.

Methodology - Interpretative Phenomenological Analysis

As this study is concerned with New Zealanders experiences of cannabis in Amsterdam while undertaking an OE based in the United Kingdom, an inductive approach was required to generate knowledge. An inductive approach is focused upon the generation of new ideas and investigation of meaning also referred to as a 'bottom up approach', rather than testing a theory (Willig, 2001). It is an approach that provides a set of procedures for analysing qualitative data that can produce 'valid and reliable' findings. IPA is an inductive approach that can be used as an exploratory tool because of the method's ability to investigate

unanticipated phenomena and under researched topics (Pietkiewicz & Smith, 2012; Smith, 2001).

IPA draws from three theoretical underpinnings, the first is Husserl's phenomenology, the second is Heidegger's hermeneutics and the third are the methods of an idiographic approach (Pietkiewicz & Smith, 2012). These theoretical underpinnings inform and intersect with IPA's two main objectives: to understand the conscious and lived experience of the person, from their point of view and to elucidate how people make sense of their experiences (Groenewald, 2004; Smith, 2004).

The first objective of IPA was developed from Hurssel, the founder of phenomenology. According to Husserl, the aim of phenomenological research is to identify the specific components of phenomena and/or experience that make it unique. In order to do this it is necessary for researchers to focus upon the ways people perceive and describe experiences of phenomena rather than the phenomena itself (Pietkiewicz & Smith, 2012). To facilitate a phenomenological focus researchers do not place data into an existing framework but instead recognise the importance of allowing participants own conceptualisations to be explored (Smith, 2004). IPA's focus is therefore on subjective understandings oppose to objective accounts (Brocki & Wearden, 2006). Furthermore, IPA allows researchers to attend to aspects of that experience including people's perceptions, motivations, desires, beliefs and feelings (Eatough & Smith, 2008). As New Zealanders experience of cannabis in Amsterdam had not been studied before it was important to choose a methodology that allowed people the freedom to express the entirety of their experience, facilitating a greater understanding.

The second objective of IPA relates to Heidegger's concern with being in the world as opposed to existing within it. Heidegger further developed Husserl's concept of phenomenology through the philosophy of interpretation (Pietkiewicz & Smith, 2012). He recognised that in order to fully comprehend the way people understand phenomena researchers should first understand participants' mind-sets and the language used to convey the experience between themselves and the world (Pietkiewicz & Smith, 2012). Heidegger asserted that accounts of their experiences hold both implicit and explicit meanings that can be understood through a process of interpretation.

IPA asserts that through the researcher's interpretation and the participant's making sense their world that experiences of phenomena can be understood. This dynamic process is illustrates a double hermeneutic as the dual interpretation of experiences avoids any divide that is can occur through the researcher interpreting participants' experiences. The first process of IPA involves the participant interpreting their own experience (first order) and then the researchers interpretation (second order) (Smith, Flowers, & Larkin, 2009). IPA acknowledges that a researchers interpretations of participant's experiences is only an approximation based upon their own subjectivity which is filtered through previous experiences, preconceptions and assumptions.

Lastly, IPA is also underpinned by ideography. This refers to the in-depth exploration and analysis of participants' experiences and perspectives of them in their unique context (Pietkiewicz & Smith, 2012). The objective of ideography is to explore each experience before making any general statements. Researchers focus upon specificity of an experience as opposed to universal meanings. The commitment to ideography means that I needed to examine the data case by case and exemplify the themes within the participant's narratives, which may include, comparing and contrasting their experiences. It is recognised that, IPA does not try to generalise results to wider populations, although drawing similarities within data forms part of the analysis process. IPA objective of in-depth analysis matched the aims of this study and, further supported the choice of methodology. IPA allowed for participants unique experiences of cannabis in Amsterdam to be explored alongside the social and cultural commonalities between them. This also worked well with an analysis of governmentality and bio-politics (Eatough & Smith, 2008).

The importance and relevance IPA is recognised as having benefits for critical health psychology. As Brocki and Wearden (2006) highlight there has been a shift away from using a bio-medical model to understand illness and disease because of the increasing recognition of how illness is constructed. Health psychologists have therefore acknowledged the importance of understanding the way people make sense of their body, their perceptions of their bodily experiences and the meaning they assign to them. In relation to the present study, a number of theorists (for example see Duff, 2007a; Moore, 2008) have argued that the experience of drug use is more than just a bio-medical explanation, which narrows experiences down to chemical changes in the body or a psychological disorder. Instead a number of influences, including context, perceptions of

intoxication and the physical experience of it can contribute to the overall experience of being under the influence. More specifically, Månsson identified that the effects of cannabis are often discussed in physical terms reflecting bio-medical understandings (2017). Therefore, using IPA in this study enabled the experience of cannabis intoxication to be understood more broadly. Often pleasurable outcomes from drug use are marginalised because they are dominated by harm reduction, risk and addiction discourses from medicine, epidemiology and psychology. This is due to using research methodologies that are seen to have greater scientific creditability rendering drug users voices as invisible and without validity (Moore, 2008).

IPA Limitations

Just as critical health psychological research recognises the merits of IPA this methodology also acknowledges its own constraints. Barriers are represented in relation to the role of language, appropriateness of participants' accounts and explanation versus description (Willig, 2013). IPA values language as the medium to convey and express people's account of an experience. Therefore embedded within IPA is the belief that language alone has the ability to 'capture' this experience. Language however can be understood as adding meaning to experience rather than simply describing it, therefore the ability to separate the two and obtain direct access to an experience can be difficult (Willig, 2013).

IPA relies on participants' ability to accurately describe their experience, which involves recalling how they felt, and perceptions and behaviours of the experience under investigation. If participants have trouble with sharing and using emotive language then the appropriateness of their account of the experience is questionable. Importantly, how well participants can communicate this experience to the researcher will entail a deeper analysis and understanding of a phenomenon (Willig, 2013). In this study, it is recognised that participants are recalling an experience where they were under the influence of cannabis therefore potentially impacting upon the re-telling of their experiences.

Sharing common experiences between the researcher and participants can aid but also hinder the researcher in the interpretation of participant's accounts (Crotty, 1998). On one

hand, as I have shared a similar experience with my participants I was able interact and interpret my participants accounts in a way that other researchers may have not understood. As outlined above I am currently undertaking my OE and as part of this experience I have also travelled to Amsterdam and consumed cannabis. IPA supported this commonality between myself and participants. IPA's assumptions encouraged my reflexive practice (Smith et al., 2009), which required me to understand and be aware of my own pre-conceived ideas, and to ensure these did not conflict with the meanings participants were trying to convey about their experiences. Yet this commonality can also be recognised as a constraint. Due to the barrier of the double hermeneutic and my own Amsterdam experience, there was a risk that I could impose my subjective understanding onto my participants interpretations.

Furthermore the lack of structure and sequentially has also been viewed as a weakness (Willig, 2013). The lack of structure is clearly visible during the interview stage. As IPA is concerned with people's experiences of a certain phenomenon, it recognises that a generic set of interview questions cannot be applied or be applicable to every participant. Interviews are seen as a collaboration between the researcher and participant, thus questions and structure varies between interviews, reflecting a perceived lack of structure, sequentially and consistency. IPA argues that the non-linear and tangible method enables freedom of movement during interviews and also analysis of data (Willig, 2013). This ability to move through the data allows for the in-depth analysis and interpretation to occur, which is the centrality of such a method. IPA is transparent and acknowledges that the same data set analysed by different people will not produce the same outcomes, as the experience we have as people shapes our interpretations.

Study design

Method

In this next section I describe the methods used in this study to ensure the quality of this research.

Ethical Consideration

This research followed the ethical requirements for research involving human participants according to Massey Universities Ethics committee (Massey University, 2015), and was approved by the Massey University Human Ethics Committee: Southern A, Application SOA 18/32. However, particular ethical concerns were attended to due to the study being based in London. This included health insurance and liability for me as the researcher, which was managed as I had medical coverage as part of my visa application. There were also specific safety concerns for me as the researcher and the participants because cannabis use in Amsterdam sits on the fringes of legality and can also involve particular types of people that can be stigmatised as problematic, even when on an OE and from Aotearoa New Zealand. As a way of protecting myself, a project email was used rather than a personal email address, and any identifying information such as a personal phone number was omitted. I also used a buddy system for the interviews, in that I would message a friend before and after the interview to let them know I was safe. I also ensured a work colleague knew to make contact with me should I not be at work the day after an interview. All interviews were carried out during day light hours and also in a location that was open until 8pm and surrounded by people constantly, so that neither party was ever placed in an unsafe situation. Most interviews occurred at an open aired caféé at the British Library located in Central London, Kings Cross. I meet participants after working hours between 5-6pm outside the café within the Library facility. As the café was centred in the quadrangle of the library building and had seating throughout the whole outside area, it provided both a well-known London destination to meet participants and an opportunity to get some privacy due the number of seating options. It was also public enough for the safety of both

researcher and participant. For the three interviews that were recruited through a friendship group interviews were held in meeting rooms at my workplace.

Disclosure of information about cannabis use was also recognised as an ethical issue, therefore confidentiality and anonymity for each participant was an important consideration. To manage this, I discussed in length the right of the participant to withdraw from the study at any time, and assured them that confidentiality and anonymity were paramount and that there was no way to connect the interview, informed consent form and alias name to them. Participant interview recordings were deleted after they had been transcribed.

For me, ethics also encompassed an acknowledgement of the participant's efforts and willingness to support the research and share their experiences. To recognise this, all participants were offered refreshments during the interview and were given a 15-pound voucher after the interview. This was something that was not discussed during the interview. Due to the small monetary value of the gift, which was considered a thank you, it could not viewed as a coercive.

Due to the location of the study it was agreed with my supervisor that I would store the Informed Consent Forms in a secure locker at my workplace. Electronic copies were then emailed via a password protected email to my supervisor when they were completed. Each document was also password protected. Any hard copies were shredded. It was decided not to send these via post, due to distance and also the inability to offer a guarantee of safeguarding the documents during the mailing process.

Analysis of ethnicity or the implications of culture was not a focus of this research. However, I recognise that the specificity of ethnicity is lived and felt and cannot be extrapolated from how people experience the world. I am aware of the significance of the two Treaty documents, the Treaty of Waitangi and Te Tiriti o Waitangi. Obligations, as outlined in the Treaty of Waitangi, being partnership, participation and protection were acknowledged throughout this research. It was important to respect participants' beliefs and I was willing to, if necessary, seek cultural consultation from my supervisor who is embedded in Te Ao Māori (the Māori world). Generally, interviews did involve aspects of this, for example sharing food and/or a drink, and the sharing of personal information

between myself and participants. Coincidently the British Library was running a James Cook exhibition while I was commencing the interviews, the signs of the exhibition became a meeting point and also a conversation starter. In particular one of my participants was able to explain the historical significance and importance of Doubtless Bay. I later attended this exhibition, which showcased James Cook's three voyagers and displayed original documents . However, I also recognised the contentious position that James Cook represents for some Aotearoa New Zealanders, specifically with his role as a coloniser. In summary ethical practice is important to me as a researcher therefore I ensure I carefully attended to Massey University's ethical guidelines as well as those of the Treaty.

Participant Recruitment

The conversational qualitative approach and the in depth analysis of participant's experiences meant that the study did not need large numbers of participants. The aim was to recruit between eight to 10 participants, which would allow for data saturation. According to qualitative researchers (for example see Smith and Eatough, 2008; Saunders, Sim, Kingstone, Baker, Waterfield, Bartlam, Burroughs & Jinks, 2018) data saturation occurs when no new themes are generated from the interviews and data. Data saturation can therefore occur at two levels. One during the interview process, whereby the researcher begins to hear the same comments and experiences by participants and two within the data set as whole (Saunders et al., 2018).

As this study had various inclusion criteria, purposive sampling was necessary. Welman and Kruger (as cited in Groenewald, 2004) consider purposive sampling as the most important type of non-probability sampling. Participants had to be New Zealanders who were currently living and working in the United Kingdom. As an OE is understood to be a working holiday having employment whilst travelling was also an inclusion criteria. In order for New Zealanders to legally work in the United Kingdom they are required to hold a valid working visa. Therefore, another criterion was to be on a Tier 5 Youth Mobility Visa. In order to be eligible for this visa they had to be aged between 18-31, have zero dependents and have $1890 pounds in savings. Consequently, participants were between this age range. Participants were also required to have gone to Amsterdam and consumed cannabis during their time on this visa. Finding participants to match this criteria was problematic as I was

new to London did not have a large network of people. I was also unfamiliar with the local places that Kiwi's frequented on their OE. Furthermore, people who consume drugs fall into a category of 'hard-to-access', which are groups of people that are difficult to engage in research (Duff, 2015), which potentially contributed to the difficulty of recruiting participants.

Due to these hurdles, recruitment of participants occurred via a number of methods, including snowballing through contacts in London and existing participants. Email and text messages were used to contact participants and information sheets were sent prior to interviews, see Appendix A. Participants were asked to read the Information sheet and to get into contact if they were interested in participating. If someone was interested, we then arranged a time, date and location to meet and have the interview.

Seven interviews were undertaken with participants who fitted the studies criteria and an additional two interviews were undertaken with participants who sat just outside of this criterion. This included Ellen, who was a New Zealander on an ancestry visa rather than a Tier 5 Youth Mobility Visa and Josie who had only been in London for one week at the time of the interview. Josie had been living in London during a gap year, the previous year. She had returned to Aotearoa New Zealand and transitioned from her gap year visa, which is valid for one year to a Tier 5 Youth Mobility Visa. At time of the interview Josie had been in London on the Youth Mobility Visa and was pursuing employment. Her time of cannabis use in Amsterdam was while she was on the gap year visa. Ellen and Josie had been living in the United Kingdom for less than 2 years, which was still within the time limits of the Youth Mobility Visa therefore, it was decided to include their experiences in the study as they provided a valuable range of experiences. Additionally, both participants sat within the required age range. In total 3 people who identified as males and 6 people who identified females took part.

Demographic data was taken as part of the interview process, all participants at the time of the interviews were living in London. In the below figure, time on visa is the duration participants had been living in the United Kingdom on their Tier 5 Youth Mobility Visa at the time of the interview. Interestingly, four participants (Esther, Josie, Deb and Hannah) went to Amsterdam because it was a city included on the itinerary of a European group bus tour. All four participants however went on separate tours. The asterisks in the table represent

the trips to Amsterdam by group tours. Please note Josie and Esther only went to Amsterdam on one group tour.

Figure 3: Participant Demographic Data

Name	*Age*	*Aotearoa New Zealand Home Town*	*Time on Visa*	*Visits to Amsterdam*	*Occupation*	*Age that first used cannabis*
Jay	30	Porirua, Wellington	23 months	2	Quantity Surveyor	Unspecified
Al	27	Auckland	4 months	1	Engineer	22
Esther	23	Auckland	4 months	1*	Waitress	13-14
Josie	20	Hamilton	1 Week	2*	Unemployed	16
Deb	27	Wainuiomata/Blenheim/ Christchurch	18 months	2*	Administrator	17-18
Lillie	29	Levin	13 months	2	Lawyer	28
Hannah	23	Auckland	12 months	2	Waitress	15-16
Si	24	Auckland	18 months	1	School Teacher	14
Ellen	29	Palmerston North	15 Months	1*	Administrator	16

An analysis of participant's demographic data illustrates that the participants were mostly from the North Island of Aotearoa New Zealand. It also shows that half of participants completed a university degree and majority are successfully employed in London. Additionally, half of participants travelled to Amsterdam twice however all participants with the exception of Lillie had experienced cannabis in Aotearoa New Zealand as either teenagers or young adults.

Interview design

In order to explore New Zealanders experience of cannabis in Amsterdam while on their OE, I used semi-structured, one-to-one, face-to-face interviews, which were recorded on a smart phone recording application. While interviewing people who were undertaking a working holiday and sharing drug using experiences it was necessary to provide an open

and relaxed environment where participants could feel supported to discuss their experiences honestly, which ultimately leads to a greater generation of data. IPA assists in creating this environment because it does not require a set interview agenda. As Smith and Eatough (2008) highlight that there are no specific rules when conducting an interview instead the researcher must try and assess how participants are feeling and base questions accordingly. Although, it has been advised by Smith and Eatough (2008) that the researcher should prepare a set of interview questions prior to the interview with participants. Questions should funnel down to sensitive questions from general, rapport building questions that enable participants to feel at ease. I therefore developed some interview questions (see Appendix C) that could be used as prompts throughout the interview and to endure that the interview stayed on topic. The interview questions focused on participant's experiences of cannabis in Amsterdam and New Zealand and their opinion of the prohibition policy in both countries as well as their motivations to pursue an OE. The purpose of focusing on experiences in both countries meant comparisons could be drawn between the way cannabis was experienced within different contexts that implement different cannabis policies. Interviews ranged between 30-47 minutes. Semi-structured interviews were also important because as an exploratory study, there was a need for freedom when interviewing participants so as to generate a diverse and in depth set of data. The data required for IPA are words and phrases participants use to describe their experiences. These words and phrases participants hold collective and social meanings which are produced in our interactions. I allowed participants to choose how long they wanted to describe their experiences and at times would ask for more information which could then lead to additional information and other topics that were not on the original interview schedule would be discussed. This led to a diverse range of interview's, which, produced a rich and diverse set of data for analysis.

Often IPA researchers use objects or ask participants to bring to the interview an item of significance in relation to the study, such as diaries, photos, or videos. The text around these items can be of significance because it can aid in the description of the experience and can also be analysed (Willig, 2013). In the present study however, I decided not to ask participants to bring anything additional, as I did not think it would aid any descriptions or talk about experiences in Amsterdam. Effectively, the context of performing interviews in London reflected the fact participants were travelling and could perhaps aid in the re-telling of their Amsterdam experiences.

Informed Consent and Study Information

An Information Sheet (see Appendix A) and Informed Consent Form (see Appendix B) used in the study was modelled from Massey Universities templates. The Information Sheet included a description of the study, what participation would involve and also the right to withdraw from the study at any point throughout the research process. The Information Sheet also outlined the study aims and objectives. In order to ensure this a detailed Information Sheet was emailed to potential participants prior to the interview. A printed copy was also presented at the interview, where it was reviewed and discussed with participants prior to the interviews commencing. As is necessary with good ethical research, consent to participate was required and a number of elements needed to be met, including participants being fully informed as to what they are consenting to. After participants had consented to participate by signing the informed consent form I commenced the interview, no one brought a support person even though they were able to. Ethical research also involves debriefing participants; therefore, at the end of the interview participants were able to ask me any questions. To end the interview, I recapped the study, including the aims and objectives and stated the next part of the process. For participants who wanted to, and who were willing to give me an email address, they will receive a copy of the completed thesis.

Data Analysis

Transcription and Audio Data Management

I transcribed all the interviews full verbatim. Normal literacy conventions were used, such as comma, full stops and speech marks. I also bolded out and italicised my speech and left participants untouched as I felt this would make it easier to distinguish who said what during the analysis of transcripts. I attempted to include contextual information, especially when people had specifically used hand gestures to emphasise certain points in their answers.

At times the transcription process was not easy due to the quality of the audio. As interviews were predominately undertaken at a central London library there was

background noise, such as sirens which was distracting, and it made it very difficult to hear the audio recording. During the interviews, I had asked participants to stop and wait for the siren to pass. I attempted to transcribe the interview as soon as possible after the interview and audio files were deleted after this transcription had occurred. Participants were given the option to be sent a copy of their interview, however all participants indicated that they did not wish to obtain a copy.

Analytical Procedure

As previously discussed analytical procedures were based on IPA. Accordingly, the purpose of data analysis from this lens was to reveal themes that were embedded within discussions and to draw conclusions. Smith and Osborn (2003) state that the first stage of data analysis involves the researcher immersing themselves in the data, therefore soon after the interviews, I listened to the audios in an attempt to reflect and understand what had been discussed. After the interview has been transcribed, it is important for the researcher to read the transcripts several times (Smith & Osborn 2003) to get a feel for what participants are saying and to identify any emerging themes. While doing this I highlighted and wrote down any significant ideas and emerging themes. The second stage of the analysis, according to Smith and Osborn (2003), involved documenting and exploring in depth themes that have been noted in stage one of the analysis. In this way, I focused on the specific safety behaviours that participants described, perceptions of cannabis and contextual factors of Amsterdam. The third step of the analysis process was to record the emergent themes from the transcripts and then search for commonalities across transcripts. The fourth stage involved me grouping the clusters of themes together, these clusters are recognised as subordinate themes. Subordinate themes share the same central concept of the theme it sits under however it focuses upon one aspect of the main theme. Lastly, the subordinates are represented and supported by participants' extracts to illustrate the research findings. In accordance with Smith (2011) there are at least three extracts from three different participants to support each subtheme. Smith identified that good research should have enough evidence to support the themes and for research involving between four and eight, three extracts are sufficient (2011). Throughout this whole process I continually checked and rechecked the analysis. This next chapter will present the results of the interviews, using direct excerpts, along with a discussion.

In summary, this chapter outlined the ethical considerations undertaken and how the data was collected and analysed. In ending this second part of the thesis, I will restate my primary research question, and the other key questions that guided my analysis to enable and engage a reading of the analysis chapters based on these questions. They were:

A. How do New Zealanders experience cannabis use in Amsterdam while they are undertaking a working holiday based in the United Kingdom, known within Aotearoa New Zealand as an Overseas Experience (OE).

B. How does growing up in a country that implements the prohibition policy shape this experience of consuming cannabis in Amsterdam.

Chapter V: Results and Discussion

In this chapter the findings from the nine participant interviews are presented along with the discussion of these in relation to the literature. As the studies objective was to understand New Zealanders experiences of cannabis in Amsterdam the main theme was cannabis consumption, which this was broken down into smaller themes. Applying IPA analysis to participant's transcripts identified four subordinate themes, and ten subthemes. The themes will be discussed in the order they have been placed in the figure below.

Figure 4: Subordinate and Sub-themes

Subordinate Theme	*1. The Amsterdam Scene*	*2. Relationships*	*3. Desired State*	*4. Cannabis Perceptions*
Sub-theme	Knowledge & Interpretation of context	Novices – Sourcing Knowledge & Implementation	Taking Flight	Normalisation
	Openness & Willingness to Experiment	The Collective User – Shared Experience	Cannabis Draw-card	Cannabis as a Medicine
	Cannabis Café Greenhorn's		Enjoyment and Pleasure	

1. The Amsterdam Scene

Amsterdam facilitated a context, which allowed participants to consume cannabis and to experiment with something new. The ability for this context to exist is due to drug policies that categorise illicit drugs as soft and hard, depending upon the perceived harms of the drug. Soft drugs, including cannabis is tolerated, providing that use is controlled (Pinheiro Dias Pereira & Batista de Paula, 2016). Zinberg (1984) identified that drug use settings have important effects on the experience of illicit substances. Therefore understanding the knowledge participants had in relation to the policies that governed the 'Amsterdam Scene' was necessary to understand how they engaged with, and experienced cannabis. Fundamentally knowledge of the 'Amsterdam Scene' aided participants to be open to new experiences.

Sub-theme: Knowledge and Interpretation of Context

During the interviews participants were asked if they were aware of the laws that governed cannabis use in Amsterdam. Surprisingly, even though participants knew that cannabis was easily available in Amsterdam, they did not appear to know much about the policies operating there. Al and Deb thought it was legal, reflecting a common misconception.

> ***Al:*** *Um, I don't know much accept that it is legal. Um, but I don't know to what level it is legal, and I don't know the intricacies of the laws regarding marijuana there just because I haven't really looked into it over there specifically […] Um because I haven't really had a need to know apart from going there and knowing that I could walk into a coffee shop and just buy a joint and have a smoke.*

> ***Deb:*** *Um just the general basic stuff, like um the red light district, the live sex shows [,] That, I knew that weed was legal […]*

Al identified that there "hasn't been a need to know" about the cannabis policies governing cannabis use. For him, Amsterdam just enabled access to the drug. Deb also did not have any knowledge of the laws and Josie was still uncertain about them even after travelling to Amsterdam twice.

> ***Josie:*** *No, I didn't know anything about it and it was until I went to Amsterdam the second time that I […] didn't realize that, I don't think you're allowed to take a joint and smoke it in the park, I still don't know.*

Lillie and Si both knew cannabis was not legalised in the Netherlands. Lillie however thought cannabis was decriminalised due the wide acceptance of cannabis cafés but admitted she had little idea about the policy situation.

> ***Lillie:*** *[…] Yeah I think I assumed it was decriminalised but not legalised based on the coffee shop thing, so that was just a guess. Yep, I didn't really know much about it.*

Si was the only participant who knew that cannabis was tolerated. In particular Si had an interesting opinion of the tolerance policy that is implemented in the Netherlands.

> ***Si:*** *Well my understanding, their idea of it, is, it doesn't bother us so we don't care. Whereas, its good but I think a better attitude more […] I think the idea of, it doesn't bother us so we don't mind, still puts a negative spin on it. As in the fact, if you're thinking it doesn't bother me, you're thinking it's a negative thing that would have bothered you in the first place. […] like, the whole, tolerance versus acceptance. That sounds like tolerance, which means you have a problem, whereas I would much rather have acceptance.*

It appears that Si had considered the values underpinning a tolerance policy and understood that cannabis was still judged negatively. For him, acceptance of cannabis would signify a more liberal context.

While the implementation of the Dutch tolerance policies toward cannabis and other soft drugs allowed participants to consume and experiment with cannabis within a controlled environment, this research has highlighted a lack of consideration for drug tourist about laws that operate to produce the Amsterdam cannabis scene. Participants reflected an openness to experiment with cannabis in Amsterdam, which was facilitated by the context in which it occurred and governed by the approach the Netherlands takes towards drugs. We now turn to explore how participants illustrated this openness and willingness to experiment in the 'Amsterdam Scene' by unpacking their attitudes and behaviours towards cannabis and getting high.

Sub-theme: Openness and Willingness to Experiment

All participants projected an openness and willingness to experiment with cannabis in Amsterdam. As Duff (2007a) elaborated, to perform new practices is to transform the body and therefore ones subjective experience. Three participants had never experienced

cannabis intoxication via eatables and decided to do so while in Amsterdam. Another participant, Lillie had never consumed cannabis and decided to have her first experience smoking cannabis while in Amsterdam. Thrift (as cited in Duff, 2007b) argues that the study of context is of significance because performative practices are mediated through cultural settings. In this way, how one acts in a particular setting makes sense; for example choosing to consume hash cake for the first time in Amsterdam, may not make sense in another setting, such as Indonesia. Indonesia unlike the Netherlands, implements the death penalty for illicit drug use. Similarly using cannabis in Aotearoa New Zealand would not make sense as it carries legal penalties, such as monetary fines for possession. The following subsection explores the way in which participant's enacted openness and willingness when they consumed cannabis through the variety of ways that consumption and intoxication can occur.

Eatables

The experience, of cannabis intoxication via hash cake also known as 'space cake 'was popular with the participants. Overall, seven out of nine participants choose to consume eatables, as mentioned three of these participants had never experienced a high from cannabis eatables before. It is important to note that a high from eatables is different from a high from inhaling cannabis. An eatable high can take longer to take effect and can also last longer in comparison to inhaling cannabis because THC is absorbed more slowly into the blood stream (Friese, Slater & Battle, 2017). This lag can cause people to consume more eatables because they do not feel the effects instantly. The experience surrounding cannabis use and the effects of intoxication is influenced by the mode chosen to consume cannabis. Participants who had never experienced cannabis in an eatable form illustrate an openness to this new experiences. This was important to Ellen as was highlighted in her narrative below.

> ***Ellen:*** *like if you smoke it you get a different high than when you eat*

Participants who had never consumed eatables prior to Amsterdam decided to do so for several reasons, such as never having tried eatables before, or being open to the

experience a different form of intoxication. Using eatables also occurred because of the ease of purchase in Amsterdam.

> ***Gab:*** *What prompted you to get eatables as oppose to smoking it?*
> ***Hannah:*** *I think it's, because I had never tried it before.*

> ***Josie:*** *[…] its (eatables) something I had never done at home (New Zealand) and I was so intrigued because obviously with it being illegal. […] It was something I was so excited for.*

Josie expressed elation at the possibility of doing some new because she was "intrigued" by the idea of eating cannabis. Similarly, Deb was also open and willing to try cannabis brownies in Amsterdam, although she had previously consumed brownies. For her it seemed, that the experience would be "different" "there" when compared to Aotearoa New Zealand. She still conceptualised using eatables as a new experience, due to the tolerance context.

> ***Deb:*** *I wanted to try something different cos I smoked weed before, but I hadn't actually had brownies before. Yeah well, I've had homemade brownies, but I thought I would try it over there, but it was quite different to how [...] I am used to feeling when I am stoned.*

Josie and Ellen specifically identified that part of their motives for experimenting with eatables was because they had not enjoyed the experience of cannabis when consumed via inhalation. Below Josie revealed how she would use asthma as an excuse to decline smoking cannabis with her peers. Josie also referred to a conversation she had with the friends she had made during her Topdeck bus tour about the decision to consume eatables.

> ***Josie:*** *Um, because of my history that I didn't like smoking, um […] I've always told people I don't smoke because I have asthma, which isn't true um {laughing} but um…Yeah and then they are like, 'you can do eatables then?' and I was like 'oh, oh yeah I can'.*

> ***Ellen:*** *While we were there I said that I am not really a fan of smoking. So, I was like I am not going to get anything to smoke, I will just stick with the eatables.*

Ellen went on to discuss how she does not like smoking cannabis and cannot do it properly. She also highlighted how it was difficult to obtain brownies in Aotearoa New Zealand, which was also offered as an explanation for why she had not experimented with cannabis prior to going to Amsterdam.

> ***Ellen:*** *At home (New Zealand) I had ample opportunities to but it just one of those things that I was like, 'no I don't really want to do it'. Mostly because all of my friends that do, smoke weed*

> *at home they don't make brownies or anything and I was like I don't even want to try doing that because I know I am not going to be able to do it properly.*

Ellen's narrative illustrated how changing the context where cannabis is consumed facilitated an openness and willingness to experience something new, because of access to different modes of consumption. With cannabis prohibition in Aotearoa New Zealand the ability to obtain eatables is difficult unless people are willing to break the rules of good citizenship and make their own hash brownies or cake. Similar to Ellen, Josie identified how brownies were difficult to find in Aotearoa New Zealand.

> ***Josie:*** *It's not so easy to kind of find and make um […] eatables.*

Lillie, a participant who had never experienced cannabis intoxication before also shared this same willingness to experiment with cannabis in Amsterdam, however Lillie decided to smoke cannabis opposed to trying eatables. The next section explores participant's views of cannabis use in Amsterdam via inhalation.

Smoking a Joint

Consuming cannabis via inhalation is the most popular route for people in Aotearoa New Zealand. The Global Drug Survey (GDS) found that New Zealanders preferred smoking cannabis in a form of a 'joint' (36.6%), followed by a bong (22.6%), a pipe (17.7%), vaping (8%) and lastly eatables (4%) (as cited in Thomas, 2018). Interestingly, as with Josie and Ellen, Lillie and Si shared a dislike for cannabis intoxication via smoking showing a common dislike across this participant group.

> ***Lillie:*** *[…] I hate smoking, like the act of smoking I really hate it, so I only probably had a tiny bit really, because I can't really smoke at all.*
>
> ***Si:*** *I don't really like smoking weed […] so I've been told it's really strong [in Amsterdam], be careful. I was like okay […]. It's not nice for your lungs, I have asthma, so I probably shouldn't.*

Si shows a cautious attitude towards smoking cannabis in Amsterdam because he had been told the effects can be "strong". Even though cannabis is tolerated in Amsterdam it does not mean use is not without negative effects. As identified in the literature review, cannabis can have health consequences, especially for heavy users, such as respiratory system and

mental health problems. For tourists these impacts may include consuming a strand of cannabis that is potent or having too much because of their inexperience.

Sub-theme: Cannabis Café Greenhorns

Incorporated into the subordinate theme of the Amsterdam scene is the participants as novices or greenhorn's (a person who is new or inexperienced at a particular activity) of cannabis tourism. While participants demonstrated an openness and willingness to experiment with cannabis in the context of Amsterdam, they also described the experience of purchasing cannabis in a café as "weird" or "strange" and something they were unfamiliar with, reflecting their newcomer status within this environment. The participants had been conditioned to view cannabis as problematic because of Aotearoa New Zealand's context where it is illegal to manufacture, supply, possess and purchase cannabis. Below Josie, Si and Al narrate their first experiences in a cannabis café.

> ***Josie:*** *So um yeah it was weird and it was […] it was also a very touristy coffee shop full of like tourists and like 40-50 year old men just sitting in there smoking alone […]. Something I didn't know much about and there was all these different strains and different types and there is joints and there is this and there is that […]*
>
> ***Si:*** *We didn't really know, how to do it {laughing} so we went to the café. It was really crowded, it was annoying, and there was a line. We got a menu from some table; we tried to figure out how to order it. Do you just ask for weed, how do you know what has weed in it? And eventually we figured out.*
>
> ***Al:*** *Um, but the experience of the coffee shop was very weird. It's like being in café or a bar […] and it's filled with weed smoke […] It's very strange. And there's bongs next to you, there's people coughing in the back, there's people in these weird states that you've never seen […]*

Josie and Si both struggled with the "full" and "really crowed" cafés. Josie noticed the "old men alone" consuming cannabis and was described how there were a variety of cannabis "stains" and "types". Si did not initially know what to do when they arrived and found the crowds "annoying". Similarly, Al described the experience as "strange" because not only was it "very weird" but people were in "weird states" that he had "never seen". Deb was also new to cannabis consumption and for her the "stone" was not "real".

> ***Deb:*** *Yeah so um […] what happened for me, is that I'd had it, it took longer to hit me than it did everyone else […] but I'd held off doing anything just in case it was a really big and one of the bigger things that happened is that my [laugh] face was two*

> *different temperatures [laugh]… I sat there for ages being like this [touches face, check to check] 'your just stoned, it's not real'*

In this context Deb as well as the others can be described as novices. Drawing from Becker's (1953) early conceptualisation of new cannabis users as novices, being an inexperienced consumer appeared to operate on two levels amongst the participants. The first, by recognising participants as novices of cannabis tourism, illustrated their lack of knowledge surrounding the drug policies operating in the Netherlands and also the unfamiliarity of purchasing cannabis in Amsterdam. The second, conceptualisation of novice can further be witnessed amongst participants who had never experienced cannabis in their respective modalities, eatables or smoking and the way in which the found the café scene so unusual. Becker theorised that people are considered novices because they learn how to enjoy cannabis and how to feel high through interactions with experienced users and then applying this knowledge to their own experience (1953).

2. Relationships

The following theme explores the way in which relationships were a source of knowledge and social connection while in Amsterdam. Throughout interviews, participants reflected upon how they gathered information on the 'Amsterdam scene' from friends prior to travelling there, including where to purchase and how to consume cannabis safely. Throughout participants experience there is an ethos of sharing, both knowledge and the cannabis high in Amsterdam.

Sub-theme: Novices – Sourcing of Knowledge & Implementation

The participants described how they had acquired knowledge from their peers about how to consume cannabis in Amsterdam, such as eatables safely. In this sense, relationships became the source of knowledge for how to engage. The participants implemented the

shared knowledge as a tool to assess how to consume as well as how to regulate their high and manage the risks associated with consuming too much cannabis, such as delaying eating the whole brownie. When I asked Ellen to describe her experience of Amsterdam she highlighted how she had obtained knowledge of where and what to order from a friend who had been to Amsterdam previously and was an experienced cannabis user.

> ***Ellen**: My friend who was quite a heavy cannabis user told me where to go to get some good hash cakes. So, we sorted out this place she recommended. 'Cool um I am going to get one of those and one of those' and we sat in there for a little bit, [….]*

Lillie was influenced to experiment in particular ways because of advice given to her by others. Lillie, who chose to smoke cannabis for the first time, also described how she spoke with her friends on what to expect from smoking cannabis. For Lillie sourcing knowledge regarding the effects of cannabis was critical. This helped Lillie to alleviate any anxiety, self-surveil and monitor her high.

> ***Lillie**: I was quite apprehensive, so I talked to them about that and I wanted to know, I was like "so what happens, like how fast, how long for, what am I going to feel?" like all this stuff. {Laughing}*
> ***Gab: =** Yep, like what to expect.*
> ***Lillie:** "what to expect" so I basically got all of my expectations settled and then I was like "okay, okay we are good" [laughing}*

In the same way, Ellen's narrative below represented how knowledge she had attained from others was implemented as a self-regulation strategy to monitor her high. Ellen highlighted how she waited to feel the effects of the cannabis before consuming a whole brownie.

> ***Ellen**: I had been told by people, 'don't eat all of it at once' so I had half of it. So, I tried half of it, and yeah, I couldn't really feel anything of it, so I ate the rest of it […] Its kind of one of those things, when you like, I am not feeling it, but then it kind of creeps up on you. 'Oh, I am really high right now.' So, we stayed in the café for a little bit and then we were like, 'okay let's go explore'.*

It seems that in this instance, Ellen's friends had not imparted knowledge about how the high "kind of creeps up on you" and therefore Ellen was not able to adequately monitor herself. While Deb had consumed cannabis brownies previously, she still implemented self-regulation techniques, like Ellen, in Amsterdam, illustrating the sensible and controlled nature in which she consumed cannabis. Si's account below also demonstrated how a friend who had travelled with them had acquired knowledge of where to go to purchase

cannabis in Amsterdam. Si's friend had been willing to share that knowledge and "lead him to a coffee shop".

> ***Si:*** *One of my friends that was travelling with us already knew about where you could get, um, cannabis in Amsterdam. So, he had a very, very clear idea of what he wanted to do as soon as we got there, and he led us to a coffee shop that he had heard from a friend was good who had visited Amsterdam before him. And we went there and just, yeah, just over the counter and bought a few joints and had a smoke.*

Through the help of his friend, Si was able to buy cannabis "as soon as" he "got there", demonstrating the power of relationships for sourcing goods and effecting behaviour. Hannah also acquired knowledge about cannabis consumption in Amsterdam from her friend and applied this knowledge to inform her decision on how to consume cannabis. Hannah explains how her friend had experienced a bad high because she had inhaled a cannabis bud and experienced a body stoned where she "could not move for two hours". Hannah did not want that same experience, and therefore used her friend's knowledge to choose eatables in order to avoid a bad experience and protect herself against experiences of being "scared" about the negative effects of cannabis.

> ***Hannah:*** *I was quite scared to try eatables. […] My friend had a bad experience with, like being body stoned. Um where she couldn't move for two hours and I think that's is because she inhaled the bud that came through the pipe, totally different to a brownie. Which obviously I didn't get body stoned. I was like, okay I am going to try it and see what happens.*

Most participants described sourcing knowledge from their peers on what to expect when travelling to Amsterdam, or how to consume and manage the cannabis high. The passing of knowledge from peers can influence participant's behaviours, choices and in turn their experience. The knowledge of how to navigate Amsterdam and get high provided by peers allowed participants the ability to make an informed decision on using cannabis abroad. Participants demonstrated control over their use of cannabis, giving them social credibility and simultaneously display drug acumen and rationality (Moore, 2008). In contrast the problem consumer is someone who lacked self-control and discipline. For example, Al described how his friend missed out on their day in Amsterdam due to consuming too much cannabis. This consumer is seen as over indulging and not implementing any self-assessment measures or active steps to avoid the effects of consuming too much.

> ***Al:*** *I knew that was my first time and I didn't really want to ruin any experience because one of our other friends who smoked way too much weed was just out sleeping for an entire day […] It was his first time, and he didn't […] he just went as hard as he could, which I think was silly. […] He just went a little too hard and tired himself out and just went to sleep for a day, pretty much. So, he missed out that entire day. I didn't want to do that.*

Sharing and implementing knowledge rom peers also helped people to manage the risks of getting "full stoned" or "paralysis'" which is when there is loss of bodily control. Deb described how she engaged in self-assessment techniques, by eating only half the cannabis brownie, the same as Ellen in the above excerpt:

> ***Deb:*** *[…] and I had the other half later. So I was worried about full stoned, like, what do you call it? Paralysis […] Yeah [clears throat] then I saw that a few of the guys, quite a few of the people that I was with were absolutely smashed. I think that some of them had just like downed two of them or they weren't feeling it so they smoked on top.*

In Josie's extract there is further evidence of her novice cannabis position when she narrated how her friends had more experience with how to order and consume cannabis than she did. However she was able to draw on their knowledge to consume but was clear on the fact she did not smoke as much as them.

> ***Josie:*** *[…] we didn't really know where to go, so we said why not just go to a coffee shop and sit and have a chilled-out night and so we did. We went in and they kind of knew what they liked, like from before and they ordered like a couple of joints. I didn't want to buy anything because I knew I wasn't going to finish it but, it all got passed around and we were all kind of just like smoking a little bit. I was smoking a little bit, they were smoking more {laughing}.*

Participants sourcing of knowledge and learning from peer's experience also highlighted participant's novice status about the 'Amsterdam Scene'. Participants not only acquired knowledge through their relationships but also represented how they shared their cannabis high with others while in Amsterdam. This next section will focus exclusively on how cannabis use was collective.

Sub-theme: Collective Users – The Shared Experienced

Applying Hathaway's (2004) ideas regarding the importance of focusing upon the context of where cannabis was consumed as opposed to the characteristics of the users revealed that

even though obtaining cannabis and getting stoned was the main objective, it simultaneously coincided with socialising and sharing the cannabis high with others. Consumption was therefore within a recreational context shared with friends. Behaviours post consumption was about social connectedness and usually followed some form of recreational activity, for example shopping, playing cards, going to a show. This also reflects findings from Uriely and Belhassen's (2005b) study on the characteristics of tourist drug experiences, which found drug tourism was an extension of traveller's leisure time activities. To demonstrate this point, Esther, Josie, Ellen and Deb who all went to Amsterdam as part of a European bus tour. Interestingly a commonality between these participants was that they chose to undertake a European bus tour which included Amsterdam as the last city on their trip. Although they were on different bus tours it has illustrated a common type of travel style amongst New Zealanders who choose to travel to Amsterdam. It also demonstrated how the Aotearoa New Zealand OE and drug tourism can intersect. The two extracts below described similar experiences of consuming cannabis and combining a form of recreational activity.

> ***Gab: =****Can you tell me about the first time that you consumed Cannabis in Amsterdam?*
> ***Esther:*** *Umm it was really casual {laughing} it was like we just a couple of joints and we went next to a river and we just sat on the park, oh on the river bench and we just smoked a joint and then went shopping {laughing} that's literally what we did and I brought some shoes {laughing} and I had a good talk with the shop keeper {laughing}*

> ***Josie:*** *We got some eatables and it was quite fun […] Yeah, with some um girls from our Topdeck, we all got some went back to our hostel and had some eatables, and then waited around.*

Both Esther and Josie reported having fun while being high on cannabis and enjoyed the experience with friends. Ellen also described how she consumed cannabis brownies with people from her Topdeck tour and then went on to explore Amsterdam. This form of intoxicated exploring involved eating food, which can be a side effect of consuming cannabis. According to Patel (et al., 2017) the experience of cannabis 'munchies' or the strange drive to eat is stimulated by cannabinoids in cannabis. Ellen enjoyed being high so much she purchased more cannabis to maintain the experience and they eventually went on a "cruise".

> ***Ellen:*** *Um so we stayed in the café for a little bit and then we were like 'okay let's go and explore Amsterdam' and maybe a couple of streets over, we were like 'okay its lunch time, I'm really hungry'. So, we went to a burger place. So, we had lunch, and it*

> *was the best burger I have ever had, and then we just did some shopping. We went and sat in front of the I Amsterdam sign. By that point I was like 'oh I think it has waned off'. Maybe I will go and try stuff from another place. So, me and one of the other girls were like, 'oh cool let's go' […] So um, yeah I got, another muffin, sat in front of the I Amsterdam sign in front of the grass. We had a cruise in the evening.*

> ***Deb:*** *So, on the first night that we got there we all went out together. We went to um the Baluchi's that they have over there. It's like a chain of pubs and hostels. We went out and we brought brownies […] so we had half of those and then we all went to the sex show together, which was weird to watch with your friends, but it was, it was a really fun night.*

Deb also had "a really fun night" with her friends, although she found it "weird" to watch a sex show while with her friends. It must be recognised that going to a sex show in Amsterdam is not unusual and an experience a number of tourists choose, it is also an event that is offered to travellers on Topdeck and Contiki bus tours. In this sense, it is not assumed that there is a link between cannabis use and sexual activities, or what may be considered 'risqué' behaviour. What these excerpts do demonstrate is that participants consumed cannabis with others, which involved a variety of recreational activities that maybe not have been undertaken had they not been drug tourists. It can also be assumed that public displays of being intoxicated on cannabis are less obvious or transparent in Aotearoa New Zealand because of the punitive legal approach to cannabis use. In this sense, people might engage in activities collectively but they might not be in public venues.

The excerpts below are from participants who did not travel to Amsterdam on a bus tour. While the bus tour was not the collective activity that brought the following participants together, they still participated in social activities whilst consuming cannabis.

> ***Hannah:*** *Yeah so it was me and my friend that I went with the first time in October last year, and we decided to go and buy a brownie […] and um we were just walking around the city and I think I must have been walking around for thirty minutes.*

> ***Lillie:*** *Um and we just tried to play cards and we failed really badly, that's all [laughing]*

Playing cards for Lillie was a difficult activity while intoxicated on cannabis but remained fun. The first time Josie went to Amsterdam, she meet up with friends from Colorado. After a few drinks in the hostel they decided to go into a cannabis café, illustrating how cannabis as a shared activity can extend collective leisure time.

The excerpt below represented how Deb had been to Amsterdam twice, on her second visit she went with a group of friends. Like Deb's first experience, she smoked a few joints with her friends in the park. Social connectedness is seen in both visits to Amsterdam therefore it cannot be solely attributed to group tours but more so to the collective practices consuming cannabis when on an OE.

> ***Gab: =****What experiences did you have there your second-time round?*
> ***Deb:*** *Um, that time we […] we um, we brought joints, like kinda straight away […] So we spent the first day just like smoking in the park, which was nice, ate heaps of food, went out drinking and then carried on.*

Generally, cannabis use formed part of the tourist experience in Amsterdam for participants, but it was not the main activity nor the main purpose for a trip to the city. Al highlighted how Amsterdam was enjoyable without cannabis:

> ***Al:*** *I didn't have to do marijuana to have enjoyed Amsterdam because I liked Amsterdam just for what it was in general.*

It is evident within this theme that participants gained knowledge from their peers on cannabis use and the effects within Amsterdam. The participants were able to use these relationships and the knowledge to self-surveil and ensure they were both safe and able to have a good time, they also demonstrated rationale decision making while under the influence, which is promising, considering both the popularity of cannabis consumption and upcoming cannabis referendum in Aotearoa New Zealand.

3. Desired State

This theme concerns the outcomes of consuming cannabis and travelling to Amsterdam. That is, the purpose of sourcing knowledge from friends on what coffee shops to visit in Amsterdam and how to consume cannabis in order to reach the desired state of being intoxicated. This section also explores how cannabis use is a draw-card for participants to travel to Amsterdam. As was just represented, consuming cannabis in Amsterdam was often described as fun, reflecting a pleasurable and enjoyable outcome while under the influence of cannabis which is unpacked in more detail below. This theme is especially

grouped within this subordinate theme because all three relate to motivation and desirability to reach the desired state. Participants were firstly, motivated to travel, secondly to consume and experience a high while in the context of Amsterdam, and lastly to ensue this high was pleasurable.

Sub-theme: Taking Flight

The purpose of gaining knowledge from peers regarding where to purchase cannabis in Amsterdam and how to consume cannabis in either eatable or inhalation form was specifically to achieve a desired effect, an altered state of consciousness, more specifically referred to as being stoned, high or in regards to this thesis 'taking flight'. As discussed above, in order to achieve this desired state participants implemented self-regulation strategies based on the knowledge they had been given about where, when and how to consume. For the participants however, achieving the goal of getting "high" was problematic because in some case it initially seemed as if the cannabis did not "work". Lillie, Hannah and Josie talk about how this effected them.

> ***Hannah:*** *I ate the whole thing, and she ate half and um we were just walking around the city and I think I must have been walking around for thirty minutes because it didn't, I didn't know it was going to take so long to kick in. I remember thinking wow nothing has happened, this doesn't work, and this is an off brownie or whatever but then it hit.*

> ***Josie:*** *Like nothing is happening but it wasn't until later on when I realized we were all like probably quite high, just rolling around giggling.*

> ***Lillie****: And um, basically I thought it wasn't going to work because all I did was like, puff and then cough for like 30 minutes. I thought I was going to like vomit, managed to drink about a litre of water and then after that it was fine and I was just kind of like, "oh okay well that was a fail, it's not going to work".*

These participants expressed disappointment at the possibility that 'taking flight' had not been achieved. Hannah blamed it on an "off brownie" while Lillie described her attempt to reach a high as a "fail". Ellen, like Lillie was concerned that her inability to smoke properly could cause her to "waste" the cannabis. Due to this concern she decided to consume eatables because she believed it would guarantee she got it "into her system".

> ***Ellen:*** *[…] I just don't smoke. I don't feel like I know how too […] I think for me personally, it's like, I don't want to like waste it, and if I smoke and don't know how to […], I won't necessarily get high off it, where as if I eat it {laughing} that way I know it's going into my system.*

This objective of getting high was not only a priority for novice cannabis users it was also a goal for the more experienced consumer, however the difference was that experienced users had knowledge of, and an expectation, about how their high should feel. Al and Si had consumed cannabis previously and therefore anticipated the 'high' they were hoping to experience. Both Al and Si were able to understand that a high that was "very weak" or when they "felt nothing" it was probably due to the quality of the cannabis.

> ***Al:*** *Um, it was a different experience. I didn't get much of a high out of it to be completely honest. I think it was a very weak one*
>
> ***Si:*** *So, we halved that, felt nothing at all, well if it was it wasn't noticeable at all.*

All participants came to Amsterdam with the expectation and anticipation of getting high. These excerpts demonstrated a sense of disappointment when the desired effect was not met. Although consuming cannabis for the high was not the main objective for the travel to Amsterdam, participants did acknowledge this as a 'draw card' for going. The next sub-theme discusses, participant's motivational reasons to Amsterdam.

Sub-theme: Cannabis Draw-card

As illuminated above, participants went to Amsterdam with the goal to consume cannabis. This is evident through participants describing how they would source knowledge from peers on cannabis consumption prior to travelling to Amsterdam and implement this knowledge while there. Participants can therefore be positioned as cannabis tourists or drug tourists in line with Uriely and Belhassen's (2005b) understanding. The researchers proposed that drug tourism involved the experience of travelling and the consumption of illegal or illegitimate substances in either the traveller's home country or travel destination. Many participants referred to cannabis as a draw card for visiting the city but it was not the sole objective for the trip. Si described weed as one of the "pull" factors but also believed that Amsterdam was an "awesome city", showing that participants were not just drug tourists in the city.

> ***Si:*** *I did want to go, weed was definably a pull factor […] It was probably the main and it also sounded like an awesome city. People would say they had been and had a good time. So it was probably both of those. Yeah, I thought I would like it for the weed but that is not why I liked it for actually.*

Si further likened cannabis use in Amsterdam to viewing sheep in Aotearoa New Zealand. In this sense cannabis use was normalised and a necessity of the experience.

> ***Si:*** *Like to go there and not, would be like - going to NZ and not seeing a sheep right?*

Jay's reasoning for visiting the city was more closely aligned with drugs and partying but he still described these experiences as a "bonus "of travelling to the city where "it's a good party life".

> ***Jay:*** *[…] I just went with a few mates based on reputation of the place and all that kind of stuff.*
>
> ***Gab: =****What had you heard about it, like before you went?*
> ***Jay:*** *Obviously the cannabis being there, […]. It was great [….] the first time experience you kind of get here and it's all a big holiday when you first get to Europe. It's a great city. It's good party life. A good nightlife, isn't it?*
> ***Gab: =****Yep, so drugs were part of that, like a by-product?*
> ***Jay:*** *Exactly. A bonus. […] Amsterdam is a great city despite all that. Um, but because you can do it, why not do it, you don't go there to do, I think.*

It seems for Jay it was permissible to consume "because you can", although not the primary reason to go. Al, unlike Jay privileged the opportunity to learn about another culture as a motive to visit Amsterdam. In this way consuming cannabis was part of engaging in cultural practices.

> ***Al:*** *[…] Amsterdam was a place I really wanted to see, not because of the opportunity to, to engage in recreational drug use or anything. But, um, just too sort of see a new place and take in the culture, and try and understand it, and yeah, also, if that was part of the culture, that too, really, just to see a new place and get a new perspective.*

Al further identified that cannabis was not necessarily a draw card for he and he would not have been phased if it was not accessible. Although in this instance, it illustrated that cannabis was not a motive for visiting the city this was due to Al's dislike of cannabis.

> ***Al:*** *So, the marijuana, to be honest, wasn't a big factor for me. It was just if it was available then cool, fine, and if I'm totally honest, I didn't like marijuana that much […] if I go back I'm not even sure that I will do it. I don't care much for it.*

In as much as cannabis was not a desired effect, if Al travelled back to Amsterdam he was "not even sure" he would consume. Esther also explained how she would visit Amsterdam again but not necessarily for the purpose of consuming cannabis, although it still remained as a draw card alongside the other opportunities and experiences afforded it such a "beautiful city".

> ***Esther:*** *I wouldn't just go back to Amsterdam because of the cannabis because I know you can get it anywhere. Any, well any city I've been to or any country I've been to, you can, you can get cannabis. Um, going back to Amsterdam, I'd probably go back and try […] a million different things […] You can get different foods, you can try different types of um marijuana […] Yeah it would motivate me to go back, yeah, um but not just because of the drugs side of things but because it's a beautiful place*

> ***Ellen:*** *I want to go back to Amsterdam but it's not because of cannabis, like I wouldn't go back just to do that.*

The work has represented how getting high was an objective for participants during their travel to Amsterdam but it was not the sole motivator for the experience. Instead participants cited a number of other reasons for their visit and as well as motivation to return. The participant's time in Amsterdam was not only enjoyable because of the ability to get high but also because of the city itself.

Sub-theme: Enjoyment and Pleasure

For all participants the desired state of getting high from cannabis use was associated with enjoyment and pleasure as noted by the way some participants actively avoided a 'body stone' by choosing particular methods of consumption, such as eatables. This theme represented how cannabis use and being stoned in Amsterdam was positive, suggesting an pleasurable experience. In this way, cannabis intoxication was a source pleasure and mood enhancement. The below extracts are from participants who described cannabis experiences in Amsterdam as "fun" and "good,".

> ***Lillie:*** *It was fun, definitely, it was. I wasn't um nervous or anxious, which was kind of what expected to be. I thought I would be sitting there and waiting for something to happen, but I wasn't, which was good.*

> ***Deb:*** *It was, it was a really fun night.*
>
> ***Esther:*** *It was good {laughing}.*

In Ellen's extract there is a focus on sensory pleasure, in that cannabis use lead to feeling "chilled out". According to Becker (1953) the pleasurable effects of cannabis can only be obtained when users go through a period of learning. This learning includes learning to consume the drug properly in order to produce the desirable effects, having the ability to recognise these effects and to enjoy them.

> ***Ellen****: So um, yeah I got, another muffin, sat in front of the Amsterdam sign in front of the grass. [...] Just felt really chilled out. […] Yeah it was nice, that time in my life I wasn't that chilled out. So, it was nice to have that in my life. Nice I like this.*

The association of drug use and pleasure is only now beginning to gain research attention according to Duff (2007a) and Moore (2008). While positioning cannabis use in this way, (fun, social and enjoyable) it contested notions of the cannabis consumer as problematic and enabled attention to be drawn to the positive effects of the substance, which have been marginalised in both research and literature (Duff, 2007a; Moore, 2008). Although the pleasure associated with drug use has previously been researched in qualitative studies, it struggles to gain credibility and legitimacy because any pleasurable effect is measured against dominant perceptions that associate stigma with drug use and users (Moore, 2008). Pleasure via drug consumption is in opposition to health promoting behaviours and conflict with social and health discourses that position healthism or the preoccupation of personal health and self-care as the desired norm. Healthism is a health consciousness movement that encompasses a holistic outlook and approach towards well-being, adopted by governments and individuals (Cheek, 2008). Robert Crawford (1980) referred to this movement over twenty years ago, it is still however underpinned by old problems, such avoiding illness and death, responding to risk and remaining in a healthy state (Cheek, 2008). Personal health is achieved through implementing and modifying health behaviours, such as going to the gym, eating right and limiting drug use. As Cheek points out, these technologies embraced for achieving wellbeing, used to lay at the periphery of health (2008) whereas today it can be argued that they are at the forefront.

Participants in this study adopted a specific drug using position as the rational decision makers who could self-regulate and manage risk to increase fun and pleasure. Even though

participants are seen to be implementing both safety measures, through their self-regulation strategies and gained knowledge, pleasure derived from cannabis was still intertwined with the problematisation of drugs. Recreational drug use, for 'fun' was not conceived as problematic, however this is only amongst people who are not outcasts of society, addicted to drugs or engage in crime (Pereira, 2013). Categories of drug users moderate of cannabis is connected with pleasure whereas dependency is linked with addiction and compulsion for drug use (Pereira, 2013). Participants shape their recreational use of cannabis through their self-regulation and surveillance strategies that enabled them to gain a pleasurable experience.

It must also be noted that context is embedded within the concept of pleasure and drug use and whether drug use was viewed as problematic. Duff (2007a) proposed that pleasure derived from drugs is extended beyond physiological experiences and incorporates contextual elements, including the natural environment, social connectedness, and social activities engaged in while under the influence. Pleasure derived from drug use is therefore embedded and reliant upon the context in which it is experienced (Duff, 2007a). As demonstrated in the subordinate themes: The Amsterdam Scene, Relationships and Desired State, a variety of events contributed to the pleasure experienced while using cannabis, which represented how they co-produce the desired outcome. Next I will draw attention to how these outcomes were formulated against the backdrop of prohibition.

4.Cannabis Perceptions

Part of my study involved investigating how growing up in a country where cannabis was illegal influenced participants' experiences in Amsterdam. It was therefore important to understand how past perceptions of cannabis and previous cannabis use in Aotearoa New Zealand mattered to and formed part of the journey and backdrop to their experience in Amsterdam.

Sub-theme: Cannabis Normalisation in Aotearoa New Zealand

In order to understand how and if growing up in a country with prohibition impacted upon the experience of cannabis in a different context, I asked participants about their previous interactions with cannabis in Aotearoa New Zealand. Evident throughout participant's discussions was Parker's (1998) theory on drug normalisation. Parker et al. (1998) identified that drug normalisation occurs during a transition period between adolescents and young adulthood when people are likely to be experimenting. All participants described how they believed and positioned drugs as 'bad' and something to avoid. For them, messages from the media and their school represented drugs as addictive and life ruining, reflecting ideas that align with deviant theorists, such as Shiner and Newburn (1997) who assert that drug use is problematic and harmful. Such discourses reinforce all drugs as a harmful and that cannabis should be categorised with other illicit substances, such as heroin. The extracts below demonstrate participant's early perceptions of cannabis.

> ***Hannah:*** *I was told that it was bad and that it would make you stupid and it will fry your brain cells and you won't be able to have conversations with people and you are not going to pass school or university and you will turn into this lazy, addictive yeah, just slob.*

Hannah represents how metaphors of around brain damage, slothful behaviour and addiction were use as strategies to deter consumption. Al also recalls his early perceptions of cannabis and drug consumption as something bad.

> ***Al:*** *throughout school and throughout uni, I'd always met people who I knew were smoking weed and doing those sorts of things, which always seemed like a very bad thing to me, so I never did it.*
> ***Gab: =****Yeah. Had it been something you had considered doing before?*
> ***Al:*** *It was something I considered never doing. It was something that I used to tell myself I would never do, because, you know, I'm, I've never really done drugs, I've never done that sort of thing. […] I would never touch that stuff.*

Before travelling to Amsterdam, a cannabis tolerant nation, Al had committed to "never touching that stuff". In the same way Lillie, had not "tried it" in Aotearoa New Zealand, blaming exposure to cannabis in a "small town".

> ***Lillie:*** *I had never tried it in New Zealand total, but um I think being from a small town and I feel like I had been exposed to it a lot that kind of informed my choice not to try it.*

Lillie's narrative alluded learning about the negative aspects of cannabis while growing up. Lillie also explained how a combination of events, including her parents, the way she was raised and her place within the family had influenced her perception of the drug and was therefore her reason for not experimenting with cannabis when she was younger.

> ***Lillie:*** *Um, my early perceptions of drugs and alcohol total were really bad. My parents were quite strict, um not in a, not in a religious sense or anything like that, I think just a social strictness, like 'these things are really, really bad and you would be so stupid to like" like it was really big messaging, same with cigarettes like anything like that […] And I am the oldest of five so I was like a pretty like a classic oldest child, like quite good, high achieving and all that kind of thing […] So I think where my […] yeah that would have been my attitude and influences around it. It would have come from home.*

Lillie further highlighted that the legality of cannabis in Aotearoa New Zealand contributed to her decision not try cannabis in Aotearoa New Zealand.

> ***Lillie:*** *[…] I think ah probably had it been legal I would have tried it but still, I would say probably not till my twenties. Probably not before because I think the things that put me off about it, earlier would be the same, just the negative associations the bad examples of use that I saw through high school, I think aside from those the legality was what stopped.*

Unlike Lillie, Deb recalled growing up with cannabis in the house because her parents used it, however despite this she knew it was a "taboo" topic due to the secrecy surrounding it, probably due to the legal repercussions for her parents.

> ***Deb:*** *Yes. So […] I actually grew up with it in the household, not like directly near me but by way of my parents and I always thought it was something really secretive, like the way they kind of handled it. I always thought it was really taboo - not to be talked about not to be discussed at all.*

The participants' narratives about cannabis while growing up in a climate of prohibition represent the problems associated with consuming drugs, such as cognitive damage, unproductive behaviour and drug addiction. In Aotearoa New Zealand drug regulation is seen as the solution to prevent risk and harm. Surveillance is achieved through drug policies and the criminal justice and juridical systems. Concealing cannabis use, as Deb described her parent's behaviours, illustrated resistance towards surveillance and its consequences.

Parker's normalisation theory is most obvious in Esther's narrative. She began to consume cannabis during high school, explaining how she was high during classroom lessons, although this did not prevent her from finishing high school and graduating with NCEA Level

3. It must be noted that Esther was the only participant that described using cannabis during school hours and her narrative reflected a sub-culture of adolescent cannabis use and acceptance.

> ***Esther:*** *[...] I probably started when I was in high school. Um around the age of 14-15. And it started with who I hung out with really and it became a common thing, an everyday thing, before school I used to use cannabis. Um, like during school, lunch breaks. Always hanging out with people and then you get into this scene when you're doing it at parties, um you just, yeah you become, in NZ I feel like it's a very common thing. You don't know anyone that doesn't really do it and it's not frowned upon.*

In Esther's explanation cannabis use was normal, neither positioned as bad nor deviant. Most of the participants were aware of their peers using cannabis in High school even if they did not report using it. When I asked Deb to describe her first experience of consuming cannabis, she re-called her friends using cannabis when they were at high school. However, she was about 18 years old when she first tried it.

> ***Deb:*** *[…] Yeah I think, well I had friends in high school who smoked it but because, I'd always seen my mum or my dad smoke it just didn't seem that appealing, like it didn't have the clinical rebel factor that everyone else seemed to kind of find with it. So I think I was about 18.*

Witnessing her parents consume cannabis removed any "appeal" for Deb. Below, Hannah described regular cannabis use with her high school friends between the ages of 13-16. Here there is a grouping of cannabis with alcohol and cigarettes, illustrating how cannabis starts to become associated with legal drugs.

> ***Hannah:*** *Um, my first experience I probably would have been about 13 or 14. So pretty young, I was in a group of friends they were into smoking and drinking and then like weed as well. […] It was just something, like another drug to smoking but it would make you laugh and it was just fun and everyone had a good time on it. So I was like okay I am going to try it [...].*
> ***Gab: =****After that first time, did you continue to experiment?*
> ***Hannah:*** *Yeah, so probably up until I was about 16 we used to do it quite a lot, maybe every weekend or every second weekend.*

Hannah did not state whether she used cannabis within school hours or after school hours. Josie had used cannabis during adolescence it was not during school hours. Josie's also highlighted a connection between gangs and cannabis.

> ***Josie:*** *One of my good friends in high school he lived opposite the gang house, him and his dad they grew cannabis, so we would often go there. I didn't like to smoke it so*

> *much, I did a couple of times but it wasn't really my kind of thing. But I have nothing against it; I would hang out with the boys and all my friends who would smoke it.*

As cannabis is illegal in Aotearoa New Zealand, manufacturing, supply and distribution operates within a 'black market' and because of this, it is can be associated with gangs. Research undertaken by Wilkins and Sweetsur (2006) on the structure of the black market in Aotearoa New Zealand revealed that cannabis distribution occurs via a pyramid structure to descale the risk of prosecution. Dealers at the top trade large quantities, while distribution of smaller amounts are spread throughout communities which is not only by gang members and associated but also the everyday public. Wilkins and Sweetsur (2006) estimated the cannabis black market in 2001 in Aotearoa New Zealand was worth $190 million NZD.

From the participants extracts relating to their first experiences of cannabis it can be recognised that cannabis was initially perceived as bad and then underwent a period of normalisation, where use was seen as ordinary. Normalisation either occurred through participants own consumption of cannabis, which was often described as opportunistic, or through the awareness and acceptance of their peers usage.

Sub-theme: Medicinal Cannabis Use

Embedded throughout participant discussions was medicinal cannabis use. Participants often drew on health discourses to justify their cannabis use and to condone use or to advocate for abolition of prohibition. For instance, while Lillie discussed her experimentation with cannabis in Amsterdam she drew on the idea that cannabis can be used medicinally. In Lillie's extract below, she describes how her opinion of cannabis changed, from viewing cannabis as a deviant drug while growing up to viewing it as a "herbal remedy" that has potential health benefits, such as reducing stress and aiding with sleep.

> ***Lillie:*** *I have terrible trouble sleeping and just have had since I was about 18 and so many of my friends, were I just tried everything and everyone would recommend that I just try smoking weed {laughing} to go to sleep. And I never did in New Zealand but that was when I was kind of like, 'yeah, it is just a natural herbal remedy, how is it different from other things that I am trying? Except that it's not legal'. So it was like where my kind of attitude changed I think.*

The medicinal benefits of cannabis are increasing acknowledged and debated in the Aotearoa New Zealand media, however there is still huge resistance to changing how cannabis is controlled on a global platform within the global drug Acts (1962, 1971, 1988). Worldwide there are a number of countries that have legalised medicinal use of cannabis in some form and at the end of 2019 Aotearoa New Zealand will be another country to do so. In December 2018, Aotearoa New Zealand's MODA 1972 was amended to include medicinal cannabis. The amendment's guarantee a regulatory system for licencing, production, prescription and use (NZ Drug Foundation, n.d.).

Esther and Deb also drew upon the medical use of cannabis to assist in the management of some conditions, such as Asperger's Syndrome and Crohn's Disease. For Esther, this knowledge enabled her to justify why she was an advocate for legalisation of cannabis. These conversations also represented participants' recognition of cannabis use in different contexts, such as tourism and medical.

> ***Esther:*** *I would legalize it in many places, maybe just for, um the health aspects of it. I know it helps a lot people with Asperger's and um, yeah people that use it for medical reasons.*

Deb drew on medicinal discourses to justify and support her friend's regular cannabis use. When participants described cannabis in a medical context, use was condoned and accepted.

> ***Deb:*** *Yeah, so I got a friend who smokes it, she swears she smokes it every day, um cos she's got Celiac's, no, Crohn's Disease. So it helps with um, her getting to sleep and her pain she has from that. She has pain in her lower back.*

Users of cannabis for medicinal purposes are positioned differently to recreational drug users. The frequency in use for medical purposes was accepted because it is understood as aiding the body, either through reducing pain or assisting with sleep, whereas daily use for recreational purposes, such as the desire to get high is criticised because it conflicts with how healthism, and beliefs about how a healthy body should be kept. These two types of cannabis users, medical and recreational reflect binary positions and are valued differently within society, depending on how they support governmental and social ideologies. In Ellen's except below she referred to her friend as "addicted" to cannabis because she perceived her friends daily consumption was problematic.

> ***Ellen*** *I had a friend who […] was quite a heavy user and um she would smoke it pretty much every night and with her I was starting to get like, 'I think you are addicted' and she would always be like, 'you can't be addicted to weed' […] umm it's a drug, so I think you can.*

Ellen also illustrated a common blurring between drug addiction and abuse. Here, because use is daily, Ellen rationalised the behaviour through biology and the chemical compounds in the drug. Drug addiction in this instance is an outcome of the chemical 'hooks' within cannabis and the vulnerability of the body towards those. Furthermore Ellen's narrative also suggested a binary identity for the drug user - recreation/social user and the addict. These labels reflect discourses relating to social and psychological understandings of how drugs should be used (Pereire, 2013). The addict is viewed as problematic, and in attempt to reduce the harms of drug addiction, Ellen decided to confront her friend about her frequent use of cannabis.

Summary

In this chapter I have illustrated how participant's experiences of cannabis is intertwined with how drugs are regulated in certain contexts. I have argued that the perceptions held by participants on cannabis policies in Amsterdam has influenced their openness and willingness to new experiences of cannabis while travelling. I have also illustrated how participants relationships with their peers is embedded throughout their experiences of cannabis in both Amsterdam and Aotearoa New Zealand. Even though participants are recognised as novices in this context they have positioned themselves as sensible, recreational drug users by drawing on different discourses, such as moderation of drug consumption and medical cannabis. It became evident that getting stoned was an objective for participants however it was not the sole motive for the trip. The next chapter will discuss these research findings in relation to the wider literature and then move onto the research implications.

Chapter VI: Discussion, Implications and Reflections of the Study

The objective of this study was to explore New Zealanders experiences of cannabis in Amsterdam, while they are undertaking an Overseas Experience based in the United Kingdom. I have illustrated how these experiences are bound within the Foucauldian theories of governmentality, bio-politics and are intertwined with the problematisation of drugs and the government's response to that. I have attempted to demonstrate how varying contexts can change behaviours and perceptions of cannabis. I have argued that while New Zealanders are open to new experiences in Amsterdam, cannabis use is still engaged with and used in a safe, sensible and responsible manner and therefore participant's behaviours are seen to be socially acceptable.

Even though I was interested in participant's experiences of cannabis in Amsterdam, I wanted to know how this experience was formulated against the backdrop of growing up in Aotearoa New Zealand where cannabis is prohibited. While interviews were semi-structured and had the ability to change direction, due the use of IPA, I did specifically ask participants questions on their previous cannabis use in Aotearoa New Zealand and also perceptions. Based upon participants experience, cannabis in Aotearoa New Zealand can be seen as going through a process of normalisation. In this chapter I will discuss the four sub-ordinate themes that emerged from the analysis of participant's interview; The Amsterdam Scene, Relationships, Desired State and Cannabis Perceptions; in relation to the literature in chapters one, two and three and also theoretical framework. I then move onto exploring the limitations and reflections upon this research, finishing with the conclusion and future research directions. Prior to unpacking the findings I will provide an overview of participants in relation to the Aotearoa New Zealand OE and working holiday literature.

Participants in this study reflected key characteristics, identified by Bell (2002), Wilson et al. (2009b) and Jones (2004) of those who choose to undertake a Aotearoa New Zealand OE. All participants were based in London, gained or in the process of gaining employment and were travelling. Due to this pursuit of working and being able to legally gain employment in the United Kingdom participants can be identified as working holiday makers. The wider literature has reflected a number of conceptualisations of working holiday makers, the

Aotearoa New Zealand OE aligns better with Uriely and Arie (2000) and Wilson et al. (2009a) descriptions oppose to Brennan (2014) who proposed using the New Oxford Dictionary definition. The New Oxford Companion of Law's definition separate's backpackers and working holiday makers by defining working holiday makers as those on a visa exchange programme, whereas Uriely and Arie (2000) and Wilson et al. (2009a) do not place any emphases upon the visa exchange and instead highlight a working holiday as a combination of work and tourism. Not all participants in this study were on a typical working holiday visa, which is referred to in this study as the Youth Mobility Visa, one participant was on an ancestry visa, which is a valid for 5 years and allows people to apply for an extension. Despite not being on a Youth Mobility Visa, they still considered themselves to be undertaking a 'typical' Aotearoa New Zealand OE. Supporting the idea that the Aotearoa New Zealand OE is a unique cultural experience (Bell 2002) and further emphasising the heterogeneity of a working holiday amongst the literature.

The Amsterdam Scene was the first theme identified in this study and reflects participant's perceptions and knowledge upon the laws that govern cannabis in Amsterdam. Amsterdam is known as a cannabis tourism destination, it is estimated that 1 in 4 people who visit the city will buy cannabis (Pinheiro Dias Pereira & Batista de Paula, 2016) participants in this study therefore reflect 25% of Amsterdam's tourists. Due to the cities acceptance towards purchasing and using cannabis which is visible through the iconic cafes that sell cannabis, its derivatives and paraphernalia, majority of participants perceived cannabis to be legal. Findings in this study suggest that this perception has contributed towards participants general openness and willingness to experiment with cannabis in Amsterdam, however the murkiness between legalisation, decriminalisation and tolerance could cause concern for Aotearoa New Zealand and the upcoming cannabis referendum. It raises general questions on whether New Zealanders have been provided with enough information to make an informed voting decision on the decriminalisation or legalisation of cannabis.

However openness to experimenting with cannabis in Amsterdam cannot solely be attributed to this lack of knowledge regarding the regulatory policies in the Netherlands. Participants represented a fusion between backpackers, holiday makers and temporary migrants in the United Kingdom they can therefore, already be perceived as fostering an openness towards new experiences and adventure. As the UNWTO highlights, backpackers

are often regarded as experimental travellers (2016). Furthermore Bell (2002) refers to the Aotearoa New Zealand OE as a period for New Zealanders to get out into the world and see what is there. It is likely that the combination of an OE and the context of Amsterdam produced this openness to new experiences in Amsterdam.

I have argued that participants openness and willingness to experiment was seen through their behaviour. Three participants for example choose to consume eatables for the first time in Amsterdam and Lillie choose to try cannabis for the first time. For four participants this was a new type of intoxication they were experiencing. Participants identified two main motivational reasons for consuming eatables, one related to the ease of being able to obtain eatables and the second was because it was something new to experiment with. For Lillie it related to being able to legally consume cannabis. Through prohibiting cannabis in Aotearoa New Zealand, it is difficult to obtain eatables and therefore cannabis intoxication via this modality. As this was a new type of intoxication for some participants, they are positioned as Novices, reflecting Becker's concept (1953) of new cannabis users. Becker rationalised that beginner cannabis consumers go through a process of learning how to get high from their peers. Cannabis intoxication and the positive outcomes, such as feelings of relaxation, mood enhancement are not automatically received. Participants therefore learn how to get 'high' from cannabis eatables and for Lillie via a joint from their peers prior to travelling to Amsterdam. In this study Becker's (1953) concept of novice has been further expanded upon to reflect participant's experience of cannabis tourists in Amsterdam. Participants not only gained knowledge from peers on how to consume cannabis but also on where to purchase cannabis.

The sub-ordinate theme of relationships was embedded throughout participant's experiences in Amsterdam. Participants in this study often referred to friends who had advised them how to consume brownies in Amsterdam or used knowledge from previous bad experiences, either personal or indirect, to guide their consumption and avoid the risk of consuming too much and becoming 'body stoned'. Often participants would limit the amount of brownies consumed in one sitting and would continue to monitor themselves throughout the high. Through the acknowledgement of self-regulation discourses participants are seen to position themselves as sensible drug users, keeping in line with social values, such as education, gaining knowledge and using this to minimise and mitigate cannabis risks (Pereira, 2013). It also reflects theories on risk neutralisation that have been

forward to describe cannabis users. Drug users are understood to rationalise their behaviour to protect their self-image (Skyes & Matza, as cited in Shiner and Newburn, 1997). Participants rationalised their cannabis use by implementing controls and measures which were used to monitor their high. In contrast the problem consumer is viewed by participants as someone who consumes too much cannabis, which results in becoming body stoned, or effecting your energy levels the next day. The problem users is stigmatised, participants however did not view this to directly impact upon their experience, but it did encourage risk minimising behaviours. The avoidance of risk is associated with individual control which aligns to health promoting behaviours. These behaviours however are governed by institutions who construct what health promoting behaviours are and therefore excerpt their disciplinary power. Participant's cannabis use in this study is not viewed as dangerous or in conflict with health promoting behaviours.

Sharing the cannabis high with others was important to participant's cannabis experiences in Amsterdam. Overall participants spoke about purchasing cannabis in café's, consuming cannabis and experiencing the high with their peers. Participants also discussed what they did while intoxicated, which involved looking around the city, chilling out with friends in front of the I amsterdam sign (refer to image 2) or in cannabis café's, going shopping and playing cards. Participants use cannabis recreationally and through their self-restraint and discipline they are able to enjoy the experience with others. While high, participants behaved within social norms and use did not have any negative impacts. This is a positive research finding as it demonstrates by changing the context to accepted cannabis use participants do not lose control and as Wickens suggest feel a 'licence for thrill' (as cited in Uriely & Belhassen, 2005a).

Research on drug tourism has reflected that people feel a sense of increased freedom and opportunity (Uriely & Belhassen, 2005b). Findings in this study do not support this idea as participants only described cannabis and alcohol consumption in Amsterdam and instead provide valuable insights that participants do not abandon their personal safety while on holiday (Uriely & Belhassen, 2005b). The study has however assumed that risk taking behaviours are minimised in Amsterdam because of the laws that govern cannabis and hard drugs in the Netherlands, as well as discourses that participants draw on to describe their position as sensible drug users. The study did not investigate barriers that prevented unrestrained cannabis use and instead presented findings on why cannabis was consumed

sensibly. Critically it would be interesting to investigate travelling New Zealanders drug use in a context that has a wider availability of varying drugs and in a destination where participants would be violating the laws.

Participants went to Amsterdam with the purpose of getting high, this has been conceptualised in the third theme of, Desired State. Consuming cannabis was not the main purpose for the trip, nonetheless through the enactment of gaining knowledge, self-restraint, minimising cannabis risks and the disappointment expressed that getting high may have not happened, it was evident that getting high was an important part of going to Amsterdam. Majority of participants were able to feel the pleasurable effects of cannabis, including feeling relaxed, laughing and enjoyment through food. This interplay between how cannabis is obtained and consumed with friends and the activities experienced in Amsterdam while high reflects the second conceptualisation of pleasure and drug use (Keane, 2002). In that pleasure from cannabis was not solely derived from the bodies' reaction to the chemicals of the plant but instead involved a relationship with the context and recreational activities undertaken while stoned.

The quest for pleasure is a significant research finding, as it underpins some of the motive to experiment with cannabis in Amsterdam, as well as outcomes of the experience. Pleasure derived from drugs is linked with how they are consumption, as well as the activities performed while intoxicated and the context. This quest for pleasure supports Uriely & Belhassen (2005b) findings, which suggest, travellers motivations to consume drugs abroad are related to pleasure and finding deeper meanings. Participants did not refer to trying to uncover a deeper meanings, through their cannabis use, however it has been suggested that travellers are motivated to submerge themselves into the culture of their destination in order to obtain an authentic experience (Uriely & Belhassen (2005b). The discourse of pleasure and drug use is often silenced because it conflicts with discourses related to health, yet as participants describe their cannabis use as controlled and sensible the pursuit of becomes legitimised.

Participants outline how cannabis is a draw card but isn't the sole objective, despite knowing of its availability in Amsterdam prior to travelling. Findings within this study

therefore align with Hoffman (2014) and Uriely & Belhassen (2005b) who suggest that Valdez and Sifaneck's (as cited in Uriely & Belhassen, 2005b) definition of drug tourism is out dated, placing drugs as the sole motivational factor neglects other motivational reasons to travel. Participants pursuit of intoxication however is described as controlled and educated and therefore is warranted. No attention in the literature has been given to what New Zealanders motives are for consume drugs overseas, despite an upcoming change to the cannabis law in Aotearoa New Zealand.

Not only was I interested in participants experiences of Amsterdam but I also wanted to understand how this experienced was formulated against growing up in a country that prohibits cannabis. In order to gain this understanding I asked participants about their previous experiences of cannabis in Aotearoa New Zealand. Participant's early experiences of cannabis are consistent with Parker's et al. (1998) theory on normalisation. Cannabis use was normalised as it was neither seen as rare or restricted to minority, all participants were aware of their peers use during adolescents and those who did not engage in use accepted their peer's experimentation. The majority of participants tried cannabis while they were teenagers nonetheless the theory cannot be employed to explain participants cannabis use in Amsterdam. It also cannot be drawn on to describes Lillie's use of cannabis. Lillie was the only participants who tried cannabis for the first time in Amsterdam. The findings therefore support Hathaway et al. (2011) who identify that a shortfall of the normalisation theory is that it focuses upon adolescents drug use.

Participants depict cannabis consumption in Aotearoa New Zealand as an evolving process, from experimental through to opportunistic. Cannabis use formed part of a developmental stage for the majority of participants and use was bound within a recreational context. Participants however illustrate that cannabis prior to this experimental stage was positioned as deviant, illustrating how discourses on problem drug use have been prioritised over pleasure (Duff, 2007a). Supporting Duff's (2007a) research that suggests, pleasure from drugs is marginalised and remains at the fringes of policy debates. Participants demonstrated how cannabis use is modified in early adolescents through creating associations between cannabis use and harm, deviance and danger, yet the strength of these associations fade when participants start to consume cannabis. Boundaries nonetheless around accepted levels of use are evident. Participants draw on medical discourses to justify daily use of the drug yet within a recreational context this type

of use caused concern, demonstrating how discourses are weighted differently. A certain set of norms are associated with different reasons for use and are imposed on by different truths. Medicinal users of cannabis are positioned in alignment to amending their ailment and improving their health whereas recreational users who overindulge are viewed in alignment with addiction discourses. An implication of this finding is that participants demonstrate drawing from pre-determined ideas of health behaviours and how a healthy body should operate, yet participants also use these discourses to measure their own use against.

Research Limitations

Qualitative research is a powerful research methodology that can facilitate a number of insights into people's experiences and perceptions but in order to provide a balanced and transparent view of this research and therefore its method, it is important to acknowledge the limitations that are present. The studies limitations are in relation to sample size, participant criterion and analysis of data.

While qualitative enquire is not about generalising results, this type of research found that a bigger sample size could have contributed to wider diversity of cannabis experiences. Nine is a satisfactory number of participants for studies employing IPA analysis however within this group of nine research participants, four participants had been on a group tour, which included Amsterdam. This therefore reflects a popular method of touring amongst New Zealanders who are undertaking their OE and even though their experience of Amsterdam varied there were still a number of similarities, such as, going to Amsterdam as part of a tour group.

A possible influence on this research was also the selection criterion I used to help with the purposeful sampling. In order to target New Zealanders who were undertaking a working holiday I used the visa, Youth Mobility. New Zealanders however are eligible for a number of visa's that enable working rights in the United Kingdom, such as a Tier 2 Skilled Workers Visa, Ancestry Visa and Right of Abode. The inclusion of people on different visas may have produced a wider range of experiences and insights.

An additional constraining the diversity is the socioeconomic status of participants. In order to qualify for a Tier 5 Youth Mobility Visa you must have £1890 in savings. The, experience of cannabis in Amsterdam was therefore described by participants who could purchase a working visa for the United Kingdom and also a trip to Amsterdam.

The analysis of participant interviews did not focus on potential differences in cannabis experiences between men and woman. The sample included only three men, however research has illustrated that men are heavier drugs users than woman (UNDOC, 2016). Cannabis use in Aotearoa New Zealand also reflects this trend; a 2012/13 cannabis use survey reported 15% of men and 8% of woman used cannabis between 2012 and 2013 (Ministry of health, 2015).

The location of interviews would have impacted upon the way the experience shared. I choose to undertake the majority of interviews at the British Library and also one in a popular café in London. As these interviews were in public, due to protecting both my own and participants safety, it could have impacted upon how comfortable and open participants felt with sharing their cannabis experiences. Even though cannabis is condoned in Amsterdam, it is still considered illegal in the United Kingdom and subsequently patrons in these locations were within earshot of hearing some of the interview.

A further limiting factor impacting upon the was my engagement with parts and the type of questions I asked. As I was reading the interviews I found I had extra questions I wanted to ask my participants. For example, participants refer to acquiring information from their friends about how to consume brownies or what shop to purchase cannabis from but I didn't ask where their friends were from. These follow up questions may have not significantly impacted upon the results they would have contributed to a rounded understanding of participants experience in Amsterdam. Due to time restraints follow-up interviews were not organised. Consequently, the analysis of data represents my lens and ability in research, it is possible that another researcher could interpret further themes and meanings within the data.

Additionally, as I had shared a similar Amsterdam experience with participants, I had to be aware, not to interpret participants experiences through my own. Although there is the

potential for my interpretations of participant's experiences to be heavily grounded in my own.

Reflections upon the research process

There are a number of contextual factors that could have potentially influenced this study, some of these relate to the era and political environment this research was undertaken within and others relating to myself as the researcher, such as my age, sex and experiences.

It is important to acknowledge that the research was undertaken during a period where Aotearoa New Zealand was determining on when to hold a referendum on decriminalising cannabis. Even though participants were living in London they were still aware of the political environment in Aotearoa New Zealand. Additionally, in October 2018 Canada also legalised cannabis making it a central focus in many westernised countries. I therefore completed this thesis during an era where a number of legislative changes and discussions on cannabis decriminalisation and/or legalisation were being undertaken in many developed countries. Fundamentally, this has influenced the context this thesis has been written in and also the ability for participant's openness towards discussing their experiences.

Additionally, personal traits such as identifying as a female and age may have influenced the way participants described their cannabis experiences in Amsterdam. For example I was also undertaking my OE, based in London and had taken a Topdeck that included Amsterdam, it was therefore very easy to talk and relate with participants on a number of levels creating an environment where participants could open up.

Conclusion

This study offers an exploratory analysis of emergent themes on cannabis experiences in Amsterdam from nine participants who are undertaking an OE based in the United Kingdom. Interestingly there are minimal studies, if any that focus upon New Zealanders use of drugs while abroad therefore providing a starting platform for additional research. Remarkably, even though participants grew up in a context where drug consumption was

illegal and use was seen, as bad and addictive, participants were able to implement safe and sensible practices within a foreign environment, where cannabis consumption was tolerated. Participant's cannabis experience was understood within boundaries of cannabis policies in Amsterdam and the power of governments that enable and regulate these policies. Due to these parameters there is a number of possible directions for future research.

For example, future research could investigate a broader range of drugs consumed in varying contexts abroad by travelling New Zealanders. Anecdotal evidence suggests that a number of New Zealander's engage in harder drug consumption than cannabis whilst on their OE. While this study did not focus upon other drug use participants did acknowledge the availability and experimentation of cocaine whilst in London. Portugal is also another country in Europe where consumption of illicit is decriminalised. Understanding this behaviour would allow for greater education in Aotearoa New Zealand and ensure Kiwi's leave the country equip to deal with associated risks of consuming drugs in bigger countries with a larger supply of drugs and availability. It would also provide a different drug context to that of tolerance and prohibition to assess New Zealanders drug use against. Duff (2007b) also identifies that contextual studies on drug use provide greater insights on behaviours because of the ability to generate an increased level of sensitivity and culturally appropriate data, especially in relation to harm reduction and risk prevention. Further research could also include a larger sample size, varying inclusion criteria such as visa status and age, and an analysis between men and woman's drug consumption aboard. Again obtaining detailed and specific data on drug consumption abroad allows for better education and intervention.

Based upon the findings from this study it can be acknowledged that drug tourism is a reality for travelling New Zealanders and considering the potential change to Aotearoa New Zealand's cannabis laws it would be beneficial to understand how this type of tourism could potentially affect Aotearoa New Zealand in the future.

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Appendix A: Flight of the Kiwi Participant Information Sheet

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Aotearoa/New Zealanders experiences of Cannabis while in Amsterdam Information Sheet

Researcher Introduction – Gabrielle Colley

My name is Gabrielle Colley and I am undertaking this research for my Masters in Psychology, at Massey University, Aotearoa/New Zealand. This study is supervised by Dr Denise Blake, from the School of Psychology in Aotearoa/New Zealand. Full contact details for us both are provided over the page.

Research Description and Invitation

I would like to invite you to participate in research, which explores Kiwi experiences of cannabis in Amsterdam, while undertaking an Overseas Experience (OE). For the purposes of this study, an OE is defined as an individual who uses their employment in the United Kingdom to facilitate their travel. I am interested in how growing up in Aotearoa/New Zealand and travelling to Amsterdam, where the prohibition policy is implemented differently, has affected your drug taking choices. We will be specifically discussing what has influenced your deacons to use cannabis in Amsterdam, attitudes and experiences of cannabis use in Amsterdam and Aotearoa/New Zealand and how you're OE may have influenced your attitude towards prohibition.

Who can take part:

I am inviting those who are currently on a Youth Mobility Visa undertaking their OE, who have grown up and hold an Aotearoa/New Zealand passport to take part. You will need to be living in the United Kingdom and undertaking a working holiday. As this study is investigating soft drug experiences in Amsterdam it is therefore a requirement that you have had experiences with soft drugs while in Amsterdam. Soft drugs include marijuana, hash, hash oil, truffles, salvia and peyote cactus and consumption is therefore legally tolerated while in Amsterdam.

What is involved:

We would meet at a Central London café such as, Mouse Tail Coffee, a coffee shop situated in the John Harvard library or Origin Coffee Hall located in the British library and have a conversation regarding the topic outlined above. I will ask you a series of open-ended questions, which will take approximately an hour. The specific location, date and time will be agreed upon during our initial discussion.

The interview will be recorded and notes taken during our conversation. **After our conversation:**

I will transcribe our conversation and remove your name, or any information that could be used to identify you and any names that you may mention. You will be given the opportunity at the end of our interview to choose a pseudonym or another name that can be used within the research.

You will have the opportunity to review your transcript. If you do want to review it, I will need

your email/mail address so I can send you a copy of your transcribed interview. This will be

Your opportunity to change anything you disagree with or remove anything you do not want to include. You also have the right at the end of the project to be sent a copy of the completed research.

Once you have approved our transcribed conversation the tape-recorded copy will be deleted immediately and the soft copy will be kept on my password, protected laptop. My supervisor, Dr Denise Blake, will have access to the interview, but it will only ever be used for this research.

Once the research is completed, my supervisor, will safeguard the information and destroy it after 5 years.

Your rights as a participant:

- You are under no obligation to accept this invitation to take part in this research, however if you do your rights are outlined below:
- You do not have to answer any particular question
- You may withdraw from the study at any time
- You can ask any questions about the study at any time during participation
- You will be provided with information regarding changing your name if you wish
- Review your transcript and change anything you do not agree with and also be given a summary of the project findings once the study has been completed
- You can ask for the recorder to be turned off at any time during the interview and ask to take a break at any time during the interview

What support processes will be in place for the participants?

There are no known risks for you in this study. However, in the event that you experience any difficulties in relation to topics we discuss, you will be provided with contact details and information about services that you can contact for support or help. You will also have the opportunity of bringing a support person with you along to the interview.

Project Contacts:

You are invited to contact the researcher and/or supervisor at any point if you have any questions about this project, or to discuss concerns or give feedback,

Contact details for the Researcher are;

- Email. flight.kiwi@outlook.com
- Supervisor's contact details are; Dr Denise Blake Ph. 0064 -4 -801-5799 Ext. 63412 Email. D.blake@massey.ac.nz

This project has been reviewed and approved by the Massey University Human

Ethics Committee: Southern A, Application 18/19. If you have any concerns about the conduct of this research, please contact Dr Lesley Batten, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 356 9099 x 85094, email humanethicsoutha@massey.ac.nz

Appendix B: Informed Consent Form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Flight of the Kiwi - Aotearoa/New Zealanders experiences with soft drugs while in Amsterdam

PARTICIPANT CONSENT FORM - INDIVIDUAL

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to have data placed in an official archive

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Appendix C: Semi-Structured Interview Schedule

Semi-Structured Interview

* Informed Consent Form AND Information Sheet
* Discuss sending the transcripts for agreement / changes (get email or mail address)
* Discuss anonymity and changing participant's names – ask what pseudonym they want.

Section One:

1. Interview will be opened by asking demographic and contextual questions:
2. Where are you from in NZ?
3. How old are you?
4. Do you identify yourself as male/female/transgender?
5. What motivated you go to Amsterdam? And overseas?
6. How long have you been away for?
7. Can you tell me a bit about your interests? (hobbies/sport)

Section Two:

Aotearoa/New Zealand Cannabis Experiences

1. Before travelling overseas did you have any experiences with marijuana? If so, can you tell me how you were you introduced to these drugs? (age, context)
2. What influenced your decision to try cannabis?
3. What sort of occasions would you take cannabis for?
4. How would you describe these experiences? E.g. pleasurable, scared, excited
5. How do you decide if you want/do not want to consume cannabis?
6. Has the illegal status of drugs in NZ ever been a factor you have considered?

Amsterdam soft drugs Experiences

1. What motivated you to go to Amsterdam?
2. What do you know about Amsterdam and their drug laws?
3. How were you introduced to legal drugs in Amsterdam?
4. Can you tell me about your last (legal) drug experience in Amsterdam?
5. Has going to Amsterdam influenced your drug choices?
6. How has your cannabis use mattered during your time in Amsterdam?
7. Has your drug use changed since travelling to Amsterdam? If so in what way?
8. What type of boundaries do you have surrounding your drug use?

Prohibition

1. How did growing up in Aotearoa/New Zealand with a prohibition policy prepare you for going to Amsterdam?
2. What were you taught about drugs in Aotearoa/New Zealand?
3. If you could influence drug policy changes would you change anything? What? Why?
4. Is there anything you would like to add?