"If you only have money for two drinks you might as well have nothing at all":
Young People Talk About Drinking and Drug Use

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ABSTRACT

Psychoactive consumption is on the rise. In particular young people's heavy sessional or 'binge' drinking has been highlighted in the media because of the burden it places upon public health resources and the risks it poses to health and social order. Youth intoxication has therefore become a prominent issue for policy makers, health promoters and researchers. Previous research suggests excessive drinking amongst young people can be understood in terms of the contemporary commodification of leisure which contributes to a culture of intoxication and facilitates the pursuit of calculated hedonism.

The current study investigated the discourses surrounding the intoxication practices of 18 – 24 year olds. Twenty-one male and female participants took part in four friendship group discussions in Auckland, New Zealand. Their talk was subsequently analysed to gain access to young people's views on drinking and other drug use in the context of socialising. The data was subjected to a Foucauldian discourse analysis and three discourses were identified in the texts: self-regulation, psychosocial development and pleasure. Together, these constituted a web of meaning which constructed drinking and drug use as a constrained, socially appropriate and culturally embedded practice motivated by enjoyment and social enhancement. Participants deliberately pursued states of intoxication, maintaining specific boundaries of appropriateness, means, frequency and degree of inebriation while simultaneously taking measures to mitigate perceived risks. Widespread conceptions of young adults' heavy sessional consumption as reckless or out of control did not correspond to the young people's perceptions of themselves as responsible, risk averse, social drinkers. Participants consistently resisted the positioning afforded them by the public discourse of censure surrounding youth intoxication and in doing so located their behaviour as age-appropriate and shaped by wider societal norms. Occasional excesses were constructed as a necessary and beneficial constituent of the maturation process.

Results highlight the degree to which the voices of relevant consumer groups have been marginalised in the policy development process and the credibility gap between young people's experiences and the health promotion messages directed at them. Findings problematise the notion that education about the risks of drinking and drug use will cause young people to moderate their behaviour out of a desire to avoid them. It is suggested that current focus on youth excess unduly attributes blame at the expense of recognising the more pervasive changes required to modify population-wide detrimental drinking cultures.

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CHAPTER 1: CONTEXTUALISING ALCOHOL USE AND ABUSE

*"If alcohol were a communicable disease, a national
emergency would be declared" (Menninger, 1958).*

Although made over fifty years ago, the above quotation might be equally applicable
today as media and political attention on 'binge drinking' has brought alcohol policy to
centre stage in many western countries over the last decade. With the exception of the
Islamic regions, alcohol consumption is ubiquitous in the modern world, with average
consumption highest in Europe, Australia and New Zealand (NZ) where up to 90% of
the adult population are drinkers (Rehm et al., 2003). A recent global comparative risk
assessment by the World Health Organisation (WHO, 2002) identified alcohol as a
leading cause of illness, injury, disability and death worldwide; in developed countries
ranking third among the major risk factors for disease behind tobacco and high blood
pressure (Giesbrecht, 2007). Such a finding establishes alcohol as a major factor in the
global burden of disease and suggests it should be considered a public health priority
globally, regionally and nationally for the vast majority of countries in the world
(Room, Graham, Rehm, Jernigan & Monteiro, 2003; WHO, 2002).

New Zealand's own history of grappling with the issues is ongoing and well
documented. The concerns raised during a 1945 Royal Commission on licensing
underscore the remarkable circularity of the national debate about alcohol and the
timelessness of the concerns which surround it. At that time, witnesses gave evidence
on the impact of trading hours on drunkenness, the relationship between number of
outlets and levels of intoxication, concerns about alcohol-fuelled public disorder and the
disturbance of 'domestic harmony'. Attention was focused upon groups of people
considered to be particularly vulnerable such as young people, Maori and women. Over
sixty-five years later, the New Zealand Law Commission's (NZLC) Issues Paper on
curbing the harm associated with alcohol use (2009) outlines identical concerns and
defines the same populations as being 'at risk'.

The persistence of the debate highlights the deep seated nature of alcohol consumption
in NZ. The alcohol industry is a multi-billion dollar market supporting a wide range of
economic activities from growers to beverage manufacturers, distributors and retailers

together with thousands of hotels, restaurants, cafes and clubs which comprise the hospitality sector. In the past two decades, the number of outlets licensed to sell alcohol has more than doubled to 14,424, and in 2008 the estimated 87% of NZ adults who are regular or occasional drinkers spent around $85 million per week on retail alcohol purchases (NZLC, 2010). The size of this expenditure underlines the value many people place on alcohol and the significant role it plays in the nation's cultural, sporting and social life. Yet while alcohol consumption has been and remains a common aspect in the lives of many New Zealanders the catalogue of risks and harms associated with its use – including accidents, injury, crime and antisocial behaviour - continue to cause concern for communities and policy makers, despite decades of reforms largely aimed at moderating these deleterious consequences.

This research project will investigate the nature and meaning of drinking and other drug use in the context of ordinary young people's lives. The first chapter will undertake a brief overview of the controversial and ambiguous concept of 'binge drinking'. I will then outline the media and public health focus on youth drinking and present justification for the present study. Possible developmental and social explanatory factors for some of the consumption patterns described are presented before I conclude by exploring the role of culture in drinking practices and briefly reviewing NZ's legislative and social history as it relates to alcohol.

Chapter 2 will summarise current research literature findings related to youth drinking and intoxication together with related contextual and socio-political theories. A description of the research rationale, methodology and data collection processes utilised in the study are outlined in Chapter 3 and the research findings are presented in Chapter 4. Finally, in Chapter 5 the findings are discussed in terms of their implications and relevance to previous research, subsequent to which suggestions are made for further investigation and policy development.

Binge Drinking – A Contentious Concept

The term 'binge drinking' features significantly in the research literature, the media and in common parlance and, while it is used in a manner that assumes a common understanding, there is no universally agreed definition for what constitutes a binge, so any effort to understand the phenomenon begins with a definitional problem; one researcher may categorise a pattern of behaviour as 'binge drinking' while another does not. Similarly, cross-country analyses of problematic drinking behaviour are fraught with difficulty because of the different terminology used, the meanings ascribed to each and variances in the quantification of problematic drinking behaviour.

Within the academic literature there are two separate meanings attributed to the term 'binge drinking'. The first, linked to more clinical definitions of alcohol abuse or dependence, applies to a pattern of heavy drinking that occurs over an extended period set aside for the purpose, usually more than a day at a time. A binge drinker by this definition is someone who drinks predominantly in this fashion, with periods of abstinence in between. Secondly, binge drinking is used to describe a single drinking occasion leading to intoxication, often measured in terms of a specific number of drinks or alcohol units consumed. It is this second meaning that has become the favoured term over recent years by the media, policy makers and health behaviour researchers (Murgraff, Parrott, & Bennett, 1999), and which, within the public discourse, has been presented as primarily a youth issue (Measham, 2006). Binge drinking is also referred to by a number of other terms including risky single occasion drinking (RSOD), heavy sessional consumption, heavy episodic drinking (Murgraff et al., 1999) and 'large' drinking (Ministry of Health [MOH], 2007).

Hayward and Hobbs (2007) contend 'binge drinking' provides "an encompassing narrative whose power lies in a vagueness that can be traced to a series of contradictory quasi-medical pronouncements" (p. 441). For example, some public health agencies ascribe specific cut off points as criteria for a binge such as number of drinks or alcohol units per occasion, although these fail to take into account gender differences in body mass and ethanol metabolism. Even gender specific cut off points do not account for other factors which influence the way in which alcohol affects an individual such as body weight, tolerance, the swiftness with which drinks are consumed and the amount

of food an individual has in their system. In NZ, the Alcohol Advisory Council [ALAC] (2006) defines binge drinking as a session in which a person consumes seven or more standard drinks, with a 'standard' drink being one which contains 10 grams of pure alcohol. By this definition a quarter of all adult drinkers in NZ are categorised as binge drinkers, a fact which emphasises the credibility gap between the realities of many people's leisure time activities and some of the health education messages directed at them. In Australia, 10 grams of alcohol also defines a standard drink, however in the United Kingdom (UK) and Canada the criteria are 8 and 13.6 grams respectively. To make cross-study comparisons even more problematic, the United States (US) has variously applied levels of between 12 grams and 14 grams to a standard drink (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2007) and virtually all nations set the criteria for a binge at different *numbers* of standard drinks. So for instance, Australia set a criterion of seven or more standard drinks for a male and five or more for a female as constituting a binge (National Health and Medical Research Council of Australia [NHMRCA], 2007), while in the UK a binge is commonly defined as the consumption of eight or more drinks for a male and six or more standard drinks for a female. Recognising that the size of an official 'standard drink' or unit of alcohol may not be well comprehended by consumers, some researchers have used survey participants' own definitions; namely a decent glass of wine or self-poured spirit (Habgood, Casswell, Pledger, & Bhatta, 2001). Nonetheless, many people may be surprised to find that even employing this more generous classification, the average middle-class dinner party qualifies as a binge drinking session (Hayward & Hobbs, 2007).

The lack of clarity directly impacts upon society since governments look to social research to inform policy initiatives. With no shared meaning rooted in realities there is a danger that intended meaning may vary according to the agenda of the institution which is employing it (Szmigin et al., 2008). Further, as Hayward and Hobbs (2007) note "[C]onfusion is problematic not only because it provides soft copy for journalists who use these ambiguous indices to ratchet up fear, paranoia and moral indignation... [b]ut more importantly, because it hampers more systematic sociological analyses of changing patterns of weekly alcohol consumption; in doing so further reducing any possibility of an impartial debate about the real issues raised by excess sessional drinking" (p. 441).

As an illustration of this, the term 'binge drinking' is often used to position (predominantly young) people who drink to intoxication as variously a social problem to be managed, as being at grave risk of harm and a threat to public order. This does not reflect the realities of young people's social lives whereby many, arguably most regular or occasional 'binge drinkers' arrive home at the end of an evening having caused or suffered no ill consequences. It also exemplifies how the inference of risk or peril associated with binge drinking may work to enable the very behaviour it seeks to identify as harmful; if interpretations of binge drinking do not equate with the lived experiences of the supposed binge drinkers themselves, 'bingeing' becomes something which applies to *other* people's behaviour (Herring, Berridge, & Thom, 2007).

Measham (2006) points out terms such as binge drinking also create an overly simplistic problem/non-problematic dichotomy; implying there is a 'normal' way to drink alcohol and not conforming to this leads to injury and crime. People are either consuming appropriately or they are not. However research has illustrated that while heavy drinkers contribute *disproportionately* to harm, it is the much larger section of the population drinking 'normally' who are responsible for the greatest share of the social cost; a fact which undermines the notion of a responsible drinker as one who is both rational and safe (Murgraff et al., 1999). Cherrington, Chamberlain, and Grixti (2006) also point out that the binary normal/safe vs. abnormal /unsafe notion deflects attention from social conditions which may make certain patterns of drinking, though deleterious in many respects, appear entirely 'normal' within their context.

One argument in defense of the utility of terms such as binge drinking used within a public health framework is that they provide an evaluation of the potential for alcohol-related harm; recognising that much of the short term damage associated with alcohol arises from episodes of drunkenness rather than from drinking that simply exceeds recommended limits. Other theorists have posited such commonly used terms provide "an understandable framework by which to communicate risks to the general public" (Naimi, 2003, p.1636). However it can be argued that the large swathe of consumers caught within the definition together with the emotive and politically charged nature of the terminology itself clouds rather than clarifies understanding and may serve to distance many people's perceptions of risky drinking practices from their own. It has also been suggested that recommended drinking levels upon which designations of

binge drinking are based, derive from a primarily medical model which does not draw reference from the wider cultural context or other social factors which influence traditional and contemporary drinking norms (Measham, 2006).

Accordingly, several researchers have employed more subjective definitions of heavy drinking. Midanik (1999) found a considerable variation between those who regularly 'binged' according to a unit-based definition and those who reported regularly feeling drunk. The subjective measure was found to be a better predictor of various social and health outcomes, lending weight to the argument that the 'voices' of research populations need to be directly accessed if meaningful outcomes are to be achieved.
In the present study, where reporting or drawing from existing literature, I will utilise terms as they are ascribed in the original text. In discussions of a more general nature within chapters one and two, I will endeavour to use the terms 'heavy drinking', 'heavy episodic drinking' or 'intoxication' as these are not quantity specific, but instead imply more subjective assessments of drinking occasions in which enough alcohol is consumed to achieve a degree of altered consciousness. Subsequently, I will be looking at how young adults talk about their own behaviour regarding alcohol consumption and consequently will utilise terms employed by the study participants themselves, while reflecting on the ways in which these correspond to or deviate from those used by public health authorities, the research literature, the media and in wider public discourse.

Youth and Young Adult Drinking

Youth and young adult drinking has been the recent focus of increased concern and significant media attention. No longer linked to class or subcultural populations, heavy drinking and its associated problems are depicted as almost a default setting for all young people, including an increasing number of young women (Measham & Brain, 2005; Room, 1997). A plethora of headlines such as 'Today's Youth a Powderkeg' (Trevett, 2010); 'Youth Drinking a Tally of Harm' (New Zealand Herald, 2010); 'More Young Kiwi Women Drunkorexics' (The Press, 2008) and 'Alcohol Expert Fears for Bay Youth' (Bay of Plenty Times, 2010) locate the problem of excess alcohol intake and concomitant harm as largely specific to youth and young adult populations. Though

clearly the vast majority of NZ adults drink, 86% of them agree with the statement that *youth* drinking presents a problem in their community (Habgood et al., 2001). It is young people who are under increased scrutiny regarding the amount they drink, the threat this poses to law and order, the burden it places upon public health resources and the risks it poses to their own (and others) mortality, health and wellbeing.

Certainly these concerns are not without some foundation since recent research has found that young people experience more harm per standard drink than older drinkers (National Health & Medical Research Council of Australia [NHMRCA], 2009). The 18 to 29 age group has the highest proportional rate of alcohol-related mortality, hospital presentations for alcohol-related injuries and offending after consuming alcohol (ALAC, 2009). Young people also bear the heaviest burden of all social harms associated with alcohol use, including violence, sexual transmission of infection, self-harm and suicide (Cashell-Smith, Connor, & Kypri, 2007; Humphrey, Casswell, & Han, 2003).

These somewhat alarming statistics are partially explained by the quantity of alcohol consumed in a single drinking session. Younger people tend to drink with less frequency but at higher volumes; a pattern which is directly related to the likelihood of causing or suffering immediate harm. (MOH, 2007). A stable finding, even allowing for the limitations inherent in comparing findings from cross-cultural studies, is that heavy episodic drinking is characteristic of adolescents and young adults globally, peaking at around 20 – 22 years of age (Ahlstrom & Osterbebrg, 2005; Kuntsche, Rehm, & Gmel, 2004).

As might be expected, NZ is not alone in its concern regarding the social and health costs related to youth intoxication and many countries are prioritising the issue: Australian federal and state governments together with European nations such as Scotland and France are embarking on targeted campaigns to reduce heavy drinking and alcohol related harm amongst their youth populations (NZLC, 2009; Sewel, 2002). Additionally, the issue has attracted significant attention from academic and public health researchers whose work is intended to inform policy and health promotion initiatives. In spite of this, a huge international literature illustrates that (with very few exceptions) attempts to curb heavy drinking and alcohol related problems amongst

young people via health promotion or education are largely unsuccessful (Jarvinen & Room, 2007). Legislative measures (such as taxation, prohibitions, supply reduction and harm limitation measures) have been variously implemented – and revoked – around the world, also with limited or transitory effect (Chisholm, Rehm, Van Ommeren, & Monteiro, 2004). This suggests the research foundation upon which health promotion messages and harm reduction policies are developed may be in need of revision (Brain, Parker, & Carnwath, 2000; Cherrington et al., 2006).

Significantly, there is mounting evidence that the practice of drinking to intoxication has become conventional behaviour amongst young people and that alcohol stands as the central favourite in a repertoire of psychoactive substances employed to facilitate pleasure and the enjoyment of time out with friends (Measham & Brain, 2005). Other factors such as gender convergence in consumption levels and a blurring of the distinction between licit and illicit substances also point to the fact that there are both qualitative and quantitative shifts occurring within youth psychoactive consumption practices which epidemiological accounts and existing positivist analyses of 'risk factors' or 'correlates' of heavy drinking and drug use do not adequately account for.

While much research has investigated the behaviours and the social factors behind youth drinking statistics, there has been relatively little academic attention paid to the associated meanings as ascribed by young people themselves, particularly in a local context. This is surprising, given the evidence which points to the fact that it is the collection of beliefs, attitudes and norms which surround alcohol, rather than absolute consumption levels, which are most influential to alcohol-related harms (Brophy, 2004; Heath 1995).

There has also been a tendency in the literature and media to pathologise young people based on their pursuit of intoxication and its associated risks. This discounts the everyday nature of the behaviour and the pervasiveness with which it is occurring. Evidence is mounting that more young people are pursuing heightened pleasure from altered states of consciousness than ever before and that these young people do not represent a deviant or clinically defined minority (Parker, 2007). Notwithstanding, research investigating recreational psychoactive consumption by normal young people is limited, no doubt partly fraught with the difficulties inherent in acknowledging a practice is conventional even while it presents its subjects and wider society with

significant costs in health and safety terms. Clearly there are dangers to drinking (and drug use) and these dangers are especially evident for youthful imbibers; however if demand reduction or public health policies are not informed by evidence-based research grounded within the appropriate cultural context; credibility and effectiveness are likely to be seriously compromised. As Measham (2006) states "by understanding the context to young people's drinking, their lived experience, the processes of consumption, and how it is both individually and socio-culturally bounded, we can better understand the relationship between self-regulation, social regulation and economic deregulation within the current cultural context" (p.266).

Intoxication as a Social and Developmental Function of Youth

Some social theorists have proposed that the current focus in the media and public policy on youth drinking is yet another illustration of an established pattern of 'moral panic' which both highlights and exaggerates the links between youth at play, moral disintegration and public disorder. They point out the role of the media in channeling and amplifying anxieties around specific youth subcultures over time, including the mods and rockers of the 1960s, 80s era punk rockers and the rave and dance party scene of the 90s (Measham & Brain, 2005). However, even while drawing these parallels, they recognise the veracity of recent research which suggests that, with transitory fluctuations, youth alcohol and drug consumption has consistently increased over the past 30-35 years and that today's young people not only consume more than previous generations but they do so more often and with a clearer focus on intoxication (Jarvinen & Room, 2007). This suggests that the phenomenon cannot be explained or dismissed via simple reference to a media beat-up; rather it reflects significant attitudinal and behavioural change which warrants closer investigation and theoretical analysis.

As discussed previously, while there are notable differences in consumption patterns between countries throughout the world, one common finding is that heavy episodic drinking is prevalent amongst young people globally. In addition, while in almost all cultures men drink more often than women and in greater quantities, among adolescents and young adults these gender differences converge and are markedly less prominent. At the onset of young adulthood, females may even drink more than males (Ahlstrom &

Osterberg, 2005). There are some social and developmental factors thought to play a part in the propensity for intoxicant consumption and excess during youth and young adulthood, and I will explore some of these in this section.

Alcohol affords basic pharmacological properties from which drinkers of all ages experience benefit; for example lowered anxiety, mild euphoria, increased confidence and escape from inhibitions. In addition to these, intoxication also serves a number of specific functions in relation to what are termed the 'common tasks' of youth (Room, 2007). Young adulthood is a period of experimentation and of establishing patterns in behaviour. Over this time young people emancipate themselves from their family of origin and move towards defining themselves in terms of the three primary aspects of everyday life: work, relationships and sociability. In each of these arenas there is often a generational tug-of-war over the appropriate timing of onset of behaviour, interpreted as a claim on adult status. Because there are socially and legally ascribed minimum age limits on drinking in most countries, consuming alcohol is a particularly potent assertion of adult status, increasing its desirability and appeal to younger drinkers (Coleman & Cater, 2005; Demant & Jarvinen, 2005). In addition, adolescence and young adulthood serve as a time for gaining experience in negotiating a myriad of emotional milestones, while simultaneously, lack of experience and proficiency with an emotional lexicon make this at times a difficult process. Because alcohol is a psychoactive drug, it operates as an accessible and effective means of modifying a mood state or providing an anodyne for the proverbial adolescent angst and heightened sensitivities (Brophy, 2007).

Achieving competence in the social sphere is also recognised as both a crucial function of youth development and a desirable feature of the increased independence a young person gains as a consequence of maturing. Since alcohol plays such a fundamental role in socialising and engendering conviviality at a broader cultural level in Western industrialised countries, it is no surprise that for young people it also serves as a primary means of lubricating ease and harnessing assertiveness in social intercourse; benefits which operate as a powerful reinforcer for drinking amongst youth (Room, 2007; Sheehan & Ridge, 2005). It is also useful to recall that festive occasions such as Christmas, birthdays and weddings as well as moments of transition such as graduations or exam result celebrations not only provide the earliest introduction to drinking and

opportunities for young people to experiment with alcohol but also model and establish a robust link between celebration, socialising and intoxication (Brophy, 2007).

While there are cultural differences in the expectancies attributed to intoxication (MacAndrew & Edgerton, 1969, cited in Jarvinen & Room, 2007) for young people in particular disinhibition is widely viewed as positive (see for example, Abel & Plumridge, 2004; Measham & Brain, 2005; Sheehan & Ridge, 2005). This undermines the premise of health promotion strategies which disseminate information about the dangers inherent to intoxication on the assumption that young people will want to avoid such risks. It similarly does not allow for recognised features of youth behaviour: experimentation, sensation-seeking and the appeal of instant gratification over the (perceived) remote nature of possible harm. Disinhibition as it relates to social and sexual bonding is also desirable because not only does it justify and explain behaviour which might otherwise be unacceptable, but it also assists in allowing young people to feel and be close to each other, facilitating communication and the establishment of intimacy (Jarvinen & Room, 2007).

One of the most often-cited reasons leading young people to drink or use other drugs is peer group pressure and indeed, evidence suggests that the most reliable predictor of adolescents' psychoactive consumption behaviour is that of their friends, followed by their siblings (MacLachlan & Smyth, 2004). However the inference of coercion such discourses imply may be at best over simplistic and at worst misleading. Forming friendships and adhering to subcultures are characteristic of adolescence and young adulthood. Most young people get affirmation from solidarity and identification with peer groups defined by common interests, tastes, styles and/or activities – of which drinking or other drug use may be one. Similarly, followers of a particular style are defined as much by the degree to which they contrast with others as by what the members share in common. These notions of differentiation and attachment are frequently expressed externally, with alcohol and drinking behaviours often being prominent in the performances (Jarvinen & Room, 2007). Whether this translates into perceived or acknowledged *pressure* is the subject of some debate (Abel & Plumridge, 2004). Parker, Aldridge and Measham (1998) contend that even if the pressurising effects of peers could be isolated and quantified, it is likely that little could be done about it since, where there are young people there are typically *groups* of young people

(in schools, universities, workplaces) who influence and are influenced by each other. Other researchers point out that a discourse of pressure denies or silences the notion of choice in young people's drinking, in contrast to evidence from research which suggests that in reality young people exhibit considerable personal agency in their drinking behaviour (Sheehan & Ridge, 2005; Szmigin et al., 2008). Family factors – such as parent/child relationships and parenting practices – have also been found to significantly affect the drinking practices of young people though these are not typically framed in terms of pressure (Ahlstrom & Osterberg, 2005).

Another factor which may have played an explanatory role in the acceleration of drinking practices evident among the young is contemporary lifestyles which have changed dramatically over the last three decades. Participation in tertiary education, delayed transitions into the labour market and an extension in the period of parental dependency have all had significant impact on the ways in which young people spend their time and their money. The social and financial limitations of property ownership and family responsibilities are not typically experienced until much later than in previous generations, meaning young people have an elongated period of social freedom combined with higher disposable income (Jarvinen & Room, 2007). Market recognition of this fact may be observed in the burgeoning of what has been termed the 'night time economy'; a proliferation of bars, pubs and clubs which specifically appeal and cater to young consumers (Measham & Brain, 2005).

In addition to this, the traditionally structuring features of lifetime occupations and patriarchal nuclear families are weaker than at any time in the past. Though many young people have better educational, social and occupational opportunities than ever before, these also come with a degree of unpredictability and impermanence which young people must negotiate. For previous generations the categories of dangerous vs. safe/proper vs. improper behaviours were more clearly defined and largely not up for negotiation. Today we find the picture more complicated. In late modern society the locus of control has moved from factors external to the individual (such as gender roles, tradition, societal authority) to factors within the individual. With this comes more personal freedom, but also less certainty and greater risk, the negotiation of which is increasingly comprehended as being an everyday part of life (Jarvinen & Room, 2007). These notions of the ubiquity of risk and the amplification of personal autonomy are

also posited to have implications for the role alcohol and other intoxicants have come to play in the lives of young people in the Western world. Some professional constructions of 'risk' assume those associated with drinking are separate from and somehow more prominent than others in the minds of youth. On the contrary, research suggests intoxication is viewed as yet another endeavour to be negotiated, with associated costs and benefits, rather than proscribed behaviour to be explicitly avoided for fear of consequence or censure (Jarvinen & Room, 2007; Sheehan & Ridge, 2005).

Simultaneously, for today's youth the sphere of consumption has become more central and is often presented as playing a crucial role in a young person's identity development. Theorists and researchers have argued that a consumerist ethic based on gratification and hedonism has become a part of the way people 'realise themselves' and that alcohol producers and marketers recognise this and have been quick to capitalise on the trend by aggressively targeting emergent generations of drinkers and positioning alcohol products as important lifestyle commodities (McCreanor, Moewaka-Barnes, Kaiwai, Borrell, & Gregory, 2008).

In sum, these developmental and social structural factors offer some explanation as to why heavy drinking is characteristic of young people as a group and why this phenomenon might have escalated over recent years. In addition, any robust discussion of patterns of alcohol use must incorporate socio-cultural explanations in order to adequately account for the role of context in influencing the way alcohol is consumed and the patterns of behaviour which arise from this consumption (Ahlstrom & Osterberg, 2005). These are presented in the following section.

The Role of Culture and Context

Alcohol consumption is a social behaviour, something people learn from and practice with other members of a culture; consequently, the drinking behaviour of young adults and adolescents in any specific environment is related to the drinking behaviour of the population as a whole (Jarvinen & Room, 2007). Not only is culture a significant determinant of alcohol consumption in terms of volume, but it also impacts on alcohol expectancies such that behavioural consequences of intoxication are believed to be as

much culturally determined as they are pharmacologically impelled (Heath, 1995). For example, in cultures where intoxication is believed to result in poor judgment, violence and lowering of inhibition, people tend to act in such ways when drunk; whereas in cultures where people believe otherwise, drunkenness manifests in a more controlled manner and overt drunken behaviour is markedly less frequent (Amodeo & Jones, 1997). In other words, "[i]f behaviour reflects expectations, then a society gets the kind of drunks it deserves" (Heath, 1998, p. 115).

New Zealand has long been recognised as having evolved a culture of heavy drinking (ALAC, 2003). Elsewhere, this has been described a 'dry' or 'ambivalent' culture; a typology characterised by less alcohol consumption per capita though also by heavier drinking per occasion, most often in the form of beer and spirits and in less socially controlled environments. This is in contrast with a 'wet' culture where more alcohol (typically wine) is consumed per capita though it is usually consumed in a socially integrated manner in family gatherings or with meals (Room & Mäkelä, 2000). Dry cultures also typically exhibit negative expectations regarding the outcomes of drinking and a tendency towards disinhibited drinking behaviour. For NZ, it has been suggested that the roots of this pattern lie in the country's colonial past where excessive alcohol use by the white, predominantly male population was one of the few recreational pursuits available following extended periods of physical labour. It was during this era that an international reputation for drunken lawlessness was established and such problems contributed to the growth of a strong temperance movement in the late nineteenth century. One legacy of this movement was a multitude of regulations which exerted tight control over the hours of sale and availability of alcohol; restrictive measures which remained largely in place through to the 1970s (Stewart, 1997). One such restriction, postulated to have substantially contributed to New Zealanders' proclivity for heavy drinking was six o'clock closing, introduced in 1917 and not amended for more than fifty years. Since licensed premises were the primary drinking venue, a tradition known as the 'six o'clock swill' emerged as drinkers endeavoured to consume as much alcohol as possible in the period between the end of the working day and the designated end of service (Stewart, 1997).

The extension of the national liquor licensing hours to 10 pm in 1967 marked the beginning of greater access to alcohol, an expansion in the range of licensed venues and more diversity in the types of alcohol consumed, most notably greater quantities of wine. Simultaneously, social expectations and women's roles shifted: they began to join the workforce in greater numbers, experience greater social freedoms and this too began to shape new patterns of drinking behaviour. The Sale of Liquor Act (1989) lifted restrictions on outlet density and trading hours, increasing the number and range of liquor outlets, introducing alcohol sales to supermarkets and extending opening hours on licensed premises. Subsequent deregulation allowed for the promotion of alcohol products by way of sponsorships and broadcast advertising (Casswell, Stewart, & Duignan, 1993).The Sale of Liquor Amendment Act (1999) reduced the legal age for purchase of alcohol from 20 to 18, permitted alcohol sales on Sundays and opened the way for twenty-four hour trading.

Law reformers anticipated that liberalising NZ's liquor laws would translate to a more sophisticated drinking culture, less focused on weekend excess and more centered on wine and food. While a thriving local wine industry and cafe culture might stand testament to the success of this objective, it appears to have evolved in conjunction with, rather than to have displaced the traditional heavy drinking ethic. Alcohol is currently the most commonly used recreational drug in NZ with recent figures showing that a quarter of all NZ drinkers consumed large amounts of alcohol on a typical drinking occasion (ALAC, 2005). This survey also identified tolerance of drunkenness, low rates of self control in drinking practices, apathy in regard to the long term physical or emotional effects of drinking and widespread recognition of the benefits of alcohol as a social lubricant and relaxant as being key characteristics as of the NZ environment.

Many commentators continue to call for a change to NZ's binge drinking culture and for the development of a more Mediterranean 'wet' drinking style where alcohol (typically wine) is integrated into regular daily life and activities but, because drunkenness is socially sanctioned, comparatively lower levels of alcohol-related harms are experienced. However, to speak of trying to adopt elements of another culture is simplistic since, as Room and Mäkelä (2000) argue, each culture comprises a deeply ingrained web of interrelationships whose parts have more meaning in totality than when viewed in isolation. Further, cultural patterns are more persistent and resistant to change than individual factors since they are typically the result of longstanding

formations reinforced by social mores, not characteristics easily transposed onto another place and time. Moreover, there are some indications that the ostensibly more healthful patterns of consumption are starting to erode amongst young people in these 'wet' regions, with the changes linked to aggressive multinational marketing focused upon youth. Globalisation appears to have resulted in the convergence of alcohol consumption styles, though not in the direction of light or moderate use (Rehm et al., 2003). It may also be somewhat misleading to speak of NZ's drinking culture as a homogenous entity since research consistently shows that understandings related to alcohol consumption in addition to consumption patterns and the experience of alcohol-related harms vary significantly dependent upon contextual factors such as geographic location, gender, age, ethnicity and socioeconomic status (SES). Just as we have seen that young people are particularly at risk, research also consistently shows that Maori and those living in areas of higher deprivation have a higher exposure to alcohol and also suffer disproportionately from alcohol related harms (Hay, Whigham, Kypri & Langley, 2009; MOH, 2008).

Similar to NZ, the UK undertook deregulation and liberalisation of the sale and supply of alcohol in the late twentieth century with the intent of encouraging a more Southern European drinking environment. Measham and Brain (2005) suggest these developments coincided with the expansion of the dance culture in which regular use of recreational drugs led to the normalisation of the attainment of altered states of consciousness via pharmacologic means. Over time, alcohol was integrated into club-goers repertoires to create a new leisure lifestyle which they termed a 'culture of intoxication.' (I will return to the subjects of normalisation and the culture of intoxication for an in-depth discussion in Chapter Two).

Arguably, NZ's own 'culture of intoxication' has also been influenced by the use of illicit drugs. According to a recent MOH survey (2010), nearly half of all New Zealanders have used a drug for recreational purposes in their lifetime. By far the most widely available and sampled substance is cannabis which 49% of adults have tried. This is followed by BZP party pills (13.5% of all New Zealanders)[1]; stimulants including amphetamines, pure methamphetamine (P) and cocaine (10.8%);

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[1] It should be noted that BZP party pills were re-classified as an illegal drug in early 2008 – *after* the survey concluded.

hallucinogens such as LSD, magic mushrooms and ketamine (10.5% of adult New Zealanders); and ecstasy (6.2%). Interestingly, the age group within which use of any substance (other than tobacco) in the past 12 months was highest was 18–24 year-olds, a statistic that mirrors the prevalence of alcohol use during this period. These figures are relevant in terms of our current discussion because research has indicated that when pursuing intoxication young people do not always make the illicit / licit distinction which law enforcement and other stakeholders make (e.g. Parker et al., 1998; Riley & Hayward, 2004). Some researchers have even illustrated that tightening control or availability measures on any one substance may be counterproductive as young people simply replace it with a more readily available (though not always more benign) alternative (Boys et al., 1999, Boys, Marsden & Strang, 2001).

New Zealand has sought to improve behavioural and health outcomes by modifying consumption patterns via a three-pronged harm minimisation approach to both alcohol and other drug use. The levers within this are: supply control strategies (targeting availability), demand reduction strategies (e.g. education about risk factors, pricing controls on alcohol), and problem limitation strategies such as host responsibility schemes and the provision of appropriate treatment options. However some researchers have suggested that these approaches are inadequate because they cannot accommodate the complexity and variable nature of people's behaviour (Sewel, 2002). Further, demand and harm reduction initiatives are limited to the degree that broader economic and political circumstances (such as deregulation and consumption lifestyles) operate in conflict with them (Measham, 2006).

In summary, I have considered how patterns of drinking are related to cultural beliefs about alcohol, expectancies regarding the effects of alcohol and social norms regarding drunken comportment. I have also considered the broader socio-economic and political environment which might be seen to constrain or – even when contrary to intention – to foster alcohol consumption. I now turn to consider the body of literature emerging from broader youth studies conducted primarily in Europe but also in the US, Australia and NZ; where many researchers argue that changing patterns of youth substance use coupled with the commodification of young people's leisure time is both facilitating and mandating a style of consumption that is considered highly precarious by virtually all except the increasing numbers of young people who engage in it.

CHAPTER 2: THEORISING DRINKING AND DRUG USE

Over the last two decades there have been three major theoretical conceptualisations regarding the changes in the drinking patterns and behaviours evident amongst young people. The first of these was the normalisation thesis which provided a framework to incorporate understandings of recreational psychoactive consumption that was not solely perpetrated by a deviant minority and how such use had come to be viewed as an informed, rational development of life and leisure for young people in the 1990s. Towards the turn of the 21st century, theorists began to note the increasing commodification of leisure as commerce sought to capitalise on the consumerist practices of young people, applying market pressure to encourage the purchase of alcohol products which were positioned as important constituents of identity and lifestyle. Within this context, the expression 'determined drunkenness' was coined to describe the way in which young people were observed to deliberately pursue the achievement of intoxication, simultaneously controlling the experience by applying various self-imposed boundaries. From around 2005, the third theoretical conceptualisation began to emerge as researchers cited the hedonistic cultures engendered by contemporary consumer societies which, combined with economic changes and deregulation had facilitated increases in sessional consumption in what was termed a culture of intoxication. Within this culture, young people could be observed to pursue a form of calculated hedonism; purposefully purchasing altered psychoactive states as a form of time out from the structure of their busy lives. In this chapter I will discuss in turn each of these theoretical conceptualisations and the relevant research within which they are situated.

Normalisation - Barometer of Social Change

Drugs 'eras' have traditionally been researched from a subcultural perspective in recognition that they involved atypical minority populations. In the 1990s UK however, it became obvious that a new approach was required to comprehend the emergence of widespread drug use among large numbers of otherwise ordinary, conventional young people.

In a longitudinal study tracking several hundred young people from the age of fourteen through to their early twenties, Parker, Aldridge and Measham (1998) were struck by the sample's use of leisure time and the significance of drinking and drug taking among the cohort. They noted the once distinctive differences in frequency and volume between young men's and women's use were less evident, as were social class differences and the once prevalent differential consumption rates between rural and urban youth. In an endeavour to develop an explanatory framework for their findings, they advanced the concept of 'normalisation' as an alternative to the deviancy literature in accounting for the extent to which mainstream youth culture had assimilated and legitimated recreational drug use. Though not claiming to be a coherent theoretical paradigm, the 'normalisation thesis' offered an alternative approach from which to conceptualise shifting attitudes and behaviour, drawing the terminology from social literature which describes populations with intellectual handicaps being assimilated and accepted into mainstream communities (Wolfensberger, 1972 as cited in Parker et al., 1998).

According to Parker et al. (1998) normalisation encompasses six tenets: prevalence of drug use; availability of drugs; current use; future intentions to use; being 'drug-wise' or knowledgeable about the effects of different substances and the cultural accommodation of the illicit. This last principle refers to the pervasiveness of drug use throughout many forms of popular culture in contemporary society and the degree to which it is regarded as unremarkable, regardless of whether it is approved of or not (Taylor 2000). While noting that the only substances to have attained the status of being truly 'normalised' were cannabis, alcohol and tobacco, the researchers did record the emergence of a rational, consumerist decision-making process focused upon the achievement of 'pleasure' in which young people distinguished between different drugs, their benefits, effects and dangers. Normalisation also emphasised the perceived normality rather than deviancy of recreational drug use and how such use had come to be viewed as an informed, rational development of life and leisure for adolescents and young adults in the 1990s. To account for this, they referenced social literature which represented how contemporary transitions from adolescence to adulthood had been shaped by rapid social change. They proposed the increase in recreational drug use was embedded in these changes in education and training, the youth labour market and work patterns, housing and living arrangements, marriage and parenting as well as the nature of leisure

itself which must increasingly be purchased. Such drug use is both about risk-taking (in a new, riskier world) and in using 'time out' to self medicate the stresses and strains of both success and failure; outcomes which in modern times are perceived as depending much more heavily on the propensity of the individual and less on opportunity or circumstance (Furlong & Cartmel, 1997).

The drug use described by Parker and colleagues (1998) was largely 'recreational' in that dependent, daily or disordered use was condemned by study participants. It centered upon 'soft' or less physically addictive drugs which were dispensed between friends and fitted into conventional lives along with other time-out activities such as sport, holidays, romance, shopping and having a laugh with friends. The recreational use of drugs was not only normalised within the cultural realities of the users themselves, but was also widely accepted, accommodated and even expected by their abstaining peers. Thus, an ostensibly 'serious' criminal offence (procuring, distributing and using illegal substances) had been socially re-constructed as reasonable, rational and socially acceptable.

Notably, from the very earliest reports emerging from the study, the centrality of alcohol was identified in the psychoactive repertoires of participants, the majority of whom acknowledged it as their 'favourite drug' and nominated similar motivations and positive expectancies for drinking as they did for using other, illicit substances (Parker et al., 1998; Parker & Williams, 2003). The researchers also noted that almost all recreational drug use occurred before, during or after alcohol consumption and was centered upon venues where alcohol was available (Parker, 2005).

The concept of normalisation has not been without its critics however, with several commentators maintaining that claims regarding the extent and the normative nature of youthful drug use are exaggerated and inaccurate (South, 1999) as well as asserting data on which its proponents base their theorising is inappropriate for the purpose (Shiner & Newburn, 1997; Wibberley and Price, 2000).

Shiner and Newburn (1997) examined quantitative data from the UK and US as well as conducting their own qualitative study, concluding the normalisation thesis was an exaggerated and oversimplified representation of the way in which young people

perceive drug use. They argued the extent of drug use was distorted by the application of lifetime usage measures; when the data was re-analysed focusing upon indicators of use within the last year and/or month they found regular drug taking to be a minority activity. Further, findings from their UK based qualitative analysis indicated that attitudes towards drug use (of various kinds) were by no means homogeneous though largely aligned with consensus values of disapproval.

Wibberley and Price (2000) similarly made the point that lifetime measures were too crude a tool with which to estimate levels of current or regular drug use and found only weak and 'equivocal' evidence for normalisation in their study of young people's drug use and their feelings and attitudes towards such use. Their research within a population of English youth investigated what they determined to be the 'two strands' of normalisation: the frequency and regularity of drug use by young people and the extent to which it is an accepted feature of the lives of both users and non-users. Their conclusion was that it was 'not abnormal' for their participants *either* to have tried or *not* to have tried an illicit substance by the age of eighteen. Equally ambiguous were their conclusions regarding the acceptability of such use; with those who admit to trying various drugs being more accepting of their use than abstainers, who saw it as largely *un*acceptable. Notable however, were the sizeable minorities within each group who differed from the dominant view. They concluded there was sufficient evidence to support both sides of the normalisation debate with this perhaps representing the heterogeneity between groups of young people; a point which renders the normalisation thesis limited in utility. A finding consistent with normalisation in both Shiner and Newburn's (1997) research and the Wibberley and Price (2000) study was the identification of a 'hierarchy of risk' relating to substances; whereby they are categorised in order of disapproval level, based on perceptions of dangerousness or potential for dependence. Alcohol and cannabis featured low in the hierarchy while 'hard' drugs such as heroin were strongly and widely disapproved of.

Shildrick (2002) highlighted what she perceived as weaknesses in the normalisation thesis on both a theoretical and empirical level. In a qualitative study undertaken in a small town in the northeast of the UK, youth cultural experiences as they related to drug use were explored and three primary limitations in normalisation as a framework were proposed. Firstly, Shildrick (2002) claimed that it is too expansive a concept and does

not allow for diversity and complexity among young people and their experiences given that her research revealed different types of drugs and different patterns of usage were 'normalised' for different groups of young people in various circumstances. Secondly, she observed that normalisation rests upon far too simplistic a distinction between recreational and problematic use, when the constituents of each may be neither self-evident nor obvious to others and what constitutes recreational use for one person may be highly problematic for another. Thirdly, that it de-emphasises the impact of socioeconomic factors on patterns of drug consumption and drug use outcomes. Though being middle class can no longer be considered a protective factor against illicit drug use, she observed there was still a very clear relationship between SES and patterns of drug consumption; with SES influencing such factors as availability, preferred substance(s), regularity of use and the likelihood of encountering problematic incidents associated with drug use. She reflected that failure to explore how socioeconomic factors influence drug consumption more comprehensively invites skepticism as to the broader significance of the normalisation concept. Shildrick (2002) advocated instead for a more differentiated notion of normalisation which could accommodate the diversity in attitudes and experiences evident amongst study participants. In research which might be viewed as offering some support for this view, Abel and Plumridge (2004) found that even within a small and relatively homogenous group of young people, meanings attached to what was construed as 'appropriate' drunken comportment varied significantly. They concluded that norms relating to disinhibition were not universal across societies, but were heavily contextualised within their specific social networks.

In response to criticisms of normalisation, its proponents point to its heuristic value in capturing something of the shifting meanings of the social and cultural practice of the pursuit of intoxication by young people and refute the suggestion its value lies in documenting epidemiological thresholds. They contend it acknowledges the emergence of a well-adjusted, successful, goal oriented young person who sees the pursuit of altered mind states as part of their recreational repertoire and that this is underpinned by more liberal social attitudes to intoxication and greater availability of substances designed to achieve it (Duff, 2005; South, 1999). Several subsequent studies have used normalisation as a useful framework for their research: Duff (2005), found that party drug use was largely normalised within a sample of Melbourne, Australia club-goers, as

did Hutton (2010) in a sample of 18 – 48 year-old clubbers in Wellington, NZ. Though both these researchers noted they could only apply the term 'normalised' specifically to populations within the dance and clubbing community, they also pointed out that the consumers in this arena are entirely conventional in their employment, demographic and education profiles.

According to the Northwest Longitudinal Study (Parker et al., 1998), the results of which were the foundations for development of the normalisation thesis, illicit substance use particularly in the context of clubbing and the 'rave' scene increased steadily throughout the 1990s. However by late in the decade the researchers documented a decline in drug use coupled with a shift back to alcohol by the club-goers. They proposed this was due in part to media speculation about the dangers of so-called 'party drugs' as well as some weariness with the criminality involved in procuring and using such substances. Simultaneously they observed the lucrative nature of the youth leisure market had led breweries to aggressively endeavour to reclaim a slice of the pie through development of a new range of high-strength alcohol products and sponsorships aimed at appealing to the 18 – 22 year old market (Measham, Parker, & Aldridge, 1998).

Determined Drunkenness and the Commodification of Pleasure

Normalisation was conceptually important for discussions of drinking and drug use amongst youth and young adults, because it heralded a new way of talking about the issues. Subsequently, contributions to documenting and theorising alcohol and drug use which is 'normal' in the sense of being neither unusual, rare nor restricted to deviant subcultures began to appear more regularly in the literature, influenced by notions of agentic consumption and pleasure rather than dependency and problematic use. Such research appreciates that contemporary drug use cannot be understood or tackled unless situated within wider understandings of people and society (Hammersley, 2005).

Taylor (2000), suggested that subsequent to the burgeoning party drug use of the 1990's, the brewing industry recognised that young people increasingly viewed drug use as a recreational choice and sought to make alcohol a part of that choice. This

resulted in the development of a plethora of high-strength 'designer drinks', known as 'alcopops' or RTDs (ready to drink), marketed using imagery and references to drug culture and drawing particularly on associations with energy and pleasure. Moreover, these new alcohol products were positioned as lifestyle markers, appealing to the consumer sensibilities of postmodern young people who were accustomed to peppering their fashion and lifestyle choices with the new and novel. Taylor (2000), points out that since marketing doesn't *invent* cultural forms, but rather draws upon and rearticulates those with existing understandings, this suggests that a norm of intoxication being associated with pleasure already existed in youth culture and was simply reinforced and exploited by commercial interests.

Thus, alcohol began to reassert its status as 'favourite drug' to a new generation of psychoactive consumers and both national and regional surveys in the UK began to chart not just an increase in the total volume of alcohol consumed, but also in the amount consumed per drinking session by young people (Brain, 2000; Brain & Parker, 1998). Brain, Parker and Carnwath, (2000) argued that the commodification of youth culture and growing emphasis on conspicuous consumption was a more appropriate backcloth upon which to formulate explanatory frameworks for the increases in alcohol and drug use by young Britons, than were analyses based on developmental or risk factors. They described how young people were increasingly being urged by market pressures to purchase and consume leisure – and even aspects of their own identity. Their qualitative research subsequently found evidence for a rational, consumerist approach by which young people purchased pleasurable time out from daily life through the use of psychoactive substances. Participants demonstrated the application of a taste/strength/price/image formula in achieving 'determined drunkenness', with these factors influencing what and also how much they drank; since to drink and not get drunk would be deemed a waste of money. In this sense, the value of any substance centered largely upon what they termed its 'hit value'. They also illustrated a 'pick and mix' attitude to alcohol and other drugs, in which young people selected from a polysubstance repertoire depending on mood, budget and occasion. In this sense psychoactive consumption (getting a good hit at a reasonable price) combines with symbolic consumption (conveying the appropriate image and lifestyle) in a form of "psychoactive management of the self" (Brain, 2000, p.7). For most of Brain and colleagues' (2000) participants, the structuring effects of work or education resulted in

the pursuit of intoxication being a form of 'bounded hedonistic consumption' fitted around otherwise constructive, conventional lives; a way of marking out arenas in which they can relax and engage in less restrained behaviour than is otherwise demanded of them. However for a small minority, lacking the structuring influences of jobs or higher education and fuelled by a sense purposelessness or boredom, drinking spread out over the day and week to become a lifestyle pursuit rather than a leisure pursuit. For these individuals, living on the margins of social exclusion, drinking merges with other, sometimes delinquent activities in the quest for excitement and pleasure, forming the archetypal 'at risk' youth. Brain and colleagues (2000) proposed that it would be a mistake to blame or confuse the two groups of young people based solely on their psychoactive consumption, since the routes to management of each sector were inevitably divergent. Instead, given the prevalence of drinking and drug use, they suggested that to embrace the uncomfortable facts rather than stigmatise or criminalise young consumers might be the first step in effective management based on sound realities.

Brain (2000) drew on this same research in his speculation on the specific structural processes in which the emergence of the 'new drinking consumers' were situated. He noted the tension between free markets and the right to consume and the social costs and consequences of such a consumer society. Attention was also drawn to the way in which the alcohol industry is able to legitimately promote "hedonistic consumer consumption styles through the recommodification of alcohol products" (p. 13) while simultaneously, public discourse problematises and blames youth for the undesirable outcomes.

In an Australian qualitative study that sought to advance the voices of young women on the role and meaning of alcohol in their lives, Sheehan and Ridge (2001) found their school-age participants articulated primarily positive experiences and outcomes from drinking – even when they had clearly encountered some form of 'harm' as defined in public health terms. The perceived risks and occasional negative events were accepted elements of an overwhelmingly pleasurable whole, which for the young women was a meaningful pursuit, mediating internal and inter-group relationships as well as facilitating fun, belonging, self-expression and sexual assertiveness. Additionally, the researchers found that story telling around their alcohol related experiences served an

important function within the groups of young women. Through recounting their stories amongst friends, connection and bonding was cemented while any potentially negative experiences or memories were retrospectively interpreted with humour and collective enjoyment. These narratives also served to challenge hegemonic messages around female vulnerability, the transgression of feminine social norms and the stigmatisation of youth drunkenness. By sharing, reflecting on and embellishing their individual and shared accounts, the young women located their drinking as meaningful and functional in their lives and formulated a coherency that legitimised their sometimes precarious or marginal activities. Further, researchers established that the term 'binge-drinking' was associated with extreme and negative behaviour or consequences – neither of which struck a relevant chord for their subjects or accurately reflected perceptions of their behaviours.

In similar findings emanating from the US, a study of binge drinking among fraternity members of a large university found that those within the culture had constructed a set of meanings surrounding excessive drinking in which it was framed as a highly positive and functional activity (Workman, 2001). Drinking narratives were alternately stories of risk and adventure, of entertainment and humour and a means of exploring physical limits. These served to constrain reflection on potential dangers of the behaviour while also operating as a form of protection against censorious anti-binge drinking messages. Workman (2001) also notes that the messages imparted by public health institutions are in a minority when compared with the myriad of commercial messages and other cultural artifacts which designate drinking and drunkenness as a positive, legitimate pursuit – especially for young college-age men. Another notable finding from this study was that any notion of quantity consumed was not something to which the participants paid any attention, with the emphasis being on the accomplishment of a state – intoxication – rather than on the amount required to get there. Consequently, a focus on recommended number of drinks or unit-based sensible consumption levels is unrealistic and Workman (2001) suggests instead revisiting the term 'binge drinking' which implies limiting the quantity consumed, and focusing on reconstructing the dysfunctional meanings of drunkenness.

In a further study from the UK, researchers identified that young men from a socioeconomically diverse sample were found to be intent on maximising alcohol's

positive effects while minimising the negative, by having an awareness of and staying within their personal limits (De Visser & Smith, 2007). However monitoring and counting drinks was found to be both philosophically and practically incompatible with the fun of altered consciousness and disinhibition. This situation raises the problematic notion that intoxication itself may be incompatible with logical consideration of reasons to moderate consumption – a proposition that has clear implications for publicly disseminated health education messages.

Updating the Northwest Longitudinal Study, Parker and Williams (2003) described how their now young adult cohort exhibited a commitment to the 'consumption of leisure' (Parker et al., 1998) characterised by the prioritising of regular socialising in pubs, clubs and private spaces in which they spend a considerable portion of their disposable income. For these primarily law abiding young adults, poly-substance consumption is underpinned by the ubiquity of alcohol and centered upon "work-hard , play-hard lifestyles" in which they exert themselves during the week motivated by the anticipation of intoxicated weekends (Parker & Williams, 2003, p. 354). Their accounts suggest they value celebrating the arrival of the weekend and the opportunity to wind down, relax, de-stress and socialise with friends. Not surprisingly, the researchers identified a range of harms which the sample infrequently experienced, including loss of memory, feeling ill, fighting and opportunistic crime. Though by far the majority of nights out went well, some inevitably did not and these, though typically underreported, present the basis of concern for law enforcement and public health agencies. Though primarily law-abiding young people, Parker and Williams (2003) talk of the 'moral holidays' taken when indulging in much-valued, much-anticipated intoxicated weekends which lead to occasional involvement in disorder. They also highlight the extent to which these habits have been entirely facilitated through the provision of venues, settings and opportunities that are tailor made for excessive consumption and legitimised through extended licensing.

In a report based on focus group exploration of young adults' perceptions, experiences of and motivations for binge drinking, Engineer, Phillips, Thompson and Nicholls (2003) sought to provide an evidence base for the development of policies to reduce alcohol-related crime, disorder, violence and public drunkenness in the UK. Though specifically focused upon identifying 'risk factors' involved in alcohol-related harms,

their qualitative evidence also offers valuable insights. For example, amongst the 18 – 25 year-old sample, few saw themselves as being 'at risk' when they drank, though many reported a range of risk-taking behaviours. Instead, risk was interpreted as a desire to push the limits; a positive consequence of drinking, together with increased confidence, a feeling of invulnerability and a desire to live for the moment. This supports Duff's (2005) contention that contrary to expert discourses, 'risk' is not an objective reality, but rather a subjectivity, mediated through prevailing norms, cultural practices and lay influences; a factor which holds significant implications for the planning and implementation of harm reduction policies.

In a manner accordant with Brain's (2000) 'psychoactive management of the self' the young consumers interviewed by Engineer at al. (2003) also sought to manage their intoxication experience by using various strategies to plan or accelerate drunkenness on a 'big night out'. While they expressed caution about becoming excessively intoxicated, many of them professed difficulty in consistently being able to judge their limits or to slow down once the effects of drinking become apparent. Echoing much previous research (e.g. Coleman & Cater, 2005; Measham & Brain, 2005; Sheehan & Ridge, 2003; Workman, 2001) findings in this study indicated most young people associated primarily pleasurable sentiments with drinking, citing amongst others the ability to forget day-to-day worries, enjoy time out with friends and anticipate the unexpected. Drinking to relieve negative mood states was considered a 'bad motive' for consumption and one more likely to be representative of problematic drinking. This view was endorsed in a meta-analysis which linked drinking for coping or other negative, internal motives to not only heavy drinking but to alcohol-related problems in particular (Kuntsche, Knibbe, Gmel, & Engels, 2005). Crucially, Engineer et al. (2003) observed that drinking was so integral to the lives of the young adults in their research, had such broad acceptability within their peer groups as well as in their perceptions of wider cultural norms that they found it hard to articulate *why* they do it. Many did however, relate their behaviour as highly related to age and life stage, stressing the importance of learning through personal experience and of having fun before adult responsibilities modified priorities. This sentiment was echoed in subsequent research where young people widely acknowledged that binge drinking was a natural phase in the transition to adulthood (Coleman & Cater, 2005). Perhaps unsurprisingly, given the young people in Engineer and colleagues' (2003) research did not see their patterns of

behaviour as problematic, they also considered the responsibility for mitigating any negative consequences to lie with external agencies whose obligation it was to moderate the drinking *environment* in order to minimise such adversities. The researchers posit this may reflect the association of drinking in young people's minds with personal freedom and escapism; not something typically associated with self-responsibility or restriction.

Calculated Hedonism in a Culture of Intoxication

Measham and Brain (2005) presented evidence for what they termed a 'new culture of intoxication' encompassing both legal and illicit drugs in their ethnographic research conducted in UK city centre nightlife locations. Young respondents with a mean age of 25 discussed their attitudes towards and patterns of psychoactive consumption, describing states of intoxication which were determinedly pursued as a part of maximising time out and leisure. In addition to a degree of sophistication in managing their level of drunkenness, study participants also described a style of intoxication that was far from unbridled or utterly uncontrolled. A variety of personal and collective boundaries – including concerns for personal safety, health and financial limitations – were widely held and observed, lending weight to the concept of a 'controlled loss of control' hypothesised in previous research (e.g. Brain, 2000; Measham, 2002). In this way, intoxication enables consumers to let go and enjoy the pleasures of intemperance in a hedonistic yet bounded style. Notably, the researchers reported that the average participant was a 'binge drinker' as defined by the UK unit-based criteria, yet most not only saw themselves as far from that reality, but also socialised regularly without ever coming to the attention of law enforcement or health professionals. They contrasted these realities with the rhetoric that locates drunkenness as the domain of a deviant, trouble-making minority. In a finding with significant implications for regulatory policy, Measham and Brain (2005) also located evidence for a displacement effect in which the perceived high price of alcohol in bars and clubs led to greater consumption before and after visiting these venues, thus displacing sales to cheaper wholesale or off-license premises while sustaining and even increasing overall consumption.

In considering the development of the new culture of intoxication, the researchers cite the necessity of taking into account contemporary consumer societies and the hedonistic leisure cultures they engender which form the context for and are exploited by developments in the alcohol and hospitality industries. Further, they proposed that economic deregulation combined with the recommodification of alcohol as a psychoactive product to appeal to the young has fuelled sessional consumption in the UK by facilitating the development of a vast range of alcoholic beverages together with a surfeit of venues in which to congregate and drink them. Collectively, these processes of economic deregulation, market persuasion and social regulation illustrate the dual forces of seduction and repression which characterise consumer societies. They contend "the market is left free to seduce consumers while the consequences of deregulated consumer excess result in the repression and demonisation of those identified as flawed consumers" (Measham & Brain, 2005, p. 278).

Investigating the meaning-making practices of young people around alcohol and alcohol marketing in NZ, McCreanor et al. (2008) found evidence to support Measham & Brain's (2005) 'culture of intoxication', but in accordance with their public health orientation, reformulated the concept as the creation of pervasive "intoxigenic social environments" (p. 939) by commercial interests. Their qualitative analysis built on previous research in which they had illustrated how alcohol marketing harnesses neo-liberal youth's propensity for identity-linked consumerism by contributing humour, attractive images and other valued cultural artifacts which young people engage with and appropriate as part of their identity formation (Giddens, 1991; McCreanor, Moewaka Barnes, Gregory, Kaiwai and Borrell, 2005). In their more recent study, McCreanor and colleagues identified youth discursive resources linked with enjoyment, pleasure and cultural credibility which amalgamate with other outcomes of marketing practices to sustain an environment whereby young people's understandings related to alcohol are that it is for the primary purpose of producing intoxication. Utilising an interpretive thematic analysis, the researchers also illustrated how, within such environments, these highly positive and valued meanings are transmitted laterally within peer groups, adding credibility and authenticity such that the marketing messages 'become' an inherent component of youth culture. While McCreanor et al. (2008) argued these 'intoxigenic environments' complement the phenomenon of a "new culture of intoxication" observed by Measham and Brain, (2005) they expressed caution about

interpreting the related notion of 'determined drunkenness' as a constituent of young people themselves, recommending instead critical analysis of the concept to establish who exactly it is 'determined' by. They asserted that intoxigenic environments "are a component of concerted, strongly resourced, commercial social engineering that blends seamlessly with hegemonic messages of pleasure, identity and culture to encourage and support the naturalised increases in consumption that are necessary to grow the profits of enterprise capitalism" (p. 945). They also referred to 'weak' health promotion strategies implemented in the UK which had neglected the social, political and commercial environments within which changes in youth intoxication were embedded, pointing to parallels with the NZ environment and advocating against such myopia.

McCreanor and colleagues' (2008) research might be viewed as a response to criticisms levelled at what was perceived to be the narrow research agenda of much alcohol advertising research (Cherrington et al., 2006). In reviewing dominant approaches within such research, Cherrington and colleagues also observed widespread failure to take account of broader social conditions and cultural forces as well as contextual variability, attributing these limitations to a primarily positivist epistemological focus. They proposed three areas of concern relating to alcohol advertising research which limits its usefulness to health outcomes analysis. These are; methods which abstract effects from context; a restricted focus which overlooks broader social transmission, laying sole responsibility for positive constructions of alcohol with advertisers; and an overemphasis on the 'rational individual' which neglects other social forces, subjectivities and conditions which influence consumption patterns. They advocated for the employment of more 'culturalist frameworks'; research paradigms which "make sense of the person as a *social* subject, examining media engagements as part of ongoing processes through which people construct and negotiate identities and actions" (p. 216). They point out the benefits of such an approach would include moving away from linear accounts of media viewing resulting in problematic consumption styles to more reflexive, realistically grounded and applicable findings capable of accounting for the complexities in human interpretive variability. These researchers also drew attention to the fact that alcohol advertisers themselves have for some time employed culturalist research approaches, seeking to examine how subjects engage with and create meaning from commercial representations in order that they can develop evocative and pertinent connections between people and products. Rather than representing sophisticated and

somewhat malevolent techniques via which consumers are duped into behaviours which result in problematic outcomes, these strategies simply reflect the application of interpretive research methodologies; perspectives which are equally available to alcohol and health researchers. One other point made by Cherrington et al. (2006) of particular relevance in the current discussion, is that health researchers (and subsequently health strategists and promoters) largely resist any reference to pleasure in alcohol use, contending any such correlation must inevitably be an instrument of the alcohol industry. This position not only ignores the reality that most people who drink do so with the motive of pleasure, but also that incorporating understandings of pleasure (as well as harm) may provide new insights into how communities, through the more astute force of social influence rather than solely via legislation, might be engaged to an agenda of more healthful consumption.

Szmigin et al. (2008) sought to build on understandings of young people's modes of alcohol consumption encapsulated by such terms as 'controlled loss of control', 'determined drunkenness' (Measham, 2004) and 'calculated hedonism' (Brain, 2000), by exploring ways in which young adults indulge in what appears to be excessive alcohol consumption while constraining such behaviour by time, space and social situation. Their research, which was part of a larger investigation concerned with young people's social identity within brand consumption, presented evidence for the utility of a more finely distinguished concept than the emotive and widely employed notion of binge drinking. Participants in their study described heavy drinking of the cheapest, strongest alcohol as being for the express purpose of getting "mullered" or "annihilated" (p. 362) and constructed these occasions as entirely different from those where more moderate drinking was enjoyed. In these latter occasions, consumption was leveraged to accomplish happiness or relaxation with friends; different, though equally valued types of pleasure. In their accounts, participants' motives for and experiences of getting drunk were expressed almost entirely in positive terms, with a range of pleasures and benefits being cited as a consequence of alcohol's pharmacological properties. These positives were carefully balanced by acknowledgement of the perceived risks however, including recognition of the impact on their social credibility of losing control in a drunken state. The researchers noted the level of forethought and degree of management which went into planning, maintaining and maximising the preferred intoxication experience, drawing into question suggestions that such consumption, even when excessive, is out

of control. Not only was binge drinking not a resonant term for these young people, but their conceptualisation of potential harm was inconsistent with any 'expert' discourse. They expressed little concern for the damage drinking might have on personal health or safety, with primary concerns being about short term effects such as sickness or loss of memory. In line with previous findings, the consumption described by Szmigin et al. (2008) occurred predominantly at weekends and acted as a form of release from the structure of weekday lives. In discussing their findings, the researchers point to the contextual factors which appear to be in conflict with the motivations and voices of those charged with changing young people's drinking behaviour. In the UK, these are the liberalisation of alcohol regulation, a commercial environment that is saturated with images linking drinking with pleasure, marketing ideologies that bolster the concept of having a good time as a warrantable pursuit and wide availability of alcohol which is positioned to be both accessible and attractive to young people. These are powerful and pervasive cultural phenomena which, together with young people's own experiences are seen as incompatible with the notion of excess drinking leading to ill health and harm. Szmigin et al. (2008) proffer the notion of a 'discourse of compatibility' as being a more viable public health position. Such a discourse does not silence pleasure or overemphasise risk, but rather presents both discipline *and* hedonism as functionally compatible.

Drawing on the same research and extending the analysis, Griffin, Bengry-Howell, Hackley, Mistral and Szmigin (2009) explored the role of 'passing out stories' involving loss of consciousness, memory or awareness in the young adults' accounts of socialising. They found that such narratives were a primary means of establishing and maintaining social inclusion, providing material for the generation of amusing accounts to be regaled after the event. Stories are told and retold as entertainment serving to bind groups of young people together. An important element in the passing out stories related to the negotiation of risk, and it was observed that in this sense such narratives are highly gendered; young men described their determined drunkenness as a means of demarcating their maturity and autonomy (i.e. by choosing *when* to get annihilated, they are equally choosing when *not* to do so). In contrast, young women must distance themselves from the unpleasant and potentially humiliating loss of control because of the vulnerability to sexual assault such states imply. This is not to suggest women do not share loss of consciousness narratives, rather that they utilised a variety of strategies

(such as humour) to resist being construed as other than moral and responsible. The dangers inherent to such behaviour are partly mitigated by the implicit understanding that, having lost consciousness, responsibility, indeed obligation for a young woman's welfare passes to her companions. Researchers suggested that a key position entailed in the 'passing out' stories is a form of 'time out' from rational self-reliance. If intoxication in and of itself offers a respite from workday structure, then unconsciousness extends this in a complete (though temporary) surrendering to the forces of hedonism. Griffin and colleagues (2009) also contended there was an integral relationship between (often extreme) intoxication and the concept of fun which was central to the solidarity and intimacy of young people's social groupings, adding allure to the behaviour which is further fuelled by the neo-liberal corporate and social environment which virtually mandates such practices.

A recent NZ study looking at alcohol consumption, gender identities and women's changing social positions, presented evidence which is highly relevant in terms of the current study. Lyons and Willott (2008) identified that drinking alcohol was, for their sample of 18 – 29 year old men and women, a way in which specific versions of both masculinity and femininity were enacted. Though women's drinking was found to be largely consistent with traditional masculine norms, gender boundaries were maintained through such practices as choice of drink. Additionally, drinking large amounts of alcohol was emblematic of normality and enjoyment for both the men and the women within their respective friendship groups, yet they reinforced traditional perspectives on femininity by way of a double standard which condemned other, particularly older women who were out drinking excessively in public. Such women were perceived to be violating codes of appropriate feminine conduct relating to sexual permissiveness, vulnerability and nurturing. Lyons and Willott's (2008) findings were also largely consistent with much overseas research, supporting the view that findings from much of the body of research already discussed may be relevant in the local context. For example, the young people articulated their drinking almost exclusively in terms of pleasure, not viewing it as in any way risky and not aligning it with notions of bingeing. For both men and women, going out and drinking together was a normative and valued aspect of life, one that was re-lived through the use of narrative in which 'good times' were recounted and reflected upon with enjoyment (see also Engineer et al., 2003; Sheehan & Ridge, 2003; Szmigin et al., 2008; Workman, 2001).

In summary, if we can draw some broad conclusions from the research discussed here, it is that supply-side initiatives have, through the development of highly packaged and marketed designer drinks referencing drug-related imagery and pleasure, reasserted their dominance in the psychoactive consumption market. Simultaneously, increased consumption per session has been facilitated and legitimised by a regulatory environment in which promotion is sophisticated and well resourced, intemperance is the norm and conventional control mechanisms have been deregulated. Such psychoactive consumption can also be seen as a form of identity construction in which young people, accustomed to a consumerist ethic, purchase forms of identity through consuming alcoholic drinks and other substances with friends. This process is highly valued within otherwise functional, busy lives in which time out operates as a temporary release from the stressors inherent to a post modern world.

It is also clear that arguably, the majority of young drinkers are 'binge drinkers' according to official criteria though few see themselves this way and most practice a form of controlled loss of control in which drinking specifically to achieve intoxication is mitigated by specific, circumscribed boundaries. It is also clear that, while the parameters of the normalisation of recreational illicit drug use may be the subject of debate, what is undeniable is that their use is not restricted to a deviant minority. Collectively, these behaviours are sustained not just by in-group norms and narratives which resist the problematising influence of public health messages, but by quasi-medical notions of 'risk' and 'harm' which do not correspond to the perceptions of the consumers' own realities.

Research Rationale and Objectives

The aims of the current study are to provide a richer understanding of young people's drinking and drug use including the ways in which they construct or make sense of their behaviours in this sphere. Existing explanatory models, even when they take account of wider social and environmental factors, have relied heavily on the assumption of linear relationships occurring between the dissemination of 'expert' knowledge and people's desire to maximise wellbeing by modifying behaviours in line with healthful recommendations. However individuals' practices are vastly more complex than these

rational, cognitive behavioural models can account for. Rather, the behaviours are intricately bound up with the multiplicity of meanings and resulting actions which people forge and negotiate in the social realm. As we have seen, understandings and consequent actions associated with the notion of 'risk' for example vary significantly from professional accounts of risk which assume the aspiration to limit or avoid it.

New Zealand's physical remoteness and unique drinking history also mean that issues such as availability, cost and societal influence may have shaped consumption patterns in ways which make aspects of them dissimilar from places where much previous research has been situated. Thus examining the extent to which existing understandings may be applied to a local context is a goal of the present study. The specific context to be investigated in the present study is a predominantly middle class, urban, NZ European group of young adults.

In order to explore the psychoactive consumption patterns of young New Zealanders, current ways in which young men and women talk about their drinking and drug use are examined. As we have observed in the preceding chapters, healthful ideals and current youth practices are frequently in conflict, and one route to minimising the dissonance is to articulate health promotion initiatives in ways which have resonance for the target population. This paper argues that the present research will aid greater understanding of the nature and meaning of drinking and drug use amongst young people in NZ, providing some foundation for the development of theories and policies that are meaningful, relevant and grounded in realities. This is an inductive, theory-building study intended to complement epidemiological and quantitative investigations.

CHAPTER 3: METHODOLOGY

In this chapter I outline details of the research process. Firstly, I describe social constructionism; the epistemological foundation upon which the research for this paper is based. Next I describe the procedure I undertook to recruit participants for the focus groups, the format for the groups themselves and the rationale behind the data collection process and participant configuration. I briefly discuss ethical considerations and my transcription procedure before outlining a detailed description of the methods utilised to analyse the emergent data. Finally, I conclude with a short summary locating my social and cultural position as a researcher, acknowledging the extent to which this may shape or constrain the content and direction of the findings.

Social Constructionism and Discourses

Social constructionism is a theoretical orientation challenging traditional positivist views of science which assert that 'truth' is an objective reality which can be revealed or perceived via objective scrutiny. Instead, according to social constructionists, versions of knowledge or common ways of understanding are fabricated within the social processes and interactions which collectively, people are constantly engaged in. Consequently such understandings are heavily dependent upon the social and economic factors prevalent within the environment and will vary both historically and cross-culturally. Further, these negotiated understandings may take numerous forms; there are multiple social constructions of the world and phenomena within it, but each will invite a corresponding action. In this way, various constructions can be seen to support or negate particular social actions (Burr, 1995).

Social constructionism deviates from most traditional psychological epistemologies not just in its skepticism towards any knowledge that presents itself as 'the truth' but also in its view of language which, rather than being viewed as a means of transmitting thoughts and emotions, is observed in its performative, action-oriented capacity; when people communicate utilising forms of language, they are *creating* meaning. In this sense, the focus within social constructionism is on the dynamics of social practices and

processes, and on considering how certain forms of knowledge are achieved by people in interaction. Thus, the attention of researchers working from this perspective is on spoken and written language and other 'texts' rather than people's internal cognitive structures.

One way of looking at how language influences meaning is to consider the idea that it is organised into a number of discourses and that the meaning of any word, phrase or other signifier utilised within the language is dependent upon the context of the discourse in which it is used. Discourses are said to be manifested in anything that can be 'read' for meaning including speech and conversation, written materials, visual images like art and films or even in the meanings embodied in clothing or hairstyles (Burr, 1995) and in certain behaviours people might adopt. In this sense, a discourse refers to "a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events" (Burr, 1995, p. 48). Clearly there can be numerous discourses surrounding any one object, each representing or 'constructing' it in a different way. For example the object 'youth drinking' has numerous discourses surrounding it, including youth drinking as violation of the law, youth drinking as a normal developmental phase and youth drinking as a health concern – all of which bring into focus a different conceptual framework, different implications for consideration and invite different forms of appropriate action by the various involved parties. However from a constructionist perspective, these are not seen as manifestations of people's beliefs or opinions in that they do not have their origin in private experience, but rather they are various representations of the discursive culture which people inhabit.

The action orientation of discourses can also be illustrated by the concept of positioning. Subject positions within discourses refer to how people may be referred to or addressed, such as a mother, a young person, disabled, independent, a New Zealander, a foreigner and so on. Positions available within discourses entail what Davies and Harré (1990) refer to as a "structure of rights" (p. 46); a range of possibilities, obligations and limitations on what may be said or done from that subject position. They suggest that once a subject position within a discourse is taken up, an individual or group will inevitably come to experience the world from the vantage point of that position. Some subject positions are transient or fleeting, while others such as

'parent' or 'female' are enduring and contribute greatly to the representations people have of who they are, the appropriate values to hold and what it is possible or not possible to do from that position. This is not to suggest the individual has no personal agency or choice in positioning; on the contrary, an individual may resist the experience of uncomfortable or contradictory positions through a variety of discursive practices. The concept of positioning then enables us to consider how people are subject to discourse and how this subjectivity is negotiated in interpersonal life.

Burr (1995) suggests that, since research from within a social constructionist framework does not search for a singular, objective 'truth' but accepts the existence of many alternative interpretations of events, such research is capable of achieving more pragmatic and possibly political goals, for example how useful any particular 'reading' of a phenomenon might be in terms of bringing about beneficial change. In this way we can see how a research enquiry using the epistemological assumptions of social constructionism allows us to access the discursive context surrounding youth intoxication and gain insight into the socially constructed understandings which surround it; meanings which have clear implications for subsequent action of the stakeholders. The benefit of such an approach is that, in rendering visible the discourses drawn upon by young people in relation to their psychoactive consumption, we may enhance our appreciation of the ways in which they construct the phenomenon, are positioned in relation to it and how such discourses serve to enable or constrain various behaviours.

Data Collection

Sampling and Recruitment

The study consisted of four focus groups conducted in Auckland, NZ with participants recruited via a non-probability snowballing technique. Snowball sampling is an effective way of generating a sample from a 'hidden' or difficult to access population when no formal sampling frame is available (Van Meter, 1990). The eligibility criteria were: males and females between 18 and 24 years of age, proficient in English, and who had ever used alcohol or drugs in the context of socialising. This specific age group was

selected as the population of focus because research and statistics point to it being the age grouping within which people are most likely to use illicit substances, most likely to drink large amounts of alcohol on a typical drinking occasion and most likely to experience an alcohol-related harm (Ahlstrom & Osterberg, 2005; Kuntsch et al., 2004; MOH, 2007). Alcohol *and* other drugs were specified because of the literature which indicates young people do not tend to make the licit / illicit distinction often made by researchers and public health (Parker et al., 1998; Riley & Hayward, 2004). However, people with a treatment history of drug or alcohol abuse or dependence were excluded on the assumption that these individuals would likely be representative of a different group from the general population of social and recreational users. Ten 'starting point' contacts aged between 18 and 24 years old who were acquaintances of the researcher were approached and asked to participate in a study about young people and their social lives. They were provided with a dedicated email address via which all future communication took place. The contacts who expressed initial interest were then emailed a copy of a plain-language information sheet which outlined details about the research, information on the researcher, a description of who could take part and what would be required of them together with confidentiality and other ethics-related details (refer Appendix A). The information sheet also explained that the sessions would be recorded and participants would be compensated for their time and travel costs with a $10 voucher for either a CD or petrol. The starting point contacts were requested to invite between four and eight of their friends who met the specified criteria to take part. Ultimately four individuals were able to assemble groups of friends who agreed to take part and mutually agreeable times for the discussion groups were arranged.

Focus Group Rationale

A focus group has been described as "the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group" (Morgan 1988, p.12). This method was considered particularly appropriate in the present study so participants could interact socially with each other in a manner consistent with their experiences of drinking and drug use. Health researchers pioneered the use of focus groups within social action research and the method is now widely used across a plethora of health-related subject matter, with diverse populations of research participants (Harrison & Barlow, 1995). Wilkinson (1998) suggests focus group research is particularly advantageous for use in qualitative research which is

endeavouring to elicit participants' own meanings and understandings around the topic at hand, since they are characterised by interaction *between* participants in addition to communication with the group moderator. She proposes five mechanisms through which focus groups facilitate this interaction and the greater access to and understandings of subjective experience it offers. Firstly the group context facilitates greater openness and disclosure. Participants are likely to contradict, question and challenge each other in a manner which enriches the depth and breadth of the talk but which might appear confrontational coming from the moderator. Importantly for the present study, several researchers have noted the degree to which focus groups tend to facilitate discussion of less 'socially desirable' opinions and points of view (DiMatteo, Kahn, & Berry, 1993, as cited in Wilkinson, 1998). Given the level of public censure that exists around youth intoxication, it was important to provide an environment where participants were less influenced by the need to make socially desirable responses. Secondly, when in groups participants talk primarily to each other rather than to the researcher, and are therefore more likely to do so using language and colloquialisms which provide an important insight into their conceptual world. Thirdly, the researcher's influence is reduced by the mere fact of being one individual among a number, giving the group more control over the research agenda. The benefit of this is in enabling the participants to focus on or develop the issues which are of most significance to them. Fourth, the group context encourages the elaboration of participants' accounts as they respond to both agreement and disagreement or are challenged to defend or justify their view. Lastly, focus groups offer the opportunity to directly observe meaning-generation via the interactions of group participants (Barbour & Kitzinger, 1999). This concept, also termed "co-construction" (Wilkinson, 1998, p.338) relates to the socially derived nature of people's thoughts, ideas, understandings and beliefs which are formed and shaped within the context of everyday interactions with others. This affords the researcher an opportunity to witness how meanings are interactively arrived at within the context of discussion and debate with others.

Friendship Groups

The use of participants who are already acquainted with each other was a deliberate endeavour to reproduce (to the degree it is possible within a research environment) the relaxed and informal atmosphere of a social get-together (Suter, 2000). This approach has a number of benefits. Firstly, familiarity facilitates rapport between group members,

stimulating more spontaneous and open discussion (Hyde, Howlett, Brady & Drennan, 2005). Secondly, enabling interviewees to recruit their own friends for the focus group enables the researcher to experience the dynamics of interaction within an established social framework, thus approximating conversations which might be likely to arise in a naturalistic setting. In addition, other researchers have posited friendship groups create a relatively safe space for the candid disclosure of thoughts or behaviour which might be difficult to reveal amongst group 'outsiders' (Barbour & Kitzinger, 1999). Finally, given the inherently social nature of the phenomena being researched, it was appropriate that participants be able to draw on shared experiences, highlighting similarities and differences in perspective.

Focus Group Sketches

Four focus groups were conducted between June and November 2009, each comprising between four and six participants (11 females, 10 males; mean age 22 years). Details of the groups and individual participants are provided in Table 1 and described more fully below. No specific gender mix was requested; by chance three groups were mixed and one comprised all males.

Table 1: Focus group composition

Group	Pseudonym	Gender	Age	Occupation	Ethnicity
A n=4	Cleo	F	20	Medical student	NZ European
	Trixie	F	20	Arts student	NZ European
	Dee	F	20	Arts student	NZ European
	Sam	M	20	Arts student	NZ European
B n=5	Peach	F	24	Advertising executive	NZ European
	John	M	24	Concrete layer	NZ European
	Sarah	F	24	Sales executive	NZ European
	Ruby	F	23	Advertising executive	NZ European
	Jewel	F	24	Law student	NZ Samoan
C n=6	Trevor	M	23	Contractor	NZ European
	Tony	M	20	Electrician	NZ European
	Willie	M	20	Carpenter	NZ Maori
	Ribs	M	23	Plumber	NZ European
	Steve	M	19	Electrician	NZ European
	Jim	M	20	Plumber	NZ European
D n=6	Clementine	F	19	Business Student	NZ European
	Brett	M	21	Locksmith	NZ European
	Samantha	F	19	Law Student	NZ European
	Joel	M	19	Retail Salesperson	NZ European
	Lucy	F	19	Science Student	NZ European
	Suzie	F	19	Arts Student	NZ European

In respect of mean age, group A were the second youngest. They were all doing university degree courses and most anticipated completing a post-graduate or professional qualification subsequent to graduation. All lived at home with their parents in a medium/high SE suburb, except for Dee who was flatting. Group A gave thoughtful, considered responses to all the questions and were possibly the most reflexive, recognising and commenting on some of the inconsistencies and contradictions within their accounts. Even after the focus group terminated, group A continued with the topic under discussion and appeared genuinely engaged by the issues it raised for them.

Group B were the oldest in terms of mean age. Jewel was what she termed an 'adult student' and the rest were in the workforce and living independently. This group were the only ones who stated they had entirely 'moved on' from any recreational use of illicit substances which had at one time formed a part of their psychoactive repertoire. They had also integrated regular, lower level alcohol consumption into their daily lives to a degree not demonstrated in the younger groups. They spoke of regularly having one or two drinks to wind down after work or to enjoy with dinner.

Group C was an all-male group, the second oldest overall with all members in the workforce fulltime as tradesmen or apprentice tradesmen. They were variously living at home or flatting but for the most part living life independent of parental influence. Group C described the most extensive psychoactive repertoire and the use of illicit substances in addition to alcohol was clearly a regular feature of their socialising.

Group D were the youngest on average, all but one in their first year post secondary school. Drinking alcohol legally in bars and clubs was a relatively new experience and this formed the core of their recreational psychoactive consumption. They were in a relatively 'experimental' phase with illicit drug use, describing a cautious approach to their intermittent experiences of trying various other substances. This group were open, enthusiastic about the discussion and forthcoming in revealing their habits and voicing their opinions.

Format of the Focus Groups

Groups were conducted at the workplace of the researcher which is health cooperative premises in Parnell, Auckland. Though clearly a professional environment, the room used was generically decorated and comfortable, with armchairs and floor cushions to facilitate the ease and relaxation of participants. All had received the information sheet, but a copy was passed to each on arrival and additional queries about the study were fielded. The focus groups were recorded by digital audio recorder and each lasted between 60 and 90 minutes. Pizza, soft drinks, tea and coffee were provided.

After introductions and a recap of participants' rights, discussions began with the groups being asked to describe what they liked to do when socialising. A list of discussion prompts and questions had been prepared (refer Appendix B), however in keeping with the semi-structured format these were primarily utilised to stimulate conversation rather than direct it. Conscious of the study's objectives – to access the voices of the young people themselves – moderator intrusion was kept to a minimum and restricted to clarifying meaning, developing topics raised or encouraging talk when conversation stalled.

Ethical Considerations

The research was conducted according to the ethical guidelines set out in the Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (Massey University, 2006). An application was submitted to the Massey University Human Ethics Committee (MUHEC) and provisionally approved subject to some minor changes. Given the potentially sensitive nature of the topics under discussion, confidentiality issues were considered paramount in order to maintain free and frank discussion and the protection of participants from any negative repercussions. Since there was the potential for illegal activities to be discussed, the Committee wanted reassurance that this would not place participants or the researcher in a compromised position. To alleviate this, an undertaking was given that no questions about the procurement of illegal substances would be asked and if the issue arose it would not be pursued. In response to a further issue raised by MUHEC, reassurance was given that the research not be seen to promote drinking or in any way normalise the use of illegal substances. A statement was included in the information sheet to emphasise the purpose

of the research, which was purely to discover and reflect young people's own practices, opinions and views on these matters. It was also determined that subsequent to transcription (whereupon all names would be substituted with pseudonyms) the original recordings would be destroyed so that no recourse to participants or participant tracing would be possible.

Additional ethical issues identified in peer review related to the potential distress of participants when discussing their intoxicant related activities and the possibility that the presence of clinically significant alcohol or drug dependence problems may become evident. In these instances, the researcher's experience as a registered alcohol and drug clinician would be deployed and information for referral to appropriate agencies was kept at hand. There was a further concern relating to the researcher's obligations upon learning of illegal activities. In these instances, guidance was drawn from the Health Information Privacy Code (HIPC, 1994), and the code of ethics of the Drug and Alcohol Practitioners Association of Aotearoa-New Zealand (DAPAANZ, 2005) which both stipulate the disclosure of information to appropriate authorities only in the event of the awareness of serious and imminent threat to public health, public safety or the life or health of the individual concerned or another individual. In the course of events, none of these aforementioned circumstances arose. Full MUHEC approval was subsequently conferred.

Participants were issued with informed consent forms which were read and explained before signing. These made clear that no individual was under any obligation take part in the research, defined what would be required and outlined all participant rights (refer Appendix C). Group members were asked to sign the consent form and to address each other within the focus group using their first names only. They were also invited to select a pseudonym by which they would be referred to in the transcription. All other names, place names and identifying features mentioned in the recordings were not transcribed.

Focus groups were held in a private location with no likelihood of participants being either observed or overheard, and access to both the recordings and the transcriptions were limited to the researcher and her thesis supervisor. Signed consent forms and an email address list for the communication of a summary of findings were kept in a

locked filing cabinet. Computer files were password protected to prevent unauthorised access and on completion of the transcriptions the audio files were destroyed. These measures ensured no individual participant could at any time be either directly identified in the research or linked to any comments made within a particular focus group.

Transcription

Focus group discussions were transcribed by the researcher using a simple notation convention adapted from Silverman (2003, see Appendix D) which is considered sufficient for the purposes of a detailed analysis (Bloor, Frankland, Thomas & Robson, 2001). Punctuation was added so that the transcripts remained true to the verbal account. Transcripts were checked against the audio recordings for accuracy before the audio files were destroyed.

Participants were all given the opportunity to review discussion transcripts, edit or delete any of their own comments and requested to authorise their use within the research with written consent. All participants approved the transcripts without making changes.

Data Analysis

The analysis began with the task of becoming thoroughly familiarised with the entire data set. The process of transcribing from audio recordings to text, which was undertaken personally, assisted this process and I began noting preliminary thoughts on what were observed as repeated patterns of meaning together with other issues of potential interest. Once transcription was completed and checked against recordings for accuracy, the entire data set was again read and reread several times.

Searching for themes

The next phase involved identifying themes or coherent stories within the data with the intention of creating a descriptive portrait of the text and of breaking up the transcripts into more manageable units of meaning for the purpose of aiding a discursive

examination. I was guided by Braun and Clarke's (2006) guidelines for identifying, analysing and reporting themes within data generated for research in psychology.

The first step of this process was essentially one of identification and I began by generating an initial set of 'codes' or labels for tracts of text that related to an aspect of its content. Any interesting feature in the data items which formed a repeated pattern was coded and this was done diversely and inclusively, with no effort made to limit or curb the number of potential themes. As a result, many individual extracts of data were coded under a number of different categories. The emphasis here was upon description rather than interpretation of text, so impressions together with potential or possible interpretations were simply noted. An inductive approach was adopted in this initial phase in that coding was completed without reference to an existing coding frame and without trying to pursue any of my analytic preconceptions. Nonetheless, it is important to acknowledge my theoretical interest together with the extensive search of existing literature undertaken for this project and the degree to which these are likely to have sensitised my attention and informed impressions made at this stage of the analysis (Braun & Clarke, 2006). After all data was manually coded, I copied and pasted the segments of the transcripts into new electronic files until separate documents were created for each code, with all related data collated under one heading and a list of 60 final codes was obtained (see Appendix E).

The next step involved a change in focus from the level of individual codes to a broader one of themes. This was a case of reviewing all the codes and considering the relationships between them including such things as similarities, differences, scope and content before beginning to sort the codes into various potential themes and pooling all the relevant extracts of a proposed theme.

The final step of this phase involved review, refinement and comparative analyses of all the candidate themes and sub-themes together with collation of all the extracts which had been coded in relation to them. At this stage it was helpful to consider Patton's (1990) dual judging criteria: internal homogeneity and external heterogeneity. Data within themes were assessed for internal consistency and coherence, while it was ensured there appeared a clearly identifiable distinctiveness between the various themes. The themes identified were: Control, Enjoyment and Normal (see Appendix E).

Discourse Analysis

The third phase of the analytic process was to take a discursive lens to the data, explicitly looking for the ways participants were using language to construct versions of their world, the purpose or functions these constructions served and the subject positions they made available (Potter & Wetherell, 1987). For this step I used Foucauldian discourse analysis.

Foucauldian discourse analysis is focused not just upon language, but on the way language is used and how these uses contribute to the formation and experience of social and psychological life. As discussed earlier, discourse is described as "a system of statements that constructs an object" (Parker, 1992, p.5) which in turn maps a picture of the world that makes available certain 'ways of being' and 'ways of seeing'. Discourses also offer subject positions which are locations within networks of meaning that speakers may take up, resist or impose upon others. A subject position enables and/or constrains what may be said, done and felt from that location (Willig, 2001). In this stage of the analysis, it was helpful to refer to a set of procedural guidelines for the analysis of discourse, and I was guided by those outlined by Willig (2001) which are based upon Foucauldian theory. The guidelines chart six steps which enable the researcher to identify some of the discourses used within a text, ascertain the subject positions they contain and their implications for subjectivity and action.

The first step was to take the three themes which had been identified within the transcripts and reread all the data extracts which had been collated in relation to them in order to identify those which actually constructed a discourse. Having already ascertained a set of coherent themes enabled reflection to be concentrated upon the various understandings and shared constructions of the topics and issues of significance. From here, I searched for statements which constructed drinking and drug use as a discursive object; looking for the different ways this was achieved in the text. The data within the three themes corresponded to three different discursive constructions of participants' psychoactive consumption practices. The theme of Control constructed drinking and drug use as a process of *self-regulation*, the Enjoyment theme constructed drinking and drug use as *pleasure* and the Normal theme involved several constructions of drinking and drug use which collectively located them within a discourse of normative *psychosocial development*. I collated all excerpts of text which illustrated

these constructions into separate files in order to review them for the subsequent stages of the analysis.

The next step was to appraise the action orientation of each of the three identified discourses, or in other words to consider what was achieved by constructing the object in this way, at this particular point in the talk. I systematically evaluated each discourse and noted on the transcripts where they could be seen to fulfill certain functions or to promote one particular version of events over another. For example, by referring to drinking as pleasurable, the notion of any negative connotations such as drinking being harmful was repudiated because, within the version of reality constructed by this discourse, something cannot be at once pleasurable *and* problematic.

Next, I considered the subject positions each discourse offered. As discussed above, every discourse has within it a specific number of subject positions or ways of describing people within that discourse. These in turn offer locations from which the individual may speak and act and in which they may position others. While not prescribing specific roles to act out, subject positions do entail both possibilities and limitations on what might be said or done and are said to play a role in people's subjectivity. That is, once a subject position is taken up within a discourse the world is inevitably experienced from the vantage point of that perspective. For example the self-regulation discourse contained the subject position of the sensible, experienced and rational planner of intoxication; someone taking up this position is able to legitimise their inebriation because of its carefully planned and judicious nature. The contrasting subject position within this discourse is the uncontrolled inebriate: this is someone who does not or cannot maintain socially acceptable boundaries of intoxication and consequently exposes themselves to moral censure. The participants took up the former position to resist being positioned in the latter. They did not identify with the portrayal of all intoxicated youth as uncontrolled and reckless and occupying the contrasting position enabled them to join in the vilification of irresponsible binge drinkers by comparing themselves favourably to this group. Subject positions were identified within the three discourses through a careful process of identifying patterns and contradictions within the text, paying particular attention to the terminology, metaphors and grammatical features of speech and the consequences of their deployment (Willig, 1999).

The final two stages of the analysis involved exploring the relationship between the various discourses and the implications these provide for both practice and subjectivity. A systematic exploration was made of the ways in which particular discursive constructions and the subject positions contained within them presented either opportunities or limitations for participants' actions as well as for their feelings, thoughts and experiences. For example, the psychosocial development discourse represented adolescence and young adulthood as an appropriate time for fun, experimentation and excess, constructing this as a normal stage in the maturation process and a primary means by which young adults gain the experience required to be able to moderate and rationalise their consumption habits. Thus the practice of intoxication becomes an appropriate, even necessary form of behaviour for young people. The consequences of positioning themselves within this discourse for participants' subjective experience are that they are able to justify occasional youthful excess and resist the discomfiting moral censure which exists in relation to it. They do this while retaining the sense of themselves as highly functional and conventional in other areas of life. The exploration of this relationship between practice and subjectivity provided insight into how the participants experienced their world and subsequently behaved within it.

Though described in a linear manner here, the process was cyclical and organic in that understanding was enhanced with each successive reading of the transcripts and I returned to earlier texts with the developing insights in mind, adding, combining and subsuming aspects of the analysis where appropriate. To conclude the analytic process, each discourse was assessed for its validity in terms of reflecting the meanings evident within the data set as a whole and each representative excerpt was reviewed to ensure its contextual significance was preserved.

Reflexivity

Working within a social constructionist framework requires that I acknowledge the fact that my own life experience, circumstances and values will inevitably influence my research – from the topic I chose to focus on, to the recruitment of and interactions with study participants, right through to data analysis and in particular, constructions of the generated text.

I am NZ European, middle class, married and in my early forties. I work as a clinician in a private outpatient rehabilitation clinic which provides an abstinence-based treatment programme for people with alcohol or drug dependence. In the last 10 years I have treated a few young people for alcohol or drug dependence, however it is relatively rare to see someone younger than 25 seeking treatment. I have come to believe that this isn't because such problems don't exist in younger demographics but rather that they are more easily camouflaged among the excesses and associated behaviours which appear to be characteristic of this age group.

At a personal level, my own experience with alcohol and other drugs resulted in me realising, at the age of 28, that I could not 'control' my own use of any mind-altering chemical; that I could *choose* to have nothing, but once I chose to have even one drink (or other drug), any subsequent consumption became a matter of compulsion – or to use the colloquial expression; addiction. So if I wanted to retain any degree of choice in the matter, it was all or nothing. I also recognised how this differed from the 'norm'. That many (in fact most) people could *choose* to have one, or two, or ten or fifty. They could also choose to stop at whatever point they deemed it desirable to do so. At the same time, it occurred to me that many of my contemporaries consumed as *much*, as I did and many more drank as *often.* So I began to perceive that the notion of 'problem' substance use in this sense had less to do with frequency or quantity than is often assumed. My resolve to remain abstinent appeared to many in my immediate social and familial circle as a rather extreme decision; the thought of negotiating a lifetime of weddings, christenings, New Year's Eve celebrations, birthdays, Christmases and sundry stressors without (at least one) celebratory or consolatory alcoholic tipple appeared to many a form of radical self-denial as well as slightly peculiar. Since this time, I have remained fascinated by the taken-for-grated nature of intoxication, particularly amongst young people in NZ – an attitude which provided a smokescreen for many years of my own drinking and drug use which did not emerge as particularly out of the ordinary until my late twenties. I am also fascinated by the fact almost all of my contemporaries did in fact 'grow out' of their excessive and experimental phase; something which to me suggests that early abuse and subsequent dependence are not necessarily causally related.

I am also intrigued by the degree to which the notion of acceptable drinking is a social construct, with so many different sections of society forwarding their own style of consumption as being the only proper or appropriate one and the practice which all others should emulate. These constructions too appeared to me unrelated to quantity consumed (what is a moderate amount to one individual might be extraordinarily excessive to her neighbour), or even to outcome (a hangover might be either the mandatory by-product of a good night out or a clear sign of having over-indulged). This for me posed some obvious questions: 'What is normal drinking?' 'Who drinks normally?' and importantly, 'Who gets to decide?'

These are the circumstances, experiences, prior contemplations and beliefs which I brought to the present study and which have undoubtedly influenced my approach to it as well as shaping and constraining my analysis of the results.

CHAPTER 4: RESULTS

Analysis of the discursive constructions of intoxication

As discussed in the previous chapter, during my analysis of the transcripts it became evident that three discrete but interrelated discourses were identifiable. In the following chapter I will describe each discourse in turn, followed by an account of the subject positions made available within the discourse and the implications and consequences these held for the actions and subjectivity of participants. First I describe the *self-regulation discourse* and the subject position within this which was taken up by study participants; the *rational and competent inebriation planner*. Next I illustrate the *psychosocial development* discourse and the dual subject positions adopted within it; the *developmentally normal user* and the *culturally appropriate drinker*. Last, I describe the *pleasure discourse* and the implications of the primary subject position made available within this which was the *fun, sociable* consumer. Within each of the discourses there were additional subject positions which the participants resisted or positioned others within and I will illuminate these at appropriate points in the discussion. In summary I will discuss the relationship between the discourses, the ways in which they are interwoven and dependent upon each other and the network of meaning they collectively construct and which the young people drew upon to explain, justify and account for their drinking and drug use practices.

Self-Regulation Discourse

Participants in all four groups described their consumption of alcohol and drugs as being structured and judicious; constrained to varying degrees by a range of self-imposed restrictions such as occasion, social image, budget, safety and the exigencies of work or study responsibilities. This construction is in contrast to the representation of youth drinking behaviour as unbridled and out of control which often frames media and public health accounts.

The self-regulation discourse frames alcohol and some other drugs as analogous to commodities, consumed for their psychoactive effects which are perceived to deliver a variety of favourable moods and states not immediately available by any other means. Within this discourse, the consumption of both licit and illicit substances in the context of socialising becomes primarily purposive. That is, achieving a designated degree and style of inebriation from the investment of limited financial resources and precious leisure time is a key objective. This construction at once legitimises intemperance in consumption, (by posing the rhetorical question "why do it at all if an effect is not obtained?") while simultaneously prescribing the circumstances where such intemperance is – and where it is not – appropriate.

All the participants discussed having tried various illicit substances, and for some these were an accepted, even regular feature of their psychoactive repertoire, however the centrality and primacy of alcohol as substance of choice across the four groups was unequivocal. Within the rational self-regulation discourse, disordered or daily use of any substance was highly condemned, but *any* use of certain specific substances – namely pure methamphetamine (P), heroin, what were termed 'pharmaceutical drugs' or anything involving needles was proscribed. These substances violated the personal boundaries associated with social image, wellbeing and discretion the young people set for themselves. The primary subject position offered within this discourse was that of the *rational and competent inebriation planner.*

The Rational and Competent Inebriation Planner

Occupation of this subject position comprises the related but distinct concepts of rationality and competence. Rationality makes it possible to logically prepare a strategy for achieving the required or appropriate degree of intoxication circumscribed by context. Competence is required to effectively achieve (but not exceed) this in a manner that will not endanger social or personal credibility. Group A discuss rationality below:

Extract 1: Group A
Sam: I think you at least for a minimum thing you at least want to feel <u>something</u> from it otherwise you feel like you're wasting your time.
Cleo: Yeah

...
Cleo: And also what you were saying before about um if you don't, if there's nothing happening, if you only have like, you want to drink to get to a certain level, like you were saying that there's almost no point having like two glasses of wine
Sam: Yeah
Cleo: Like you might as well go sober and not pay for the two glasses of wine
Dee, Sam: Yeah
Cleo: Unless you're just socially sitting having a glass of wine in the afternoon
Sam: Yeah if it's not the object of the meeting or whatever then it doesn't matter you know like okay we'll have a beer and talk about this or something but if you're like 'we're gonna go out drinking' [it's implied that you're gonna get
Cleo: [And if you only have money for two glasses of wine then you might as well have nothing
Sam: It's implied that you're gonna get drunk isn't it
Cleo, Trixie, Dee: Yeah
Sam: It's the point
Dee: Like a big night normally means get wasted
Trixie: Yeah

Here, Sam and Cleo differentiate the role of moderate alcohol consumption, which is incidental to whatever other activity is being performed, to that of 'going out', at which time it assumes a more defined purpose: the facilitation of "getting wasted." They draw upon economics to account for their strategy; if the objective cannot be achieved on the existing quantity or budget, then it makes good financial sense not to squander the available resources, but to allocate them to an occasion when the objective (a desired degree of intoxication) *can* be accomplished. Similarly, group D discussed the appropriateness of drinking just 'one or two' in certain circumstances. They give a cogent account of the competence required to negotiate the way in which various social circumstances prescribe the purpose, volume and pace of consumption:

Extract 2: Group D
SB: What about drinking on your own? Do any of you ever do that?
Lucy: Yeah, I'll have a – oh, sometimes. I'll have a couple.
Susie: Nah, you'd have one
Joel: (   ) like a cocktail maybe
Brett: You don't sit down with box next to you[
[{laughter}
Susie: Nah like if like, sometimes like a family do or just dinner, maybe like beer
Clementine: Yeah
Brett: It's just chilling out, just one maybe
Joel: I associate red wine with Italian food, for some reason I don't know
Clementine: Yeah I agree
…

Brett: Yeah, and you sit on them, you're not like, if you're going out kind of=
Susie: =You drink them quite fast, like=
Lucy: =I've got an hour!
Clementine & Lucy: Yeah, (bar name) used to do two for one!
Susie: Yeah two for one. 'Oh man we've got ten minutes! Buy some more, sit them all there!'
Susie: Drink up! Skull!
{Laughter}
Samantha: 'Cause it's so expensive otherwise. Like eight bucks, nine bucks sometimes for a drink, and it's got like half a shot of vodka in it, which is not a lot

Here, the circumstances where intoxication is not the intent are specifically defined; 'chilling out', family dinners, or where alcohol is perceived to complement certain foods. By stipulating suitable behaviour in these circumstances to be consuming 'just one or two' that you just 'sit on' they establish themselves as responsible (rational and reasoned) drinkers. In contrast, 'going out' legitimises an entirely different approach whereby participants draw on similar economic practicalities to justify a strategy of maximising intake (and thus effect) while minimising expenditure. In the following extract the same group further reinforce their position as reasoned, apposite drinkers by comparing themselves to other, less conscientious consumers:

Extract 3: Group D
Samantha: We <u>don't</u> need alcohol to have fun, like we still go out for fish and chips and stuff on the beach kind of thing without alcohol
Lucy: Oh yeah
Brett: Yeah, you do see groups of people that are you know they'll go to the beach during the day and they'll just take a <u>massive</u> chillybin full of booze
Samantha: Oh we don't do that
Lucy: No
Brett: Like if you guys are going out, you're going out to have a few drinks or whatever [you don't just, you know go see someone and just get hammered on the beach or
Samantha: [There's a time and a place
Clementine: Mmm, yeah
Brett: You know, we don't drive round in cars getting hammered
Unison: No

By asserting that there are appropriate times and places to get "hammered" which some other groups of people do not observe, group D implicitly acknowledge the degree to which their own behaviour is justified by context and occasion. In this sense, they can be seen to be acknowledging the wider discourse of censure that surrounds youth intoxication while simultaneously resisting being positioned within it. As discussed in

chapter one, such a discourse often creates a dichotomous normal/safe vs. abnormal /unsafe divide, and these participants claim the normal/safe (rational/competent) segment for themselves. Since their drinking is not, to their evaluation, unbridled and reckless it is clearly therefore the opposite.

Rationality also involves notions of moderation since daily, disordered or excessive use of any substance is denounced. In extract 4, group C explicitly state their view that moderate use of intoxicants (in this case marijuana) has benefits which are diminished if that use becomes markedly more frequent:

Extract 4: Group C

> *Trevor: Yeah, like, what they're saying is like if you use these things in moderation they can be a positive thing y'know like you smoke pot once every couple of weeks on a Sunday and it's a <u>good</u> thing, you know, it's fun. It's when you start smoking it every day that you get like, it clogs your mind and whatnot y'know?*
> *Willie: [Lose motivation*
> *Ribs: [Your motivation*

In the above excerpt, the "fun" of smoking marijuana is lost with exaggerated use, implying knowledge and practice of restrained, functional drug use. Other groups describe the various different type of 'buzz' one might hope to achieve from the use of various substances and how these are dictated by mood and circumstance. In extract 5, group A discuss how mixing substances and mixing alcohol with other drugs is not customary; not because of concerns with risk, but rather so as not to dilute or conflate the particular psychoactive experience being sought:

Extract 5: Group A

> *Sam: And there's a certain kind of experience associated with each thing*
> *Trixie: Yeah*
> *Sam: So like if you're going for weed then it doesn't really mix with the E because with weed you'll just sit there and go ahhhh and make up cartoon characters or whatever*
> *Trixie: And I think mostly when people take E or whatever they like actually plan to take it so they know that they're not going to drink beforehand because they're like oh okay this is what I'm doing tonight, this is what I've got so this is what I'm gonna take, so*

This is not to say the participants were not cognisant of risk in relation to their use, but their constructions did not correspond with conceptions of risk advanced by health or legal agencies. Rational, competent consumption of illicit (and licit) substances

mitigates risk by its very definition, as it is circumscribed by notions of skill, experience and capability. As might be expected with the purchase of a commodity, planning the allocation of resources to achieve the best outcome requires astute judgment. Budget, together with other practical considerations feature significantly in the participants' accounts of their consumption practices, as demonstrated in extract 6:

Extract 6: Group C

SB: Yeah, and what about, you were talking earlier about the alcohol content in things? Does that affect what you might buy?
Ribs: Yeah.
*Willie: Like you wouldn't buy like a four percent woody. It's just be stupid cause you'd have to drink f***** twelve of them*
Ribs: {laughs} Yeah you'd be drinking three litres of coke. And it just depends on the night really, like if you know you're going out to a dance party or something and you've only got a certain, like you're going out at seven and you've gotta leave the house at nine thirty, ten or eleven or something to get there you're not, most generally I wouldn't buy a twelve box because it's too much liquid to drink in that short space of time. I'd rather get something that was easier to drink, faster=
Steve: =Higher potency
Ribs: Higher potency, less to drink, can fit it in the same period of time
Trevor: Practicality really aye?

In these and other similar accounts participants articulate a range of strategies which are applied to maximise the efficacy of their consumption within the available time and budget. These include the preference for going to parties at private residences, drinking before going out to avoid paying bar or club prices, consuming drinks with higher alcohol content and buying in bulk. These strategies are not performed simply in the injudicious pursuit of excess but rather in the rational pursuit of a desired effect within the circumscribed limitations (most typically time, budget and occasion). Quantity consumed is relevant, but only to the degree to which it accomplishes the desired state. The discursive resources drawn on by the participants illustrate deliberate forethought together with a substantial degree of consumerist expertise. Even while participants in the present study disclose consumption that would be considered excessive by many standards, in constructing their intoxication as highly managed, the young people take up the position of *rational*, *competent* consumer. This contrasts with the image of hedonistic abandon that might typically be associated with the term 'intoxicated'. From this subject position it becomes possible to justify intentionally drinking to the point of intoxication (and beyond) as both a reasonable and measured pursuit.

In examining the subject position of rational, competent drinker, it is difficult not to draw comparisons to other high-risk activities which are undertaken in a deliberate, practised way. Skydiving for example, is never completely risk-free, but with the requisite expertise, a *rational, competent* skydiver can, on appropriate occasions, indulge in their pastime having planned and taken steps to mitigate the primary risks. They are able to enjoy the exhilarating experience of jumping from an aeroplane, (which might appear to the uninformed, a form of reckless abandon) largely because they are in actuality coherently implementing a careful combination of skillfulness and experience. When discussing their pursuit of intoxication, the participants drew upon similar concepts although here the 'risks' are not perceived to be threatening to life or physical safety so much as they are hazards to social credibility, future achievement or appeal to the opposite sex.

In holding the subject position of *rational* and *competent* user, the individual is expected to have developed self-control and to subsequently exhibit appropriate restraint and the recognition of personal limits. At the same time, the self-regulation discourse values a high tolerance to the effects of intoxicants as illustrated in the following excerpt:

Extract 7: Group B
> *Peach: No. I could, even if I get to a point where I'm just quite incoherent [I can generally drink through it {laughs}*
> *Sarah: [You're still pretty coherent though, yeah*
> *Ruby: She never spews*
> *Peach: I never spew*
> *Ruby: Or falls or anything, just keeps going*
> *Sarah: No*
> *John: Oh she falls*
> *Peach: Oh I sometimes fall {laughter}*
> *Sarah: You're crook the next day but=*
> *Peach: =Not overly dying=*
> *Sarah: =Not in the midst of it you're pretty - you're like a soldier*
> *Ruby: She's never the person who says 'I need to go home'*

This extract and many others like it emphasise the high regard accorded to individuals with the apparent ability to consume large quantities without exhibiting negative effects. Peach is accorded almost heroic status by Sarah who describes her apparently impressive ability to keep on going without demonstrating any adverse indications of

intoxication as being "like a soldier". However the subject position of competent user can also be claimed by an individual who professes a lesser degree of tolerance by underscoring recognition of their limits and acknowledging proficiency in self-regulation. The ability to retain 'control' over self and behaviour is fundamental to the notion of competence. In the reality constructed by this discourse, to 'lose control' is to demonstrate immaturity or ineptitude as demonstrated in the following extract:

Extract 8: Group A

Sam: There's always that <u>one</u> person
Trixie: The falling over person or the one that's crying in the corner {laughs}
Dee: The one you have to take care of
Unison: Yeah
Trixie: It's kind of I think when you're younger and you're still kind of getting used to drinking it's kind of more acceptable to have someone that's got, had too much, but now that we're like twenty, twenty one and getting older, it's like accepted that you all know your own limit it's kind of <u>really</u> annoying if you have a friend that gets way too drunk on purpose [you know?

There is a strong social imperative not to get to a point of intoxication where personal agency is compromised. To do so is to invite derision and those who do so consistently are positioned as the deserving object of condescension. These individuals fulfill the opposite subject position offered within the rational self-regulation discourse, that of *incompetent* consumer. In the following extract, the discursive strategies utilised by the participants are analogous to those employed by public health and other authorities in that this small minority of *incompetent* drinkers are denounced as spoiling it for other, more proficient consumers:

Extract 9: Group B

Peach: And something (else) though if we're sitting outside a bar having a few drinks, we don't want to be seen as <u>hooligans</u> or something so we're not gonna be out of control, yelling and stuff because, I mean sometimes you do walk past really rowdy, disgusting groups of people and you're just like 'ooh you're ruining it for everyone' {laughs}

In positioning others as 'out of control' they are able to vindicate their own behaviour by the comparison. Thus the inherently principled subject position of *rational, competent* drinker is retained in the face of previous and subsequent accounts of intoxication which involves falling over, vomiting, passing out and other indications of

apparent excess. The self-regulation discourse circumscribes not only behaviour while intoxicated, but also aspects such as appropriate degree, means and frequency of intoxication. As illustrated in extracts 10 and 11, all participants positioned themselves as responsible and conscientious, particularly in respect of substances other than alcohol.

Extract 10: Group A

> Sam: Personally I avoid just about all drugs, I do marijuana occasionally I'd say
> Trixie: Hard drugs are just
> SB: What are your reasons?
> Trixie: Ahh mostly I think because A they're really bad for you but B because you don't _need_ them to have a good night
> Cleo: And like you see people who take them all the time and you see what kind of people they are and you don't want to be those kinds of people

Extract 11: Group D

> Brett: I've got a couple of mates that will put three, four ecstasy away a night. And that's just their average, they are like party _animals_. And they like sell it, and so it's on tap and they just get hammered, get ecstasy and they'll just rage. And they'll go and go and go and then, like say a couple of days later they're just good for nothing, they're just useless. And you know, they're not winners by any means, they screw themselves over.

In the first excerpt above, Trixie reiterates the primary focus of a night out – to have a good time. "Hard" drugs are not only superfluous to achieving this end, but are associated with "need" as opposed to free will and choice – a morally superior position that implies individual agency. Hard drugs are also associated with certain, clearly unappealing 'kinds' of people who this group are careful to dissociate themselves from. Similarly, Brett describes what are perceived as excessive users as incompetent in that their reckless consumption renders them losers who ultimately "screw themselves over". It is clear from these extracts the degree to which excessive or inappropriate use of substances is condemned. However the idea that *all* illicit drug use is bad and inevitably leads to loss of control and slippage into problematic use does not equate with the judicious substance use these participants recount in relation to themselves. Consequently, many health messages and media reports are justifiably dismissed as erroneous or irrelevant:

Extract 12: Group B

> *SB: What were you taught about drinking and drugs when you were young, can you remember?*
> *Peach: Don't do drugs!*
> *{Laughter}*
> *Sarah: Yeah, it's <u>baaad</u>*
> *{Laughter}*
> *Ruby: Marijuana is a <u>gateway</u> drug*
> *{Laughter}*

Having earlier discussed periods of experimentation with marijuana and other drugs that they had subsequently 'moved on' from with no apparent ill-effects, group B are able to parody a common drug education message as being ridiculously exaggerated. This manifestly illustrates the fate of health education messages which are perceived to be overly alarmist or to not equate with the realities of their intended audience.

The subject position of *rational, competent inebriation planner* is also maintained by frequent references to the exigencies of work, study and other responsibilities which restrain social activities involving intoxication. As illustrated in the extracts below, the practice of going out or 'going hard' does not sanction the neglect of responsibilities or the compromise of performance in other areas of life. Instead, intoxication is reserved as a form of justified respite from the rigors which everyday life imposes.

Extract 13: Group A

> *SB: So do you drink less during the week?*
> *Trixie: Yep*
> *Cleo: Yep*
> *Sam: Yeah, weekends are definitely when you get [really drunk*
> *Dee: [Yeah*
> *Cleo: I definitely drink less during the week*
> *SB: What other things affect how much you drink? Anything else? Apart from finances and days of the week?*
> *Cleo: Well like, it's exam time at the moment so I'm not drinking because, you know, because I've got exams*

Thus, in being a competent drinker (or other drug user) the participants simultaneously retain the position of competent student/young professional. In firmly locating themselves within the position of rationality and competency, the participants are implicitly claiming free will and personal responsibility. However this position becomes problematic when the notion of 'binge drinking' is introduced. As stated previously,

there is no unified definition of binge drinking but a broad understanding is that the term implies a period of heavy drinking for the purpose of or resulting in intoxication. The participants in this study had no problem in equating their own behaviour with this descriptor. However a dilemma arose when the more pejorative associations of binge drinking are referenced, as can be seen in the extracts below:

Extract 14: Group A

> *Sam: It's interesting because there is actually a proper, like I don't know a legal definition or whatever for what a binge drinker is, or a medical definition and I think under it just about anybody we know would qualify as a binge drinker*
> *...*
> *Trixie: I don't really see it as a problem in my group of friends it's just something that we like to do. And if we wanted to stop we could, it's not like, you know? It's something that we do for fun, because it's fun.*

Extract 15: Group B

> *Ruby: Oh yeah, we definitely binge drink*
> *Sarah: Yeah, I can't deny it*
> *Ruby: But it's to have a good time, it's with friends, it's not to go out and wander off by ourselves and get taken advantage of or you know get taken off down the back alley like they show in the ads, that, we'd never get ourselves in that situation*
> *Sarah: No*
> *Peach: And we wouldn't allow our friends to get in that situation either*

Participants utilise several discursive resources to resolve the uncomfortable dilemma which arises when they acknowledge they are binge drinkers according to various definitional criteria. These serve to differentiate their own behaviour from that which features in unfavourable accounts of such binge drinkers. For example, group B contrast their own behaviour with the perceived extremes presented in a public health message to position themselves as inherently responsible and cognisant of safety. Group A make references to being able to stop (free will) and "fun" in a manner that is clearly based on the premise that the actual binge drinkers do not have such personal control and are doing it for reasons other than enjoyment – possibly compulsion or with the intent of deliberate trouble-making. This contrast is possible because the participants see no reference to either personal agency or pleasure referenced in the wider discourse which surrounds binge drinking, an absence which renders constructions of their own behaviours palpably dissimilar.

Consequently, as group D articulate in extract 16, the retention of agency, choice and enjoyment distance the participants from the negative connotations associated with being self-admitted 'binge-drinkers' – a population equated with frequent drunkenness in inappropriate places, poor self-control and deliberate wreaking of havoc.

Extract 16: Group D

> *Susie: It is binge drinking. Because we go out to get pissed.*
> *Clementine: Yeah I do*
> *Samantha: And we have more than four drinks*
> *Susie: Honestly, that's what I do. Go out to get pissed.*
> *SB: But do you think that that's bad?*
> *Clementine: Mm, it would be if I passed out every time*
> *Susie: I don't think it's bad because I don't do it that often. But I do it like honestly [*
> *Samantha: [But you're relatively responsible when you do it Susie, it's not like you're left to pass out on the street*
> *Brett: It's not like you're wandering down the street with a box under your arm just to create havoc. You [like you know*
> *Samantha: [Having a good time still*
> *Brett: You're binge drinking in a controlled, in the right place, at home, at a club, those things are designated as drinking places. You're not binge drinking just to be hammered and go and wreak havoc. That's the people that you're talking about that binge drinking's bad*

It is clear from excerpts 14, 15 and 16 that widely disseminated notions of binge drinking do not resonate with either the self-perceptions or the construction of personal experiences within this sample. In particular, binge drinking is posited as uncontrolled, irresponsible and injudicious; not terms congruent with rationality and competence which is how they construct their own behaviour. In extract 16, Brett uses the terms "controlled" and "in the right place" namely, locations which are "designated as drinking places". In this sense he asserts his behaviour as highly reasoned and apposite. Similarly, media accounts which frame heavy youth drinking as problematic do not accord with respondents' own conceptions; being faced with this apparent incongruity, they are forced to either dismiss or deny their validity. Groups C and A exemplify this in the excerpts to follow:

Extract 17: Group C

> *Trevor: That whole media thing. They've got no concern over the whole matter anyway, they're just trying to sell a product so, that says it all really anyway y'know?*
> *SB: Sell a product being a newspaper?*
> *Trevor: Being newspaper, TV, y'know advertising for TV. They're just businesses I reckon, you can't believe what they're saying*
> *SB: So you think they're kind of making something out of nothing?*
> *Tony: That's exactly it, yeah*

Extract 18: Group A

> *Dee: They're like 'oh binge drinking is just stupid, it's out of control, like it's totally' and you're like well actually it's fine I know people who are really like good students who binge drink so we're kind of like 'well that's crap therefore this is <u>all</u> crap.'*

Similar to health education messages, media accounts which do not correlate with these young people's own experiences are rendered unfounded, exaggerated and sensationalist. In extract 17, Tony and Trevor point to the commercial imperative of the media and assert that this motive calls the validity of any such accounts into question. Similarly, Dee clearly articulates that by focusing on the perceptions of unrestrained hedonistic abandon and failing to acknowledge the highly functional, *rational and competent* recreational consumer, the legitimacy of any such accounts becomes wholly null and void. Also evident in the tone of these extracts is the degree of dissatisfaction and frustration felt by group members at being positioned within the public discourse surrounding 'binge drinking'.

In summary, the self-regulation discourse provides a framework within which the deliberate and judicious psychoactive consumption practices of the participants is emphasised. It accounts for both moderation *and* intemperance by circumscribing the appropriate occasion and associated behaviour applicable to each and by sanctioning intoxication that is uncontrolled or recurrent. By taking up the subject position of *rational and competent inebriation planner* offered within this discourse, it becomes possible for the participants to resist constructions of young people's drinking or drug use as out of control, reckless or harmful while simultaneously justifying the deliberate pursuit of intoxication.

Psychosocial Development Discourse

All the participants in this study constructed themselves, their social groups and their drinking and other drug use as entirely conventional: in keeping with the behaviour of the majority of other young people, normative within NZ society and consistent with the conduct of previous generations. They drew on a discourse of psychosocial development which operates to reject the notion that heavy drinking is a new, worsening or youth-specific phenomenon in contemporary culture. This discourse attributes the propensity for experimental and occasionally immoderate drinking or drug use which characterises young people to a function of natural psychological development. This discourse also attributed responsibility for perceived excess to the NZ social environment in which young people are enculturated with the values and behaviours inherent to the wider society. Although illicit drug use featured less frequently within this discourse, it did feature in terms of being 'average' behaviour and successful negotiation of youthful drug experimentation was positioned as one prerequisite for healthy development. Within this discourse, two linked but discrete subject positions were identified: the *developmentally normal* user of alcohol and other drugs and the *culturally appropriate* user.

The Developmentally Normal User

The *developmentally normal* subject position locates the drinking and drug use of participants as conforming not just to within-group norms but to broader understandings of normative psycho-social development. In the reality mapped by this discourse, young people engage in drinking 'careers' which follow a standard course through several predictable stages. This framework of developmental stages is broadly analogous to those posited in the explanatory model advanced by cognitive development theorist Erik Erikson (1963). Erikson proposed that successful negotiation of consecutive phases of child development results in positive outcomes for the nascent individual, while deviation from or inhibition of the process is sometimes held to account for maladaptive adjustment (Morris & Maisto, 1999). The most powerful effect of this construction is to provide an account which legitimises youth psychoactive consumption and its

occasional excesses by framing it as natural, transitory and developmentally appropriate.

Consumption of alcohol and drugs is depicted as evolving; from early experimental stages, where, because legal restrictions confine opportunity and availability, consumption is intermittent and opportunistic. This phase is characterised by immature tastes and overindulgence which is constructed by the young people of this study to result from a lack of acquaintance with personal limitations, the novelty of intoxication and a lack of viable alternative activities:

Extract 19: Group A

Trixie: I prob'ly know what I like now as well, like when we were younger we kind of, because you're not of an age to buy alcohol you drank whatever you could get your hands on kind of thing you weren't really fussy you just drank it, but now you have control about what you like to drink, what you don't like to drink and also we go out now and actually do stuff while we're drinking. Like I remember being underage and you couldn't really go to bars and things so you just get together with your friends at someone's house and like you could have house parties and things but it was a different kind of vibe.

Cleo: I didn't drink nearly as much [I hardly

Dee: [Nowhere near as much

Trixie: No. Not as much

Cleo: And not as frequently, or not as much alcohol probably, but definitely at school I didn't drink on a regular, every single weekend basis at all, it was more like when there was [actually something happening, like every few weekends as opposed to now.

Sam: [Yeah

Dee: And our tolerances are different now

Trixie: Our tolerance is way higher

Dee: We don't drink the lolly drinks anymore as well

Cleo: No ooh

Trixie: Oh no eeuurr

SB: Really?

Unison: No

Dee: Not at all

Dee: And that used to be <u>the thing</u> you know? The thing you would have. You take [your four pack

Sam: [You get your little four pack 'cause that would be good for the night {laughs}

Dee: You were like sixteen, seventeen

Extract 20: Group B

SB: So am I hearing, when you were younger you <u>would</u> go out a bit more just to get drunk?

Peach: Yep

John: Yeah
Sarah: I did, yeah and I didn't, I definitely didn't know my limits
SB: Right, yeah, and it's not like that now?
Sarah: Not for me
Peach: I think it's also when you're younger as well there's really not that much to do. But I mean now everyone's got their own cars, people have got flats and there's the fortunate people that have got baches that are allowed to use them and stuff like that so you can arrange to go away and things like that. When you're younger and you've got limited resources and you've got fifteen bucks for the weekend you can go buy a cheap bottle of vodka and get smashed all weekend with your friends.

In the preceding excerpts participants position the idiosyncrasies of underage drinking (willingness to drink whatever is available, low tolerance, preference for "lolly drinks") as conventional practice; holding the status of generally accepted behaviour for age and stage. This is evidenced by such references as "the thing you would have" and the level of agreement between participants. According to this discourse, with increasing maturity come not only recognition of personal limits but also greater resources and consequently a wider range of social choices beyond simply getting "smashed all weekend". It also results in the development of individual tastes and greater discretion; consumption of substances becomes a means of enhancing the social experience as opposed to being sole purpose of it.

In drawing upon a *psychosocial development* discourse, maturity and the acquisition of experience are constructed as being the primary means by which the all-important recognition of individual tolerance levels is achieved. This acquisition of self-control in turn results in the eventual moderation of both consumption and behaviour, whereby experimental or unrestrained use (particularly of illicit drugs) decreases and drinking becomes significantly more temperate, albeit frequent. Group C describe this evolution and the rationale behind it in the extracts below:

Extract 21: Group C
SB: So what I'm hearing you saying is you used to – when you were younger you'd go out deliberately to push the boundaries a bit
Ribs: I think you just, no, you <u>don't</u> know your limits. Like you have no idea of your limits and you do, you go out to get <u>wasted</u> as, and it's all new to you so it's kind of like get the most wasted you can be and have the best time and don't – like eighteen I'd wake up every morning after being on the piss and just be like 'what happened last night'. It would just be one of those nights, or throwing up in someone's garden or something like that

SB: And so now it's what, not so much about getting wasted and more about having [a good time?
Ribs: [It's more social [like you have more to talk about
Willie: [Yeah

Extract 22: Group C

Ribs: Eighteen was my loosest year I've ever had, like got into the most trouble, did the most stupid drugs, stupid things cause you're at that point where you can do everything and you can pretty much get away with it if you know what I mean, just like that first year and you, yeah I'd say eighteen was definitely my craziest year eh
Willie: Just in college really, because when you get into the work field man you gotta fucken (clean) up the act and start realising, you're in the real world now and this is your future

Participants all claimed the subject position of *developmentally normal* user having advanced – or being in the process of advancing – through the stages where personal and social boundaries are tested and established. The alternative subject position within this discourse is that of *underdeveloped* consumer; a position portrayed as incompatible with the exigencies of a functional adult life. This position is claimed by participants in retrospect however, and they describe it in terms of being an almost necessary stage to pass through on the path of normal psychosocial development. It not only legitimises youthful experimentation and excess, but makes it almost a prerequisite for the eventual emergence of moderation and maturity. It is possible to observe here, how the psychosocial development discourse is linked to a discourse of self-regulation: it is only through the appropriate exposure to and negotiation of the developmental process that an appropriately self-regulating consumer may eventuate. The implication is that if youngsters are not exposed to the practice of psychoactive consumption, or are for any reason inhibited from being able to negotiate these early errant phases, they become more likely to experience later difficulties. This view is made explicit in the following extracts:

Extract 23: Group A

Sam: When I was travelling I met quite a few Americans in Europe who were like on school trips and stuff and they were twenty so they couldn't drink in the States and this was actually the first time they were getting alcohol and they went <u>insane</u>. They were like 'what is this magical potion?' and they just went <u>nuts</u> on the alcohol.
Cleo: If it's an older limit, if you're only allowed to start drinking when you're twenty one, the chances of you still being in your crazy binge phase when you're trying to have kids and stuff [is going to be so much higher than if you start when you're eighteen, you know you've got that extra three years to get over it before you have to try and settle down and like form a career and stuff.

Sam: [Yeah. Yeah. You're probably sick of it by then.

Dee: When you're eighteen and nineteen, you should be able to go to bars and have a drink

Cleo: And Uni's a good time to learn lessons whereas [when you're in fulltime employment

Sam: [Yeah imagine if we were, like, hadn't drunk much before and we were all trying to do well at uni and stuff and suddenly we discovered booze

Dee: Yeah. Oh my god it would be the <u>worst</u>

Sam: Imagine re-living when you were fourteen, fifteen or whatever

Cleo: Imagine like graduating from university and <u>then</u> only being allowed to drink, you wouldn't be employed for like five years

{laughter}

Sam: You'd have to get it out of your system aye?

Dee: And university is the best time to drink, you're right, it's the time when you can go crazy and experiment.

Extract 24: Group C

Willie: Like, I know when I started taking like drugs, people just look at you like 'fuck, what the fuck are you doing?' y'know? 'why would you do something like that, that's just disgusting' but like I see them now, like wasted out of their brains fully just going hard and it's like hey man, remember two years ago you thought that [(   )

{general agreement}

Ribs: [Yeah, yeah, a lot people like the kids at school who were um real smart, pushed by their parents hard, like maybe their parents weren't like our parents chilled out with us, sort of comfortable with the drinking thing, um, they've actually turned out the worst by being like, they've never done drugs before. Everyone else has like tried them, done them said yeah they're cool whatever and then <u>they</u> get into them and nine times out of ten <u>they're</u> the ones that end up being=

Willie: =Mashed as=

Ribs: =the mashed as, keen on it all the time, addicts, or not addicts but=

Willie: Like I've got to a point where I can control myself

Ribs: Yeah, yeah [(you need) a sense of control

The outlook envisaged for individuals who do not successfully navigate their "crazy binge phase" or who embark on it later in life, is one where 'normal' developmental milestones may be compromised. Group A humorously surmise this could eventuate in the likelihood of being unemployable for the first five years post-university, explicitly stating it is something you have to "get out of your system" when you are younger, simultaneously implying it would otherwise, inevitably, have to be exorcised at some later, less acceptable time such as the mid or late twenties when the lifestage notion of development suggests the appropriate focus be on more consequential matters such as career and family.

Group C reinforce the notion of intoxication as being normal in a developmental sense by describing individuals who delay experimentation with drugs (the *underdeveloped* user) as being more likely to be among those who later develop problems with self-regulation. Being frequently "wasted out of your brain" is constructed as incompatible with using drugs or alcohol to "have a good time" – a state which having the opportunity to develop experience and maturity clearly facilitates. Although group C had previously discussed wanting to do well in life and not disappoint their families, they differentiate this from parents who apply pressure to their children in terms of scholastic achievement and are less "comfortable with the drinking thing". These parents are constructed as having sheltered their offspring in a manner that later proves detrimental to their healthy development. According to this discourse, a more relaxed and liberal attitude towards this natural phase of youth psychoactive experimentation results in the development of a stable, mature young adult in possession of the requisite experience to make beneficial, life-enhancing decisions.

The psychosocial development discourse additionally serves to position youth and early adulthood as the appropriate, even ideal time for enjoyment, experimentation and fun that is not directed towards any particular purpose, since later responsibilities will demand more restrained, goal-directed behaviours. This construction legitimises incidences of 'drunken idiocy' and frames them as aspects of a normal, transitory period. In the extract below, the participants of group A explicitly recognise both the negative aspects of intoxication and the degree to which it serves no practical purpose. They resist the negative connotations implied by these observations by employing a discourse of psychosocial development to construct their own behaviour as a relatively short-lived, age-appropriate phase which they will eventually grow out of.

Extract 25: Group A

> *Dee: =You're young, I mean you should be enjoying your life and having crazy experiences and sometimes doing stupid things and then, I mean hopefully this will pass {laughter}*
>
> *…*
>
> *Cleo: It goes from when you're seventeen to when you're twenty four pretty much*
> *Trixie: Hey, hey twenty six {laughter}*
> *Cleo: Maybe til you're twenty six but once people are like married with kids then people aren't going to generally do it [we hope*
>
> *…*

> *Sam: There are definitely more productive things we could be doing but [it's just something young people seem to do*
> *Cleo: [But it's not a huge problem*
> *Trixie: No*
> *Sam: And what are you going to do if you don't do that?*

In the extract above, group members create a clear distinction between drinking that is, or has the potential to become a "problem" and their own behaviour. By asking the rhetorical question "what are you going to do if you don't do that?" the taken-for-grated nature of the behaviour is reinforced. Implicit within this is the principle that it is so much a part of "what young people do" that to *not* do so is to exhibit a form of deviance from the norm. In extract 26, group B reiterate this perspective, going as far as to suggest that to deviate from the norm is to invite trouble of a different, potentially more severe nature.

Extract 26: Group B

> *Ruby: And what would they be doing if they can't be going, if they can't drink if they can't go in to bars or whatever, what are eighteen year olds [(meant to be doing).*
> *Sarah: [They'll be in more trouble*
> *Peach: [And it gives them life experience as well when they do get out and stuff like that I find, even though sometimes it's a bad-ish situation at least they get a little bit more streetwise from being put in that situation and they have the ability to get in a cab and take their friend home if their friend's pissed and [which makes you grow up a little bit when you see it firsthand I think*

They also emphasise the developmental nature of youth drinking by drawing on notions of its instructive capacity. In this sense, potentially negative situations are re-framed as 'helping' the young person "get a little more streetwise" and "grow up a little bit".

The Culturally Appropriate Drinker

The second subject position which became evident within the psychosocial development discourse is one that reflects the conception of human behaviour as socially transmitted. This position reinforces the ideology that there exists an embedded pattern of shared beliefs, values and attitudes towards alcohol and alcohol consumption that has assumed the status of customary practice within NZ society. By positioning themselves as *culturally appropriate*, participants in this study provide a deterministic explanation that emphasises the impact of environmental influences on their perceptions

and actions. This enables them to normalise their own behaviours by contextualising them as being the natural consequence of social learning.

The *culturally appropriate* subject position validates the consumption of alcohol as 'what we do as New Zealanders,' thus designating it accepted and acceptable behaviour. Attitudes towards drinking and alcohol are positioned as socially transmitted; the product of previous generations' actions and subsequently serving as a conditioning influence upon the actions of successive generations. This is epitomised in the following extracts, where discussion group members locate their families of origin as a primary factor in the development of their drinking practices:

Extract 27: Group A
> *Dee: Well society, I think society feels a lot like we do about alcohol, like my mum drinks just as much as I do.*
> *Sam: Exactly, yeah*
> *Trixie: Yeah*
> *Dee: She's like an upstanding member of the [community ( )*

By positioning her mother as an inherently moral citizen and describing her own drinking as comparable, Dee reinforces the notion of her own habits being shaped by and consistent with socially endorsed practices. In the following extracts, participants explicitly outline the extent to which their families helped forge their approach to drinking. They construct this as significant in the instillation of a sensible attitude towards alcohol. In the extract below, this influence is also accredited with the subsequent development of "high tolerance" – an implicit legitimisation of excess:

Extract 28: Group B
> *Peach: I grew up in quite a drinking family so it was always more drink to appreciate the actual drink rather than go and get trashed all the time. And they were all, my family were always really open with me having a glass of wine with them [when I was quite young and stuff*
> *Sarah: [Yeah so was mine*
> *Peach: Which may have something to do with my high [alcohol tolerance these days {laughs}*

Extract 29: Group C
> *SB: ... do you ever think about what society thinks about drinking? Like there's quite a lot in the news at the moment [about young people drinking and that*
> *Ribs: [Yeah*

> *Willie: Well I don't know, New Zealand's got a pretty good reputation of our drinking culture. I think most families are pretty comfortable with their children drinking*
> *Ribs: Yeah*

Use of a culturally appropriate subject position is also characterised in extract 29 by Willie's circumvention of any debate on the relative rights and wrongs of youth drinking. It is legitimised simply by reference to being 'what most people are comfortable with' having arisen from the influence of family and society at large. As can be seen in the excerpt to follow, participants also draw on the notion of cultural appropriateness to challenge the credibility of a public dialogue that frames youth intoxication as a distinctly contemporary phenomenon:

Extract 30: Group C
> *SB: Just thinking about the media attention about young people and the increase in binge drinking, do you think that's actually the case?*
> *Tony: It's in our culture. That everyone drinks. It's Kiwi culture.*
> *Willie: I dunno, put it like this, what were our parents doing when they were our age, y'know? I guess they were getting wasted, having a good time with their friends, getting up to mischief... What I find stupid is that I dunno the media busts this massive thing up into this big like, blows it out of proportion really when I know like all my sister's friends' Mums & Dads they drop them off to these parties where they get completely wasted. They know exactly what's going on but they still y'know 'you can go to this party, here's fifty bucks' you know?*

Here, Tony counteracts the implication that youth binge drinking constitutes a concern by reconceptualising it as not just a young people's issue, but a "Kiwi" one. The assertion that "everyone drinks" serves to normalise perceived youth excess by contextualising it within the realm of behaviour that is prevalent throughout all NZ society. Willie positions "our parents" (implying generalisability beyond his own family) as having enjoyed experiences associated with alcohol in the same way, at the same stage as he and his friends currently do. He constructs their actions as both developmentally and culturally appropriate. Parents are subsequently positioned as not just complicit – but as sanctioning the enculturation of their offspring. Current focus on youth intoxication is constructed as having been distorted by the media and identified (falsely) as a recent development. In the extract above (as in extracts 17 and 18), these young people express a degree of frustration and indignation at what they perceive to be the hypocrisy inherent in being fallaciously scapegoated for what they consider is neither a recent nor worsening phenomenon and certainly not one restricted to their age

group. Since they perceive it to be a culture which is evident across NZ as a whole, calls to curb young people's drinking practices are pronounced hypocritical.

Another implication of the culturally appropriate subject position is that it serves to mitigate any need for rational justification. If a practice is culturally grounded, it implicitly does not simultaneously need to fulfill some other determinant of validity, having the status of being simply 'how we do things.' This strategy is employed when participants reflect on of the inconsistencies apparent in their use of alcohol as can be observed in the following extract:

Extract 31: Group A
> *Cleo: No, I don't see the point of it I mean I <u>don't see the point</u> of drinking – yet I still do it.*
> *Sam: Yeah*
> *Dee: Mmm*
> *Cleo: But I'm sort of like 'why?'*
> *Trixie: Yeah, you know, you wake after a really, like <u>big</u> night, you feel awful and you've done something embarrassing you're like 'I'm never drinking again.'*
> *Sam: Yeah*
> *Trixie: And then the next weekend you're like <u>'yeah let's go!'</u> {laughs}*
> *Cleo: We <u>know</u> that it's bad*
> *Trixie: Yeah we know that it's bad for us=*
> *Cleo: =For us, but we still do it=*
> *Trixie: =But it's good for [us (as well) {laughs}*
> *Sam: I don't think we can really rationally understand why we do it, like*
> *Cleo: No*
> *Sam: We're young, maybe in twenty years we'll look at it in hindsight and think what it actually was or meant or anything but right now we don't really know*

In the above extract group A recognise the irrational nature of persisting with behaviour they have acknowledged results in some (relatively minor) deleterious consequences. Their difficulty in articulating a coherent justification for this contradiction illustrates its culturally embedded nature. Providing a logical argument would require some acknowledgement of the degree to which evidently irrational behaviours are consciously enacted and this position is not commensurate with a cultural position in which practices are inherent and thus demand no explanation. A belief that hindsight will reveal the meaning of their actions is also instrumental in the psychosocial development discourse; it is constructed as an age-appropriate, transitory phase which is so innate it resists explanation pending the perspective proffered by hindsight.

Though referenced less often than alcohol within this discourse, use of illicit drugs is constructed as a contemporary extrapolation of the pursuit of intoxication typically accomplished primarily via alcohol. In the following extract, group members describe as "ignorant" any parent who imagines their son would not be taking the odd bit of 'pills and pot' in addition to drinking:

Extract 32: Group C
> SB: So you think that most of your parents for instance, would be okay with your [drug repertoire as long as it was moderate?
> Ribs: [Nah, nah
> Willie: They know we're doing it but they don't want to know
> Ribs: Yeah, it's one of those things that they don't really want to know about and they wouldn't, I don't think if parents=
> Tony: =If you (bring it up) then it's a problem, so they don't bring it up
> Trevor: A parent would be quite ignorant to think their son's not out taking the odd pill [and smoking the odd bit of pot and getting a bit drunk, y'know? They'd know
> Jim: [Yeah
> Ribs: At our age there's a pretty low percentage of people that go out there and don't get _really_ pissed or (   ).

Parents are constructed as 'turning a blind eye' to drug use that sits alongside alcohol in the pursuit of intoxication, because though they might not explicitly condone it, it falls within the realm of socially conventional, mainstream behaviour. The psychosocial development discourse is drawn upon with the assertion that "at our age" it is a very small minority of people for whom getting drunk or intoxicated in some other way is not the norm. The culturally appropriate subject position within the psychosocial development discourse is also evidenced by constructions of drinking as a cultural performance. In the following excerpts, participants report feeling self-conscious around non-drinkers:

Extract 33: Group A
> Trixie: Just the fact that they're not drinking so you're like not self conscious [but just kind of like oh I don't want to act - I don't want to get _too_ drunk in front of them because they don't really understand what it is, so they might think that I'm making a fool of myself {laughs}
> …
> Cleo: [Although there's quite a few people in my course who don't drink at all, and medicine as a rule, people in medicine drink a lot, like we have _big, big_ nights because we can't have lots of big nights so we have like you know, a couple of like real big nights and then those people who don't drink always, you always feel a little bit embarrassed that they come out just like 'what the hell is wrong with you people, like _what_ is wrong with you?' {laughter}

Extract 34: Group B

> *John:* (Talking about his boss – a non-drinker) *I mean me and my boss get on <u>really</u> well, like pretty much best friends, but I always think he's judging me when I'm out or (that) I'm being judged by him.*
> *SB: Do you? Has he ever said anything like that?*
> *John: Oh no. Not at all, I mean both his daughters are drinkers and I'm friends with them and we go out partying (but) every time I've been around him and I've been drinking I feel like he's sort of=*
> *Sarah: =Watching. Judging.*
> *John: Yeah*

Here, intoxication is constructed as analogous to a ritual in which non-drinkers are conferred the subject position of cultural outsiders, potentially liable to disdain local customs as strange or foreign. The benefit of this perspective is that it precludes the necessity for moral self-evaluation. By contextualising behaviour when under the influence as culturally appropriate, any external negative evaluation is defused by being framed as a form of ethnocentric misunderstanding.

One of the most compelling characterisations of the psychosocial development discourse emphasises the ubiquity of drinking to the young people interviewed. Though when pressed, most agreed that they would eventually adapt, the prospect of having a social life without alcohol was one which initially proved barely conceivable. This is graphically illustrated in the following extract:

Extract 35: Group C

> *SB: If someone said that you could never have another drink, again, for whatever reason, maybe, I don't know, it was banned, what would that be like*
> *…*
> *Trevor: Yeah I'd be <u>real</u> upset aye. I'd feel <u>ripped</u> off, like*
> *SB: Why's that?*
> *Trevor: Cause it's just, it's a <u>good</u> thing like*
> *Steve: We should be able to choose what we want to do as well=*
> *Trevor: =It's like, I reckon, people drank for like two thousand years you know, it's what humans like to do, we're used to it, generally*
> *Willie: It's in our culture*
> *Ribs: Yeah, it'd be pretty shitty knowing that that whole social life of a good time was being thrown out the window*
> *…*
> *Ribs: You'd have to find something else though, that's the thing, if you weren't out drinking on a Saturday night, you'd be at home doing drugs or... I don't know, there's the odd person who'd stay at home and study or work on a Saturday night but*

Willie: I've never met anyone who doesn't drink. Like I've met one person that doesn't drink

Ribs: Yeah I've met one or two people that <u>don't</u> drink but if you look at them and look at their parents and look at ninety five percent of New Zealand it's different. And I guess it's what you're brought up with, what you're born into is the way <u>you're</u> gonna live

…

Ribs: The only thing you'd be able to do is like go out for dinner and just like eat and watch movies and talk [shit, the same shit

Willie: You'd have to become a Christian or something

Trevor claims not just a cultural imperative to drink, but an evolutionary one in the sense that drinking is not just part of NZ culture, but of *human* custom. A world without drinking is positioned as one in which the very fabric of life and relationships would be transformed. This lengthy deliberation of an almost inconceivable proposition – no more drinking - pertinently illustrates the culturally normative and embedded nature of the consumption of alcohol within the social lives of these young people.

In summary the psychosocial development discourse frames the youthful imbiber as undergoing a series of developmental stages which commence with injudicious and excessive use and conclude with the emergence of a reasoned, circumspect consumer of alcohol or other drugs. Such a process is constructed to be not only normal, but actually necessary for the eventual attainment of appropriate self-regulation. This discourse also legitimises a range of alcohol related behaviours by framing them as the product of environmental influence, offering the position of culturally appropriate user whose perceptions and actions are facilitated by and embedded within wider society.

Pleasure Discourse

The pleasure discourse frames drinking and drug use exclusively in positive terms, with constructions of enjoyment, fun, excitement, respite and enhanced sociability all employed to describe experiences with intoxication. A discourse of pleasure positions psychoactive consumption as the source of a wide variety of highly desirable advantages, in particular enhanced mood states and opportunities for social encounters not obtainable via other means. When asked what they like about drinking, all participants constructed it as facilitating confidence and the lowering of inhibitions;

highly desirable outcomes which present possibilities for connection with others and adventurous exploits which are not accessible from everyday states of mind.

Extract 36: Group C
> *Trevor: Just makes you feel really good and happy and lose inhibitions and you'll be real close to someone that you prob'ly don't know that well. In a good way, you know?*

Extract 37: Group B
> *Peach: I think it makes situations more fun=*
> *Sarah: =Mmm=*
> *Peach: =I really do=*
> *Ruby: =Yeah it does=*
> *Peach: =I think it makes your imagination run wild and you can just sit there and, if we were stone cold sober we wouldn't think of playing snap but when we're drunk we'd be like 'oh let's play snap' {laughs}*
> *Ruby: Or build a hut*
> *Peach: Yeah or just random, just sporadic things that it starts off we'll be sitting here and we'll be pissed and we'll be like ['oh let's go out' or let's go*
> *Sarah: [Good laughs. Good laughs and good jokes*
> *Peach: Yeah, and just, just makes you excited and willing to do fun stuff*

The pleasure discourse focuses specifically upon the benefits gleaned both personally and interpersonally from the state of intoxication. In the two short extracts above these are recounted as including the facilitation of social confidence, happiness, fun, laughter, camaraderie, imagination, excitement and readiness for adventure. The rhetorical question implicitly posed here is 'if it has considerable and wholly positive benefits, why wouldn't (or shouldn't) we do it?' In framing drinking with friends in a social context as essentially positive, the young people in this study imply that to engage in this activity is both rational and enjoyable; an implication which in turn justifies the behaviour as *warrantable*. The primary function this construction serves is to resist moral condemnation and the pejorative discourses widely associated with intoxication.

As discussed previously, the public dialogue which surrounds intoxication and in particular youth and young adult intoxication is pervasive. It is also primarily censorious, remaining largely silent on the notion of pleasure as a motive for consumption. In the case of alcohol, consumption is seen as the result of inducements such as advertising, widespread availability and social influence or 'peer pressure'. For illicit drugs, the terms 'abuse' or 'addiction' are principally applied. These coercive discourses are available to the young people in the present study but only taken up when

discussing *other* people's consumption patterns. Conversely, *pleasure* and intoxication are rarely discursively associated in a public forum, yet as such a fundamental aspect of the pursuit of intoxication for this sample, it leaves the discourse available for appropriation by the participants as a legitimate motive for their characteristic style of consumption. The 'harms' espoused to be associated with youth drinking include such things as injury, illness, crime, disorder and aggravation. These are discursively incompatible with the pleasure-centric formulations the participants drew on to describe their own intoxication practices. Similarly, notions of criminality, deviance, recklessness or ignorance of risk which are commonly associated with illicit drug use do not concur with the occasional, considered use of other substances for their psychoactive benefits which this sample described. Consequently, by taking up the subject position of *fun, sociable* psychoactive consumer the young people in this study were able to resist the alternative subject position made available by this discourse; that of *problematic* consumer.

The Fun, Sociable Consumer

Extract 38: Group A

>Trixie: I don't really see it as a problem in my group of friends it's just something that we like to do. And if we wanted to stop we could, it's not like, you know? It's something that we do for fun, because it's fun.

This extract is representative of the rationale sustaining the subject position of *fun, sociable consumer* whereby drinking for pleasure is positioned as incompatible with drinking that is either motivated by or results in problems. Trixie states that they go out drinking because of the enjoyment it offers, specifying "if we wanted to stop we could"; a position which implies free will and choice, incorporating notions of accountability and personal responsibility. Unless associated with malevolence or deliberate ill-intention, pleasure is also discursively dissimilar to deviance, recklessness, ignorance, compulsion or any of the other negative motivations and outcomes frequently linked with intoxication.

By contrast, the *problematic drinker* is characterised not just by difficulties with self-control but by the array of minor and more significant social problems inflicted on

themselves and others through their injudicious use. This type of drinker is constructed as indifferent to the potential risks and so does not take active steps to minimise them. The problematic drinker is also someone who is likely to indulge in acts of deviance when intoxicated, whereas the fun drinker seeks pleasure, not trouble. Constructions of problematic drinkers (and drug users) are one way in which the young people in this study both acknowledge and engage with the omnipresent discourse of censure, while simultaneously resist being positioned within it. This is not to suggest that the *fun* drinker is always sensible and moderate, but within this discourse even extreme intoxication is legitimate if it can be constructed as pleasurable as illustrated in the extract to follow:

Extract 39: Group D
> *Brett: I went to the RSA with the olds*
> *{Laughter}*
> *Brett: Had a few there. Can't remember leaving*
> *{Laughter}*
> *Brett: Went down to the local pub, played some pool, had a few more and that's about where my night ends and I woke up in the morning, and I'd been stuck with a (   ) in the face, black eye, cut face*
> *{Loud laughter}*
> *SB: =Can I just ask before we move on, why was that a good night?*
> *{Laughter}*
> *Brett: It was just a good night. It was just kind of, wake up in the morning and it's just like=*
> *Lucy: =You've got evidence=*
> *Brett: =Awesome. That was a good night, I can't remember it, but, you know, you've been out with your mates and it's just having a laugh in the morning. Cause there was no, it didn't hurt, by the time I came to, it was just bruising. And it was good stories for Monday and stuff, so*

Brett positions his experience within a framework of pleasure and represents this as the ultimate product of the entire evening, surmounting even the fact he can't remember much of it and woke up with an injury. This excerpt and many others like it might appear an apparent contradiction to the discourse of rational self-regulation discussed earlier in the analysis. However, it appears that pleasure renders even potentially hazardous situations justifiable and legitimises overindulgence by constructing it as harmless fun. This harmlessness however, can only be claimed by the *fun, social drinker* who consumes not only for pleasurable ends, but who does so in primarily in a social context with other like-minded individuals.

From the example in extract 39, it also is clear that drinking of the nature often described by the participants *does* present a significant number of potential harms and, as these are widely disseminated via public health messages and the media it would be almost impossible to discuss drinking and drug use without acknowledging accompanying notions of harm and risk. In order to maintain the position of *fun, sociable drinkers*, the participants readily acknowledge many of the hazards associated with drinking and drug use. Rather than dismiss or deny their existence, they instead employ a number of strategies to deflect the relevance of these to their own circumstances. This deflection frees them to legitimately justify taking pleasure in the experience of intoxication. For example, when asked about any bad experiences, participants on the whole reported few negative events, and constructed this as largely the result of their own cognisance of the risks and the specific strategies they adopt to minimise them:

Extract 40: Group D
> SB: So when you're out in a group you look out for each other?
> Unison: Yep
> Clementine: Definitely
> Samantha: Even to the point that you almost have like eye movements, if a guy's moving on Clementine I'm sort of like {makes eye gestures}
> {Laughter}
> Susie: Or, if there's like someone {multiple speakers, inaudible} look at them, raise your eyebrows or something or like 'hey can we go get some air'
> Lucy: I've had it where a guy was kind of like grinding behind me kind of thing and one of my guy mates actually swapped with me so that I moved to the other side and he was behind this guy so that when he turned around I wasn't there any more
> {Laughter}
> Lucy: And we even go to the toilet in twos=
> Susie, Clementine: =Yeah=
> Lucy: =We don't go alone, we always have someone with us
> Brett: That's it, and if you're leaving you don't just say 'oh well you go then and I'll just stay here.' You kind of go okay, well that's cool [and you kind of sort it out together, like five more minutes and we'll go.
> Samantha: [We're all going
> Susie: Yeah that's what you do, like 'after these two songs' then we'll go
> Brett: You never ditch
> Samantha: Or, if there's a big group of you and like five of them say we're gonna go to (bar name) and we're gonna come back and we'll meet you here in half an hour
> Brett: Even if you're not keen you kind of like 'I'll go, look after them'

Here the participants reveal a type of in-group 'safety code' which other groups similarly described as involving a range of tactics such as looking out for each other's wellbeing, monitoring friends' levels of intoxication, leaving premises if trouble arises and taking turns being the sober driver. Using phrases such as "travelling in packs", "you never ditch" and organising a sober "frontman" to be the group caretaker, they demonstrate awareness of some of the perceived hazards as well as a range of deliberate practices adopted to minimise their incidence. Consequently, rather than positioning risks as irrelevant, they are positioned as not relevant to *us* (because we take steps to address them). It is clearly not that the young people in this study are completely oblivious to the potential hazards inherent to intoxication as much as they are aware of them but consider themselves to be already taking a range of proactive steps to diminish their likelihood of occurrence. Consequently, warnings are perceived as overly repressive or not directed at them. This challenges the notion that disseminating awareness about the potential harms associated with binge drinking will cause young people to modify their behaviour in an effort to avoid them.

Another means by which participants deflected the suggestion their drinking practices were potentially harmful was by the use of contrast. By evaluating other drinkers' actions as problematic when compared to their own, they were able to provide effective justification for maintaining their subject position. For example aggression, getting 'out of control', drink driving and other dangerous behaviours were all mentioned as some of the drawbacks of intoxication, but rather than minimising the substantive or unpleasant nature of these negatives, they were almost exclusively positioned as being things that 'other' drinkers do. In an earlier extract group B stated explicitly that they are "happy, fun drinkers" who are not the ones "ruining it for everyone else". They reiterate this position in the extract below:

Extract 41: Group B

> *John: Oh, on the ads a guy's bashing over the bar staff and fighting with his mates and throwing drinks around the pub and that.*
> *SB: Yeah. And you see that as just quite extreme?*
> *John: Yeah*
> *Sarah: I think it happens*
> *Peach: Oh it definitely [happens*
> *John: [definitely happens, just not, it's just not us. It's just not how we drink.*
> *Peach: And I think if there was a situation like that in a bar that we were in we'd just leave.*

Sarah: Yeah
Peach: Like we wouldn't even hesitate to get involved we'd just go cause we know that that's not the kind of environment that we want to be in, so

John refers to a television advertisement carrying a public health warning about the potentially deleterious effects of intoxication. In evaluating the depicted behaviour as clearly problematic, the group provide justification for their positioning as *fun, sociable* drinkers by contrast. This highlights their own dissimilarity to the source of the negative stereotypes depicted in the media and in other public discourses. The apparent caution contained within the television commercial is that intemperance with alcohol may lead one into antisocial or inappropriate behaviour. What is also notable from this extract is the degree to which this message not only fails to resonate, but is actively rejected by this group, who are, it may be argued, precisely the demographic of its intended audience. One inference which may be drawn from this is that by failing to depict any of the enjoyment which these young people associate with intoxication, the advertisement is readily dismissed as not applicable to them. By stating "it definitely happens" the group acknowledges that foolish or dangerous behaviour is a genuine product of intoxication, however they firmly locate these outcomes as "Not us. Not how we drink." *Fun, sociable* drinkers might spew, fall over or drink solidly for a 24hour period (as previously described by members of group B), but because it is for the purpose of pleasure and within a conducive social context it is not associated with or perceived to be a constituent of any harm.

The recognition that alcohol does indeed fuel aggression - particularly among males – was a recurrent topic. While all reported regularly witnessing these behaviours, they were careful to take a stance which indicated a general disapproval of fights or antagonistic conduct and to distance themselves and their social group from such imprudence.

Extract 42: Group D

Samantha: Or when guys get stupidly violent. Like they just pick fights - my guy mates don't do it [but when you see people trying to pick fights, it's just like why would you bother?
Clementine: [Yeah. You see it. We've seen so many fights break out
Brett: But that's the thing you know, people's whole mood can change you know? Guys that might be aggro sober, it just gets escalated by the alcohol=

> *Sam: And then there's this thing like if people get aggressive they'll blame it on the booze and then people say 'oh it's just the booze' you know?*
> *Unison: Yeah*
> *Sam: Like 'oh he's just drunk, he's <u>fine</u> when he's not drunk' you know? But I don't know there's something there that*
> *Unison: Yeah*

In both the extracts above, alcohol is positioned as exacerbating the inherent aggressive nature of some (other) people. In extract 42, Samantha distances *her* male friends from this subgroup while Brett specifies people who are already naturally "aggro" as primarily the ones whose innate characteristics are intensified by drinking. This view is endorsed by Sam in extract 43; "booze" is constructed as exacerbating an individual's inherently hostile attributes, a proposition met with wide agreement. These discursive strategies enable participants to distance themselves from being subject to the negative associations drawn between drinking and aggression; the correlation is acknowledged but positioned as largely specific to persons with an existing propensity for aggravation.

A moral approach to drinking behaviour was often adopted by the respondents, whereby they evaluated other drinkers' behaviour in disparaging terms, positioning themselves as epitomising the reverse. This employment of the 'contrastive other' (Wilkinson, 1999) is typical of the strategy all participants adopted at various points in the discussion, whereby the use of third person terms such as 'them' and 'some people' positions the negatively evaluated behaviour as something perpetrated by others (i.e. the *problematic* drinkers). This is clearly illustrated below:

Extract 44: Group D

> *Samantha: But there's almost like dance floor etiquette, cause most places are packed, and when people start doing this {flails arms around} you know, that's rude, you just don't do that*
> *{Laughter}*
> *Samantha: Or when people are in a group like this, maybe a bit closer and they just push through or they just stand there and start dancing, it's just <u>not</u> what you do kind of thing*
> *Brett: But it is like you know, like when people are pretty drunk or whatever and they kind of forget who they are, like stuff they wouldn't do when they were sober*
> *{General agreement}*
> *Brett: And you know it affects other people, um and they don't realise or they don't realise the consequences there and then, and it's all down to their Dutch courage, you know? Something they wouldn't normally do, they get a bit hammered and they do something they regret, or somebody else gets hurt or=*

By employing third person pronouns, this group could discuss some of their negative experiences while projecting onto others. These 'others' are additionally constructed as failing to observe the accepted conventions of good behaviour ("it's just <u>not</u> what you do"/ when drunk "*they* forget who they are") further cementing them as *problematic* drinkers; a tactic that implicitly emphasises the participants own approach as comparatively innocuous. Thus, the participants' position as fun drinkers is often dependent upon these contrastive strategies.

As mentioned previously, pleasure does not always automatically imply moderation or cautiousness with regard to intoxication. A notable pattern within the pleasure discourse was the specific way in which the participants described the occasions where they did acknowledge themselves as either a casualty of, or as personally responsible for negative consequences of drinking or drug use. These were characteristically constructed as either a humorous anecdote to be retold for the amusement of the group or as resulting in a temporary, trivial outcome; often a combination of the two. Here, Willie recounts an occasion of extreme intoxication involving an illicit drug and the police, to the great amusement of the rest of the group who are literally roaring with enjoyment:

Extract 45: Group C
> *Willie: Yep. One time I was on mushies, I was at my mates house bro and I was fucken, took like I don't know, so many mushies and then my Mum like, as soon as I'd taken them she said these detectives want to come see you. I was like 'ahh can I do it like tomorrow?' and she was like nah they have to come see you now and I was like 'oh fuck,' fully just tripping out, I didn't know what to do. And they cruise over , and I was like 'oh no' and I hopped in the car with them so they could take me down to the station, started peaking <u>real badly</u>, like colours flying everywhere they'd ask me questions and I couldn't even give them a straight answer {loud laughter}. I was like fully just tripping out and I got to the police station and fuck I was talking to this detective and he was like 'mate it's alright, put your head up' you know 'I don't care if you've had a joint or a couple of bongs or anything, I'm cool' {laughter}. I was fully just, couldn't even look at him and then he was just like we're gonna take your picture and I was just like 'aaagh' stood up {laughter} and I had to take a picture and he was like '(name) come & have a look at this, fuck it's funny!' And there's like six cops around just <u>cracking</u> up laughing cause I'm so aaagh, fully just wasted. Yeah that was a real bad experience*

By recruiting their collaboration as audience, Willie also engages the group in his construction of the event as harmless. While describing it as a " really bad experience"

he strategically limits its seriousness by presenting it as a hugely comical story and his audience reinforce this by their appreciation. Other participants represent circumstances involving a diversity of risks such as accidents, injuries and alcohol poisoning in a similar manner:

Extract 46: Group D
> Lucy: Last Thursday I was at (bar name) and I don't even know how but I fell on my back
> {Laughter}
> Lucy: I didn't even hurt, I whacked my head and I was so relaxed {laughing} it didn't hurt, although I got a warning from the bouncer {laughs}
> {Laughter}
> Lucy: Me and my friend were like 'no it's just my shoes, it's just my shoes' but I, oh I don't know, I woke up with a bruise {laughter}
> Samantha: {laughing} and a sore back

In this extract the potentially injurious fall is minimised by the assertion that it "didn't even hurt" and by the humour which frames the tale; indicating it is not considered a genuinely serious – or even potentially serious – incident. The implication gleaned from this extract is that the most sobering consequence conceivable from such a fall would have been to be asked to leave by the bouncer. There is a degree to which the retelling of these humorous anecdotes serves to circumvent the need or capacity for critical reflection. By framing the incidents as a form of recreational play where ultimately no one is badly hurt, these stories are retold as a source of collective entertainment whereby the whole group collaborate in the construction of the event as an intrinsic part of the pleasure experience. Here, such stories can be seen to serve an important function and have considerable power or valence because of their group endorsement. This discursive strategy is utilised to minimise the potential for harm and enable the participants to construct their drinking as predominantly pleasurable; a construction which not only legitimises but also implicitly sanctions it. Fun is harmless as long as no one is seriously impaired, and harmless fun (like playing tennis or going to the movies) has broad social acceptance as a legitimate pursuit. Consistent with this view, when asked to discuss the negative aspects of intoxication, these were largely presented as being transient and minor as illustrated in the extracts to follow:

Extract 47: Group B

> *Peach: I get a bit loose with my money as well, if I'm drunk. Like I'll be like I'll only spend X amount tonight and then I check my account balance and it's like <u>oh no</u>! {Laugh} Have a vision of me buying shots for twenty people or something like that, so*

Extract 48: Group A

> *Cleo: I think it's more, I think the permanent effects of alcohol, bad effects, are more to do with getting into situations that um are undesirable, as opposed to – and like not being able to do your studies because you're hungover or whatever as opposed to drinking being an actual bad thing.*

In a rational cost/benefit analysis, spending too much money or having a hangover, are relatively negligible. Clearly, the pleasures outweigh the detrimental aspects of intoxication which, within a discourse of pleasure are reduced to being accepted elements of an essentially positive whole. This discourse goes some way in illustrating the divide which exists between the public dialogue surrounding youth psychoactive consumption and the lived experiences and perceptions of the population concerned.

In summary the *pleasure discourse* frames intoxication as being motivated by the pursuit of pleasure; a position that is incompatible with disorder, harm, detrimental health and other negative conditions frequently linked with young people and alcohol or drug consumption. In considering this, one cannot fail to draw parallels with recent public discussion involving the possible implementation of tighter restrictions on availability and increases in taxation posited as a means of reducing youth binge drinking and concomitant harm. The primary argument against such moves (as articulated by industry representatives and policy makers) is that such changes will unduly penalise 'social' drinkers who should be able to 'enjoy' a reasonably priced bottle of wine with dinner or a few drinks after work. This connection of enjoyment or pleasure with the *warrantable* consumption of alcohol is appropriated by the young people in this study as a means of justifying their own intoxication practices which are viewed as being equally socially motivated and inoffensive. They similarly use the strategy of contrast in which stakeholders privilege their own style of consumption as valid in comparison to others. To resist being marginalised as problematic or positioned as a source for any of the legion of harms, the participants take up the subject position of *fun, sociable* drinkers who only consume in the context of socialising with their friends. They illustrate knowledge about the multitude of harms it is possible to

encounter when out drinking and demonstrate a variety of strategies they deliberately employ to avoid them; thus sustaining the notion of pleasure being obtainable through social drinking. Genuine harms are constructed as being only transient or minor and humorous anecdotes enfold more serious events in a halo of retrospective enjoyment which simultaneously serves to resist critical reflection.

Summary

To summarise, the three discourses are discrete yet also interrelated and somewhat dependent upon each other; collectively constructing a network of meaning which young people draw on to explain and account for their practices and understandings related to drinking and drug use. The *rational, competent inebriation planner* within the discourse of self-regulation is a subject position attainable only via the successful navigation of the challenges inherent within the *psychosocial development* discourse. Subjects start out on their developmental journey in the position of *underdeveloped user*. Through a process of testing personal and social boundaries through occasional excesses and mistakes they subsequently establish themselves as rational and competent. Those who fail to successfully negotiate these phases or are inhibited from doing so lack the experience which is a prerequisite for eventual maturity and moderation. In this way, it can be observed how the *self-regulation* discourse is contingent upon the *psychosocial development* discourse. The second subject position within the discourse of psychosocial development positions this process as normative and culturally sanctioned; a deterministic construction that contextualises behaviours as being shaped by wider social values. Underpinning all constructions is the pervasive discourse of *pleasure*, which legitimises drinking and drug use that is executed in its pursuit, even when such pursuits involve precarious consequences. The fact that all respondents drew upon a discourse of pleasure reflects the prevalence of this construction across society as a whole and is epitomised in the widely used term 'social drinking'; a phrase which implicitly endorses consumption that is enacted in a congenial manner. The fact that the quantities which constitute 'social drinking' are subjective and arbitrary, together with the assumption that such consumption is unrelated to problems or risks means that any individual or group claiming *pleasure* as their objective can justify their practices and distinguish them from those which are causally or consequentially related to harm.

In conclusion, the preceding discussion illustrates the discursive web which surrounds young people, their drinking and their recreational drug use practices. On the whole it indicates this population is constructing understandings about intoxication which are not analogous to those advanced by public health or policy stakeholders. Alcohol and other drugs are constructed as consumer products to be purchased and employed quite functionally. They are intoxicants: they are primarily *for* the purpose of intoxication. This involves attendant risks and benefits and these are calculated and negotiated in a deliberate manner. Such cognisant deliberation enables the participants to resist being positioned as out-of-control or reckless in their psychoactive consumption behaviours. They construct infrequent youthful excess as being a valid and even beneficial aspect of the maturation process and perceive hypocrisy in being targeted as needing to modify behaviour that they deem not only age-appropriate, but largely shaped and sanctioned by wider NZ culture. A principle apparent within all three discourses outlined above is the firm resistance to widely disseminated and largely critical conceptualisations of young drinkers. In the realities constructed by the participants of this study, they are average young adults, drinking and using the occasional illicit substance in a judicious manner in order to facilitate the attainment of pleasurable experiences and mood states. This is perceived as welcome respite from the exigencies of otherwise full and functional lives.

CHAPTER 5: DISCUSSION

Overview

The aim of this research was to explore the discourses drawn upon by young adults to construct perceptions, behaviours and experiences related to drinking and drug use. The results highlight that these young people are drinking large amounts of alcohol in the course of their socialising occasions and that many of them also make use of the enhanced mood states accessible via certain illegal substances. However in contrast to many academic and public health discourses which frame these behaviours as excessive and risky, the young people in this study did not view their behaviour as either extreme or hazardous; associating it almost exclusively with highly pleasurable motivations and outcomes. These findings are consistent with much previous research which shows the most common reason young people give for 'binge drinking' is enjoyment and having fun (Engineer et. 2003). The results also reinforce earlier research which found that young people adopt a purposeful approach to sustaining maximum enjoyment over the course of a night out by the manipulation of substance choice, dosage and timing (Measham & Brain, 2004; Riley & Hayward, 2004). Such an approach has been previously theorised in terms of being a form of 'determined drunkenness', 'calculated hedonism' (Brain et al., 2000) and 'controlled loss of control' (Measham, 2004). Brain and colleagues (2000) described the young people in their research as 'psychoactive consumers' who adopt a pick and mix approach to alcohol and drugs whereby desired effect, setting and personal resources influence the substances consumed. The participants of the present study also demonstrated a consumerist ethic in their psychoactive choices which were harnessed not to simply achieve uninhibited excess but to attain the positive benefits of intoxication while still retaining personal control. Demonstrating such control confers the status of maturity and social credibility, while simultaneously enabling the young person to achieve functions and goals in other life spheres.

Also consistent with the findings of much previous literature is the observation that binge drinking according to definitional criteria is standard behaviour for the preponderance of young consumers interviewed as a part of this study, who construct it in such a way that it has, for them, the status of rational, reasonable and normative

conduct. In this sense, the normalisation of intoxication within the social lives of young people can be observed; what is commonly referred to as excessive within the dominant discourse and positioned as perpetrated by a deviant few, is, within the realities of the young people themselves, normalised behaviour. Illicit drug use is also normalised to the extent that it is neither unusual, rare nor restricted to an aberrant minority and even abstainers typically accept drug using peers as relatively unremarkable. Clearly delineated boundaries to acceptable drug use were observed however and several other constituents of the normalisation thesis as outlined by Parker and colleagues (1998) could also be observed in the findings of the present study. For example uncontrolled, habitual or 'messy' use was rejected as was the ingestion of substances considered to be prominent on the hierarchy of dangerousness or dependence. Also notable was the degree to which the role of alcohol as drug of choice was primary for these young people who see its use as ubiquitous throughout society and sanctioned by wider cultural mores. By taking advantage of the wide range of low-cost, high-alcohol beverages available and the plethora of venues and occasions focused upon their consumption, they are freely participating in a culture of intoxication which to a large extent is not of their own orchestration.

These results suggest that the assumptions which underpin much of the public health debate surrounding youth binge drinking and illicit drug use are flawed. These assumptions are that young 'binge drinkers' and illicit drug users are an abnormal minority deliberately flouting accepted codes of rational behaviour. In their pursuit of hedonism they are depicted as being either indifferent to the threats posed to their own and others' health and safety or to be ignorant of these risks and consequently in need of greater education and regulatory control.

This illustrates a phenomenon reflected upon by Davies and Harré (1990) whereby various parties can be living quite different narratives without recognising that they are doing so, leading to conflict over social expectations. In this case, the voice of authority articulated through government, regulatory and public health discourses endeavours to define and set the boundaries of 'reasonable' behaviour. This ideological framework is endorsed and corroborated by 'science' which supplies the rationale behind harm statistics. Within this discourse, a particular set of norms is imposed by institutions of power which have the asserted status of truth. These norms include the legitimacy of alcohol use that is classified as 'moderate' and the positioning of drug users and

intoxicated alcohol consumers as irrational and deviant with an apparent lack of self-responsibility which renders them subject to disciplinary incentives. The young people within this study can be seen to be engaged in a struggle for recognition of the legitimacy of their own conflicting reality whereby, from their understandings of the world their behaviours *are* moderate, reasoned and located within the realm of normal social practice. They are resisting the imposition of one set of norms by dominant institutions and asserting their own versions of calculated hedonism are equally norm-based.

This is not to ignore the fact that behaviours as described by the sample in this research have associated risks and that such risks entail the genuine possibility of harm. It is simply to highlight the degree to which 'expert' discourses about the 'problem' have been privileged over competing and contradictory discourses which emanate from within the population deemed most at risk (Duff, 2003). These expert assessments presently dominate the state response to the issue while the legitimacy of the voices of young people themselves are considered only to the extent that they provide insight into defective thoughts and actions which might then be modified by reasoned admonishment and instruction from the perspective of 'reality'. It is also not to imply that young people are maintaining a self-interested yet spurious stance in defiance of a restrictive hegemony. There are an abundance of other cultural cues which similarly frame drinking and drug use as a normal, pleasurable pursuit; including films, television, advertising, family, the liquor industry and sporting institutions. In this sense, the broader culture of intoxication adds weight to the young people's construction such that the rhetoric of danger, harm and deviancy is more easily dismissed as overly repressive and hypocritical.

The argument contained within the dominant social discourse; that there is an appropriate way to drink and that not adhering to it results in illness and harm polarises society into a conforming majority and deviant minority. In 'othering' the source of problems while privileging one's own set of norms by contrast, blame is perpetually located elsewhere. The conforming majority are, within this discourse, *moderate*, *reasoned* consumers whose behaviours rarely cause or result in any form of harm (although we know this to be a statistical fallacy). By this very definition, the young people within this study also viewed themselves as part of the conforming majority. Problems are caused by 'others' who are either naturally aggressive, do not have the

ability or willingness to self-regulate or who drink to get into mischief rather than for pleasurable or social ends. Thus a strategy intended to draw the parameters of moderation and reserve them for the dominant group is employed with equal authority by the young people in the present study. Transferring the blame for inappropriate use is also a strategy of commerce, which retains the ability to exploit the benefits of deregulation while relocating responsibility for negative social outcomes to those who are faulty consumers.

A key argument of this research is not that any discourse holds the ultimate status of 'truth' but that continuing to deny the legitimacy or indeed the existence of the discourses delineated here will sustain the conflictive status quo currently being experienced. This conflict arises because current efforts to modify or moderate youth intoxication materialise out of a divergent normative 'reality' from that which exists within the culture of young adults themselves and as long as this is sustained we are likely to see most harm reduction efforts continue to miss their mark.

Possibly the fear is that to acknowledge the uncomfortable reality of the normalisation of drinking to intoxication and recreational illicit substance use is tantamount to offering it uncritical, even sympathetic acceptance. However, as Blackman (2004) notes, to acknowledge there is an elephant in the kitchen is not the same as inviting it to stay. It is merely a first step on the route to determining what might practically be done about it. Laws and restrictions which constrain private behaviour rely largely on a moral consensus (Heath, 1995). To gain such a consensus it does not seem viable to exclude the voices of relevant consumer groups from the policy development process; even when these voices are delivering an unpalatable message.

Implications

Acknowledging the discourses of self-regulation, psychosocial development and pleasure which were identified here has a number of implications. For example, much of the education and exhortations targeted at petitioning young people to moderate, cut-down, control or otherwise limit the pursuit of intoxication are typically framed around highlighting the potential for certain risks and harms. However, there are several problems with this approach, primary among which is the fact it ignores the degree to

which conceptions of risk are socially constructed (Lupton, 1999). There is an extensive psychological literature on the meanings and significance of lay people's perceptions of risk (e.g. Beck, 1992; Giddens, 1991; Lash, 2000; Lightfoot, 1995; Lupton, 1999). These findings have been useful in demonstrating that expert constructions of risk often appear ambiguous and that those emanating from various institutions are frequently in disagreement with each other. An awareness of these factors has enhanced the likelihood that lay people will both challenge and resist expert discourses. The literature also suggests that risk perceptions are highly contextualised; shaped by membership of cultural and social networks and often viewed positively in a manner which conflicts with scientific or expert representations of risk.

As was observed in chapter four, intoxication related risks as defined in public health or law enforcement terms differ substantially from the risks conceptualised by the young people in this research, who did not have health, injury or safety concerns as much as they did those relating to finances, social credibility and sexual appeal. Although these may seem trivial when compared to accidents, injury or violence; they are likely to have more valence and consequently be a more viable target for leveraging behavioural change. Furthermore, what are perceived to be extreme, implausible or remote representations of the risks associated with drinking and drug use are likely to undermine the credibility of health promotion messages in the minds of the target population. This research also revealed that risks are part of the *appeal* of intoxication connoting adventure, potential for the unexpected as well as liberation from inhibition and daily structure. Previous research has identified risk taking as being an opportunity for individuals to live life with a sense of mastery and personal agency, enabling a feeling of self-improvement when boundaries are transgressed (Tulloch & Lupton, 2003). Green, Mitchell and Bunton (2000) found that conceptions of acceptable/unacceptable acts related to drug use were founded upon a shared experiential code of behaviour rather than on society's prescribed or legal code. The young people in their research were found to normalise many risks and uncertainties as an omnipresent feature of everyday life, in many cases eagerly embracing risky encounters as a means of transcending the mundane. Therefore, the assumption of health promoters - that young people are risk-averse and will modify their behaviour when potential perils become known - is clearly misleading.

Lupton (1999) notes that in contemporary Western societies, the avoidance of risk is strongly associated with the notion of the civilised individual, able to regulate the self and body in ways designed to avoid harms. To fail to do so, or to take unnecessary risks is commonly viewed as careless, irresponsible or even deviant; evidence of gross ignorance or the lack of ability to self-regulate. As expert knowledge of risk has proliferated, the various strategies which individuals are required to exert upon themselves to avoid risk has equally proliferated to the extent such behaviours have become a kind of moral enterprise. From this perspective risk may be understood as an administrative strategy by which populations and individuals are expected to accept and internalise the objectives of governing institutions who in turn construct certain understandings as a means of exerting their disciplinary power. Since the young people researched here are 'failing' to internalise the expert constructions of risks related to their drinking and drug use, they are positioned as a highly 'at risk' or 'dangerous' population; subject to active surveillance and punitive measures. The broader social structural underpinnings of harm, such as disadvantage, deregulation and the free market are overlooked in favour of strategies which focus upon regulating those individuals who are seen as lacking in self control.

Another implication of the findings of the present study involves the socially constructed nature of moderation as was observed in the discourse of self-regulation. Many health education efforts are premised upon the legitimacy of moderate use; with entreaties to restrain consumption and the vilification of 'binge drinking.' This approach is likely to have limited efficacy given the degree to which the young people in this study actively distanced their own behaviours from descriptors of this nature, stipulating the range of boundaries implemented and the degree to which they already perceive their use as controlled and judicious. The positive aspect to this finding is that the existence of these boundaries suggests that the foundations for the practice of limit-setting already exist within youth cultures. A more beneficial approach might be to focus upon ways in which more resonant delimitations – such as the loss of social cachet when in a drunken state - may be harnessed to achieve more healthful outcomes.

These young people also demonstrated that they were extremely budget-conscious. Even the older, more moderate consumers who had matured through the phase where they sought the biggest hit for the least investment indicated that cost was still a significant constraint on consumption quantity and degree. In particular it was noted

that perceived expense 'displaced' purchases from the arguably more controlled environment of bars and clubs to cheaper, off licenses and private spaces. This suggests that this population is likely to be sensitive to targeted off-license pricing increases as a potential restraint on total consumption volume. The widely employed argument against such specific pricing policies is that they unfairly penalise the supposed moderate majority. This might be addressed through specifically targeting products marketed at youth or simply by recognising that reducing overall consumption is a social goal from which the entire community benefits; therefore warranting a community-wide contribution.

The evidence of a psychosocial development discourse also has implications for public health, policy and media representations of youth consumption. Participants indicated the degree to which they viewed their drinking and drug use as culturally and generationally appropriate; sanctioned by their families of origin as well as embedded within the wider environmental and cultural context. This construction differs substantially from many media accounts and much public health attention which depicts a youth-centric, contemporary phenomenon of heavy drinking and escalating harm. When research reveals that a quarter of all adult New Zealanders drank a large volume of alcohol on their last drinking occasion and when the so-called 'moderate majority' are contributing the greatest share of the social costs of drinking; the representations focused upon youth intoxication appear exaggerated and hypocritical to these young consumers. Being singled out and (in their view) held unduly accountable engenders a great deal of resistance to the positions afforded them; not a situation typically conducive with the willingness to modify behaviour for the betterment of society. The 'contrastive other' discursive strategy often employed by the dominant discourse sets the precedent for the displacement of accountability; a device which was appropriated with equal conviction by the current sample such that the finger of blame is eternally pointing elsewhere.

Cherrington et al (2006) also suggest such constructions are problematic politically as well as morally in that undesirable outcomes are seen as being located at an individual level (the flawed consumer) rather than "being recognised as engendered through socially re-produced conditions, responses or relationships" (p. 214). Neglect of the wider social analysis of various contextual forces and the roles they play in development and maintenance of population-wide consumption practices is likely to

perpetuate a narrow perspective on any potential solutions. Particularly in relation to alcohol, the most effective policies are those based on an assessment of the cultural position of drinking within the society; not just within a section of that society (Room et al., 2003). Further to this point, Eckersley (2005) argues that in considering the issue of drinking and cultural change it is crucial to consider the broader question of how culture, in particular modern, Western culture influences health and wellbeing in general. To do this the influences of materialism and consumerism and the ways in which these promote consumption (including of drugs and alcohol) as a remedy for a variety of modern ills need to be considered.

Another significant implication of the current findings is the degree to which pleasure has been shown to underpin both motivations for drinking and drug use as well as outcomes associated with these practices. Governmental and other discourses emanating from authority are largely silent on pleasure as a motive for consumption; with certain exceptions that stipulate pleasure as viable when contingent upon rational moderation. However, as discussed above the young participants of this research *do* regard their pursuit of intoxication as rational and controlled and therefore embrace the notion of pleasure as a warrantable motive for their behaviours. Very little attention has been paid to the pleasurable aspects of alcohol use in the academic literature (MacAvoy & Mackenzie, 2005). This is despite the fact virtually no drinker deliberately sets out to damage their liver or to experience an accident or other negative outcome. On the contrary, most people drink for the changes it induces in their emotional state; changes which are perceived almost exclusively in pleasurable terms. Peele and Grant (1999) outline a number of issues surrounding alcohol and pleasure that have yet to be engaged in psychological research and argue the findings from such investigations potentially hold valuable insights for a public health sector which has thus far been largely unable to reduce the harmfulness of drinking by focusing principally on its problematic aspects. These include such considerations as whether the concept of pleasure can be harnessed to encourage healthy drinking; what distinguishes pleasure as a healthful or harmful motivation in drinking behaviour; and investigation into the factors which may have prevented professionals from employing pleasure as a scientific concept and policy tool.

That drug and alcohol use signifies pleasure and excitement to young consumers is readily acknowledged by marketers however, who reference these associations almost exclusively in their public discourses and in doing so create powerful associations

between their message and youth experience. In contrast, the discourses which seek to moderate or modify youth intoxication are not only predominantly silent on pleasure, but utilise notions of harm, danger, deviancy and social impropriety. As Taylor (2000) points out, it may be argued that much of this type of education is attempting to promote the wrong product; it is notoriously difficult to 'sell' a negative, especially one which does not signify a social need or reference a social reality. This does not imply a pro-intoxication stance should be adopted; rather it is to recognise that any campaign which does not reference pleasure is likely to be less effective by virtue of the fact it is less relevant to the target audience. Furthermore, health promotion coexists within the same textual environment as commercial messages produced by advertisers, so if it is to compete with their influence upon young people it must equally take into account their perceived realities. This might simply involve a shift in focus to education which emphasises positive models of drinking; the intensification or safeguarding of pleasure through adopting certain behaviours versus an emphasis on the avoidance of risk and harm (Duff, 2004; Taylor, 2000).

Limitations

There are several limitations inherent within this study. The first and possibly the most significant is the demographic homogeneity of the self-selected study participants. All were middle/upper SES, living in a large urban municipality, all except two were NZ European and all had access to employment and opportunities for higher education. As discussed previously alcohol and drug consumption practices and outcomes in NZ vary by SES status, geographic location and ethnicity, and all these factors also influence the experience of alcohol related harms at an individual and community level. People living in areas of higher socioeconomic deprivation are more likely to experience harmful effects as a result of their drinking and recent evidence even suggests that alcohol-related harm may actually be a key driver of many social inequalities (Wells, Baxter, & Schaaf, 2006; Wilkinson & Marmot, 2003). Therefore, the experience of these urban, middle class and relatively advantaged youth is likely to be substantially different from those of other socioeconomic and ethnic populations. Brain et al. (2000) found evidence for 'unbounded hedonistic consumption' amongst a sample from economically deprived areas of a large UK city. They determined that the structuring influences of

employment, education, participation in the consumer society and economic prospects, all of which encourage more calculated hedonism were lacking amongst these disadvantaged youth. Consequently, their consumption developed into more of a lifestyle than a leisure lifestyle and drinking, drug taking and other risk behaviours merged in unregulated and often illegitimate forms of behaviour. Given the emerging evidence locating the bi-directional nature of harmful drinking in socioeconomically deprived environments, (that is, people consume to escape unpleasant circumstances and this consumption in turn exacerbates such conditions); research into youth and young adult practices among less privileged populations in NZ would be fruitful and would likely yield very different results.

Research has also revealed that Maori and Pacific peoples have a range of beliefs, attitudes and behaviours towards alcohol and alcohol consumption which interact with various social factors such that findings attributed to other ethnicities cannot simply be extrapolated and applied verbatim (ALAC, 2003). The present study recorded ethnicity only as a means of describing the sample and cannot therefore claim to offer any insight into how the findings may or may not be relevant to young people within Maori or Pacific Island communities.

A second limitation is the size of the sample. Though not in itself influential on the findings reported here, previous research has illustrated that even amongst small and relatively homogenous groups of young people there exist diverse experiences, perceptions and locally contextualised norms for alcohol related perceptions and behaviours (Abel & Plumridge, 2004; Shildrick, 2002). To capture this diversity and recognise the implications it comprises for macro level policy initiatives, the contributions of larger numbers of young people from a myriad of different social contexts would be extremely beneficial. It is clear there is not any single or simplistic solution to the problems inherent to youth alcohol and drug consumption, so the more multi-layered and broad the research, the more informative and functional the findings.

A further limitation is the focus of the research which did not incorporate conceptualisations of gender in the analysis. Previous literature has illustrated that drinking and drug use are highly gendered behaviours particularly in terms of quantities, motivations and consequences but also in relation to subjective experiences and desired states of intoxication (Day, Gough, & Mcfadden, 2004; Lyons & Willott, 2008;

Measham, 2002). Drug and alcohol use has also been determined as a key site for the accomplishment of both traditional and non-traditional gender identities and recent research has investigated the extent of gender convergence in alcohol and drug consumption together with the possible contribution of social role convergence and economic changes (McPherson, Casswell, & Pledger 2004). The gender make up of the focus groups provided opportunity for examination of the influence of masculinities and/or femininities on the perceptions and behaviours of participants however this was not a focus of the current analysis and consequently no contribution to the body of knowledge can be made in this area.

Reflections on the Research Process

In reflecting upon the results of this study, it is also useful to examine various contextual features and the ways in which these may have influenced findings. The research was undertaken at a time when alcohol and in particular youth binge drinking has been omnipresent in the media and public debate. The NZLC's (2009) review of the regulatory framework for the sale and supply of liquor was being compiled at the time of data collection and this stimulated a great deal of public discussion and conjecture as to the recommendations likely to be made for legislative change. In particular, the possibility of raising the legal age for purchase of alcohol from 18 to 20 years had been proposed and was being advocated by many health and law enforcement representatives. It is inevitable that in such a highly politicised environment of deliberation and speculation the opinions of participants are likely to have been more defensive and vociferous than had they been polled five years previously (or indeed 5 years subsequently). It is possible that the atmosphere of censure and recrimination centered upon youth and young adult intoxication resulted in participants being more inclined to rationalise and justify their behaviours than they might otherwise have felt the need. Rather than detracting from the validity of the findings however, it can be argued that evaluating young adults' reactions within such an environment offers valuable insights into the impact of an ethos of condemnation and blame. It is notable that the NZLC's final recommendations report (2010), recorded that while young people do experience greater harm per standard drink than older drinkers, the evidence does not support the assertion that the vast majority of adult New Zealanders drink

responsibly. What the statistics do make clear is that drinking to intoxication and drinking large quantities remain dominant features of NZ's drinking culture as a whole. What the findings of the present study illustrate is that young people are highly resistant to absorbing the culpability for this culture or the negative outcomes which result from it.

Structure of the focus groups may also have influenced findings reported here. Friendship groups were specifically employed to stimulate the spontaneous and open discussion characteristic of a social get-together and to enable the participants to draw upon shared experiences. However individual interviews or focus groups comprising individuals who were not previously acquainted might have produced different results. That is to say, voicing a dissenting or contrary view might have been challenging in an environment where one's peers appeared to present a united front.

The degree to which knowledge is co-constructed within a specific time and place is also relevant to the findings and I acknowledge my role as researcher, female, adult and the environment in which the discussion groups were held. Although an effort was made to ensure the comfort and relaxation of participants, had they been in a private home or a more neutral environment (such as a cafe) the discourses generated may have reflected the more informal setting. I also recognise my professional standing as an alcohol and other drug (AOD) clinician and the degree to which my academic and professional knowledge has influenced my direction of the discussion groups and similarly shaped interpretation of the texts. As an adult and relative outsider within the context of the focus groups, I may also have elicited different talk to that which would have been obtained from a younger researcher, or one who was a part of the social mileau of participants. However, this too can be argued in terms of being a strength since, under the reassurance of anonymity, the young adults were able to be candid and forthcoming about their behaviours and views. On several occasions within the discussion, participants interrupted talk to specifically explicate a term, describe behaviour or clarify some other point for the purpose of enhancing my understanding.

Future Directions

Future research with diverse age groups would aid the accumulation of knowledge and contribute to greater understanding within this complex topic. For example, the current study's sample comprised young people who were legally able to purchase alcohol. Yet we know from epidemiological surveys that experimentation with alcohol and other substances typically commences at around the ages of fourteen and sixteen respectively (Durrant & Thakker, 2003). These underage consumers comprise a relatively hidden population because of their unlawful status and yet the years prior to attaining legal standing in respect of alcohol consumption are arguably seminal ones because of their formative role in establishing preferences, norms and practices. To access the voices of this age group from a non-moralising perspective may elucidate some of the beliefs, perceptions and understandings which contribute to the development of both functional and less adaptive intoxicant-related activities. Similarly, investigation into whether the stabilising effects of increased family and financial responsibilities eventuate in the late twenties and curb intemperance as anticipated by participants would be worthwhile in terms of extending the findings of the present study and understanding such behaviours from a developmental perspective.

Ethnographic research in this area would also be particularly fruitful. Given the taken-for-granted nature of the beliefs, practices and behaviours relating to alcohol use observed in the present study and also evident in the wider culture, enquiries which interrogate both the implicit and the explicit may facilitate rich and detailed data and enable reanalysis of the many assumptions which exist in relation to these 'everyday' practices.

Conclusion

This study offers comprehensive analysis of the discourses twenty-one young men and women used to make sense of their drinking and drug use practices. It is clear the discourses which exist surrounding alcohol and drug use in the public sphere afford a conflictual space for these young adults as they are positioned as immoral, susceptible, irrational and errant. In response, they resist the positioning imposed upon them and draw on alternative discursive constructions in which they retain autonomy, morality

prudence and conformity. In light of these findings, it would seem reasonable that the solution to engaging this population in more favorable behaviours does not lie in intensifying the rhetoric of censure and reproach in the anticipation they will eventually come to see the error of their ways and modify their behaviour accordingly. Instead, the contribution this study makes is to bring into focus some of the realities of young people's experience and present these as an alternative foundation for the development of effective education and public health policies.

In particular, this research has elucidated the subjective nature of 'moderation' and the degree to which this concept is seized by and serves to legitimate the behaviours of whichever interest group is able to claim it most volubly and with greatest authority. It has revealed the influential nature of pleasure and the degree to which this renders various behaviours acceptable and justifiable. The further a communiqué deviated from the notion of pleasure, the less it held resonance for the young participants of this study. It has also been revealed that young people are not oblivious to the social, political and cultural context in which their behaviours are founded and within which they are legally sustained and facilitated. Any measures which appear to disregard the influence of social context and the structural issues which influence the wider culture are likely to be perceived as discriminatory and hypocritical. Although the findings do not solve the 'national emergency' presented by alcohol consumption or drug use, they support the importance of research in this area and of the value psychological research in particular.

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Young Adults Talk About Drinking & Drug Use
INFORMATION SHEET

What is this research about?

The aims of this qualitative research project are to gain knowledge and greater understanding of the nature of young people's drinking and other drug use within their everyday lives. The research is specifically looking at 'normal' consumption of alcohol and/or other drugs.

The study does not promote or support the consumption of alcohol or drugs nor does use of the term 'normal' imply acceptability or tolerance. For the purposes of this study, 'normal drinking and drug use' simply means being common, widely accepted and not limited to people with drug or alcohol problems or those who get into trouble with the law.

Who is conducting this research?

This is a research project being undertaken by Simone Barclay part of a Master of Science degree in Psychology at Massey University. Full contact details for Simone and her supervisor are provided over the page.

Who can take part?

Males and females between 18 and 24 years of age who are proficient in English and have ever used alcohol or drugs in the context of socializing, are eligible to participate in this study.

A number of individuals known to the researcher have been asked to assemble a group of between four and eight of their friends and acquaintances to participate. This number has been selected to ensure each individual will have ample opportunity to have their say within the time available. Between 4 and 6 focus groups are being undertaken. Participants will be compensated for their time and travel costs with a voucher for either a CD or petrol valued at $10. Individuals who have ever had the clinical diagnosis of an alcohol or drug problem are not suitable for participation in this project.

What will happen in the study?

In each of the focus groups, young people aged 18-24 and their friends will discuss a range of topics and questions about the consumption of alcohol and other drugs in the context of socializing. The researcher will ask some broad questions to help with the discussions, which will be audio taped. It is expected that the focus groups will take approximately one and a half hours.

No risk or harm is anticipated to arise from participation in the group, however given the legal issues related to some topics which may be discussed, all participants will be asked to sign an agreement maintaining the confidentiality of those who participate and what is said in the groups. Participants need only supply the researcher with their first name and will be asked to address others within the group by first name only.

What will happen to the information collected?

The recordings of the focus groups will be transcribed into text by the researcher; where any names are mentioned they will be replaced with a pseudonym. The recordings, transcriptions and any associated notes or findings will be used solely for the purposes of the research project and will not be put to any other use. Only the researcher and supervisor will have access to the data. Recordings will be destroyed at the end of the project and transcriptions will be stored securely for five years. No

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identifying information will be used in analysis, findings or reports. Where comments or anecdotes are attributed to an individual they will be referred to by a pseudonym. Participants will be able to receive a summary of the project findings by leaving their postal or email address on a list provided by the researcher. Participants will also be given the opportunity to review group discussion transcripts and edit or delete any contributions they themselves have made. A separate list will be provided for this purpose. Once the project is completed the supervisor will store the all the transcripts securely for five years, at which time they will be destroyed.

Where will the research take place?
Focus groups will be held at the offices of Auckland Psychology, 2E/10 Augustus Terrace, Parnell, at a time mutually agreeable to all participants.

Participant's Rights
You are under no obligation to accept this invitation.   If you decide to participate, you have the right to:
•   decline to answer any particular question;
•   withdraw from the focus group at any time
•   ask any questions about the study at any time during participation;
•   provide information on the understanding that your name will not be used unless you give permission to the researcher
•   review group discussion transcripts and edit or delete any of your own comments
•   be given access to a summary of the project findings when it is concluded.

What support processes will be in place for the participants?
No risks or harms are likely to occur as the result of participation in this research. However in the event any participant experiences distress or concern in relation to topics under discussion, they will be provided with information about services that are available for support or assistance with their concern.

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;   Simone Barclay
                                           Ph. 09 522-5206 or 027 444-5798
                                           info.research@xtra.co.nz

Supervisor's contact details are;   Dr Antonia Lyons
                                           Ph. Auckland 414-0800 extn 62164
                                           a.lyons@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 08/62. If you have any concerns about the conduct of this research, please contact Dr Karl Pajo, Chair, Chair, Massey University Human Ethics Committee: Southern B, telephone 04 801 5799 x 6929, email humanethicsouthb@massey.ac.nz.

APPENDIX B: DISCUSSION PROMPTS

Introduction – first names only-choose a pseudonym

Reminders about confidentiality – pseudonyms will be used for transcripts and tapes will be destroyed at end of project - tape can be turned off at any time on request.

We will be talking drinking alcohol and any other substances consumed when socialising, your preferences, opinions and thoughts about them.

Alcohol
What kinds of things do you like to do when you go out? Where do you go? How often?
What is a 'typical' night out? Do you drink alcohol? What do you like to drink? Why?
Tell me about a great night out you've had recently (doesn't have to involve alcohol or drugs).
What made it so good? What did you enjoy about it?
How much would you typically drink? Does it differ depending on whether it is a weekend or weeknight? What kinds of things might affect how much you drink on any particular night? (prompt: money/occasion/time of day/who with.)
What do you like about drinking?
Are there some bad things about drinking?

Other substances
Do you take any other substances? What? What else? How often?
What sort of occasion would you take (*substances mentioned*)?
What sorts of things affect what you might take on any particular night? (prompt: money/availability /occasion/time of day/who with.)
What do you like about (*substances mentioned*)?
Would you take (*substances mentioned*) if you had also been drinking or were planning to drink?
Do you think you drink more or less when taking (*other substances*?)
How might what you drink or 'take' change over the course of a night out? Would you plan it in advance?
Are there any bad things about (*substances mentioned*?)
Have you ever had any bad experiences while drinking or using other substances? What happened? Do you act differently to ensure it doesn't happen again?
Do you have minimums or maximums on (*substances used*)? How do you know when you or someone else has had enough?
Are there some substances you would never take? What & why?
Do you think you drink less or more when you mix alcohol with other substances?

Other issues

Do you think or worry about what 'society' thinks about drinking or drug use? Does it affect your choices?

Has your drinking and/or drug use changed over time? In what ways? Why do you think that is?

There's been a lot of media attention about young people and the increase in 'binge drinking' recently.... do you think that's the case?

What were you taught about alcohol and/or other drugs when you were younger? What do you think about this now? Do you think differently about these issues to older generations? Do you think your views are typical of your age group?

If someone said you could never have another alcoholic drink (or other substance) again, how would you feel? In what ways would your social life change?

Do you know any people who don't (drink and/or take other substances)? What do you think of them?

Do you think men's and women's drinking and/or drug use differ in any substantial ways? How?

Do you think it's more 'okay' for men to drink/use drugs compared with women? What are your thoughts about that? Is this changing in your view?

What do you think about the laws around drinking and drug use? (prompt: lowering of drinking age/ banning of party pills/ decriminalisation).

What about alcohol marketing – do you think you are affected by this?

Do you think the media 'glamorises' drinking and/or drug use? Why or why not? Thinking back, has it affected your choices?

Are there any other things about drinking, (other substance) use and socialising which you think are important but haven't been mentioned?

Thank you

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Young Adults Talk About Drinking & Drug Use

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

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 to the interview being audio taped.

I agree to not disclose anything discussed in the Focus Group.

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

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

First Name - printed ....

APPENDIX D: TRANSCRIPTION NOTATION

	Notation	Example	Description
1.	[	Mary: quite a [while Kate: [yeah	Left brackets indicate the point at which a current speaker's talk is overlapped by another's talk.
2.	=	Mary: that I'm aware of= Kate: = Yes, I'd agree with that definitely.	Equals signs, one at the end of a line and one at the beginning, indicate no gap between the two speakers.
3.	(4)	I guess so (4) yeah	Numbers in parentheses indicate elapsed time in silence in seconds
4.	_____	What's the <u>matter?</u>	Underscoring illustrates some form of stress, via pitch and/or amplitude.
5.	WORD	That's the LEAST of my worries	Capitals, except at the beginnings of lines, indicate especially loud sounds relative to surrounding talk.
6.	{laughter}	{laughter}	Any other significant behaviour, such as laughter, sighing, intake of breath etc.
7.	( )	So I thought I ( ) call	Empty parentheses indicate the transcribers inability to hear what was said.
8.	(word)	Would you say (that was) something positive?	Parenthesised words are possible hearings.
9.	...	...	Three fullstops indicate a small amount of text has been omitted.

Adapted from Silverman, (1993).

APPENDIX E: THEMATIC CODES

Normal

o Everything is alright in moderation but the media make a big deal out of some drugs
o Addiction is a problem – what we do isn't a problem because it's just for fun
o When you are young is the time to be getting the partying out of your system
o It's important to have some experiences with intoxication when you're young so you can learn from them
o We are normal for our age and culture
o Our drinking style and tastes have changed as we've matured
o We don't do it every day
o The news media demonises intoxication in a way we don't relate to
o We know we technically binge drink but the risks as portrayed in the media don't reflect our reality
o It's the norm to do what we do
o It would be hard to find friends if you didn't use any substances
o We are careful and sensible about our intoxication. We are in control
o We are not the ones depicted in the negative stereotypes
o Only losers allow substance use to affect their lives negatively
o Our drinking reflects NZ's wider culture
o We're not the ones causing havoc
o I'm exactly the same as my parents were
o Everybody goes through this stage

Enjoyment

o Losing inhibitions results in fun experiences
o Bad experiences when intoxicated are a source of fun and humorous stories
o Socialising with friends is central to the enjoyment of intoxication
o Being intoxicated helps you get closer to people, mingle, interact and feel relaxed
o It's about the social experience not just getting wasted
o Losing inhibitions is a positive consequence of intoxication
o Gaining confidence is a positive consequence of intoxication
o We feel a desire to not miss out on a good time
o We get intoxicated to enhance our social experience
o Drinking provides a reason to get together with friends
o There are some bad things about drinking – but most of them are minor and transient
o Being around people who aren't drinking makes you more self-conscious
o Drinking / intoxication has positive benefits. E.g: makes situations more fun, helps you relax, augments whatever mood you're in, makes social interactions easier, enables spontaneity and adventure, makes you forget any cares / worries, offers time out from weekday structure, stimulates your imagination, creates fun and humour, is exciting, makes you willing to do fun stuff, makes you feel part of the group / a connection with others, helps you feel good about yourself, gives you 'dutch courage'

Control

- Getting / being out of control when intoxicated is not a good thing
- Bad things about drinking (e.g. doing things you regret, making a dick of yourself, terrible hangovers, mixing substances, aggression/fights, personal safety risks, spending too much money) are avoidable if you stay within your limits
- We are aware of the risks and dangers and take measures to avoid them
- People who constantly overdo it are losers
- Inability to control substance use is undesirable
- Some substances have an image we don't want to be associated with
- We plan our socialising around our budget – to achieve the desired level of intoxication on the money available
- We drink before we go out so as not to spend money in bars
- There's a desired level of intoxication that we strive for – actual quantities can vary with mood / food / stress/ emotional factors
- It's about having a good time – if you're out of control you're no longer having a good time
- Knowing your limits is a sign of maturity
- Drinking equals some level of intoxication. That's the point, otherwise it's a waste of money
- The alcohol volume in drinks we purchase is an important practical consideration
- We enjoy house parties because they are cheaper and we can relax
- When intoxicated, some people do things they might not otherwise – but it's no excuse
- Moderate drinking has a completely different role in our lives to getting intoxicated
- If you're not on the same buzz as others, you may as well save the money and be completely sober
- We will pace ourselves to maximise our intoxication over the course of the night, without overdoing it or spending too much
- Our tolerance / knowledge of our personal limits has increased as we've got older, we've learned from experience
- Mood, environment, company affect how intoxicated we get
- Getting intoxicated on your own would be a waste of money since the whole point is to enhance the social experience
- We will look after a friend if they are out of control – even if it's annoying having to
- We stick together for safety
- We watch out for each other
- We are more restrained on weeknights and in term time
- We're aware of our responsibilities and don't want drinking to limit our work/study opportunities
- Different substances / types of alcohol are appropriate for different situations / effects / moods