

**Faculty of Health Sciences
National Drug Research Institute**

**Exploring the micro-politics of normalised drug use in the
social lives of a group of young 'party drug' users in
Melbourne, Australia**

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Declaration:

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgment has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

Signature:

A handwritten signature in black ink, appearing to read 'C. Penney', written in a cursive style.

Date:

16th May 2012

Abstract

Young people today live in what some scholars and commentators have defined as a 'post-modern' era, characterised by globalisation, the internet, mass media, production and consumption. Post-modernity has seen a change in the way young people live. Along with career, finance and success, young people today place greater emphasis on leisure, identity, relationships and health. There is some evidence to suggest that other factors, such as family, community and location, have become less important for young people living in the new millennium (Giddens 1991; Beck 1992).

In post-modern times, there has been a significant increase in western countries in the use of 'party drugs', including ecstasy and methamphetamine, among 'ordinary' young people in social and leisure-oriented contexts. In the mid-1990s, in response to this rise in drug use, a team of UK researchers developed a theoretical framework in which they argued that the use of some illicit drugs had become 'normalised' (Parker, Aldridge et al. 1998). The proponents of the normalisation thesis suggested that drug use was no longer linked with deviant, pathological or subcultural behaviour, and had become a normal feature of the day-to-day worlds of many young people.

This thesis explores the concepts of post-modernity and normalisation as they relate to the culture and practices of a group of young people in Melbourne, Australia, who called themselves the 'A-Team'. The A-Team was a social network of around 25 people who were 'typical', 'mainstream' and 'socially included' individuals (Hammersley, Khan et al. 2002; Harling 2007), who participated in work and study, and who did not engage in any illicit activity other than drug use.

I argue that theories of post-modernism and normalisation emphasise too strongly macro-level changes and do not adequately appreciate the complexity of social process and the cultural meanings negotiated within and through the practices of individuals and groups. For example, while theories of post-modernity have shed light on the way in which lives are structured at the macro level, they less adequately

account for the way that young people continue to make and re-make meaning and identity from enduring social relationships and particular social contexts.

In response to an increasingly globalised and disconnected world, A-Team members found continuity and stability within the group. They remained 'modern' in their adherence to their social community; however, the form of community they sought took a very post-modern form. They experimented with self-expression and identity outside the confines of traditions such as marriage, family and career, but they did not drift between groups and social spaces in their search for self. They were selective with whom and where they performed their desired identities. The A-Team practiced a form of 'differentiated' post-modernism, which presents a more complex picture of how young people are responding to macro-level social, cultural and economic changes.

Throughout this thesis I describe the multiple ways in which A-Team members attempted to manage their use of alcohol and party drugs within their 'normal' suburban lives. In particular, I highlight the ways in which they engaged with discourses of 'normal' and 'abnormal' drug use and 'acceptable' and 'unacceptable' drug use. I also describe the ways in which they engaged with discourses of moderation and excess, and the desire for both self-control and 'controlled loss of control' (Measham 2004a). These discourses arose as a consequence of a range of competing tensions that the A-Team consistently managed. These tensions included the search for bodily pleasure, identity and the desire for intimate social relationships, experiences of drug-related harm and significant critiques of specific forms of drug use from group members, and from non-drug using friends and family.

In highlighting these discourses and competing tensions, I argue that although the normalisation thesis has significantly advanced understandings of young people's drug use, it does not adequately appreciate the way that young people must negotiate the 'micro-politics' of normalised drug use, a concept recently outlined by Swedish sociologist Sharon Rodner Sznitman (2008). Rodner Sznitman argued that normalisation is an ongoing process shaped by unique social and cultural micro-politics. Rodner-Sznitman suggested that young drug users engage in practices of 'assimilative normalisation' – by attempting to manage their 'deviant' or stigmatised

behaviour – and ‘transformational normalisation’ – by attempting to resist or redefine what is considered to be ‘normal’ with respect to illicit drug use and drug users.

I describe how A-Team members engaged in practices of assimilative normalisation by concealing their drug use from disapproving friends and family, severing ties with some non-drug using friends, repeatedly attempting to cease or reduce their drug use, drawing on notions of ‘controlled’ and ‘moderate’ use as the most acceptable form of drug use, and justifying their drug use as a temporary feature of young adulthood. I also show how some A-Team members engaged in transformational normalisation by rejecting the need for moderate or controlled forms of consumption, attempting to redefine the boundaries of socially acceptable drug-using behaviour and by offering an alternative reading of ecstasy as a drug that enables the performance of an intoxicated self.

This research shows that there are many competing social and cultural forces that shape the way that young people use drugs and understand their use. It is essential that we develop a greater understanding of young people’s drug use and not interpret their drug using practices through frameworks that rely on macro-level cultural and/or attitudinal shifts. Young recreational drug users face a multitude of issues when attempting to manage their drug use amidst the competing demands of relationships, sport, work, finances and career. These issues and the responses adopted by young drug users are likely to vary between groups, between cultures and between types of drug use.

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Chapter 1:

Introduction

This thesis explores the use of alcohol, ecstasy and methamphetamine among a group of ‘mainstream’ young people in Melbourne, Australia. I draw on fourteen months of ethnographic fieldwork to examine the social practices and cultural meanings of ‘party drug’ use among a group of approximately 80 young people. The analysis is situated within a broader framework that positions young people within the social, cultural, economic and political conditions in which they live.

Young people today live in what some scholars and commentators have defined as a ‘post-modern’ era. Post-modernity is characterised by globalisation, the internet, mass media, production and consumption (Giddens 1991). Post-modernity has seen a change in the way people live. Today, there is a greater emphasis on career, finance, success, health, travel, relationships and leisure. There is some evidence to suggest that other factors, such as family, community and location, have become less important for young people living in the new millennium (Giddens 1991; Beck 1992).

Of particular relevance to young people, post-modernity has seen a range of changes to the social, cultural and economic contexts in which young people move into and through adulthood, which influences the decisions they make about aspects of their lifestyle and identities, including the importance placed on friends, family and career. For example, young people no longer move out of the family home after secondary school to begin full-time work, start a family and purchase property. Some young people are delaying the time at which they do these things, while others are choosing never to do them. Women, in particular, are choosing life pathways that deviate from their traditional role (Wyn and White 1997; France 2007; Hodkinson 2007).

Some scholars have argued that, given the decline of many traditional structures such as nuclear families, the importance of community and geography, and gender roles, post-modernity has seen a shift towards individualised identity and responsibility.

Today, the onus is on individuals to ensure their own career and financial success, maintain a healthy body and mind, travel the world, manage their social lives, create a desired identity and manage their consumption. Most importantly, people are required to make the ‘right’ choices and avoid risk (Giddens 1991; Beck 1992; Lupton 1999).

At the same time that young people are expected to make the right choices, the choices available to them have proliferated. Young people are operating in a global market where consumption and choice is privileged. Post-modern subjects have a variety of different lifestyle choices available to them, and the time and money to explore such things (Beck 1992; Wyn and White 2000; Wyn 2004; France 2007). One of the ways that lifestyles and identities are created and reinforced is through consumption. Illicit substance use is one form of consumption that has increased during this period of ‘post-modernity’, particularly the use of cannabis, methamphetamine and ecstasy (Parker, Aldridge et al. 1998).

Over the past 20 years, there has been an unprecedented rise in the ‘recreational’ use of ‘party drugs’ among what could only be described as ‘ordinary’ young people – that is, the widespread use of drugs such as ecstasy and methamphetamine, particularly in social and leisure-oriented contexts, by young people who might be considered part of the ‘mainstream’. Epidemiological and qualitative social research has found that these drugs are frequently combined with alcohol in the context of a ‘big night out’ at licensed venues within the ‘night-time economy’ (Hobbs, Hadfield et al. 2003; Duff 2005).

The tendency to combine a range of drugs in the context of weekend ‘partying’ appears widespread across continents, but most of the social research on this phenomenon has been conducted in Australia and the UK. In response to the significant increase in the prevalence of cannabis, methamphetamine and ecstasy use in the early-1990s, and in recognition of the changing social and cultural conditions in which young people operate, a team of UK researchers developed a theoretical framework in which they argued that the use of some illicit drugs had become ‘normalised’ (Parker, Aldridge et al. 1998). Parker et al. argued that the use of some drugs, particularly cannabis, methamphetamine and nitrates, were being used by so

many young people at such regular levels that drug use had become a normal or ordinary part of the day-to-day worlds of young post-modern subjects. Parker et al. also argued that the use of some drugs had become socially and culturally accepted by a significant proportion of the non-drug using population in a way that had not been evident in the past.

The normalisation thesis is one of the most significant recent theoretical developments to have emerged in the youth and drug studies literature. Previous criminological theories (such as Marxist theory, conflict theory, subcultural theory, labelling theory and strain theory) and psychological theories (such as pathological or developmental paradigms) hold little contemporary relevance for the analysis of contemporary forms of youthful drug use. Central to the normalisation thesis is the idea that drug use is no longer linked to specific 'deviant' subcultures, associated with resistance against authority, or correlated with pathology and disease. Furthermore, normalisation seeks to explain why people of different class, gender and ethnicity participate in drug use. Importantly, the normalisation thesis cannot be understood as separate from the broader social, economic and cultural changes that have influenced the way young people choose to spend their leisure time post-secondary school, the increased focus on consumption and the increasing individualisation of the post-industrial world.

This thesis extends previous social research on the use of alcohol and party drugs in the context of weekend leisure time by exploring the lives of a group of young people in Melbourne, Australia's second largest city. Members of this group, who formed a tight-knit friendship network, called themselves the 'A-Team'. Members of the A-Team regularly engaged in extended sessions of alcohol and party drug use (particularly ecstasy and methamphetamine) in their leisure time. In particular, this thesis seeks to explore the concepts of post-modernity and normalisation as they relate to the culture and practices of the A-Team.

I conducted ethnographic research over a period of fourteen months, exploring the cultural meanings and social contexts of alcohol and party drug use among the A-Team. An ethnographic approach was appropriate for several reasons. First, much of the research conducted on young people, recreational drug use and normalisation has

been quantitative (e.g., Shiner and Newburn 1997; Parker, Aldridge et al. 1998; Duff 2003; Duff 2005; Holt 2005; Wilson, Bryant et al. 2010) or has involved the analysis of in-depth interviews (e.g., Shiner and Newburn 1997; Shildrick 2002; Gourley 2004; Rodner 2005). The authors of some of this research report supplementing qualitative interviews with episodes of participant observation, but do not offer ethnographic analyses (e.g., Shildrick 2002; Gourley 2004). At the beginning of the project, there had been no Australian ethnographic research that specifically explored normalisation among young people consuming alcohol and other drugs in the night-time economy.¹ Furthermore, Parker et al. (1998:16) bemoan the lack of ethnographic studies exploring the increasing use of some drugs among young people, despite these studies “being an ideal vehicle to both improve our understanding of young people’s hidden and ‘deviant’ behaviour and contextualise the headline figures produced by the stream of drugs-youth surveys”.

This research shows that in post-modern times, social groups play a fundamental role in the construction of new communities. In contrast to theories of post-modernity, which emphasise the tendency for young people to navigate different social ‘scenes’ in search of identity (Giddens 1991; Beck 1992), A-Team members remained noticeably committed to one another and to the group. In response to the decline of traditional structures such as nuclear families, community and the importance of geographic location in post-modern society, the A-Team created their own sense of community. However, they reconfigured the traditional view of family, home and community. The space in which they consumed drugs, the company of fellow team members and the types of practices that were permitted in this space reflected the community that A-Team members desired at this particular point in their lives.

I argue in this thesis that although theories of post-modernity have shed light on the way in which lives are materially structured, they less adequately account for the social, familial and place-based needs of young people. The A-Team might be seen as ‘anti-post-modern’, or at least continuing to be modern, in their adherence to community. While there may be less emphasis placed on traditional family structures

¹Since this time, colleagues at the National Drug Research Institute have conducted several ethnographic studies of normalised drug use (see Siokou and Moore, 2008; Siokou, Moore and Lee, 2010; Green and Moore, 2009).

and community in post-modern times, this does not mean that young people will not attempt to create their own form of community, one that more adequately correlates with their needs and desires. In response to an increasingly globalised and disconnected world, A-Team members found continuity and stability within the group and found people with whom they could perform desired identities. The A-Team practiced a form of 'differentiated' post-modernism, which presents a more complex picture of how young people are responding to macro-level social, cultural and economic changes.

Throughout this thesis I describe the multiple ways in which A-Team members attempted to manage drug use within their 'normal' and 'mainstream' suburban lives. In particular, I highlight the ways in which the A-Team engaged with discourses of 'normal' and 'abnormal' drug use or 'acceptable' and 'unacceptable' drug use. I also describe the ways in which they engaged with discourses of moderation and excess, and the desire for both self-control and 'controlled loss of control' (Measham 2004a). These discourses arose as a consequence of a range of competing tensions that the A-Team were consistently required to manage. These tensions included the search for identity, bodily pleasure, the desire for intimate social relationships, experiences of drug-related harm and significant critiques of specific forms of drug use from group members, and from non-drug using friends and family.

I argue that the A-Team's negotiation of a range of competing tensions including pleasure, stigma, identity, risk and control was heavily influenced by their social and cultural positioning as 'mainstreamers'. A-Team members were socially included individuals who were strongly committed to their mainstream identities, which often meant concealing drug use from family and employers, not letting drug use influence their relationships or their employment, and generally portraying an outwardly mainstream identity. A-Team members attended 'commercial' venues where drug use was rarely visible. They did not seek out underground venues to use their favoured drug of choice, ecstasy, because they were comfortable at commercial venues among patrons they considered like-minded. It was important for A-Team members to conform to mainstream ideals and construct their identity as socially included and 'normal' (Harling 2007).

I argue that while the normalisation thesis has been instrumental in advancing our understanding of drug use within the context of post-modernity, consumerism, individualisation and risk, and in moving past antiquated concepts of deviancy and pathology, the theory as developed by Parker et al. (1998) does not provide an adequate framework for understanding the multiple discourses articulated by A-Team members, and the many competing tensions that they were continually required to manage. I argue that the normalisation thesis emphasises too strongly the rationality of young people and does not pay enough attention to issues such as social connection, identity, emotionality, irrationality and stigma. In addition, normalisation neglects some of the primary motivations and outcomes of drug use, including pleasure, excess and the pursuit of acute states of intoxication, and perhaps the clearest oversight of the theory is its neglect of the social and cultural contexts of drug use. Nowhere in the normalisation thesis is the importance of place, setting, context and environment discussed in relation to drug use.

I contend that conceiving of ‘normalisation’ as a cultural phenomenon that has (or has not) occurred ignores the complex social and cultural processes that influence the way that young people use alcohol and other drugs. The A-Team regularly engaged in the ‘micro-politics’ of normalised drug use, a concept recently outlined by Swedish sociologist Sharon Rodner Sznitman (2008). I argue that Rodner Sznitman’s interpretation of normalisation as a social process that takes many forms is a useful way of analysing the cultural changes associated with increasing levels of drug use among young people.

This thesis is significant in that it contributes to the post-modernism and normalisation literature, provides an Australian case study, and uses ethnographic methods, which few studies of normalisation have done. I argue that theories of post-modernism and normalisation emphasise too strongly macro-level changes and do not adequately appreciate the complexity of social process and the cultural meanings negotiated within and through the practices of individuals and groups. For example, while theories of post-modernity have shed light on the way in which lives are structured at the macro level, they less adequately account for the way that young people continue to make and re-make meaning and identity from enduring social relationships and particular social contexts.

I also argue that although the normalisation thesis presents a significant advance in the way that youthful drug use is understood, it falls short in its appreciation of the cultural complexities of party drug use among young people. I argue that a more nuanced account of normalisation is required, one that adequately appreciates the multitude of social and cultural processes that are involved in the way that party drugs are constructed and used among different groups of young people.

The remainder of this chapter describes the background to the research. First, I briefly review the epidemiology of alcohol, ecstasy and methamphetamine use in Australia, the drugs the A-Team used most often. I explore the creation of the night-time economy in Melbourne, describing some of the liquor licensing changes that occurred during the late-1980s which transformed it into a ‘24-hour city’ in relation to the number and accessibility of licensed venues. Following this, I define some of the key terms used throughout the thesis. I conclude by describing the framework for the thesis.

Drug use in Australia

Australia is a drug-using society. Australians have always been, and continue to be, enthusiastic consumers of psychoactive substances. Epidemiological and social research shows that most Australians consume a range of drugs, from legal drugs such as caffeine, alcohol, tobacco and pharmaceuticals, to illicit drugs such as cannabis, methamphetamine and heroin. This thesis focuses primarily on the use of three drugs: alcohol, ecstasy and methamphetamine.

Alcohol

Alcohol is deeply embedded in Australian culture. The image of the heavy-drinking Australian has historical roots that date back to colonisation, and it has been argued that “drinking forms part of the romantic Australian legend” (Midford 2005:895). Alcohol plays many roles in contemporary Australian society – relaxant; accompaniment to socialising and celebration, as well as commiseration; source of

employment and exports; and generator of tax revenue (National Preventative Health Taskforce by the Alcohol Working Group 2009).

As a legal substance, alcohol occupies an ambiguous position. Although in many respects socially acceptable, alcohol is the second leading cause of preventable mortality and morbidity in Australia (English, Holman et al. 1995) and it has been estimated that the social costs of alcohol per annum in Australia exceed \$15 billion (Collins and Lapsley 2008).

According to the 2007 National Drug Strategy Household Survey (NDSHS), which surveyed a random sample of more than 23,000 Australians aged 12 and over, almost 50% of 20-29 year olds and over 40% of 18-19 year olds consume alcohol at least weekly. Alcohol is consumed in a variety of locations, but most often in one's own home (81.2%), at licensed premises (53.5%), in friend's homes (51.1%), at restaurants/cafes (46.9%) and at private parties (46.4%) (Australian Institute of Health and Welfare 2008).

In the 19th century, Australia celebrated a masculine, predominantly working class, pub-going, beer-drinking, round-shouting² stereotype (Midford 2005; Chikritzhs 2009). While this character is still celebrated in contemporary times, there has been a trend towards women drinking as much as men, particularly in the context of 'after-work' drinks and in relation to the consumption of 'alco-pops' (pre-mixed, ready-to-drink beverages) by female adolescents and young adults (Midford 2005; Chikritzhs 2009).

Overall, alcohol consumption patterns in Australia have remained largely unchanged for the past fifteen years. However, the rates of 'risky' drinking have increased, particularly among the 'youth' age group (Chikritzhs and Pascal 2004). The concept of 'risky' drinking derives from Australia's National Health and Medical Research Council (NHMRC), which has set a single, universal guideline for Australian adults that provides a recommended low-risk drinking level to reduce both the immediate and long-term harms of alcohol consumption. The current recommendation is no

²'Shouting' refers to the obligation to share in drinking as a group activity, with each person taking his or her turn buying a round of drinks for all (Room, 2010).

more than two standard drinks per day per person to reduce the risk of alcohol-related harm over a lifetime, and no more than four standard drinks on any single occasion to reduce the risk of injury from a single episode of drinking (NHMRC 2009).

There are substantial problems with the NHMRC alcohol guidelines. The main problem with the guidelines is that young people, in particular, do not see them as relevant to their drinking practices. Research has shown that knowledge of, and understanding of, drinking guidelines is low among young people in Australia. In addition, many young people do not have an accurate understanding of what constitutes a standard drink. Furthermore, young people do not see the guidelines as targeting them because they do not drink on a daily basis (Lindsay 2010).

It is important to note that national drinking guidelines differ substantially across countries. The definition of a 'standard drink' ranges from 8g of ethanol in the UK, to 14g in the US. In Australia, New Zealand and many European countries it is 10g. Even in countries where this measure is the same, there are substantial differences across the guidelines in terms of recommended levels of alcohol consumption (Lindsay 2010).

While debate continues over the validity of the NHMRC drinking guidelines, alcohol continues to be associated with a range of acute harms in Australia.³ The NDSHS indicates that 20-29 year olds are the age group most likely to report consuming alcohol in ways that put them at risk of short-term alcohol-related harm (with 15% of this age group doing so on a weekly basis) (Australian Institute of Health and Welfare 2008). Short-term risks include alcohol overdose/ethanol poisoning, traffic and other accidents (such as drownings/falls) and assaults (Watt, Purdie et al. 2004). Estimates indicate that up to 47% of alcohol-related deaths can be attributed to single sessions of alcohol consumption (Stockwell 1998).

³Alcohol is also associated with a range of chronic harms; however, it is not within the scope of this thesis to examine longer-term harms associated with alcohol and other drugs.

Ecstasy

Ecstasy (3,4-methylenedioxymethamphetamine or MDMA) was originally synthesised in 1912 as an appetite suppressant for soldiers. It was virtually forgotten until the 1960s when therapists began using it to explore the traumatic memories and feelings of their clients (Redhead 1993; Jenkins 1999). In the 1980s, ecstasy found its way into dance party and club scenes in Europe, the UK and the US (Jenkins 1999). The drug was (and still is) strongly linked with rave culture (Gourley 2004). Ecstasy and the rave culture infiltrated the 'underground' of Australian capital cities in the late-1980s and early-1990s, by which time ecstasy had already become illegal (St John 2001).

Ecstasy triggers a discharge of the neurotransmitter serotonin and inhibits its re-uptake by the brain. Serotonin performs several important functions, including assisting with the regulation of mood, sleep, pain, memory and temperature (Degenhardt, Copeland et al. 2005). Ecstasy can be taken orally, intranasally, rectally or intravenously, and its effects are generally observed around 20 to 60 minutes after ingestion. Peak intoxication occurs approximately two hours after administration and the residual effects may last up to 24 hours (Ferigolo, Machado et al. 2003). Ecstasy produces stimulant-like effects such as increased energy, sense of well-being, euphoria, increased extroversion and self-confidence, as well as empathy, intimacy and mild perceptual changes (Ferigolo, Machado et al. 2003; Britt and McCance-Katz 2005).

Estimating the prevalence of ecstasy-related morbidity and mortality in Australia is difficult as it is often used in combination with other drugs (Australian Institute of Health and Welfare 2008); however, the number of deaths caused by ecstasy alone is believed to be small (Fowler, Kinner et al. 2007). The adverse effects of ecstasy include neuro-toxic effects, increased blood pressure, hypertension, hyperthermia, hyponatremia, tremors, irritability, fatigue, nausea, vomiting, decreased appetite, weight loss and trismus (Ferigolo, Machado et al. 2003; Britt and McCance-Katz 2005; Degenhardt, Copeland et al. 2005). The most consistent findings in relation to ecstasy harms are subtle cognitive deficits, such as short-term memory loss and problems with concentration, and 'low' mood and depression in the days(s)

following use (Gowing, Henry-Edwards et al. 2002; Gouzoulous-Mayfrank and Daumann 2006).

Statistics from the most recent World Drug Report (2010) indicate that Australia has a particularly high rate of per capita consumption of ecstasy. In fact, this report, which collects data from different national monitoring systems, shows that Australians are the highest consumers of ecstasy in the world. According to the most recent NDSHS, ecstasy is now the second most widely used illicit drug in Australia (after cannabis), overtaking methamphetamine for the first time in 2007. The prevalence of lifetime use of ecstasy increased from 7.5% (1,230,000 people) in 2004 to 8.9% (1,530,700 people) in 2007. Twenty to 29 year olds are the age group most likely to use ecstasy, with nearly one quarter of this group reporting having 'ever used' ecstasy and over 10% reporting having used it in the past twelve months. Of current ecstasy users, one quarter of 20-29 year olds report using it monthly and 9% report weekly use. According to the NDSHS, the average age of first ecstasy use in Australia is 22.6 years with males more likely to use ecstasy than females. Eighty eight percent of recent ecstasy users have two or fewer ecstasy pills per session (Australian Institute of Health and Welfare 2008).

While ecstasy is often used in the context of 'raves' and 'dance parties' (60.5%), many young adults also report using it at private parties (53.5%), public establishments (52.2%) and in private homes (48.2%). Ecstasy is frequently used with other drugs, including alcohol (85.4%), cannabis (49.2%) and methamphetamine (28.7%) (Australian Institute of Health and Welfare 2008).

The most recent report from the Ecstasy and Related Drugs Reporting System (EDRS) (Sindich and Burns 2010), an Australian national survey administered to 756 ecstasy users, indicates that ecstasy users tend to be well educated and are either studying or employed, with few reporting histories of crime or involvement in drug treatment. The survey also revealed that 'bingeing'⁴ on ecstasy is common among regular users (34%). The median length of the longest binge among this sample was

⁴'Bingeing' is generally used to describe the consumption of a 'large' amount of one or more substances over a set period time (usually a period longer than 24 hours).

60 hours. Regular ecstasy users surveyed in the EDRS reported first trying ecstasy at 18 years of age (as opposed to almost 23 years of age in the 2007 NDSHS) and reported a median duration of use of three years.

Methamphetamine

Amphetamine was originally synthesised in Germany in 1887, and methamphetamine was derived from it in Japan in 1893 (Lee, Kay-Lambkin et al. 2008). Methamphetamine is a synthetic stimulant that activates various neurotransmitters, including dopamine and serotonin (Gettig, Grady et al. 2006). Amphetamine and methamphetamine have historically been used in the treatment of asthma, hay fever, obesity, fatigue and depression, and, more recently, in the treatment of Attention Deficit Hyperactivity Disorder (Lee, Kay-Lambkin et al. 2008).

According to Lee et al. (2008), prior to the 1990s, amphetamine sulphate was the most common type of amphetamine available in Australia. In the 1990s, changes in legislation and in the availability of the pre-cursor chemicals needed to manufacture the drug led to a shift to methamphetamine production. Currently, supply in Australia consists principally of methamphetamine, which is both locally produced and imported from Southeast Asia. The three most common forms of methamphetamine in Australia include powder ('speed'), which is usually of relatively low purity, and the two more potent forms of methamphetamine: base (most commonly found in Southeast Asia) and crystalline methamphetamine ('crystal meth' or 'ice') (Johnston, Laslett et al. 2004). Methamphetamine can be swallowed, snorted, injected or smoked, and is used primarily to enhance alertness, self-confidence, euphoria, energy, productivity, libido, and intimacy and closeness with others (Kamieniecki, Vincent et al. 1998; Shearer and Gowing 2004).

Some of the short-term adverse effects of methamphetamine include fatigue, dehydration, irritability, anxiety and paranoia. Some of the longer-term adverse effects include tooth decay, weight loss, psychotic disorders, mood disorders, anxiety disorders, depression, cognitive impairment, sexual dysfunction and sleep disorders (Kamieniecki, Vincent et al. 1998; Srisurapanont, Jarusuraisin et al. 2001;

Cretzmeyer, Sarrazin et al. 2003). Acute methamphetamine intoxication can also result in respiratory problems, increased blood pressure and heart rate (which can increase the risk of cardiac problems), aggression and risky behaviour such as driving under the influence or unprotected sex (Degenhardt, Roxburgh et al. 2003; Vocci and Ling 2005; Gettig, Grady et al. 2006). Between 1997 and 2004, there were on average 11 deaths per year in Australia with methamphetamine as the underlying cause (Degenhardt, Roxburgh et al. 2003).

The World Drug Report (2010) indicates that Australians are the second highest per-capita consumers of methamphetamine in the world. The most recent NDSHS indicates that 6.3% of Australians (1,081,200 people) have 'ever used' methamphetamine (Australian Institute of Health and Welfare 2008). Twenty to 29 year olds are the group most likely to report using methamphetamine, with 16% reporting lifetime use and over 7% reporting use in the past twelve months. Of recent methamphetamine users in the 20-29 year-old age bracket, over one quarter report using monthly, while nearly 10% report using weekly. Of recent methamphetamine users, over 50% report mainly using methamphetamine powder and one quarter report mainly using crystal methamphetamine (Australian Institute of Health and Welfare 2008).

The NDSHS shows that methamphetamine is most commonly used in the home (67.8%), at private parties (50.3%), at public establishments (38.3%) and raves/dance parties (37.4%). Like ecstasy, methamphetamine is a drug frequently used in conjunction with other drugs, including alcohol (80.8%), cannabis (62.8%) and ecstasy (53%) (Australian Institute of Health and Welfare 2008).

Limitations of data sources

As with the NHMRC guidelines, it is important to note the limitations of the sources I am using here to represent the prevalence and other characteristics of alcohol, ecstasy and methamphetamine use in Australia. The World Drug Report is likely to be the least accurate of the three data sources I have drawn on. It collates data collected from a range of different national drug trend monitoring systems, which

vary considerably between countries in their scope, timelines and methods. Therefore, the findings should be treated with caution.

The NDSHS is predominantly a telephone survey, but also includes a sub-sample of face-to-face interviews, and aims to gather data from a representative sample of Australians in terms of demographics (e.g., age and gender). One of the concerns with the telephone component of the survey is that the ‘mobile-only’ population is missing from the sample. People who have only mobile phones are likely to be younger, and not living at home with their parents and thus are a crucial omission from the survey. Furthermore, the face-to-face component of the survey, which involves being approached by a stranger knocking at the door, and conducting the survey within the respondent’s private home, makes it likely that drug use is under-reported.

The Ecstasy and Related Drugs Reporting System (EDRS) is a convenience sample of ecstasy users recruited through various forms of advertising, snowballing and word of mouth. The EDRS sample is considered a sentinel group of drug users, but they tend to represent a ‘research-ready’ group who commonly participate in drug user surveys and many participate in the survey each year. This means there is significant bias in these surveys against people like the A-Team who are ‘mainstream’ drug users and unlikely to see, or respond to, the advertising of the EDRS, which occurs in street press and online forums and other places that people with more established drug user identities are known to access.

Polydrug use

Statistics from the NDSHS and the EDRS (Australian Institute of Health and Welfare 2008; Sindich and Burns 2010), as well as social research in Australia (Lenton, Boys et al. 1997; Boys, Marsden et al. 2001; Duff 2003), indicate that alcohol, ecstasy and methamphetamine (as well as other drugs) are regularly combined in private settings and at licensed venues within Australia’s thriving night-time economy. Indeed, social research has documented that most illicit drug users are polydrug users, with attendees of clubs, raves and dance parties reporting concurrent use of anywhere from three to ten drugs on a night out (for patterns of polydrug use among clubbers,

ravers and dance party attendees in Western countries see Boys, Lenton et al. 1997; Hammersley, Ditton et al. 1999; Sherlock and Conner 1999; Riley, James et al. 2001; Barrett, Gross et al. 2005; Grov, Kelly et al. 2009). However, drug research in Australia has traditionally focused on either alcohol or illicit drugs, and only rarely on the interaction between them. The tendency for educators, practitioners and policy makers to address licit drugs separately from illicit drugs is unhelpful, particularly because many young people are increasingly making little distinction between the two (Boys, Lenton et al. 1997; Boys, Marsden et al. 1999).

There is limited research regarding the potential harmfulness of the pharmacological and toxicological interactions between alcohol and party drugs. The harmfulness of drug combinations are difficult to gauge, as unpredictable pharmacological interactions are always possible (Boys, Lenton et al. 1997). However, a high percentage of psychostimulant related and alcohol related deaths have been reported in the context of polydrug use (Allott and Redman 2006). When used in combination, alcohol and cocaine have a greater than additive effect on heart rate and blood levels, and can put the combined user at clinical risk for cardiotoxicity (Pennings, Leccese et al. 2002; Kaye and Darke 2004; Mokhlesi, Garimella et al. 2004). As well as posing immediate physical threats, polydrug use may also increase the likelihood of risk taking behaviour, including unsafe sex and drink/drug driving (Kamieniecki, Vincent et al. 1998; Riley, James et al. 2001; Baker and Lee 2003; Minichiello, Marino et al. 2003). Building on the small but growing polydrug use literature, this thesis explores the concurrent use of alcohol, methamphetamine and ecstasy use over the course of a night out, paying particular attention to the way that polydrug patterns vary between social contexts.

In the next section, I briefly describe the geographical landscape of Melbourne, the site in which this research was conducted, before reviewing changes that occurred to the Melbourne night-time economy in the late-1980s. These changes have contributed to an increase in the use of alcohol, in combination with party drugs, in licensed venues.

Melbourne and the ‘night-time economy’

Melbourne is located in the state of Victoria, the second smallest state on the Australian mainland but the second most populous. There are close to 4 million residents in Melbourne. Seventy five percent of the Victorian population lives in Melbourne (ABS 2008a).

In Australia, liquor licensing legislation is the responsibility of states. Victoria has the most liberal liquor licensing regulations of all Australian states. This has been the case since 1987, when a new Liquor Control Act was passed in Victoria (Victorian Community Council Against Violence 1990; Chikritzhs 2009). Prior to this time, Victoria was subject to relatively strict liquor licensing regulations. In 1985, the Victorian Government commissioned a review of the Liquor Control Act (Nieuwenhuysen 1986) in an attempt to create a more ‘civilised’ drinking environment and encourage a ‘European style’ of drinking. The author of the review, John Nieuwenhuysen, suggested that the strict controls on liquor in Victoria were antiquated and ineffectual, and discriminated against most people who consume alcohol responsibly (Chikritzhs 2009). The proposed solution, then, was to increase the number of drinking locations and the opening hours of these venues. It was believed that a swarm of European-style cafes in Melbourne’s laneways might encourage continental drinking habits (Room 2010).

The Nieuwenhuysen review’s main recommendation was to simplify the Victorian licensing system by making licenses easier to obtain and by reducing the number of different types of licenses (Victorian Community Council Against Violence 1990). As a result of the new Liquor Control Act, the number of liquor licensing categories in Victoria dropped from 29 to seven. In addition, trading laws were simplified, which made it easier for licensees to be granted an ‘extended hours’ permit to increase the duration of ordinary trading hours. This change resulted in an increase in the availability of 24 hour licenses in Victoria (Victorian Community Council Against Violence 1990). Nieuwenhuysen (1986) argued that the relaxation of licensing regulations was unlikely to lead to an increase in the number of premises where alcohol could be purchased or consumed. Nevertheless, the number of licenses

rose dramatically – from about 4,000 in 1986 to over 19,000 in 2009 (Livingston 2008).

The Nieuwenhuysen Review has been said to have created the licensing conditions that supported the creation of ‘entertainment precincts’ which drew people from outside metropolitan Melbourne into the area to drink and gamble (Livingston 2008). At the same time as these licensing changes were occurring, the use of party drugs within licensed venues began increasing in popularity. It has been suggested that the use of drugs such as ecstasy and methamphetamine in venues previously associated primarily with alcohol represents the ‘merging’ of rave and pub/club cultures (Measham 2004a). This literature will be explored in more detail in chapter two. However, suffice to say, as a result of these licensing changes and the fusion of rave and club culture with alcohol industry support (also explored in chapter two), Melbourne effectively rebuilt itself into a ‘24-hour city’, that, 20 years later, continues to maintain a thriving night-time economy. In this respect, Melbourne is similar to many urban centres in the UK, which, through economic regeneration in the 1990s, have also become ‘24-hour party cities’ (Hadfield 2009; Measham and Hadfield 2009; Nicholls 2009). Today, over 300,000 people enter Melbourne’s Central Business District (CBD) each Friday and Saturday night (Eckersley and Reeder 2009).

Melbourne has a wide range of licensed venues, catering to a range of musical tastes, functioning variously as restaurants, cafés, pubs, bars and nightclubs. Melbourne is a geographically large city that covers around 8,833 square kilometres and contains 31 separate local government areas. Most of Melbourne’s liquor licenses are located in the CBD: over 1,000 licensed venues in approximately 36 square kilometres. However, Melbourne also has some inner-city suburbs that function as entertainment precincts, including the inner-northern, north-eastern and eastern suburbs of Carlton, Fitzroy, Collingwood and Richmond, and the inner-south, eastern and south-eastern suburbs of South Melbourne, South Yarra, Prahran, Hawthorn and St Kilda. The proximity of Melbourne’s venues to one another means that travelling on foot from venue to venue is viable, or at the very least, venues are a short tram or train ride, or inexpensive taxi fare away from one another. Given the deregulation of alcohol licensing in Victoria, many nightclubs are open until the early hours of the morning,

which means that venues can be entered as late as 5am. As a result, the streets of Melbourne's CBD are often populated by late-night revellers throughout Friday and Saturday nights, and Saturday and Sunday mornings.

The vast geographical spread of Melbourne means there are also many licensed venues located in suburban areas, which serve locals who do not want to travel into the city each weekend. In the course of this research, the A-Team regularly frequented Melbourne's inner-city and city-centre licensed venues, but also attended a range of local suburban venues. A large amount of data was also collected in private homes. In this sense, the A-Team moved within its own informal night-time economy, beneath and beyond the commercial night-time economy (Grace, Moore et al. 2009).

Having briefly explored the epidemiology of drug use in Australia and described the specific geographical and spatial context of the research, I now define key terms that are used throughout the thesis.

Definition of key terms

There are four key features of the drug use described in this thesis: 1) the illicit drugs involved can be described as *party drugs* due to the typical contexts in which they were used; 2) the drug use was *recreational* in nature; 3) the people using these drugs were *young*; and 4) the people using these drugs could be considered *ordinary* or *mainstream* individuals. These terms warrant definition as they are all somewhat ambiguous. I discuss each of these key features in turn. I also define the term 'micro-politics', which is used throughout the thesis.

'Party drugs' are drugs that have traditionally been used in the context of entertainment venues such as nightclubs, dance parties, pubs and music festivals (Dunn, Degenhardt et al. 2007). Party drugs include ecstasy, methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxy-amphetamine) and GHB (gamma-hydroxybutyric acid) (Breen, Degenhardt et al. 2003). In the US and UK, the term 'club drugs' is often used to describe this group of drugs (Britt and McCance-Katz 2005). The term 'party drugs' was used in Australia throughout the

late-1990s and early-2000s; however, concerns were expressed about the use of the term in official discourse, particularly its use in the title of a federally funded epidemiological survey exploring the national patterns of use of these drugs (the 'Party Drugs Initiative') (Breen, Degenhardt et al. 2003). The concerns were that the term 'party drugs' might inadvertently trivialise the potential harms of these drugs while emphasising fun and enjoyment. In response, 'party drugs' was replaced by 'ecstasy and related drugs' (ERDs) in the mid-2000s. This new term became official terminology for several years, until it became clear that it did not make a clear enough distinction between ecstasy and drugs such as methamphetamine and cocaine, which are significantly different in both properties and function. For this reason, 'ERDs' was replaced by 'amphetamine-type stimulants' (ATS) in the late-2000s. Although 'ATS' is currently the official term in Australia, it also suffers from the same problem as 'ERDs' in that it does not distinguish clearly between methamphetamine and ecstasy. Furthermore, ATS does not include drugs such as GHB and ketamine, which are often part of the polydrug repertoires of young adults who regularly use ecstasy and methamphetamine (Sindich and Burns 2010).

I do not use the term 'ERDs' or 'ATS' to describe the illicit drugs consumed by the A-Team. My concern with these terms is that they lump together a range of drugs without appreciating their disparate subjective effects. I instead use 'party drugs' because this term more adequately recognises the contextual and functional elements of drugs such as ecstasy and methamphetamine – particularly in the way that they were used by the A-Team.

The ongoing concern and confusion over the appropriate terminology to describe party drugs highlights some of the political and social issues explored in this thesis. In many ways, party drugs are an ambiguous category of drugs. They are used by a significant proportion of young Australians, are used primarily in the pursuit of leisure and pleasure, and are generally considered 'softer' than drugs such as heroin and crack cocaine. Party drugs are not usually associated with injecting drug use, dependence and treatment, crime and legal issues or social disconnection. Nevertheless, party drugs remain illegal, are still considered 'harder' than drugs such as alcohol, tobacco and cannabis, and are subject to intensely negative media scrutiny (Moore 2011). Further, ecstasy and methamphetamine were both

specifically targeted in Australia's most recent National Drug Strategy (2004-2009). For the past seven years, substantial media attention has emphasised the harms of ecstasy and methamphetamine, including graphic images of overdose and death. Party drugs are thus heavily associated with both pleasure and sociability, but at the same time with potential harms and stigma.

The media has significant influence in shaping the way that certain issues are perceived, particularly in relation to young people and drug use in Australia. Young drug users are often described as lacking discipline and morality, and as presenting a danger to themselves. In the 1990s, newspapers in both Australia and the UK painted young ecstasy users as dangerous, chaotic, 'mad' and 'bad' and causing serious harm to themselves (Pennay 2003). Rave and club cultures have been blamed for creating out of control and dangerous young people who irresponsibly and selfishly seek pleasure and display a lack of respect and care for others (France 2007).

In the 2000s, the concern shifted somewhat from ecstasy to 'binge drinking' cultures; while still perpetuating the same messages – that young people are careless, pleasure-seeking, risk-taking and dangerous (France 2007). Even today, the media, and public discourse more broadly, is concerned with cultures of intoxication, particularly focused on youth binge drinking and violence and intoxication associated with the night-time economy. Of particular concern in this debate is the visibility of intoxication among young women (e.g., Sydney Morning Herald 2011). The use of ecstasy and alcohol within the night-time economy is the central concern of this thesis, but the point that I make here is that the media are influential in creating and reinforcing images of 'problem youth' or 'out-of-control' young people. Binge drinking in particular is presented by the media as "nihilistic, irresponsible, irrational, lacking respect, self-interested, immoral [...] uncaring, hedonistic, self-centred [...] tasteless [...] and devoid of morality and responsibility" (France 2007:139).

A second key feature of the use of alcohol and party drugs described in this thesis is that they are associated with 'recreational' consumption. While the regular use of party drugs such as methamphetamine can lead to dependence and other forms of harm, research suggests that the majority of party drug users do not become

dependent or experience significant harms as a result of their use (Shewan, Dalgarno et al. 2000; Hansen, Maycock et al. 2001; McElrath and McEvoy 2001; Allott and Redman 2006; Duff, Johnston et al. 2007; Lee, Johns et al. 2007; Hunt and Evans 2008; Pennay and Lee 2008). Some have argued that the term ‘recreational’ may engender public concern and confusion, because of its implication that some forms of illicit drug use are unproblematic (e.g., Dalgarno and Shewan 2005). In using the term ‘recreational’, I draw on Moore’s (1993a:12) application of the term to those for whom drug use is “primarily an expressive and leisure-oriented activity”. Like Moore, I recognise that recreational drug users may still experience problems related to their drug use. For Moore, using the term ‘recreational’ in this way recognises that many leisure activities (e.g., skateboarding or football) are both recreational and potentially dangerous.

A third key feature of the alcohol and other drug use described in this thesis is that the people involved are ‘young’. Throughout this thesis, I use the term ‘young people’ to describe those aged between 14 and 30 years old. ‘Youth’, a popular term in the UK research literature, is often used to describe the period between childhood and adulthood, but definitions of the specific age range that constitute ‘youth’ vary. For example, according to Valentine et al. (1998), the term is generally used to denote the period between 16 and 25 years. Because this thesis includes people over the age of 25, and because I contest the construction of youth as a stage of ‘inbetweenness’ (chapter two), I prefer the term young people. Finally, I prefer this term over ‘young adults’ because, although no members of the A-Team are under the age of 18, some of the literature I draw on throughout the thesis involves samples of people under 18 years old.

A final key feature of the ‘recreational’ ‘party drug’ use among the ‘young people’ described in this thesis is that they can be considered ‘ordinary’, ‘normal’ or ‘mainstream’. In using these terms, I mean to describe young people who can be considered relatively typical of most young people of their society. ‘Mainstream’ is a cultural construct, and is used to represent what is common or popular in culture. Mainstream is a term essentially used in opposition to that of ‘subculture’, which is used to describe a group of people who are differentiated (in their values and/or practices) from the larger ‘mass’, ‘popular’ or ‘mainstream’ culture. For example, A-

Team members are what might be considered ‘socially included individuals’ in the sense that they were well-integrated young people with ongoing ties to mainstream society through work, study and membership of diverse social networks (Hammersley, Khan et al. 2002; Harling 2007). Their only illegal activity was the recreational consumption of illicit drugs. They were not members of identifiable subcultures and, despite the centrality of illicit drug use to their leisure lives, did not subscribe to a coherent and collective ideology of drug use. Although they frequently visited clubs and occasionally raves and dance parties, they were not ‘clubbers’ or ‘ravers’ in search of drug-assisted ‘oceanic experiences’ (Malbon 1999), nor were they inner-city Bohemians whose valorisation of drug use was one element of an explicitly political critique of ‘Straight society’ (Moore 2004).

The term ‘commercial’ is also used throughout the thesis, most often to describe the types of licensed venues in which alcohol and party drugs were consumed by the A-Team. ‘Commercial’ is used to describe a venue that is suitable for a wide, popular market, rather than a ‘niche’ venue targeting a specialised market (Lindsay 2006). Previous research (Hutton 2006:9) has placed ‘mainstream’ and ‘commercial’ in opposition to ‘underground’: “mainstreams refer to commercialised spaces for clubbing with musical styles that are often in the music charts, popularised and widely dispersed throughout youth cultures and wider society”. Hutton suggested mainstream clubs are large in size, attract a younger demographic, are restricted by a particular dress code (smart dress) and are often highly sexualised spaces. While similar drugs are often used in mainstream and underground clubs, Hutton argued that these drugs produce a different attitude in mainstream clubbers than they do in underground clubbers. This point is important in understanding some of the drug use practices of the A-Team. In this thesis I show that A-Team members attended mainstream venues to validate their mainstream identities and to consolidate their position as conforming members of society. However, the A-Team used fewer drugs in mainstream settings and attempted to hide any drug use in these spaces due to concerns about being viewed as ‘drug users’ or non-conformist.

In her much-cited book *Club Cultures*, Thornton (1995) is critical of previous sociologists who have used the terms ‘mainstream’ and ‘commercial’ in describing groups of young people and the venues they attend. She argues that the terms confuse

or conflate different social groups, and imply judgments about a lack of authenticity and “cultural worth” (Thornton 1995:92). In using these terms, I do not intend to undermine the ‘cultural worth’ of my research participants or to attack their authenticity, but to represent them through the terms with which they describe themselves – as ‘mainstream’ and ‘ordinary’ young people. Although the concepts of ‘mainstream’ and ‘commercial’ have been criticised in the subculture literature (Thornton 1995; Redhead, Wynne et al. 1997; Muggleton 2000), young people continue to employ the notion in their personal conceptions (Moore 2005). While many subjects of other ethnographies position themselves in opposition to the ‘mainstream’ (e.g., Thornton 1995; Malbon 1999; Hutton 2006), the A-Team are unique because they privilege their mainstream identities and attempt to fit within this self-categorisation.

The last point I wish to clarify is my use of the term ‘micro-politics’. Consistent with Rodner Sznitman (2008), I use the term ‘micro-politics’ to describe the complex social, cultural, economic and political influences that shape the way in which young people use alcohol and other drugs. Micro-politics is used to describe the interaction between micro-level individual and group practices and choices, and macro-level structural influences. In particular, throughout this thesis I discuss various micro-level factors such as agency, individualised control, free will, desire and pleasure, but situate these practices and motivations within some of the external forces that shape them, such as class and social positioning (e.g., the A-Team’s self-identification as ‘mainstreamers’) organisational influences (e.g., the media) and wider social and cultural norms. As discussed in the following chapter, sociologists have long positioned issues such as deviancy as either related to structure or agency or both; however, the concept of micro-politics recognises that these two concepts cannot be disentangled. When I use the term ‘micro-politics’, I am referring to how macro influences constrain and influence the negotiations that occur at the micro-level.

Thesis outline

The thesis is structured around the most prevalent themes that arose throughout my 14 months of ethnographic research with the A-Team. The theme of normalised drug

use – both in relation to party drugs, but also to the way that alcohol was positioned – was central to the way that members of the A-Team constructed and accounted for their drug use. I argue that theories of post-modernism and normalisation emphasise too strongly macro-level changes and do not adequately appreciate the complexity of social process and the cultural meanings negotiated within and through the practices of individuals and groups. For example, while theories of post-modernity have shed light on the way in which lives are structured at the macro level, they less adequately account for the way that young people continue to make meaning and form identity from social relationships and social contexts. I argue that although the normalisation thesis has significantly advanced understandings of young people’s drug use, it does not adequately appreciate the way that young people must negotiate the micro-politics of normalised drug use (Rodner Sznitman 2008) in the form of anti-drug representations, stigma and drug-related harm amidst positive subjective experiences, pleasure and alternative readings of drug use as ‘good’ or ‘normal’. These processes of negotiation affect the way that young people both consume drugs and construct their use.

Chapter Two reviews the literature relevant to an understanding of the increasing use of alcohol and party drugs among young people. I begin by outlining the arrival of post-modernity and the associated changes in the ways young people move through adulthood, consumerism, identity formation, individualised responsibility, and the expansion of the night-time economy, all factors which have arguably opened up the space for the normalisation of drug use. I then explore the normalisation thesis, support for and critique of the theory, and recent conceptualisations of normalisation as a process.

Chapter Three situates ethnographic research epistemologically, describes why it was chosen as the most appropriate research design for this project, outlines my research methods and reflects on some of the ethical issues relating to fieldwork, as well as some of the challenges and rewards of my ‘insider’ status, and conducting ethnographic research with a group of close friends over a long period of time.

Chapter Four describes the A-Team, its members, and their wider social networks, their patterns of alcohol, ecstasy and methamphetamine use and the social contexts in

which they used these drugs. This chapter also explores the A-Team's motivations to use these drugs – for example, for pleasure, sociability and 'time out' from work – before exploring the ways in which the A-Team's drug use was challenged by some family members and non-drug using friends.

Chapters Five and Six explore the key elements that constituted a typical weekend for the A-Team, from pre-going out drinks, to clubbing and methamphetamine use, to post-clubbing ecstasy use at a private home. Chapter Five begins with an ethnographic account of a typical weekend session for the A-Team before exploring the importance of pre-going out drinks. Chapter Six describes the clubbing and post-clubbing phases of the evening. In these chapters, I show how social settings are crucial to the way that members of the A-Team used drugs, with their careful structuring of alcohol and other drug use to achieve maximum benefits. I also explore the way that members of the A-Team attempted to manage their drug use amidst social tensions: for example, nurturing relationships with non-drug users by consuming alcohol with them early in the evening; using methamphetamine in clubs to facilitate controlled behaviour and concealing this drug use from non-drug using patrons; and finally, using ecstasy only in a private, comfortable space among other A-Team members who were considered 'safe' and accepting. In particular, I highlight the way that ecstasy was used to enable dramatic performances and the production of an 'intoxicated self' that differed from the 'Monday-to-Friday' mainstream identities of A-Team members. In this chapter I also describe the way that A-Team members used alcohol and other drugs to reinforce a sense of family and community.

Chapter Seven reviews the A-Team's attendance at 'key events', which included music festivals and annual sporting events. At key events, alcohol and other drug use varied depending on the physical context as well as social conceptions about what was and was not 'acceptable' at such events. For example, at sporting events, A-Team members used alcohol, hid their use of methamphetamine and shunned ecstasy use. At music festival events, A-Team members openly used ecstasy, which was generally otherwise reserved for private settings. Although generally structured in their alcohol and other drug use patterns during a 'typical' weekend, at key events members of the A-Team altered their consumption patterns to conform to broader

cultural assumptions about what constitutes ‘normal’ or ‘acceptable’ drug use. The chapter concludes by showing how A-Team members used key events to produce and re-produce social bonds and demonstrate their commitment to one another.

Chapter Eight expands on this theme of social and cultural ‘acceptabilities’ by describing the way that some members of the A-Team engaged in narratives of cessation related to their drug use, while others rejected the very idea of ceasing or restraining their use. This chapter explores some of the ways in which A-Team members attempted to either manage or challenge the stigmas associated with their drug use by engaging in various micro-politics of normalised drug use (Rodner Sznitman 2008).

Chapter Nine explores some of the harms that were commonly experienced among members of the A-Team, which included post drug-use ‘sads’, being ‘scattered’ in the days after use, and longer-term regrets, such as financial loss and frayed friendships with non-drug users. I situate the A-Team’s drug use and harms within their age and life circumstances, showing that their harms were only constructed as acceptable in the short-term, and consequences such as lost finances and relationships, factors that affected their future adulthood, were associated with the most remorse.

The final chapter (Chapter Ten) draws together the central themes of the thesis and discusses the implications of the research for the way that we understand young people’s recreational alcohol and party drug use. I consider the implications for theories of post-modernity, arguing that young people continue to develop identity based on their connections to family and community, and the normalisation thesis, arguing that it is time to move past discussions of its validity, and recognise normalisation as a process that is likely to vary over time and between individuals and cultures.

Chapter 2:

Post-modernity, young adulthood, the night-time economy and normalised drug use

This chapter reviews some of the salient research literature that has arisen in response to the burgeoning use of alcohol and other drugs by young people in licensed and other leisure settings since the early-1990s. First, I examine theoretical accounts of the post-modern social and structural conditions that shape the ways in which young people currently use alcohol and other drugs. Changing social, cultural and economic contexts have influenced the way that young people move into and through adulthood and manage their lives. These changing contexts have altered traditional life-course trajectories in western societies and influenced the decisions that young people make about aspects of their lifestyle and identities, including the importance placed on friends, family and career.

Second, I explore how two previously distinct cultures, rave culture and club culture, have merged to create a night-time economy in which the use of alcohol and other drugs has become increasingly intertwined. The fusion of these cultural scenes, with support from market forces (particularly the alcohol industry), has contributed to the rapid expansion of the night-time economy, which forms the spatial and environmental backdrop to my research. I discuss how some of these forces have played a role in the development of a ‘culture of intoxication’ (Measham 2004a; Measham 2004b; Measham and Brain 2005), which is characterised by an increasing tendency for young people to experiment with a range of substances in their pursuit of intoxicating pleasures.

Finally, I move to a discussion of ‘normalisation’, arguably the most significant theoretical contribution to understanding young people’s drug use in the past twenty years. I describe the concept of normalisation, its application and the way that it moves beyond previous explanations of drug use that focus on deviancy or

pathology. I review the empirical support for, and criticisms of, the normalisation thesis and explore recent contributions to the ongoing debate over normalisation in the drug research literature. I argue that one of these recent contributions – the work of Rodner Sznitman (2005; 2006; 2007; 2008) – provides a useful way of thinking about the way that young people manage the normalisation of drug use amidst a continuing climate of drug-related stigma.

Young adulthood in the new millennium

In sociological terms, ‘modernity’ refers to the industrial world, the widespread use of machinery in production, capitalism, commodity production, competitive product markets, the modern nation state, the rise of organisations and the growth of surveillance. For many commentators, modernity has been superseded by a ‘post-modern’ period which is characterised by the ubiquity of mass media, a shift from mass production to a wider range of consumer products, a shift from manufacturing to service economies, the rise of a global economy, the explosion of the internet, telecommunications and other forms of communication, and above all, a focus on consumerism (Giddens 1991).

Post-modernity has brought about several social, cultural and economic changes that have influenced the way that young people move from adolescence to young adulthood, and also the way in which young people experience and ‘manage’ their lives. The period of childhood and early adolescence was historically structured around the norms of school and family, as is still largely the case today. However, while in the past there was a relatively immediate transition from childhood and school attendance to adulthood, full-time work and starting one’s own family, these transitions have recently undergone significant changes, particularly in highly industrialised countries. These changes have included the delay of some life events, notably commitment to full-time work, marriage and starting a family. Some scholars have argued that a period of ‘youth’ or ‘extended adolescence’ has been created between adolescence and adulthood (Valentine, Skelton et al. 1998). However, others have argued that this simplistic analysis neglects the importance of early adulthood for young people (Wyn 2004; Wyn and Woodman 2006).

Some of the changes that have occurred in the post-modern era include the fracturing of moral authority, the changing nature of employment, the reshaping of gender and class relationships, the growth of globalisation and international communications, an increasing emphasis on consumption rather than production, increasing risk and the expectation to personally manage risk, and the increasing association between fast-paced living and the associated need to ‘switch off’ (Parker, Aldridge et al. 1998; France 2007). The changes that are most relevant to this thesis – as well as the development of the normalisation thesis – are discussed in this chapter.

Employment, family and gender

Changes in the labour market have been significant in changing the way that young people move into the workforce (Parker, Aldridge et al. 1998; Measham 2004c; Wyn and Woodman 2006; France 2007). According to Parker et al. (1998), it has been suggested that in the past it was common for young people to leave school and pursue a secure trade career through apprenticeship. However, as a result of a stagnation of the labour market, there have been limited opportunities for young people leaving school to begin paid employment. Combining an increasingly competitive labour market with a lack of job opportunities for young people has seen much more emphasis on higher education in recent times, with young people tending to complete their schooling and engage in tertiary or post-secondary vocational study (Wyn and White 1997; Parker, Aldridge et al. 1998; France 2007; Hodgkinson 2007). Indeed, national statistics suggest that young Australians are attending university in record numbers, with 1,192,657 students enrolled in Australian universities in 2010 (up by 5% from 2009), an increase of more than one million people since 1970 (116,774) (ABS 1970; Department of Education 2010).

Perhaps due to the decreased capacity for earning while studying, national statistics also suggest that young people are remaining in the family home for longer and either working part-time or receiving financial assistance from their parents. For example, in 2006-07, 47% of Australians under the age of 24 and 14% of those under the age of 34 were still living in their family home (ABS 2008b). Furthermore, the median age of ‘first home buyers’ increased from 27 years in 1981-82 to 32 years in 2001-02 (ABS 2003). These changes have delayed the achievement of financial and

domestic independence for many young people (Wyn and White 1997; Parker, Aldridge et al. 1998; France 2007; Hodkinson 2007).

Corresponding with this trend of remaining in the family home for longer, the age at which young Australians are getting married and having children is rising. For example, between 1986 and 2005, the average age at which men were marrying for the first time in Australia increased from 26 to 30 years, while the average age for women increased from 23 to 28 years (Lincare 2007). Furthermore, the average age at which women were giving birth to their first child rose from 26 years in 1991 to 30 years in 2003 (Laws and Sullivan 2005). While changes to the labour market can be understood as partially responsible for young adults postponing the age at which they buy a home, marry and have children, changes in the nature of gender relationships over the past twenty years are likely to have also influenced traditional life-course trajectories. Women's participation in the workforce and the narrowing gap in the earning power of men and women may have contributed to the delayed timing of major life events, with women now having the means to pursue lifestyle choices that deviate from their traditional role as 'homemaker' (Harnett, Thom et al. 2000; Hodkinson 2007).

As a result of these social, cultural and economic changes, broader societal attitudes have shifted and parents are assuming responsibility for their children longer in life. Given the competitive nature of the labour and financial market, parents and carers are increasingly supporting their children to make the 'right' decisions and delay independence, sometimes into their mid-thirties. However, it is important to note that while some people are marrying and procreating later, an increasing number of adults are choosing never to cohabit, marry or raise children (Bennett 2007). In short, there are increasing choices for young people, and even the opportunity to defer certain pathways, such as returning to study later in life (France 2007).

Next, I briefly review consumerism and identity formation, as well as the notion of individualised responsibility.

Consumerism, choice and identity

Post-industrialism has seen a shift away from mass production to niche marketing which has been facilitated by globalisation, new innovations and technology, and new media and marketing techniques. This, combined with the increased spending power of young people, has led to both increased production and consumption (France 2007).

Post-modern theorists argue that in contemporary society young people have available to them a variety of different lifestyle, stylistic and consumption choices, and this allows people to continually construct and reconstruct their identity based on the plethora of lifestyle choices available to them. In the new millennium, self, identity and status can be organised and expressed through a range of practices, choices and ideologies, and these identities often shift across time, setting and company. Identities can be constantly re-made through a reflexive process that involves not only choice, but risk and responsibility (Hathaway, Comeau et al. 2011). For Giddens (1991:5), the self has to be reflexively made and re-made amid a puzzling diversity of possibilities. This “reflexive project of the self” involves continually revising biographical narratives in the context of a multitude of choices.

For Beck (1992), social class has become less important as a cultural and social marker in the post-modern era. He does not claim that the concept of social class has disappeared, and acknowledges that income inequality and the structure and division of labour remains unchanged, but suggests that people with similar backgrounds, income levels or social class are now free to choose between different lifestyles, subcultures, social ties, interactions, political ideas and identities. In this sense, each person’s biography is placed in their own hands. This analysis has been criticised by other theorists (for example, see Lash 1993; Lupton and Tulloch 2002). While it is clear that post-modernity and niche marketing have opened up the possibility for alternative lifestyles, identities will always be constructed within webs of meaning that are classed, gendered and raced (Wyn and White 1997).

Social identities are constructed in the context of lived experiences, and are likely to be influenced by family, peers, community and environment, as well as institutions

such as education (Wyn and White 1997). However, social identities in the post-modern era are also strongly influenced by non-traditional mechanisms such as globalisation, media, marketing, communication and consumption (Giddens 1991). Identities are created and reinforced through consumption-related and production-related activities. Undoubtedly, drug use is one way in which identities are made and lifestyles are constructed (see also Hathaway, Comeau et al. 2011).

One of the particularly evident changes that has arisen in response to the way that young people move into adulthood is the high priority they place on personal relationships and non-work life. Research from the youth studies field has shown that young people now privilege a range of activities that have often been neglected in previous constructions of young people, including sport, music, travel and socialising (Wyn and White 2000). For some young people, leisure and social relationships have become the most important factors to ensuring well-being; for others, maintaining a rewarding life outside work is more important than career and finance, and developing identity is more important than education. Young people live in a time where there is access to more disposable income, consumption choices, career opportunities and career pressure. In this context, quality of life becomes pivotal and young people are developing different criteria upon to which to measure their personal success and what constitutes a desirable lifestyle (Wyn 2004).

Individualisation and risk

One of the most prominent themes arising in theories of post-modernity is that of individualisation and risk. Giddens (1991) and Beck (1992) are considered the pioneers of this literature. For Beck (1992:87), the significant social transformation evident in Western society, where people have been set free from many of the traditions of industrial society including class, family, gender roles and education/employment opportunities, has resulted in a “social surge of individualisation”, where people are now required to take on responsibility for their choices, their decisions and their ‘risks’.

Giddens (1991) also defines post-modernity as a period characterised by risk and individualisation. Giddens does not argue that life is riskier than it used to be –

indeed people are living longer, healthier lives – but rather that the concept of risk has become fundamental to the way that individuals organise their social worlds. Today, young people are required to manage their finances, career, social lives, identity, consumption, well-being and health. Beck (1992) argued that one consequence of these changes is that negative life outcomes become less often explained as the fault of the system and more often explained as a fault of the individual – as a personal failure. He suggested that social problems are increasingly perceived in terms of personal inadequacies or psychological or cognitive flaws.

A body of research has been inspired by the writings of Beck and Giddens, which explores the way in which health has become one of the key elements of personal life that must be managed by individuals (Lupton 1995; Lupton 1999; Keane 2002; White and Wyn 2004; Wyn 2004). According to White and Wyn (2004), maintaining health has become a project of ‘the self’ that has to be constantly managed and the body has become the key source of this management. Responsibility for good health has become constructed as a moral obligation and the failure to meet standards of health, fitness and well-being is met with guilt and anxiety. Control and regulation of the body are encouraged in post-modern times through moral standards that encourage order, control and restraint (Hathaway, Comeau et al. 2011), and there are increasing expectations that people will engage in practices of self-surveillance, self-discipline and self-control (Giddens 1991; Beck 1992; Lupton 1995; Turner 2000). Mental health, too, has become a project of the self that young people are required to manage. Optimal mental health requires balancing friendships, leisure, work, sport, family and finances. Young people must demonstrate they can manage their physical health, emotional health and identity.

As a result of this individual focus on maintaining health and making the ‘right’ decisions, Lupton (1999) has suggested that risk and risk avoidance has become identity defining and influences how people choose to live their everyday lives, how they distinguish themselves, who they choose to socialise with and how they perceive their bodies. Strategies to minimise risk become central to ordering, functioning and developing an identity.

While Beck and Giddens have undoubtedly contributed to the way we understand the increasing focus on individualised responsibility and the expectations of the neo-liberal actor, their sociological perspective fails to pay attention to the role of class, gender, age and ethnicity. Furthermore, Beck and Giddens do not consider the way that some groups of people, for example, drug users, might deliberately pursue risky behaviour in the process of developing their personal identity.

Others scholars have developed more nuanced understandings of risk. Lash (1993), for example, showed that group membership, social categories and moral values are central to the way in which people engage in risk. While Beck emphasised reflexivity, Lash suggested that risk practices are often non-reflexive, and people are far more ambivalent and complex than Beck and Giddens acknowledge. Pilkington (2007) argued that theories of individualisation and risk do not pay enough attention to the decisions young people make about their drug use as well as broader individual consumer choices and the influence of the friendship group context.

Drawing from interviews with adolescent Australians, Lupton and Tulloch (2002) argued that risk is contextual, localised and diverse, and that social networks and groups are particularly important for the way that people engage in, construct and give meaning to risk. Lupton and Tulloch argued that risk taking has positive benefits and individuals engage in risks to experiment with identity and personal limits. Young people are active agents within risk society, constructing identities and lifestyles and managing risk. They are not passive victims of post-modern society. In her ethnographic research among young female clubbers, Hutton (2010) supported this finding and described the way that, for women, risk taking behaviour can be seen as a positive, productive influence on identity and sexuality. Risk does not always have negative connotations. Women do not blindly engage in risk taking without understanding the potential harms; rather, taking risks is empowering and helps them feel positive about their own identities.

In the next section I briefly outline the motivations that young people might have for clubbing, with a view to understanding this practice in the context of post-modern theories of young adulthood.

Young adulthood, clubbing and identity

There are two widely-held views in the youth studies field that seek to understand the contemporary use of alcohol and other drugs by young people in clubbing spaces. First, as a consequence of some of the social, cultural and economic changes that have occurred during post-modernity, some scholars have suggested that the period after childhood but preceding adulthood has become a liminal phase for young adults, a transitional stage where they are no longer children but not yet adult, a time when they retain some of the freedoms of childhood but begin to negotiate some of the responsibilities of adulthood, and where young people can focus on the development of their identity (Wyn and White 1997; Epstein 1998; Malbon 1998). The second, more nuanced, view is that understanding young adulthood as a liminal or 'in-between' phase trivialises this important period of life for young people and should be reconceptualised as a 'new adulthood' (Wyn 2004) or a new way of 'doing' adulthood (Pini 2001).

Proponents of the first view argue that for some youth, clubbing and similar activities present an opportunity for identity exploration and the marking of status during this liminal period (Thornton 1995; Northcote 2006). In particular, nightclubbing is a unique activity which is characterised by its ties to childhood and freedom but also to growing up and becoming an adult. For example, at clubs and other licensed venues there is a youthful subtext that can be found in the behaviour, music, dancing, displays of sexuality and visual stimulation. In addition, clubbing presents an opportunity to forget about the responsibilities of life for an evening, adopt a carefree attitude and embrace youthful freedom (Thornton 1995; Northcote 2006). At the same time, as Thornton (1995) suggested, clubbing allows young people to feel more mature and indulge in adult activities. For Northcote (2006), nightclubbing reinforces a sense of maturity and adulthood by virtue of its age restrictions and in its opportunity to mix with other young adults. He suggested that with these opposing youthful and adult connotations, the act of clubbing symbolises the indeterminate state of young 'punters'.

Supporters of the 'liminality' view suggest that, given the delayed onset of 'growing up' and adopting of more adult roles, young people appear increasingly likely to use

the period of youth as a time to pursue leisure and pleasure. According to Northcote (2006), most young adults are aware that the opportunity to spend money and socialise in a carefree way is destined to end in the face of looming responsibility, so are determined to exploit the circumstances in the interim. He suggested that this phase of pursuing recreation and leisure is a way of ‘flirting’ with identity and new possibilities, and will inevitably be replaced with a more mature identity as partner, parent and/or worker. However, other youth researchers have criticised the conceptualisation of youth as a transitional period, adopting the view that understanding this period as one of post-adolescence or pre-adulthood neglects the importance of this period in the life span (Wyn and Woodman 2006). Wyn and Woodman argued that young people are experiencing different social conditions than the generations before them and these conditions will continue to shape their future. They criticise terms such as ‘extended adolescence’, ‘emerging’, ‘transition’, ‘generation on hold’, ‘arrested adulthood’, ‘over-aged young adults’ and ‘post-adolescence’ (Wyn 2004; Wyn and Woodman 2006). Wyn and Woodman argued that such terms, and the notion that young people are moving between two more finite periods of life, assumes there is a normative transitional process, that youth is a linear process, and that economy and politics are simply background issues. Further, thinking about young people in a period of extended transition or extended adolescence assumes that young people are failing to grow up in a timely manner (Wyn 2004). Instead, Wyn proposes that today’s generation of young people are entering a ‘new adulthood’.

Biological understandings of transition have also been challenged by Valentine (2003), who proposed a framework for understanding youth transitions as ‘performative and processural identity’. This emphasises the complexity of the transition and that it differs for everyone. Perhaps a more appropriate way to conceive of young people in post-modern times is to conceptualise their practices in light of the increasing choices that are available to them with regard to consumption, style and technology. Age and other traditional markers of youth are becoming less meaningful and less clear. There is no clear point at which one is officially ‘arrived’ into adulthood (Worth 2009). Conceiving of adulthood as the stage where someone has moved from dependence to independence ignores the experience of young people

and fluid lifestyles in which people continue to depend on and relate to one another. Despite this, as I show in this thesis, there appears to be a reluctance to let go of established perceptions about how young people should move into adulthood, even among young people themselves (see also Wyn and White 1997; Pini 2001).

If clubbing, then, is not about liminality, holding on to aspects of youth or attempting to feel more mature and adult, perhaps it becomes more about the opportunity to create identity, forget daily pressures and suspend life's continual focus on risk avoidance. Perhaps clubbing is popular because it provides the opportunity for excitement, pleasure and release after the demands of the working week, "a spatial and temporal location where the routine restraints of the day are supplanted by a melange of excitement, uncertainty and pleasure" (Hayward and Hobbs 2007:442). The 'big night out' at the licensed location might simply function as a release from civilising influences, a temporary escape from daily obligations and/or a place to enjoy proximity to friends and strangers after a week of potential isolation (Malbon 1998; Measham 2004a; Northcote 2006). According to O'Malley and Mugford (1991), the use of alcohol and other drugs provides an attractive means for achieving rapid transition from work to leisure, from production to consumption. It has even been suggested that capitalism creates 'low serotonin societies' and the quest for the Saturday night serotonin high is a consequence of this (James 1998). Measham (2004b) has suggested that the night-time economy is both a reaction to, and expression of, contemporary capitalist society. She argued that the constant pressure to be successful in the post-industrial world is increasingly being offset with 'time out' or reward through the pursuit of hedonistic pleasures.

These recent social and cultural changes, which include the delay of, or refusal of, financial and domestic independence, increased focus on lifestyle and consumption and management of risk, have increased the value that young people place on leisure and pleasure. Given that young adults are likely to have fewer responsibilities and fewer financial constraints (such as mortgages and families) than their predecessors, they are more likely to have time and motivation for leisure activities and more disposable income to spend on alcohol and other drugs.

As discussed in chapter one, at the same time that the youth/leisure landscape was shifting, the night-time economy was booming due to the deregulation of liquor licensing and urban regeneration (particularly in Australia and the UK). Taken together, these social changes have resulted in some young people choosing licensed venues as the space in which to pursue hedonistic pleasures. This literature, which is briefly reviewed next, documents another important change that shapes the prevalence of party drug use, particularly ecstasy and methamphetamine, and the potential normalisation of these drugs.

The boom in the night-time economy

The term ‘night-time economy’ was coined by Hobbs et al. (2003) to describe the rapid expansion in the number of bars and clubs operating with extended licences in the UK. Although the term wasn’t coined until the early-2000s, it was in the mid-nineties when the night-time economy expanded in the UK. During the mid-1990s, the number of liquor licenses in major British cities doubled and the number of licensees applying for extended trading hours past the traditional 11pm closing time increased substantially (Roberts 2006). According to Hobbs et al. (2000), there was a 28% increase in licensed venues in Britain between 1995 and 2000. As with Australia, the revitalisation of urban centres through the expansion of the night-time economy was expected to reduce public order problems. However, it is now widely accepted that it has had the opposite effect (Rief 2009).

In Melbourne, the night-time economy began booming when liquor licensing laws were relaxed in the late-1980s (Livingston 2008; Chikritzhs 2009). Several factors are likely to have contributed to the boom in the night-time economy, including changes to liquor licensing and changes to the way that young people negotiate early adulthood, which have already been reviewed briefly here. Two other factors that opened up the space for the expansion of the night-time economy include the growth of the rave scene, and its subsequent ‘commercialisation’ (Measham 2004a; Siokou and Moore 2008), and the development of a ‘culture of intoxication’ (Measham 2004a; Measham 2004b; Measham and Brain 2005), which I will now also review. There has been very little written about the boom in the night-time economy in

Australia, with most of the research stemming from the UK. Much of the UK work to date was conducted by Fiona Measham, one of the original proponents of the normalisation thesis.

The commercialisation of raves

According to Measham, Aldridge and Parker (2001a), rave culture both emerged and died during what they termed ‘the decade of dance’, which lasted from 1988 to 1998. Measham et al. proposed that the decade of dance can be divided into three phases: ‘acid house’ (1988-89), the ‘rave’ (1990-92) and the period of ‘dance’ (1993-1998). Here I briefly describe rave culture, its eventual commercialisation and its contribution to the boom of the night-time economy.

There is some debate over whether acid house originated in the UK or the US. According to Moore (1995), the acid house movement emerged in the mid-1980s, and was developed by British tourists holidaying in Ibiza. The sound made its way back to the UK and was played in alternative nightclubs such as the famous Hacienda in Manchester. Around this time, small ‘underground’ gatherings started taking place in abandoned sheds and warehouses around pockets of the UK where acid house was played (Measham, Aldridge et al. 2001a). Elsewhere, it has been suggested that acid house originated in Chicago and New York (Rietveld 1993).

Regardless of its initial origins, acid house was popular in underground warehouse parties in the UK, Europe, the US and Australia in the late-1980s. Acid house provided a radical switch in sounds after the ‘decade of disco’ (1970s), with the birth of “music without singers or conventional instruments” (Tomlinson 1998:196), using synthesisers, computerised tracks and remixing (Thorne 1993). Acid house challenged traditional conventions of music and dancing, embracing electronic musical styles – such as acid and house – but expanding to include styles such as trance, ambient, breakbeat, jungle, techno and tribal (Tomlinson 1998; Siokou 2002).

According to Measham (2004a:338), these early underground gatherings emerged as a form of “apolitical escapist hedonism for suburban youth” in response to the increasingly materialistic and individualistic nature of 1980s Western culture. Early

underground events created a sense of ‘secret society’ and ‘community’, perhaps representing a safe haven away from personal troubles and grim realities (Tomlinson 1998). During this time, raves were promoted through word of mouth and remained hidden from the public and law enforcement.

As acid house gained popularity, the events at which it was played became known as ‘raves’. Measham et al. (2001a) indicated that this wave lasted from 1990 and 1992. For Measham et al., this is the period during which raves started to become popular and widespread, but had yet to be commercially exploited. The underlying ideology of raves during these early years (1988-1992) was ‘peace, love, unity and respect’ (PLUR) and rave-goers reported a generally warm, welcoming and friendly atmosphere at raves (St John 2001; Siokou and Moore 2008).

Ecstasy was traditionally the drug of choice at raves, with methamphetamine and LSD also widely used, while alcohol was shunned (Redhead 1993; Siokou 2002; Nicholls 2009). In the absence of drunkenness, raves were lacking in violence and overtly sexualised behaviour (Siokou 2002; Siokou and Moore 2008). Indeed, feelings of ‘freedom’ and ‘safety’ are attributes that have been credited to raves, partly due to the absence of alcohol. Research suggests that rave and ecstasy culture produced a shift in gender relations. In these spaces, women felt safe enough to take part in the culture fully, with nothing stopping them from dancing and socialising, and participating as freely and confidently as men (Pini 2001; Siokou 2002; Rief 2009). According to Siokou (2002), raves were also one of the first ‘subcultures’ in which men felt safe and comfortable being close to one another.

Measham and colleagues term the third wave, from 1993-1998, the period of ‘dance’. This is the period during which acid house and the rave became commercial and began fragmenting into sub-genres. With this fragmentation came issues related to licensing, policing and criminal involvement, and according to Measham et al. (2001a:20) “this period is sometimes characterised as when the UK rave scene turned from dream to nightmare”. In the UK, this was largely a result of the criminalisation of underground and unlicensed dance events and the redevelopment and commercialisation of licensed venues to cater to larger crowds (Measham 2004a; Nicholls 2009). The trend emerged in Australia shortly afterwards, in part due to the

popularity of dance parties increasing to the extent where secret underground venues simply became untenable (Siokou 2002).

In Australia, raves – which later became known as ‘dance parties’ – were increasingly organised by corporations seeking profit. Raves relocated to licensed venues and were open to the public, rather than being held in secret underground locations. Moving raves to larger licensed venues added alcohol to a scene from which it had previously been deliberately excluded (Siokou 2002; Siokou and Moore 2008).

Moving raves (dance parties) to licensed venues then inadvertently introduced features of their ritual into mainstream club environments, even when raves were not taking place (Measham 2004a). One of these ‘rituals’ was the use of illicit drugs such as ecstasy and methamphetamine, which are now commonly used within club environments (Measham 2004a; Duff 2005). It has therefore been argued that raves and dance culture more broadly might be responsible for the rapid increase in levels of party drug use among young people in the 1990s (Measham and Brain 2005). Furthermore, it has been suggested that the use of party drugs in combination with alcohol within licensed leisure settings may have led to the development of a ‘culture of intoxication’ (Measham and Brain 2005).

The ‘culture of intoxication’

According to Measham and Brain (2005), the UK has seen the emergence of a ‘culture of intoxication’ characterised by increased sessional consumption of alcohol and other drugs, which are now used together in the context of a ‘big night out’ (Duff 2005), or for a ‘big bang effect’ (Measham 2004a); the same phenomenon has occurred in Australia (Duff 2005; Duff, Johnston et al. 2007). A ‘big night out’ is characterised as a period of around 12 hours over which young people stagger their alcohol and other drug use. Such sessions might involve alcohol, ecstasy, methamphetamine, cocaine, ketamine, GHB and/or cannabis and prescribed sedatives (Measham 2004c; Duff 2005).

Recent statistics on patterns of alcohol and other drug use in Australia suggest an increasing tendency for young people to consume three or more drugs in one session (Australian Institute of Health and Welfare 2008; Sindich and Burns 2010). This is consistent with the observation that young people might be displaying “a new willingness to experiment with and experience altered states of intoxication as a part of leisure ‘time out’” (Measham and Brain 2005:266-277). This is further supported by numerous studies of British youth that have shown that a primary motivation for drinking and using drugs is to experience the pleasure of intoxication (Brain, Parker et al. 2000; Measham 2004b; Measham and Brain 2005; Parker 2007; Szmigin, Griffin et al. 2008). According to Measham (2004c:222), the availability and attraction of a thriving night-time economy, combined with increased work-related stress, increased disposable income and extension of adolescence, has produced a notion of ‘carnival’ in relation to young people’s leisure time: a “period of pleasure and excess that sanctions and elevates temporary transgression from everyday life”.

UK researchers have suggested that the alcohol industry has contributed to the success of Britain’s night-time economy and encouraged a ‘culture of intoxication’ in its attempts to compete with the increasing use of illicit drugs and young people’s growing psychoactive repertoires (Measham and Brain 2005; Nicholls 2009). Nicholls (2009) suggested that the alcohol industry began a process of rebranding its product when it became evident that its use was being shunned at raves. He argued that ravers were precisely the kind of consumers the alcohol industry needed – young, pleasure-seeking and possessing high disposable income.

Measham and Brain (2005) suggested that there were three main changes made by the alcohol industry in response to increasing illicit drug use within the night-time economy: it recommodified alcohol, redesigned licensed venues and lobbied to liberalise leisure. According to Measham and Brain (2005), the first of these changes, the recommodification of alcohol, is evident in increasingly sophisticated alcohol marketing campaigns that were designed to appeal to certain demographics and lifestyle choices. One example of innovative alcohol marketing has been the development of ready-to-drinks (RTDs), which have several carefully considered advantages to young people. These include their palatability to the younger drinker, their convenient packaging (screw tops) and easy portability, and their high alcohol

content, which is designed to appeal to a culture that is currently ‘drinking to intoxication’ (Harnett, Thom et al. 2000; Jackson, Hastings et al. 2000; Casswell 2004; McCreanor, Barnes et al. 2005; Measham and Brain 2005). A second example of innovative alcohol marketing was the introduction of pre-mixed drinks with a higher alcohol content that are marketed as ‘designer’ drinks. Measham and Brain (2005) suggested that the strength of alcohol products increased up to 50% over the previous fifteen years out of necessity to compete with new cultures of intoxication and expanding psychoactive repertoires.

Another example of the recommodification of alcohol was the development of new products designed to appeal in a market where young people were pursuing a range of psychoactive pleasures. These products exploited the trend towards recreational drug use by marketing alcohol using drug-associated imagery or connotations – essentially positioning alcohol as a party drug (Measham and Brain 2005; Nicholls 2009). Caffeinated ‘energy drinks’ such as ‘Red Bull’ were being sold with alcohol to capitalise on the popularity of stimulants (Jackson, Hastings et al. 2000; McCreanor, Barnes et al. 2005). The promotion of ‘shots’ or ‘shooters’ was another method of revenue-raising employed by the alcohol market to respond to and support a culture of intoxication (Measham and Brain 2005; Nicholls 2009).

The second response by the alcohol industry to the new ‘psychoactive market’ identified by Measham and Brain (2005) involved changes to the design and physical space of drinking settings (see also Hobbs, Lister et al. 2000; Jackson, Hastings et al. 2000; Measham and Brain 2005; Hayward and Hobbs 2007). The night-time scene was no longer clearly separated into traditional pubs, clubs and dance party events. Instead, a growing bar scene emerged that included café bars, dance bars and themed bars catered to different demographics. Measham and Brain describe the change as one from ‘spit and sawdust’ pubs to ‘chrome and cocktail’ city centre café bars. In addition, Hobbs et al. (2000) and Hayward and Hobbs (2007) noted the rise of ‘fun pubs’ and ‘super-pubs’. These authors suggested that licensed venues had re-designed their space to maximise capacity and encourage more consumers, particularly younger consumers. They argued that ‘traditional’ pubs became rare, having been replaced by “youth-orientated venues, stripped of such unnecessary encumbrances as tables and chairs” (Hayward and Hobbs 2007:442).

The final technique employed by the alcohol industry to respond to the influx of illicit drugs into the night-time economy was to lobby for the liberalisation of alcohol licensing, which resulted in many bars and clubs applying for licenses to stay open for longer; in some cases for 24 hours. According to Measham and Brain (2005), these alcohol industry-driven changes resulted in a diverse and sophisticated market, but one which mitigated against the minimal consumption of alcohol and illicit drugs, and in turn, contributed to a culture of intoxication.

Although the ‘culture of intoxication’ literature comes from the UK, some of these alcohol-industry changes are also evident in Australia. For example, Australia has ‘alco-pops’ that are clearly marketed towards younger drinkers with their sweet taste and portability. In addition, Australian liquor outlets also sell a range of drinks, such as pre-mixed spirits Smirnoff Black and Johnny Walker Premium, that are much higher in alcohol content (7% per 350mL glass bottle) and are ‘classy’ and ‘sleek’ in appearance. In addition, stimulant drinks such as Red Bull are commonly sold with alcohol in Australia, with known combinations including ‘Jager bombs’ (Red Bull and Jagermeister) or ‘Skittlebombs’ (Red Bull and Cointreau).

Australia, and Melbourne in particular, has also seen a trend towards the redesign of licensed venues with an increase in themed and cafe-style bars. An example of a themed inner-city bar in Melbourne is the Trader Bar (www.thetraderbar.com.au) where drink prices drop and rise at certain hours of the evening depending on their popularity. These prices are displayed on a board that resembles the stock market and may encourage consumers to ‘switch’ drinks regularly if they are concerned about price and value for money. A second example of a themed bar in Melbourne’s central business district is The Croft Institute (<http://thecroftinstitute.net/>), a venue that resembles a medical facility, with hospital beds for chairs and drinks served in test-tubes and syringes. Finally, as discussed earlier, Australia has also seen the deregulation of liquor licensing and an increase in extended hour licenses.

While I do not contest the arguments made by UK researchers about the alcohol industry’s role in the way that alcohol and other drugs are used within the night-time economy (for example, the crack-down on raves and unlicensed dance events in the UK may have increased the use of alcohol and party drugs in licensed venues), this

literature strongly emphasises the role of ‘structure’ and pays little attention to ‘agency’. Consumers are not passive recipients of information, and the night-time economy is also likely to be shaped by the way that its consumers move within this space, their power and opportunities, and the way they choose to organise their leisure (see also Hadfield and Measham 2009).

Thus far, this chapter has outlined some of the theoretical accounts of the changing social and structural conditions that have created the conditions for increased alcohol and other drug use, which in turn, has opened up the space for the development of the normalisation thesis. Firstly, changing social and cultural conditions are likely to have influenced the way that young people prioritise leisure and pleasure. In addition, the commercialisation of the ‘rave’ and the deregulation of liquor licensing may have influenced the increasing popularity of licensed venues, and the increasing use of alcohol and party drugs in these settings. The concurrent use of alcohol and other drugs has also led to a ‘culture of intoxication’ and research has suggested that the alcohol industry encouraged this culture of intoxication by repositioning alcohol as a party drug, encouraging intoxication in the form of ‘shots’ and other promotional activities, and redesigning licensed venues to cater for a broader range of patrons. I also argue that consumers themselves have played a significant role in the development of the night-time economy and cultures of intoxication.

Having described some of the social, cultural, economic and political changes that created the space for changes in patterns of, and attitudes towards, illicit drug use in the post-modern age, I now explore one of the most significant theoretical responses to this drug use, normalisation, and also some of the research that has arisen in response to it, with a view to situating this thesis within the normalisation literature.

Normalisation

The concept of normalisation first emerged in the 1950s in Denmark and was originally applied in the field of learning disability. It was primarily used to describe policies that encouraged the inclusion of people with learning difficulties in everyday

conventional living, and continues to be a prominent concept in the field of disability research and policy (Parker, Williams et al. 2002; Rodner Sznitman 2008).

The normalisation concept was applied to illicit drug use in the UK in the mid- to late-1990s, when epidemiological data began to suggest that there had been a significant increase in the prevalence of the use of illicit drugs such as cannabis, methamphetamine, LSD and ecstasy. Research showed that these drugs were increasingly being used in social settings for recreational purposes in the way that alcohol had traditionally been (and continued to be) used. In response to this development, Parker, Aldridge and Measham (1995) produced a report detailing what they perceived to be an apparent normalisation of the use of some classes of drugs among young people. Three years later, these authors published *Illegal Leisure: The normalisation of adolescent recreational drug use* (1998), which developed their earlier ideas into a comprehensive theory. In this book, they argued that the use of cannabis and methamphetamine, and to a lesser extent, ecstasy and LSD, had become a normal, common feature of post-modern life for some young people in their pursuit of leisure and pleasure (Parker, Aldridge et al. 1998; Parker, Williams et al. 2002).

Parker et al. (1998) tracked the drug attitudes and consumption patterns of a cohort of 800 British adolescents over five years. The findings led them to propose that illicit drug use had moved from the margins of youth culture towards its centre. Their claim was based on the following evidence: an increase in the availability and accessibility of some illicit drugs, an increase in drug 'trying' rates, increased regular use of some illicit drugs, high levels of drug knowledge, future intentions to use drugs and the cultural accommodation of some illicit drug use (e.g., in the fashion, media, music and beverage industries). In later papers, two further criteria were added to the definition of normalisation: the social accommodation of illicit drug use, which involved the acceptance of 'sensible' drug use, even by abstainers (Parker, Williams et al. 2002); and increased recognition in British drug policy of the possibility of non-problematic drug use (Parker 2005).

Parker et al. (1998) were careful to emphasise that not all drugs had become normalised, limiting their thesis to cannabis, nitrates and methamphetamine. Their

normalisation thesis did not extend to cocaine and heroin, but did “equivocally” include LSD and ecstasy (Parker, Aldridge et al. 1998:152). Later, Measham (2004c) argued that while there had been a developing consensus regarding the normalisation of cannabis, and lack of normalisation regarding heroin and crack cocaine, the debate continued over whether the recreational use of ‘dance drugs’ such as ecstasy, methamphetamine and cocaine had become normalised. In their original thesis, Parker et al. (1998) were careful to state that chaotic, dependent or daily drug use formed no part of the normalisation thesis as their theory was solely structured around recreational drug use. What was not mentioned in *Illegal Leisure*, however, was what quantities of recreational drug use were considered ‘normal’ within the normalisation thesis. Perhaps in response to this omission, in a later paper, Parker et al. (2002) used the term ‘sensible’ when referring to the drug use they were describing in the normalisation thesis. The term ‘sensible’ is unclear and ill-defined by Parker et al. One person’s definition of ‘sensible’ is likely to be different from another’s in the same way that one person’s definition of ‘excess’ might differ from another’s. Parker et al. (2002) did not recognise or reflect on the imprecision of this term, nor its unhelpfulness in attempting to understand what type of drug use they were referring to. Did Parker et al. mean small quantities or did they mean drug use where the outcome is non-risky behaviour? Did they mean drug use that has been tested for purity and quality or drug use that is socially sanctioned?

In a later paper, Parker (2005) argued that normalisation was never designed to be a coherent theoretical paradigm. Rather, it should be seen as a conceptual framework for monitoring changes in drug-taking behaviour over time. However, the concept has been treated as a theory by other scholars. The definition of ‘theory’ is the proposed explanation of empirical phenomena (Kindersley 1998), and the normalisation thesis falls within this definition. Therefore, in this thesis, I treat the normalisation thesis as a theoretical paradigm.

The normalisation thesis originated in the UK and is based firmly in a British context. The majority of the ensuing research on normalisation has also been conducted in the UK, with research also being conducted in Australia and, to a lesser extent, Europe and the US. Researchers have most commonly considered the normalisation thesis in countries with high drug prevalence rates (Rodner Sznitman

2008). This would explain why there has been some engagement with the concept in Australia, where the prevalence of the recreational use of drugs such as cannabis, methamphetamine and ecstasy is relatively high. Normalisation has clearly provided an important and insightful advance on traditional theories of drug use that may no longer be relevant or applicable. Prior to the normalisation thesis there were two dominant schools of thought about why young people used drugs – one sociological and the other psychological. The first of these, ‘subcultural theory’, grew out of qualitative and ethnographic accounts of different groups of drug users conducted in the early part of the twentieth century. In the 1920s and 1930s, the ‘Chicago School’ sociologists conducted research among various ‘subcultures’ (e.g., tramps, prostitutes, gang members, the homeless). The Chicago School was heavily influenced by symbolic interactionism and much of their empirical work focused on the association between drug use and ‘deviancy’ (Moore 2004).

Thirty to forty years later, scholars at the Centre for the Study of Contemporary Cultural Studies (CCCS) at Birmingham developed a Marxist understanding of subculture that emphasised youth, class, hegemony and power (Gelder 1997; Moore 2004). For these sociologists, any so-called ‘deviancy’ was the result of working-class citizens enacting ‘resistance’ in relation to the dominant class. The main difference between the work of the Chicago School and the CCCS was that the Chicago School research was ‘internalist’ and focused on the social disorganisation created by industrialisation and urbanisation, whereas the CCCS studies focused on drug use and deviancy as resulting from societal issues such as class and ethnicity (Rhodes and Moore 2001; Moore 2004).

Both the Chicago School and the CCCS studies focused on drug use as a form of deviancy – that is, a type of behaviour that is abnormal or strays from accepted social norms. Western societies are governed by implicit moral and behavioural standards that specify the rules of conduct. Norms are not neutral or universal, but ever shifting over time. Deviance has traditionally been understood as a violation of social norms, and a failure to conform to culturally acceptable behavioural standards. In this sense, deviance not only applies to criminal acts, but also the breaking of social norms (Becker 1963). Prior to, and alongside, the more recent theories of ‘subculture’ outlined above, criminologists produced many interpretations of how deviancy is

constructed. For example, labelling theory was concerned with the way that those seen as deviating from standard cultural norms were labelled as ‘deviant’ (see Becker 1963) and strain theory suggested that crime was the outcome of social structures within society (see Merton 1949).

Various interpretations of deviancy have tended to focus on the age-old debate that underpins much of modern sociology – whether deviance can be explained by structure, that is the macro-level conditions shaping individual conduct (i.e., class, gender, race, culture), or agency, the capacity of a person to exercise free will and make choices at the micro-level. The normalisation thesis has attempted to reconcile the structure and agency debate, arguing that the structural conditions that created post-modernity have enabled the normalisation of some drug use, while the user rationally chooses to consume illicit drugs as part of their growing focus on lifestyle and identity.

While not explicitly acknowledged by Parker et al. (1998), the concept of normalisation is inherently associated with the notion of both deviancy and stigma. Stigma plays an important role in the social construction of deviancy, and becomes the tool that is used to manage deviant behaviour. It is accepted that most people will conform to social norms to avoid stigmatisation. Goffman, in his seminal work on stigma (1963), defined normalisation as a process that requires full acceptance of a previously stigmatised individual and their behaviour. Normalisation has occurred only when a previously stigmatised person does not have to alter their behaviour in any way to ensure social acceptance.

As with deviancy, the concepts of stigma and labelling have long histories in sociological and criminological research (i.e., Lemert 1951; Becker 1963; Goffman 1963), and essentially normalisation can be conceptualised as an extension of this work. Early reference to stigma can be traced back to Lemert’s (1951) description of the way in which individuals are negatively labelled by others, particularly authoritative figures (which he describes as primary deviance), but also the way that some people actually accept this negative label (which he describes as secondary deviance). For Lemert, stigmatisation resulted from social interaction and is thus socially constructed.

Stigma occurs when a person possesses a symbol or status that makes them less acceptable or desirable than 'others'. Stigmatisation plays an important role in the way that people make sense of the world and develop expectations about acceptable behaviour, values and lifestyles (Lloyd 2010). As with Lemert, for Goffman (1963), an important component of stigmatisation is that the stigmatised person accepts that their behaviour deviates from the 'normal', understands why their behaviour is stigmatised and accepts the 'normal' world view. Undoubtedly, the normalisation thesis attempts to counter stigmatised understandings of young people who consume drugs in a recreational and non-problematic way by labelling them as 'non-deviant' (Blackman 2007a).

While criminology has traditionally focused on the societal and agentic underpinnings of deviance, the discipline of psychology has drawn on factors such as biology, personality and environment in attempting to understand drug use and deviance. Prior to the normalisation thesis, the second common explanation provided for drug use came from the pathology paradigm of developmental psychology. The pathology paradigm defined drug use as 'abuse', and conceptualised drug taking as a symptom of abnormality, equating it with addiction and disease. Those working within this perspective saw drug use as stemming from early childhood rejection or developmental disorders that manifested in behaviours such as aggression, hyperactivity or social withdrawal. Psychological theories of drug use have given rise to a focus on identifying 'risk factors' in children or adolescents that can help to predict future drug use (Parker, Aldridge et al. 1998).

Parker et al.'s (1998) normalisation thesis differs from these earlier theoretical accounts by explaining why so many young people of different gender, class and ethnicity who were neither delinquent nor deviant, or actively participating in forms of subcultural resistance, used illicit drugs on a regular basis. Furthermore, normalisation moved away from pathological approaches that understood adolescent or young adult drug use as 'abnormal' or 'diseased'. Given that so many young people in the UK used drugs, it was no longer conceivable that all of them had experienced an invalidating or flawed environment or other developmental problems. Thus, the dominant analyses of young drug users as either deviant or disordered were no longer relevant. In addition, an important component of the normalisation thesis

was the growing body of UK research that showed significant attitudinal changes among drug users and non-users, which previous sociological and psychological theories of drug use could not adequately explain (Measham 2004c).

Responses to the normalisation thesis

In response to Parker et al.'s publication of *Illegal Leisure* (1998), other researchers began exploring the issue of normalisation. However, as noted, there have been very few ethnographic explorations of normalisation, with most ensuing research making judgements assessing normalisation through prevalence data or analysis of attitudinal questions on surveys. My biggest concern (see also Newcombe 2007; Blackman 2007a) with the normalisation thesis is that it is based on quantitative data, and Parker et al. (1998) do not supplement their statistics with any socially or culturally sensitive qualitative data gathered from drug users themselves. Perhaps as a consequence, researchers exploring the issue of normalisation using qualitative methodologies have criticised many aspects of normalisation.

There has been some support for the normalisation thesis. For example, Taylor (2000) explored the relationship between drug cultures, advertising messages and drug education in the UK. He argued that the drug culture had become normalised to the point where commodities were being marketed to young people via drug references. Taylor indicated that this normalisation was taking place within a broader social shift in which the boundaries of what constituted 'acceptable' and 'unacceptable' leisure activities were increasingly becoming blurred. However, Taylor's analysis was based on a review of advertising messages. It did not include any data from drug users themselves, and thus can only realistically support one tenet of the normalisation thesis – that of cultural accommodation.

A more recent study conducted in Atlanta, USA, involving in-depth interviews with 112 ecstasy users aged 18-25, explored perceptions of recreational ecstasy use. Drawing on narratives from these interviews, the authors argued that the high availability and accessibility of ecstasy, its social accommodation, and the low perceptions of risk associated with ecstasy suggested that its use was normalised in Atlanta (Bahora, Sterk et al. 2009). However, on closer examination of some of the

narratives presented in the paper I identified a range of rationalising statements made by young drug users. For example: “if you can just kind of keep it [ecstasy use] under control, then you can still just live your life normally” (pg. 64); “I don’t want to get to the point where I’m... so screwed up that I’m behind everybody else” (pg. 64) and “if I want to get crazy pretty much ecstasy is one of my only options” (pg. 65). While some of Parker et al.’s (1998) tenets were supported in this paper, there was also clearly some evidence that ecstasy use was not normalised among the young people themselves, who equated its use with being ‘crazy’ (the opposite of a normal state of mind), and there was a strong emphasis on maintaining control over drug use and constructing use as moderate and occasional.

Other researchers have supported only some elements of the normalisation thesis. For example, Newcombe (2007) has argued that there are actually two types of normalisation that need to be assessed: statistical normalisation and cultural normalisation. Statistical normalisation, which (by his definition) is reached when more than 50% of a population engage in a behaviour, is increasingly evident in the UK, with some surveys showing that over half the people within certain groups report the ‘lifetime’ use of some drugs. However, the assessment of cultural normalisation, defined as behaviour that is increasingly perceived and responded to as morally acceptable, is more difficult to ascertain because it relies on complex claims about the use of drug-related references in popular culture and the drug-related views of the broader population.

Other researchers have argued that while drug use has indeed become normalised, this trend is limited to particular sections of the population (e.g., Pearson 2001). For example, on the basis of survey research conducted in the late-1990s and early-2000s, Duff (2003; 2005) and Holt (2005) posited that, in Australia, ‘party drug’ use had become normalised only within the ‘dance’ or clubbing community (see also Hansen, Maycock et al. 2001; Measham, Aldridge et al. 2001b). However, later, Duff et al. (2007:74), on the basis of qualitative research, reported that party drugs are also being used in “‘mainstream’ settings and contexts in Victoria including bars, restaurants, private parties, work functions, suburban dinner parties and so on”. More recently, drawing on longitudinal data from a sample of Australian festival-goers, Wilson et al. (2010) argued that the use of cannabis and ecstasy is normalised among

young people who have contact with drug users, but in fact, perceptions about drugs differ between users and abstainers. This runs contrary to Parker et al.'s (1998) contention that even non-users are accepting of illicit drug use.

Several researchers have published critiques of the normalisation argument. For example, Shiner and Newburn (1997:511) argued that by relying on large-scale survey data, Parker and colleagues paid “insufficient attention to the normative context within which drug use occurs”. Drawing on quantitative data from the UK, Shiner and Newburn contended that although regular drug use has increased, it remains a minority activity. Furthermore, on the basis of qualitative data, they argued that normalisation oversimplifies both the choices that young people make about the use of different drugs, and the diverse meanings they construct through drug use. Shiner and Newburn suggested that young people do not view drug use as ‘unproblematic’; they employ techniques to ‘neutralise’ feelings of guilt over their drug use, and non-users continue to associate drug use with other forms of ‘deviant’ behaviour such as crime.⁵ In a later paper, Shiner and Newburn (1999) suggested that increases in drug use in the mid-1990s in the UK were the result of a longer historical process, an evolution over time rather than a rapid and fundamental shift.

In another detailed critique, also based on qualitative data from the UK, Shildrick (2002) argued that the normalisation thesis overstates the extent of illicit drug use and fails to capture the complexity and diversity in drug experiences. She claimed that normalisation imposes its own “meta-narrative” on diverse individual experiences, therefore excluding multiple narratives and ignoring how issues of social or economic disadvantage might shape drug use among various youth populations (Shildrick 2002:45). According to Shildrick, the concept also creates too sharp a distinction between ‘recreational’ and ‘problematic’ drug use, a criticism acknowledged by Parker (2005), and is potentially stigmatising in that it could inadvertently demonise and pathologise some forms of youthful drug use, a point also made by Holt (2005). In place of ‘normalisation’, she proposed the term

⁵Although see Shiner’s recent attempt to reconcile some of the differences in interpretations of normalisation in a paper written jointly with Measham (Measham and Shiner, 2009).

‘differentiated normalisation’ (see also MacDonald and Marsh 2002; Shildrick, Simpson et al. 2007).

MacDonald and Marsh (2002), in their analysis of qualitative interviews with 88 young people who might be considered ‘socially excluded’ or ‘underclass’, also critiqued the simplistic notions that underpin the normalisation thesis. MacDonald and Marsh argued that even among marginalised young people, complete abstinence (coupled with anti-drug views) co-existed alongside recreational drug use and problematic drug use. These authors also argued that the normative, cultural barriers between recreational and problematic drug use were becoming eroded. MacDonald and Marsh did, however, acknowledge that their data offered some support for the normalisation thesis. For example, drug was prevalent among their sample, there was an increasing trend towards normative tolerance of drug use and there was increasing availability of illicit drugs among their sample. MacDonald and Marsh thus also proposed the term ‘differentiated normalisation’.

Another critique of normalisation was provided by Gourley (2004) in her qualitative study of recreational ecstasy use among young people in Canberra. She argued that ecstasy use continues to be shaped by subcultural norms of behaviour, social sanctions, shared understandings and values, and widespread agreement regarding appropriate patterns of use. Furthermore, she suggested that subcultures continue to play a crucial role in the initiation, maintenance and experience of ecstasy use, and users acquire the norms, values and shared understandings surrounding the use of a drug through experience in drug-using groups. Gourley concluded by arguing that, in spite of the challenges to subcultural theories posed by normalisation perspectives on drug use or by post-modern discourses that envision a fragmenting of youth culture, the subcultural perspective remains relevant to an understanding of contemporary ecstasy use.

Hutton (2010) explored the idea of normalisation among clubbers in New Zealand and suggested that normalisation is problematic when it comes to polydrug use. She argued that while clubbers often provide their own support for normalisation, their drug use is much higher than the general population and it would not be considered ‘sensible’ as Parker et al. (2002) might define it. As such, clubbers are a problematic

group in terms of the normalisation thesis. She suggested that the normalisation thesis does not account for the tensions and differences between social groups, and this is one of its main problems. Such subtleties are difficult to appreciate using longitudinal or prevalence data. She suggested that the degree to which drugs are normalised among particular social groups depends on their level of drug use, the number of substances they use and the extent to which they are 'drug wise'. In addition, only some drugs are normalised. For example, among most of her participants, cannabis and ecstasy were normalised but not smokeable methamphetamine. She suggested that thinking in terms of 'degrees of normalisation' is one potential response to Parker et al.'s (1998) neglect of the diversity of drug users.

Finally, Blackman (2004b; 2007a) argued that one of the inherent weaknesses in the normalisation thesis is its concentration on contemporary illicit drug use patterns, and neglect of historical context in attempting to understand the consumption of drugs. He contended that drug use in the 1990s was only the most recent phase in a process of normalisation that includes the beats and heroin use in the 1950s, the mods and amphetamine use in the 1960s, and the hippies and LSD use in the 1970s, as well as the use of various drugs in ancient, classical and Victorian times. Although recognising that normalisation represents a positive step away from pathological and moralistic approaches to understanding drug use, Blackman (2004b:147) sees normalisation as an "untidy concept", prone to over-generalisation, unable to distinguish between different drugs and drug users, and perpetuating the "ambiguous distinction between soft and hard drugs".

Time for new ways of thinking about normalisation?

As is evident from this review, the normalisation thesis has stimulated considerable debate – over its range of applicability, strength of empirical support, generalising "meta-narrative", blindness to political economy and the ongoing relevance of subcultural theories. Most of the literature that has examined the nature and validity of normalisation has tended to take one side or the other, and it is reasonable to conclude that there is evidence for both sides of the argument:

Perhaps the extent to which drug use can be considered to be normalised among young people depends upon the spin that is put on certain aspects of the argument. The term ‘young people’ varies – drug use can be seen to be the most prevalent in the late teens and early twenties and so purely in terms of prevalence the argument for normalisation is strongest for this group. In terms of the extent to which drug use is accepted by young people, as a legitimate option for people of their age, insufficient evidence is available one way or another. Evidence is available to support both sides of the normalisation debate, this situation perhaps reflecting differences between groups of young people which will never be resolved. Perhaps both sides of the debate over-egg the pudding in order to strengthen their case leaving room for both sides to criticise the other’s argument. The charge of over-simplification of the debate is also one that can be made by either side. It may be that such an over-simplification is inherent in any attempt to answer the question as to whether or not such human behaviour is ‘normalised’ or not (Wibberley and Price 2000:161).

With the normalisation debate having continued for over ten years, perhaps it is time to move beyond the argument over whether it has occurred or not and consider the ways in which the concept of normalisation shapes the drug use of young people – for example, to consider whether normalisation is either accepted or contested by young drug users and non-drug users, and how this affects their everyday lives and the meanings they ascribe to their drug use.

In an attempt to address such issues, Rodner Sznitman (2008) recently opened up a different line of inquiry in relation to normalisation. She argued that because Parker et al. assume that drug use is no longer stigmatised, and has already moved from the “margins of youth subculture into the mainstream of youth lifestyles and identities”, they ignore the “potential micro-politics that drug users might have been engaged in when trying to challenge the stigma attached to them” (2008:456-457).

Drawing on the results of in-depth interviews with 44 ‘socially integrated’ drug users, Rodner Sznitman developed a body of work that explored the complex social

and cultural forces that shape the way that young people construct and use drugs. First, based on interviews with ‘socially integrated’ drug users in Sweden – who are defined as those participating in work or study, living in stable accommodation, consuming drugs in ways that do not undermine daily obligations and responsibilities, and avoiding contact with social authorities – Rodner Sznitman (2005) described the way in which they strove for positive self-presentation by contrasting themselves with a negative drug-using Other. Rodner Sznitman argued that the way in which drug users constructed themselves as ‘controlled’ drug users and develop labels for other drug ‘misusers’ is one way in which they attempted to reject a ‘deviant’ identity and establish new forms of positive drug user identities.

In a second article drawing on the findings of the in-depth interviews, Rodner Sznitman (2006) explored the way in which her research subjects developed a sophisticated system for controlling their drug use and reducing drug-related risk based on Swedish cultural values. She argued that drug users contemplate a range of issues when making decisions around their drug use, including perceptions of risk, the presence and company of other drug users, social context, pharmacology, ability to maintain self-control, environmental factors, and cultural definitions of deviance. Rodner Sznitman asserted that drug users make careful decisions around their drug use based on these issues because rationality, self-control and self-discipline are valorised in Swedish culture. Thus, she argued, her subjects’ drug use was shaped by dominant Swedish values and these values were upheld through a sophisticated system of risk-management techniques.

In a third analysis of in-depth interviews with the same group of integrated drug users, Rodner Sznitman (2007) discussed the way in which traditional gender attitudes are drawn upon to make sense of drug use. Her analysis revealed that men and women shared similar beliefs about the different ways in which drugs are used by both genders. Men were described as using drugs more regularly and in larger amounts and constructed as more “fearless” and “careless” than women. Women, on the other hand, were described as “careful”, and those who were not careful were likened to men. Men were also described as both mentally and physically stronger and thus able to control their minds and bodies better than women, who were described as physically and psychologically weaker. Some drug users emphasised

that women used smaller amounts than men because they were less reckless and less “idiotic”. Rodner Sznitman concluded this analysis by suggesting that a normative gender system remained in place, which made drug use – particularly ‘excessive’ drug use – less acceptable for Swedish women than men. She argued that a general mechanism of control of women still exists in Sweden, and that drug use is shaped by these gendered expectations.

In an article published in 2008, Rodner Sznitman drew on her previous analyses to propose a new way of thinking about normalisation. Like Blackman (2004b; 2007a), Rodner Sznitman (2008) noted that the normalisation of drug use is not new and has occurred throughout history. For example, in 1938, Lindesmith made the case for debunking moralistic and pathological frameworks for understanding drug use, instead emphasising the ‘normality’ of the drug user. In the 1980s, the normalisation of drug use was a primary goal of Dutch drug policy. In addition, Rodner-Sznitman acknowledged that the concept has been applied to different groups of people (other than drug users) with different meanings over time, but had never been adequately theorised. She concluded that the concept of normalisation has at least four different categories: 1) descriptive normality, 2) assimilative normalisation, 3) transformational normalisation and 4) the transformational agenda of researchers.

Descriptive normality might be defined as the traditional or conventional understanding of ‘normal’. In essence, descriptive normality describes that which is normalised in terms of statistical prevalence (see also Newcombe 2007). For example, traditionally, not using drugs would be considered descriptively normal. The other definitions of normalisation put forward by Rodner Sznitman move away from this conventional understanding of ‘normal’ or normalised behaviour.

Assimilative normalisation refers to the processes through which illicit drug users attempt to manage their ‘deviant’ or stigmatised behaviour. In constructing assimilative normalisation, Rodner Sznitman was essentially drawing on the work of criminologists before her, such as Goffman (1963) and Matza and Sykes (1964). Goffman (1963) argued that individuals at risk of attracting a deviant stigma may attempt to hide their stigma and be understood as a non-deviant by avoiding symbols of stigma and using ‘disidentifiers’ to convince others of their non-deviant status. He

(1963) suggested there is a continuum between ‘normals’ and the ‘stigmatised’, and that among the stigmatised there are ‘normal deviants’ (who attempt to assimilate with ‘normals’) and ‘social deviants’ (who rebel against ‘normal’ conventions, as in transformational normalisation).

Assimilative processes do not attempt to alter the political status of drug use and drug users, but to enhance their “skills and images to bring them into line with valued social norms” (Rodner Sznitman 2008:450), for example, by claiming the ability to control their drug use so that it does not interfere with socially approved activities such as paid work. In other words, they accept and draw on ‘mainstream’ representations of drug use as a stigmatised activity in producing and reproducing drug-related practices and discourses. Goffman (1963) suggested that those engaging in stigmatised behaviour do not contest the deviant label because they themselves accept the values and premise that underlie the stigma.

On the other hand, transformational normalisation refers to a process in which illicit drug users might actively attempt to resist or redefine what is considered to be ‘normal’ with respect to illicit drug use and drug users. This can be at the formal level, such as drug consumer groups advocating changes in the legal status of some drugs or greater recognition of the human rights of drug users in policy, or at the discursive level, where drug users may offer alternative readings of drugs, pleasure and desire to those provided by ‘mainstream’ discourses. According to Rodner Sznitman, a transformational agenda might involve an individual or collective attempting to reject negative constructions of drug use and seeking to influence the way that ‘normal’ drug use is understood.

The transformational agenda of researchers refers to a process very similar to the one described above, but instead of a drug user or group of drug users resisting popular conceptions of normality, it refers to the way that researchers attempt to redefine a type of behaviour as ‘normal’. One example of a transformational researcher is Lindesmith (1938; 1947), who, by critiquing traditional theories of addiction, attempted to change the image of drug users over 60 years ago. Lindesmith, in his ethnographic work on opiate addiction, proposed that addiction was not simply defined as the regular use of a drug of dependence; rather, addiction was the product

of the user's own conception of their distress upon ceasing drug use. Thus, he challenged conventional theories of addiction and produced one of the first social theories of addiction, and in the process constructed a new 'story' of drug use (Rhodes and Moore 2001; Rodner Sznitman 2008).

Of the four applications of normalisation identified by Rodner Sznitman, assimilative and transformational normalisation are the two that are the most relevant to understanding the micro-politics of normalisation among young recreational drug users. Young drug users might resist the 'deviant' label ascribed to them by attempting to pass their stigmatised behaviour off as 'normal' through asserting their capacity for control (which is considered the hallmark of 'normality' in Western societies) in the context of their consumption (assimilative normalisation). Or, they might attempt to redefine what is considered to be normal in relation to their drug use by contesting popular conceptions around drug use or by pursuing a formal social agenda in relation to the rights of drug users (transformational normalisation).

Rodner Sznitman's presentation of assimilative and transformational normalisation is clearly an extension of Goffman's work on stigma (1963), but it also echoes the work of Matza and Sykes (1964), whose neutralisation theory described the way in which people temporarily neutralise certain values, morals and obligations when engaging in illegal or 'immoral' behaviour. Matza and Sykes argued that people are essentially good and moral, and so, in rationalising 'bad' behaviour, they employ various techniques to neutralise their guilt. Matza and Sykes were some of the earliest theorists to describe how mainstream individuals might repeatedly 'drift' from conformity to illegal behaviour. Some of the techniques that Matza and Sykes suggested that people employ to manage their 'deviant' behaviour included denying responsibility (i.e., "I have no free will"), denial of injury (i.e., "I can use drugs regularly because they cause me no harm"), condemnation of others (i.e., "I do not use drugs as regularly or heavily as others therefore my use is acceptable"), and misrepresentation of consequences (i.e., "drug use does not impair my life in any way").

While Matza and Sykes' (1964) neutralisation theory goes some way to explaining the way that young people might engage in the micro-politics of assimilative or

transformational normalisation, their view is heavily entrenched in positivist criminology and was developed before drug use had potentially become normalised. Rodner-Sznitman's view, then, extends the work of Goffman (1963) and Matza and Sykes (1964) by attempting to understand the various techniques of neutralisation employed by young people who may not perceive their drug use to be deviant, or whose drug use may not be perceived as deviant by others.

Rodner Sznitman's contention that normalisation is an ongoing process shaped by unique social and cultural micro-politics has opened up new possibilities for future research to avoid making claims about the existence, or absence, of normalisation, to accept that some level of differentiated normalisation exists, and to instead explore the way that normalisation is negotiated among groups of young people. Her work points to the need for more nuanced accounts of the contested social processes constituting normalisation in different youth contexts. In addition, there has been limited qualitative and ethnographic research that has considered the way that young people might engage with the concept of normalisation. Rodner Sznitman's work (2005; 2006; 2007; 2008), although considered and thought-provoking, is limited in many ways by her sample – for example, in that they are 'socially included', entrenched heavily in Swedish cultural values – and its size (limited to 44 people). Thus, it is timely to investigate normalisation as a process in other samples of young drug users. Drawing on ethnographic data, this thesis explores the micro-politics of normalisation among a group of young adults who regularly consume alcohol, ecstasy and methamphetamine. A particular focus is on the extent to which the concepts of assimilative and transformational forms of normalisation might be relevant to this group of young drug users.

Conclusion

Young people have been conceptualised in many different ways. Over the past fifteen years, there has emerged a body of research which suggested that young people occupy a period of the life course characterised by transition, liminality and instability, a period of time marked by breaking free from childhood without yet adopting all aspects of adulthood. More recently, there has been a move away from

this conceptualisation of young people towards understanding young adulthood as a finite period in its own right, one characterised by increased focus on identity formation, consumerism and leisure. Putting this debate aside, the expansion of post-secondary education, the changing nature at which young people view their life paths, higher spending power and greater availability and choices around consumption have led to an expanded focus on individualisation and identity formation. Risk, individualisation, identity, consumerism, leisure and pleasure are key themes of this thesis, and are central to understanding normalisation.

In this chapter I have also briefly reviewed some of the broader changes to the alcohol market and party drugs arena; specifically, the commercialisation of the 'rave' and the deregulation of liquor licensing, which go some way to explaining why alcohol and party drugs are now so commonly used in licensed venues (while also acknowledging the influential role of the consumers who operate within these spaces). I have also explored the way that young people are seemingly operating within a 'culture of intoxication', and consuming both alcohol and other drugs within their expanding psychoactive repertoires. These changes are important in understanding the normalisation of some drugs, particularly ecstasy and methamphetamine.

Finally, I have reviewed the normalisation thesis as proposed by Parker et al. (1998). Normalisation is a theory that connects changes in drug use to other social, cultural and economic changes that have occurred over recent decades. The normalisation thesis sought to explain the observed increase in the use of alcohol and other drugs by 'ordinary' young people over the past 15 years. In particular, it has debunked the assumption that recreational drug use is necessarily associated with deviant behaviour or subcultural affiliation. I have also reviewed the support and criticism of the normalisation thesis. It has been over ten years since the normalisation thesis was first proposed, and over this time there have been some significant debates about the theory. The normalisation thesis has stimulated considerable debate – over its range of applicability, strength of empirical support, generalising meta-narrative, blindness to political economy and the ongoing relevance of subcultural theories. Most recently, Rodner Sznitman (2008) provided an insightful alternative interpretation of normalisation as a process of negotiation or contestation among young people.

Rodner Sznitman's reading of normalisation as a possible process in which young drug users either manage their drug use within mainstream notions of 'good' (controlled) or 'bad' (excessive) drug use, or a process in which they attempt to challenge popular understandings of illicit drug use, opened a pathway for the current research to explore these processes.

Chapter 3:

Ethnography and the challenges of fieldwork

This chapter is divided into three parts. I begin by outlining the research method of ethnography, how it is situated epistemologically and why it was deemed the most suitable research design for this project. Second, I describe the methodological processes involved in collecting and analysing the data for this thesis. I describe my entry into the field, my relationships with A-Team members and their demographics, the nature of the fieldwork and my approach to analysis. The chapter then moves to a discussion of some of the issues and challenges that arose during and after fieldwork. These include ethical and personal challenges. Throughout the chapter, I discuss the benefits and challenges of my positioning as an ‘insider’, a member of the studied group.

Ethnographic fieldwork

Ethnographic research methods have traditionally been used by anthropologists, but also commonly by sociologists and criminologists. Ethnography involves qualitative research methods, such as observation and participation in a field of interest for extended periods of time, and in-depth interviews, followed by content, thematic and narrative analysis of fieldnotes and transcribed interviews. Ethnographic research is the most useful research design to observe the social practices and cultural meanings of a particular lifestyle or feature of lifestyle, in its natural setting. Ethnography allows researchers to get as close as possible to the intricacies of a lifestyle with minimal disruption to the natural flow (Moore 1993a; Bourgois 1995; Rhodes 2000).

Ethnography differs from hypothesis-testing quantitative methodologies that are grounded in principles of positivism, objectivism and science, and involve numerically analysing survey, clinical or secondary data. Instead, ethnography is hypothesis-generating, based on constructivist principles and aims to explore the

complex interweavings of “cultural logics” constructed by groups of people within their broader social, economic and cultural frame (Moore 2005:433). Ethnographic research does not attempt to uncover ‘facts’ or ‘truths’, but understands that human actions are infused by differing social meanings, intentions, beliefs, rules and values (Hammersley and Atkinson 1995; Adler and Adler 1998; Rhodes 2000).

Previous ethnographic research has contributed significantly to the way drugs are used and understood in Australia and internationally. It was ethnographies in the 1960s and 1970s that countered popular perceptions of drug users as deviant and instead described active, rational and purposeful meanings of drug use within particular contexts (Rhodes 2000). More recent ethnographies in the drug and alcohol field have provided both important theoretical contributions and culturally relevant policy implications (for example, see Adler 1985; Moore 1994; Bourgois 1995; Lewis and Ross 1995; Thornton 1995; Maher 1997; Malbon 1999; Pini 2001; Jackson 2004; Rief 2009).

Given the increasing use of alcohol and party drugs in the Australian night-time economy, the aim of this research was to use explore the social practices and cultural meanings that underpinned the drug use of a group of alcohol and party drug users, with a focus on the social, cultural, economic, political and other structural conditions that shaped this use. Ethnography was deemed the most useful methodology for this research, as it required accessing a relatively hidden drug-using population, and gaining a closer understanding of patterns of social practices and cultural meanings from the ‘insider’ perspective. Informal and non-intrusive observation then provided me with an opportunity to understand how alcohol and party drugs were used and represented in everyday life and practice by this group of young people.

Ethnography was also considered the most useful research approach given that much of the research conducted on young people, recreational drug use and normalisation has been quantitative (e.g., Shiner and Newburn 1997; Parker, Aldridge et al. 1998; Duff 2003; Duff 2005; Holt 2005; Wilson, Bryant et al. 2010) or has involved the analysis of in-depth interviews (e.g., Shiner and Newburn 1997; Shildrick 2002; Gourley 2004; Rodner 2005). Thus, this thesis contributes to the normalisation

literature by providing one of very few qualitative Australian studies on young recreational party drug use, and uses ethnographic methods, which few studies of normalisation have done, to uncover the social and cultural meanings embedded in the drug use of a group of young Melbournians.

This research is ground in the constructivist principles that underlie ethnography. The sample is not representative of the population and the findings cannot be generalised to all young alcohol and party drug users in Melbourne. However, this thesis significantly contributes to an understanding of the patterns and contexts in which a group of young people in Melbourne are using these drugs, the micro and macro factors that shape their drug use, and the meanings they ascribe to these drugs within their post-modern lives.

Meeting the A-Team

Following six months of reading in drug studies, youth studies, sociology, criminology and anthropology, learning about the fundamental aims and principles of ethnography, and familiarising myself with the literature on the benefits and challenges associated with being an ‘insider’ researcher (due to my intentions of accessing party drug users through my pre-existing social relationships and my current membership of a small network of party drug users), I began fieldwork in January 2006, having obtained ethical clearance from the Human Research Ethics Committee at Curtin University of Technology in December 2005. At this time, I had six close friends who regularly consumed alcohol and party drugs in the context of weekend leisure. My history with these six friends spanned at least ten years, and I considered them to be among my closest friends.

I got in touch with these six friends to find out when they were next ‘going out’. Two of them, Laura⁶ and Hayley, informed me that they had decided to stop using methamphetamine and ecstasy, or at least reduce their frequency of use (their reasons for this were divergent and will be explored in some detail in chapter eight). This left

⁶All names and places (such as venues and the Lodge) used throughout the thesis are pseudonyms.

me with four fieldwork contacts: Sarah, Julie, Mick and Jason, all of whom agreed to be involved in the research.

From the age of 17, Julie, Jason and Mick (and a wider group of friends) spent most of their weekends attending pubs and nightclubs. For the first four years of clubbing, Julie, Jason and Mick consumed only alcohol. Around the age of 22, they began consuming small amounts of methamphetamine powder and ecstasy, which they had obtained from friends, during visits to licensed venues. Around this time, Julie reconnected with Sarah, an old school friend, who also began socialising with the group and consuming small amounts of methamphetamine and ecstasy. For the next twelve months, these four contacts (as well as a wider group of friends) continued using small amounts of methamphetamine and ecstasy when they went out on weekends. Their nights generally involved drinking, one or two 'lines' of methamphetamine, and one or two ecstasy pills, before returning home in the early hours of Saturday or Sunday mornings.

During this time, I moved to Perth to begin preliminary work on my doctorate at the National Drug Research Institute. When I returned to Melbourne six months later to begin my fieldwork, I noticed my four contacts were now consuming larger amounts of methamphetamine and ecstasy, and had also begun socialising after the nightclubs they visited had closed. They had begun returning to a private home after clubbing to either continue taking drugs or to begin 'coming down' together. They had also started engaging with a larger group of friends (Jen, Anna, Susie, Michael, Stacey, Sean and Melissa), with whom I also had loose social connections, and who had begun using similar amounts of methamphetamine and ecstasy in the same venues as my four friends. These seven people were linked through a local football club, and also engaged with a wider group of friends with whom they used alcohol and party drugs. These core eleven people and their broader social networks became my regular fieldwork contacts until the group expanded upon reconnecting with Jess around two months into fieldwork.

Jess, through her connection to the same local football club, was an old friend of the eleven people who comprised my core group of participants. Jess had been living overseas for several years and when she returned she immediately began looking for

a place to rent. Through her longstanding friendship with Craig, she moved into a house that later became known as ‘the Lodge’. Shortly after moving into the house, Jess met Sarah, Jason, Mick and me in a nightclub. When the club closed at around 5am, Jess invited the four of us back to her house for a post-club ‘after-party’.

On this first night at the Lodge (a name coined later during fieldwork), Jess introduced us to her housemates, one of whom we already knew (Joel) through his connection to the football club. Corey and Craig, the other two housemates, were unknown to us, but it did not take long for everyone to become good friends. With Corey, Craig and Jess at the Lodge on this particular night were some of their friends, partners and siblings. These people comprised their broader social network. This night at the Lodge was the first time I was faced with having to meet people I had not previously known and to whom I had to explain my research role. Although I had told Jess about my research in the context of catching up after so long, I was not sure how to broach the subject to her friends, a group of around 15 party drug users who were currently under the influence of these drugs. The problem was taken out of my hands when Mick said, “Hey, guess what Amy’s doing? It’s her job to watch us and write about us!”

This led to a lengthy conversation about my research and its aims and methods. The reaction of these new contacts was, by and large, the same as that of my four friends – one of interest and acceptance. Perhaps my friendship with Jess had something to do with this acceptance, with her playing the part of ‘cultural broker’ – a member of the group to be studied who introduces the researcher (Moore 1992). It is particularly helpful if the facilitator is someone with credibility among the group because the trust the group has in the facilitator will enhance the trust they have in the researcher. This has been described by Fetterman (1989) as the ‘halo effect’. Not long after this night, this second group of around 15 people also became regular fieldwork participants.

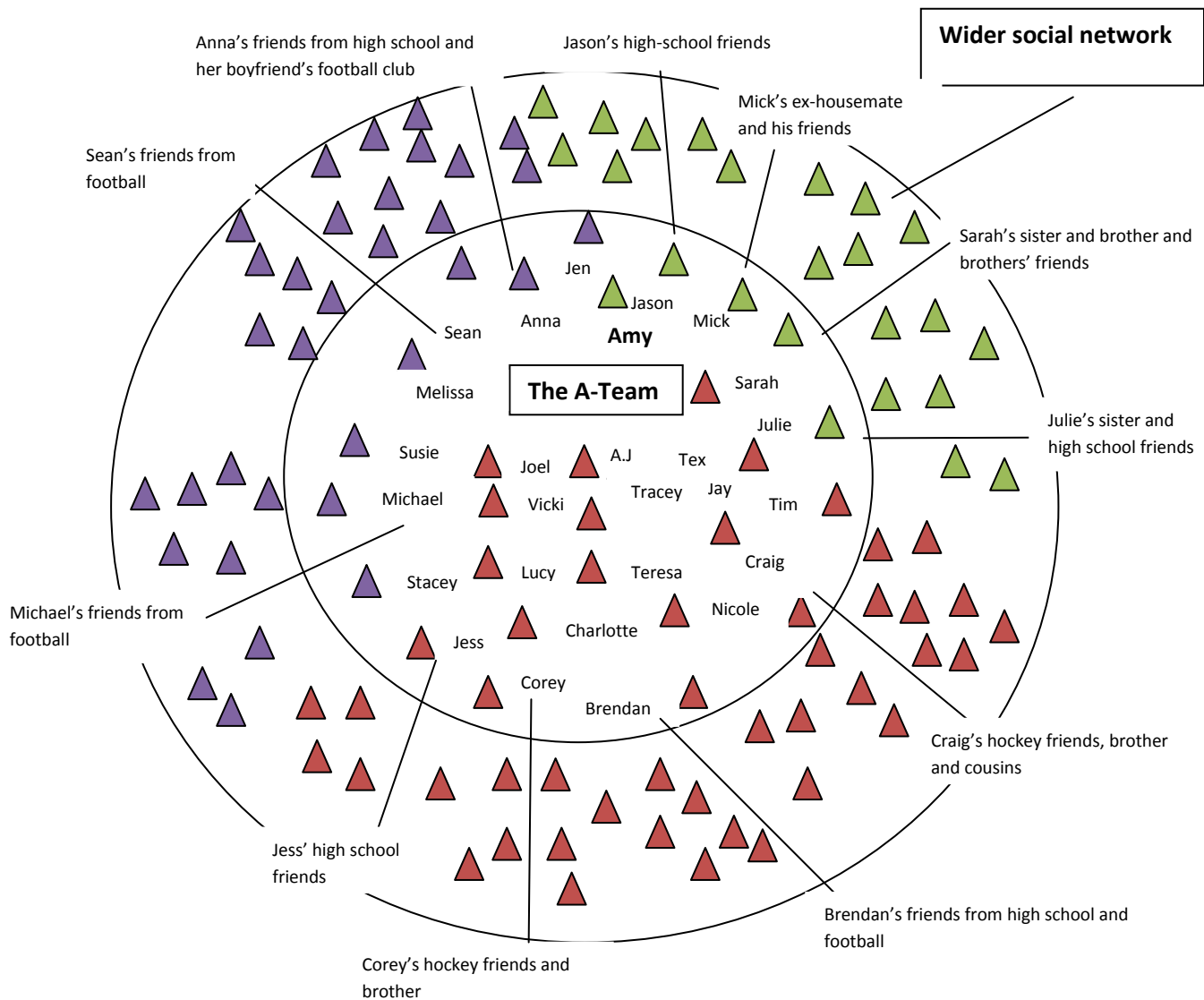
Over time, those members of the broader social network (of which there were around 80 people) who regularly attended the Lodge became known as the ‘A-Team’. The name was coined by Lodge resident Corey who produced a drawing one day that said the ‘Lodge A-Team’, with all the names of those people who came to the Lodge

every week written next to the logo. The name stuck, and over time membership grew by virtue of regular attendance at the Lodge.

Over 14 months of data collection between January 2006 and March 2007, I gathered data on over 80 alcohol and party drug users. Within this sample, my original four friends, the seven others I had reconnected with through them, and the 15 people I met through Jess, comprised my core sample of 'regulars'. In the weeks following the night that Jess invited us back to her house, this group of around 25 people began regularly socialising with one another. The Lodge, became the regular after-clubbing location, and over time, a strong friendship group was formed by virtue of regular attendance at the Lodge. Through their shared enjoyment of using alcohol and party drugs, these 25 people became a close-knit group who spent most weekends together. They were united, in particular, by their enjoyment of ecstasy and other drugs, but also began to develop strong bonds and friendships that extended beyond drug use. This group began spending time with each other outside of the weekend, going to dinner, to movies and on holidays together. With the exception of a few members who chose to stop socialising as frequently with members of this core group, the composition of the group remained stable throughout my research.

Figure 1 shows the composition of the A-Team and their wider social network. The green triangles represent my four original contacts. The purple triangles represent the seven people with whom my four friends began using drugs before the A-Team was formed. The red triangles represent the Lodge residents and their friends. The wider network of friends is comprised of siblings, high-school friends and sport friends. These people used alcohol and other drugs with the A-Team on occasions both at licensed venues and at the Lodge but did not become A-Team members because their attendance at the Lodge was relatively infrequent. Their attendance was infrequent because they either chose to use drugs less often than members of the A-Team or because they belonged to a different core group of drug-using friends but chose to 'party' with the A-Team on occasion.

Figure 1: Diagram of the A-Team and their wider social network



The observation and participation components of the research took place in a variety of Melbourne's pubs, bars, clubs and music festivals, as well as the Lodge and other private homes. We would typically venture out into Melbourne's night-time leisure scene on Friday or Saturday nights, which generally involved a period of between eight and 48 hours of fieldwork. These nights most often involved beginning the evening at a pub or bar, then moving to a club, before returning to a private home (usually the Lodge) in the early hours of Saturday or Sunday morning. The session would then continue for between a few hours and a few days. On several occasions (usually coinciding with public holidays), these sessions lasted for over 48 hours.

I also spent time with members of the A-Team during the week and on those rare weekends when no drugs were used. My involvement with this group varied between one and five nights a week depending on the degree of socialising among the group. According to Moore (1992), time should also be spent with drug users when they are not using drugs to gain broader insight into the meaning of drug use for them, and where drug use sits within their lifestyle.

One of the main advantages of my insider position was that my pre-existing relationships with Sarah, Julie, Mick and Jason facilitated smooth entry into the field. There are some areas of life that are likely to be difficult for 'outsider' researchers to gain access to, particularly when the study involves sensitive issues or illegal behaviour. Outsider researchers may have to work harder over a longer period of time in order to gain access to field participants (Aguilar 1981; Hodkinson 2005).

A second advantage of my insider position was that I had an established level of trust among at least half of my fieldwork participants. This trust enabled the facilitation of honesty during interactions and meant that I was not treated differently or with suspicion. According to Adler (1985), knowing the participants first is useful because it presents an opportunity for opinions to be formed about personality and trustworthiness prior to becoming a 'researcher', and much literature on conducting ethnography indicates that only an 'intense' and 'trusting' relationship between researcher and participants can lead to valid and trustworthy data (Pitts and Miller-Day 2007).

Another significant advantage of my insider position was that I had prior knowledge of the studied scene. This was a benefit in that I knew how to act appropriately and I knew how to 'fit in'. I was also able to participate 'authentically' in activities such as dancing in a relaxed and confident manner and therefore minimise disruption to the natural flow (Mascarenhas-Keyes 1987; Hodkinson 2005). Hodkinson describes this as 'cultural competence', while Slavin (2004) uses the term 'cultural credibility'. They argue that interactions are more likely to be natural when insiders share common frames of reference and meaning with their research participants.

Early in the research, I was particularly conscious about the possible influence my position as a 'researcher' may have had on behaviour. While I was a trusted 'friend'

and my company was not new to many of the A-Team members, I was, for the first time, paying closer attention to their behaviour and they also knew that I was writing fieldnotes about what they were doing and saying. However, due to my pre-existing participation in the field and my knowledge of individual and group behaviour, I was able to be confident that my presence was not affecting practices in a significant way (recognising my new research role would inevitably have some influence on the group). According to Aguilar (1981), there is less opportunity for deceit if the researcher already knows something about the individuals. Despite my confidence that my presence was not significantly altering behaviour, any potential disruption caused by my presence was initially monitored in two ways: a) by comparing what I knew about the behaviour of those group members prior to fieldwork with their current behaviour, and b) by matching the 'drug stories' about the times when I did not attend an evening session with those times when I did to make sure there weren't any significant discrepancies. Fetterman (1989) suggests that even if there are changes in behaviour due to the presence of the researcher, this awareness does not last long, and regular patterns of behaviour soon resume.

For the most part, aside from the occasional explanation of my research to a newcomer to the group, there was little mention of my research role after the first few weeks of fieldwork. As I was firmly located in their social world, my position as researcher was largely ignored, and I was, by and large, viewed as a member of the group. Only one or two participants regularly asked me about my fieldnotes. The only other explicit mention of my position as someone other than a friend or regular group member occurred when someone was particularly 'high' or drunk, or being amusing, and another member of the group would say "this will make for good research!" or "get the notes out for this one!"

Much of the research was conducted over long periods of time and overnight. After most weekend-related fieldwork, I tended to sleep before writing my fieldnotes, usually beginning them on Mondays. At the beginning of my data collection I carried a notepad, with the intention of jotting down important issues. Over time, I was able to recall in detail the events of the night retrospectively.

Members of the A-Team regularly interacted via email, mobile phone text messages and facebook⁷. McEwen (2010) and Moore (2006) have reflected on the importance of mobile phones for groups of drug users. They suggested that mobile phones are important for many reasons, including facilitating social practices, understanding social dynamics, performing everyday practices and rituals, solidifying social networks and connections, logistical coordination (i.e., organising nights out and enabling meeting arrangements to be fluid, flexible and constantly adjusted), ensuring contact with (and the safety of) friends, and drug-dealing (i.e., coordinating the logistics of buying and selling). Throughout the fieldwork period, mobile phones were used for all of these purposes. Therefore, in my fieldnotes each week, I included all of the text messages and emails they had sent to me. A-Team members often engaged with me via email or text (and each other via 'group' emails or texts) about the coming weekend and their planned use of alcohol and other drugs, or after the weekend to discuss how they were feeling, the quantities of drugs they had consumed or to reminisce about memorable moments. For this reason, ethnographic material presented in the thesis includes email and text messages.

In order to complement the data collected through ethnographic fieldwork, and to conduct a more focused investigation of key topics, in-depth qualitative interviews were completed with 25 members of the A-Team. These interviews were conducted over six months towards the end of the fieldwork period. The interview schedule was semi-structured, which allowed me to retain a certain level of control over the questions while also allowing interviewee responses to shape the flow of conversation and issues discussed. During interviews I explored with A-Team members:

- their personal histories,
- the importance of particular social practices,
- their drug using experiences,
- the importance of social and physical contexts and relationships,
- the significance of clubbing, The Lodge and drug use in their lives,

⁷Facebook is a social networking website that allows people to create a personal profile, add other users as friends, and exchange personal and public messages.

- their future intentions, and
- how their weekend practices affected their identities and experience of self.

Most of the interviews were conducted on weekday evenings and took place at my home or that of the A-Team member being interviewed. All interviews were audio-recorded and professionally transcribed. Recording the interviews enabled conversational flow. On three occasions I sensed that the digital recorder was inhibiting the discussion, with A-Team members not speaking as freely as they had on other occasions. In these situations, I turned off the recorder and probed with a few more questions, jotting down notes on the issues that were raised. Interviews took between 30 minutes and two hours and all interviewees were reimbursed \$30 for their time, knowledge and any travel costs, as is common practice in Australian alcohol and other drug research (Ritter, Fry et al. 2003).

The decision to end fieldwork was an easy one to make. I felt confident that I had gathered enough data. I had been in the field for 14 months and over the last five months, my fieldnotes had become increasingly repetitive. I had stopped noting new themes, collecting data on themes that were already well covered. In other words, I had achieved ‘saturation’ (Guest, Bunce et al. 2006). Fetterman (1989:20) describes this stage of fieldwork as “the law of diminishing returns”.

Analysis

Over the course of 14 months fieldwork, I spent upwards of 1500 hours in the field. After ceasing data collection, I had over 500 A4 pages of typed fieldnotes and over 700 pages of interview transcripts. Once I decided to cease collecting data, I meticulously read and re-read my fieldnotes and interview transcripts until I felt familiar with the data (Moore 1992). Following this, I began the process of coding.

The computer software used to code the data was NVivo version 7. NVivo is a useful tool for organising and coding content and interview text, and for encouraging theory generation through pattern identification, particularly with large amounts of data (Beekhuizen 2007). Coding is a widely used and practical exercise in ‘sense-making’ in which the meaning and relevance of data can be constructed (Duff,

Johnston et al. 2007). Data were systematically analysed for key themes as well as points of divergence. A rough coding scheme was first developed which yielded 289 themes. It was evident that I had been somewhat over-zealous and had 'over-coded' small details that were not included in the later analysis. The 289 themes were then reduced (after a process of elimination and merging of codes) to a total of 123 themes that represented the most important themes of the research. From these 123 themes, I was able to create a framework for the thesis.

The volume of ethnographic and interview material was initially overwhelming, and it took around four months to code my fieldnotes in NVivo and a further month to code my interview transcripts. While the use of NVivo to code my data proved time-consuming, it had significant logistical advantages over traditional methods of qualitative data analysis that involve the use of highlighters, photocopying and folders (Beekhuyzen 2007). Although laborious at the time, when it came time for me to begin writing, I realised how useful it was to have all of my information accessible in NVivo. For example, when it came time to write a chapter about issues of self-control that arose in my research, I simply opened up the 'node' in Nvivo where I had stored references to this theme.

At the commencement of fieldwork, although I was familiar with the relevant literature and issues, I did not have any pre-conceptions or expectations about where my data would lead. Although I was guided by readings on drugs and youth culture, ultimately I let the nature of the field shape my research findings (Moore 1993a). This is consistent with an inductive approach, which is to a large extent shaped by the themes arising from fieldwork, which are then used to guide the collection of further data in an 'ethnographic cycle' (Spradley 1980). The process of analysis began as soon as I started writing fieldnotes. Unlike other research methodologies, I did not wait until I had finished my data collection to begin my analysis. I was constantly thinking about (and discussing with my supervisor) emerging themes as they arose and used these themes to guide the direction of my ongoing research (Moore 1992). Early in my fieldwork, the themes of normalisation, stigma, control, social relationships, leisure, intoxication and identity became apparent and it was upon saturation of these themes that I began analysis.

Narratives were analysed using thematic and content analysis and I explored the data for regularities, variations and contrasts between and within the different sources and methods of fieldnotes, personal reflections and interviews. It has been noted by Moore (1992:321) that 'key event' analysis is useful for illuminating "systems of social meaning", and it became apparent early in the research that key event analysis would be a valuable method for the A-Team, as they placed considerable emphasis on significant events and 'big nights'. Respondents distinguished between ordinary nights out and special occasions that marked milestone birthdays or one-off music festival events. These nights differed from ordinary nights with respect to planning and 'build-up' (months-long pre-event conversation and excitement) and the types and amounts of drugs used. Ordinary norms and rules of social conduct were often foregone on these occasions, with a higher likelihood of heavy drug use and 'outrageous' behaviour.

In conducting my analysis, I was conscious of one criticism of insider research: the notion that critical analysis is difficult, or at least harder, when the lifestyle is very familiar (Aguilar 1981; Abu-Lughod 1991; Hodkinson 2005). This view assumes that an 'outsider' researcher might be better able to decipher the key features of an unfamiliar culture with less bias (Aguilar 1981). For this reason, the credibility of anthropologists conducting insider research is often questioned by their colleagues (Okely 1987), and physical distance from the field after fieldwork is often considered necessary to allow the transition from participant observer to analyst (Aguilar 1981). This is not something that insider researchers are able to do in the same way as outsiders following the completion of fieldwork (Okely 1987). I stayed in close contact with my fieldwork participants throughout periods of analysis and writing. At times I wondered whether being 'too close' to the information and A-Team members meant I was unable to be sufficiently critical of certain behaviours. However, I found that a useful way to distance myself from the field was through frequent discussions with my supervisor. These discussions were helpful for validating and contesting some of my initial perceptions with an ethnographer not involved with the fieldwork group.

One of the benefits of maintaining close proximity and ongoing relationships with my participants after fieldwork had finished was that I was able to discuss candidly

with them some of the issues I was noting in my fieldwork, even when these issues were somewhat critical or controversial. It has been argued that a close relationship between researcher and participant can be useful for enabling the two parties to work through the processes together, and to mutually negotiate the meanings and practices involved in the research (Aguilar 1981; Bennett 2003). As I was writing my thesis, I found it extremely helpful to be able to talk to members of the A-Team about some of the themes that had arisen during fieldwork. Two occasions in particular come to mind, when I consulted A-Team members around bigger issues of ‘what it all means’. I put several ideas I was considering about particular themes to some A-Team members and they provided some interesting insights. It was important for me to understand their views about some of the broader themes so I could contrast them with my own perceptions.

During fieldwork and while conducting my analysis, I constantly reminded myself to reflexively acknowledge my role in the way that the data were gathered and interpreted. Reflexivity might best be described as the “defining characteristic of all human action, involving the continual monitoring of action and its contexts” (Lupton 1999:15). Given my insider position, I was perhaps even more conscious of my own influences in the research. All fieldwork, insider or not, involves a degree of subjectivity; scientific objectivity is a false notion, an illusory position, and any such approach to ethnographic research will lack critical insight (see also Okely 1996). Irrespective of whether the researcher maintains an insider or outsider position, what is important is that he/she reflexively acknowledges the role that his/her position has played in data collection and analysis (Behar 1996; Davies 1999). Fieldwork is necessarily subjective (Van Maanen 1995), and it has been suggested that the process of reflecting on subjectivity actually increases objectivity because researchers will be more aware of potential bias (Harding 1987). As researchers, we unavoidably influence the social world of which we are also part. I was selective in who played a major role in my research, and in choosing what to include and exclude in the thesis. It was me who collected, coded and analysed the data. My subjectivity was also influenced by the theoretical constructs and concepts that I identified as most salient.

The remainder of this chapter reviews some of the challenges that I experienced in collecting and analysing the data for this thesis.

Ethnographic challenges

During my fieldwork I faced numerous ethical and personal challenges, some as a result of my 'insider status' and others as a result of conducting ethnographic research for the first time. Many of the issues I experienced have long been experienced by ethnographic drug researchers (for example, see Adler 1985; Moore 1992; Moore 1993a; Maher 1997). However, there were some challenges that were unique to my insider positioning and these had both positive and negative effects on my social relationships.

During the process of preparing my ethics submission to the Curtin University of Technology Human Research Ethics Committee, there were three main ethical issues that had to be carefully considered. The first was how to ensure that the confidentiality of participants was maintained. This was an important consideration given that participants were engaging in illegal activities and therefore my research could be used against them if my notes fell into the wrong hands (such as the family members of participants or police). The second was negotiating my duty of care in cases in which my fieldwork participants could be harmed by their drug use (both acute and more enduring harms). What was the appropriate response in these situations? The third was to manage my own personal safety when engaging with people using illegal drugs. For example, I needed to establish how I would deal with a situation in which I was apprehended by the police, or faced with an angry drug user who was suspicious of my research role.

There were no instances during fieldwork in which the confidentiality of participants was breached. However, protecting this information was one of my primary concerns during the fieldwork period (and even to this day). Throughout the fieldwork period, I regularly feared that I might lose a CD or have my laptop stolen and somehow the police would access my fieldnotes, or further, that the police would somehow obtain knowledge about my research and request or subpoena my notes. I was careful to disguise my research participants and the places we visited with pseudonyms, and I kept the file linking real names to the pseudonyms in a separate location to my laptop, which was again stored separately from my back-up discs. While breaching my participants' confidentiality was a fear of mine, it was not something that they

seemed concerned about. While some drug ethnographers have commented on their research participants' concerns regarding the confidentiality and protection of the stored data (Moore 1992), at no stage did any of my participants ask me about issues of confidentiality. Although these issues were clearly delineated in the plain language statement (for both fieldwork and interviews), including the fact that I would not be able to protect them if the notes were subpoenaed by the courts, no participants showed any concern about this or asked for further information.

The second ethical issue to consider was how to handle a situation in which someone in my field group experienced a significant harm associated with their drug use. Did my duty of care as a researcher differ from my duty of care as a friend? For example, what if a participant overdosed on a drug and he/she didn't want an ambulance called? Fortunately, this situation did not occur; however, I occasionally experienced concerns about the mental health of participants. There were two participants whom I believed were experiencing negative mental health impacts from their regular use of methamphetamine and/or ecstasy. In both cases, after much deliberation, I raised my concerns with each person, but I did so in a subtle, non-confrontational way because I was unsure whether it was my place to do so. My research role influenced the way I handled these situations. If I was not conducting my research, I likely would have articulated my opinion more forcefully in these situations. In both situations, these people agreed that they should reduce their drug use, but did not do so during the fieldwork period (although they have done since).

There were also two instances in which participants came to me to discuss concerns that they had about someone else's drug use; for example: "I am worried about my sister... I think she is using too much". I was often the first contact for information about resources and referral due to my work in alcohol and other drug research, but in these two instances I was put in a position where I was asked to approach this friend or sibling about their drug use. In both circumstances I declined to do so as I did not think it was my place. This role as 'drug expert' therefore became a difficult position to manage on some occasions.

The third ethical issue I experienced was related to my knowledge about the possession, consumption and dealing of illicit drugs. Fetterman (1989) describes

confidential knowledge of illegal or illicit activities as “guilty knowledge”. He also suggests that when researching these sorts of activities, the researcher cannot emerge from the fieldwork without having “dirty hands” – which can refer to participating in wrongdoing, or somehow acting as party or accessory to wrongdoing. While I possessed some “guilty knowledge” about the selling, possession and use of illicit drugs, this knowledge did not burden my conscience in any way. What was more concerning was the fear of being apprehended by the police, and how I would then explain my position. Would I confess my research role? What if this led to the police requesting my research notes? Or regardless of my role, if I was questioned by the police about someone else’s drug use, would I tell them what I knew or say nothing and risk the consequences?

There were two occasions during fieldwork when this situation almost presented itself. One evening, Jess had organised a ‘rave’ style party in the shed at the Lodge. She had organised laser lights and a sound system for this party. Music was often played by a DJ at the Lodge but the house was isolated from neighbouring properties so there were never any noise complaints. The one exception to this was on Jess’ birthday. The music on this night was very loud (it was the first and last time a sound system was used). At 7am on Sunday morning, a police car drove up the driveway to the Lodge. On this particular night, there were upwards of 50 people present and there was virtual pandemonium at the sight of the police car. I was inside the house, sitting next to Anna, who said to her friend Jen, “quick, swallow your drugs!” They ran off to hide in one of the bedrooms. One of the residents of the Lodge ran inside and told everyone inside to be quiet and not move. Jess and her partner Corey, who were in the shed, walked out to the police car. The police told them to turn the noise down and drove off, and a potential ethical dilemma was avoided.

On a second occasion, I was driving to the Lodge early one Sunday morning. On the way, I stopped at McDonald’s so that the two A-Team members I was with (Julie and Laura) could buy food. I had been sitting in the car park for sometime waiting for them. On our way out, a police car, which had also been in the car park, pulled out behind us. Julie and Laura were paranoid that the police were following us, because we had been sitting in McDonald’s car park, and “everyone knows you meet your dealer at Maccas” (Laura). It was a short trip to the Lodge but I did not want to

pull into the driveway because I was aware that everyone inside was using drugs, and did not want the police car to follow. In this instance, I ended up driving 15 minutes out of my way to make sure the police car did not follow us to the Lodge.

Fortunately, there were no instances in which I was confronted with anyone in the field who was angry or suspicious of my research role. However, there were two A-Team members who were reluctant to be involved as participants in the research. One of them was dealing drugs and declined to be involved (apologetically) in the interests of protecting himself; he was particularly concerned about the interview component and did not want his voice recorded. A second person asked me to remove all references to him in my fieldnotes about halfway through the data collection period. He cited issues relating to his work and a desire to protect himself. For these reasons, these two people do not appear in the account to follow.

Alongside these ethically related challenges, I also experienced some personal challenges during fieldwork. The first of these was to my health. As a consequence of fieldwork being conducted overnight and over extended periods of time, my sleep patterns were significantly disrupted during the fieldwork period. In many cases, I was unable to return to normal day/night sleeping patterns after the weekend. In addition, long shifts of wakefulness impacted my general mood and disposition, particularly early in the week. I also noticed that I was suffering from mild illnesses such as head colds more often than I normally would. After several consecutive weeks in the field, I would often find myself feeling run down, and in some cases had ‘a weekend off’ when I felt it necessary for my health.

My fieldwork also affected some of my personal relationships. When I commenced fieldwork I was living at home with my family, but I moved out of home after five months due to a sense of disapproval I was sensing from my family, particularly from my stepfather. This was related to the very late hours I was keeping, often not coming home at all on weekends and perhaps setting a ‘bad example’ for my two adolescent brothers. My relationship with my parents ultimately improved as a result of moving out of home. However, my financial position deteriorated significantly due to the expense of living out of home on a PhD scholarship. My fieldwork also significantly impacted my relationship with my partner. Our relationship was tested

due to my unavailability on weekends, coupled with my increased tiredness and moodiness. However, this relationship, as well as my relationship with my family, managed to survive this period of fieldwork. Some social relationships, however, were not so fortunate. The rest of the chapter will explore some of the issues that arose in my social relationships, both within and outside the research.

The impact on friendships

Despite conducting fieldwork among close friends, I had hoped that I would be able to maintain some boundaries between my work and my private life. Ultimately, this did not happen. According to Moore (1993a), ethnographic research necessarily takes a large amount of time in order to gain a comprehensive picture of life for the studied group, and this huge investment of time impedes the maintenance of relationships with those outside the research. Necessarily, the research became one of my key social commitments, both because I was required to for the sake of the research, but also because over time I became closer to this group and so began to prefer socialising within this network over others. This had implications for my friendships with at least ten people who were not part of the group. For example, Zoe, who ceased using drugs early in my fieldwork, said to me on one occasion: “because I haven’t wanted to party with the drug users it means we haven’t been seeing much of each other” (Fieldnote: March 2006). Others were not so kind, blaming me for “ditching” them and for “changing” (Hayley).

Although I made efforts in the early period of fieldwork to maintain contact with some of my non-drug using friends, I ultimately lost contact with many. Now, over three years after the cessation of fieldwork, my closest friends remain my fieldwork friends. It is not possible to know if I would have lost contact with non-drug using friends even if I hadn’t begun this research, but ultimately my social network has changed significantly since this time.

Another challenge I experienced during fieldwork was the management of friendships within the field group. Perhaps naively, I did not think that my position as a researcher would change the opinion of any of my pre-existing friends about me. However, when a book was compiled as a memoir for those people who had

regularly attended the Lodge over its two-year lease, and all Lodge goers were asked to write something anonymous about others to be collated and printed in a book, my collated description read “Amy, Amy, Amy... or should we say Doctor Amy Pennay or known within the Lodge as ‘the Lodge journalist’. She knows more about each of us and our behaviours than we do!” Although fieldwork finished over three years ago, my friends still refer to me as an ‘analyser’.

In some situations, my position as ‘researcher’ often conflicted with my role as ‘friend’. For example, during interviews, participants sometimes revealed private information to me because of the confidential nature of the situation. Statements such as “nobody else knows this but I can tell you because we’re in a confidential setting” or “my girlfriend doesn’t know this so you can’t tell her, but...” were common during interviews. In these instances, I received information that I had an ethical obligation as a researcher to protect, and the degree of guilt I felt about the secret varied between circumstances. In some cases private information was delivered in the context of providing useful information that would enrich the data, but in other circumstances I was concerned that my friends were exploiting the situation to discuss troubling issues. This private knowledge also created some situations that had to be carefully managed, in which I would have to pretend not to know about certain things when interacting with others. While I successfully managed these confidences, the most difficult part about information gained under these circumstances arose in the writing of the research, as I was torn between the conflict of using some of these details to enrich the analysis, but at the same time wanting to protect the confidences of participants.

Another friendship-related implication arose during fieldwork when I had an argument on two separate occasions with women who featured prominently in my fieldnotes. One of these disagreements related directly to my fieldwork, with a woman who had been one of my closest friends prior to the research accusing me of putting her “on hold in favour of the ‘in’ people” after she had stopped using drugs (with the ‘in’ people being my fieldwork group). The other argument involved Jess, a close fieldwork friend, and was short-lived and unrelated to fieldwork. Nevertheless, on both occasions, I became concerned that both women would demand that I remove them from all fieldnotes. In the case of Jess, I was concerned because she

temporarily forbade me (and four others) from frequenting the Lodge, and I was concerned she would forbid me from writing about the Lodge and remove all references of the Lodge from my fieldnotes. Fortunately, these women did not request their removal from my fieldnotes, but the arguments forced me to be more careful about alienating people that were important to the successful completion of my research, and in some respects, modifying my behaviour to avoid conflict at all cost.

Another ‘friendship-related dilemma’ that arose after I completed fieldwork was associated with the publication of the material. It has been suggested that ‘insider’ researchers in particular may be emotionally biased in their selection of data and their interpretation (Hodkinson 2005), and in some circumstances, out of a sense of loyalty, may become ‘subcultural spokespersons’, functioning as advocates by promoting group interests in the research (Aguilar 1981; Okely 1987; Bennett 2003). I have found myself having to resist the urge to become a subcultural spokesperson for the A-Team. Early in the fieldwork phase I decided to give my participants full access to all published material, including thesis chapters and journal articles. I made this decision because: a) of my continual proximity to the participants and their interest in my findings, and b) I felt that it was appropriate considering their support of the research. However, I have felt a significant tension between the different expectations of my audiences. For example, I know that my research participants will be hoping to read about all the fun memories of the fieldwork period; they are essentially expecting a journal of the ‘good times’. But as I am writing for both academic and policy audiences, this cannot be the case. I place great importance on my friendships with members of the A-Team, and have been extremely apprehensive about them reading my work, because I do not wish them to feel betrayed or misunderstood by my interpretations. This tension has been observed by other ethnographers who have noted that different audiences hold ethnographers accountable in different ways (Mascarenhas-Keyes 1987; Okely 1987; Abu-Lughod 1991). It has been suggested that both research subjects and academic audiences cannot realistically be pleased when it comes to the publication of ethnographies, because if colleagues cannot find fault with one’s research publications, then research participants likely will (Mascarenhas-Keyes 1987; Ferrell and Hamm 1998).

And ultimately, when it becomes time to publish, we are forced to consider our colleagues before our subjects (Mascarenhas-Keyes 1987). I am also acutely concerned that some of my participants will be offended by my interpretations.

Another aspect of fieldwork that has rarely been considered in previous discussions of alcohol and other drug research methods is that party drugs (particularly ecstasy) evoke strong emotions. For example, some of ecstasy's effects include feelings of understanding, empathy and intimacy, which can enhance closeness. According to Measham and Moore (2006), it is often the development of social and emotional connections that drive researchers to conduct alcohol and other drug research, yet there is little reflection on these issues in the field (Measham and Moore 2006). I think it is very likely that moments of closeness experienced as a result of being in an environment where party drugs were consumed have positively influenced my friendships with almost all members of the group.

Blackman (2007b) has reflected on the role of emotion in ethnographic research, though not specifically related to drug research. He suggests that there has been a reluctance to acknowledge emotion within fieldwork for fear of losing scientific credibility or over concerns about the perceived need for the narrative to be 'clean'. Therefore, controversial and personal information can be excluded from published accounts in order to avoid potential ethical criticisms and this creates what he terms 'hidden ethnography'. For Blackman, the importance of honest, personal, reflexive ethnographic accounts should take precedence over emphasis on value-neutral positioning. This emotionality is likely to be even closer to the surface when it comes to researching one's friends. With this in mind, I have attempted to be as honest and reflexive as possible. Throughout the thesis, I discuss various forms of conflict and describe incidents and practices that some A-Team members are unhappy about. I reflexively acknowledge my own role throughout the thesis, and also the way in which A-Team members accounted for their practices.

Despite these occasional tensions, my research has also had some significant benefits for many of my friendships. I have made many wonderful friends and maintained these friendships despite the fact that I distanced myself from the 'party' aspect of the sociability after fieldwork was completed. In addition, members of the A-Team

have expressed appreciation for my research, as in the following example from my fieldnotes:

Corey said he thought it was awesome that I would have all the fieldnotes from our nights at the Lodge so that they were recorded and could be reflected on one day, and this way the memories would live forever (Fieldnote: June 2006).

A final point to consider that crosses both personal and ethical boundaries was whether or not to include in this thesis a discussion of personal drug use. Whether or not it is acceptable for a researcher to consume drugs in the ethnographic context is a topic of debate. Some drug ethnographers have made explicit reference to using drugs with their research participants (e.g., Adler 1985; Thornton 1995). According to Adler (1985), it would have been impossible for a non-user to gain access to the group she was researching (high-level cocaine dealers), and thus justifies her involvement in the drug scene as necessary to obtain membership of the group. In addition, Thornton (1995) confessed not being a “fan of drugs”, but ‘submitted’ herself in the name of research. However, it is important to note that most drug ethnographers have kept their personal use of drugs, and indeed any discussion of drug use, ambiguous.

According to Moore (1993a), the choice of whether or not an ethnographer should consume illicit drugs has no clear answer; it is up to researchers to decide this in line with their personal beliefs and views on ethnographic research. He argues that it can depend on the group being studied – for example, some groups may ostracise a member who is not partaking in the very behaviour that they are brought together by – while other groups may be more accepting of abstinence. One benefit of consuming drugs is that the ethnographer may gain the trust of the group more quickly or forge stronger bonds with the group, and further, may understand the experience better leading to more accurate representation of research findings. The opposing side is that consuming illicit drugs might influence the accuracy of the data collected due to the effects of intoxication and could pose a risk if the group’s behaviour should come to the attention of the police.

According to Grob (2000), drug researchers are damned if they have taken drugs and damned if they have not. If they have taken drugs, they risk losing the respect among colleagues and stakeholders but if they have not it may expose an ignorance towards drug-related issues. According to Measham and Moore (2006), the result of this ‘damned both ways’ argument is that drug researchers must maintain a precarious balance, not giving too much away and trying to appease both sides of the argument, resulting in the researcher walking a tightrope of ‘reluctant reflexivity’. It is this tightrope I reluctantly walk, recognising both the potential benefits and limitations of engaging in drug use.

Throughout this chapter, I have briefly reviewed the benefits and negatives of being an ‘insider’ to the research. I have addressed the various ways that being an insider benefited me personally, and benefited the research, and the ways in which this positioning provided various challenges. My standpoint is that whether a researcher begins the research with proximity or distance, critical reflexivity is crucial. The researcher must take steps and devise strategies to get closer to cultural practices and meanings, and must question taken-for-granted attitudes and values (see also Hodkinson 2007; MacRae 2007): “we may agree that no ‘outsider’ can really know a given culture fully, but then we must ask can any ‘insider’ know his or her culture?” (Whyte 1993:371). Researchers should not be defensive about their positioning, it makes more sense to focus these energies on self-reflection and reflexivity (see also Pini 2001). Pini argued that sociology and anthropology have focused (perhaps too much) on the degree of involvement the researcher must optimally achieve. One should not be ‘too detached’ or ‘too involved’. The idea of the ‘just enough involved observer’ should be abandoned. All the researcher can do is describe his or her relationship to the topic and field and continue to reflexively acknowledge this positioning.

Conclusion

In this chapter I have briefly described ethnography and its research methods, how it is situated epistemologically and why it was deemed the most suitable research design for a project that aims to explore the social practices and cultural meanings

that underlie alcohol and party drug use among a group of young post-modern consumers in Melbourne, Australia.

I have described the ethnographic methods employed in collecting and analysing the data for this thesis. I described my entry into the field, which was facilitated by a number of personal friendships, I introduced the A-Team and their social network, and I described my data collection techniques, which included participant observation and in-depth interviews. My approach to the research was shaped by a constructivist position and the ethnographic account to follow is structured by the important themes and narratives that were drawn out of my inductive analysis. I maintained a reflexive position throughout my data collection, analysis and writing, acknowledging that my position as an 'insider' is likely to have influenced my interpretations. I did so recognising that subjectivity in ethnographic research is inevitable, and does not flaw the research design providing it is consciously and carefully considered.

The journey of collecting and analysing these data has not been an easy one. I have struggled with many tensions, including concerns over the protection of confidential information, how to protect myself and my participants, and how to present the data. Most significantly though, I have struggled with how to manage friendships. Some friendships with non-drug using friends were lost as a result of fieldwork; some friendships became a little more complicated and confused; many were strengthened. It has been suggested that ethnography is a 'messy' business leading to sometimes tenuous, confused and painful interactions (Maher 1997), and this must be particularly true when researching behaviours that are emotionally charged, such as the consumption of intoxicating substances.

Chapter 4:

The A-Team, the Lodge and party drug use

In this chapter I 'set the scene' for the research and provide some important information for later ethnographic chapters. The following five ethnographic chapters will explore in more detail the issues briefly described in this chapter, including friendship, pleasure, intoxication and stigma, drawing on the work of Rodner Sznitman (2008) to understand the various micro-politics at play in the A-Team's negotiation of these important elements. In this chapter I describe the participants of my research, the physical and social contexts in which they used drugs, and their consumption patterns. More specifically, I describe the characteristics of A-Team members, the types of licensed venues they attended and the private home they frequented most (the Lodge). I summarise their patterns of alcohol, ecstasy and methamphetamine use during the fieldwork period, and describe how they acquired their illegal drugs. Finally, I review the A-Team's primary motivations for using alcohol, ecstasy and methamphetamine, and I finish by exploring some of the negative representations of drug use they encountered from their family, non-drug-using friends and the media. I explore these positive and negative representations of drug use, which include both pleasure and moral condemnation, to position the A-Team's drug use within the broader social and cultural scene in which they operated.

The A-Team

Members of the A-Team were aged between 19 and 30 years, had an average age of 24 years, were divided equally by gender, and were almost exclusively of Anglo-Australian background. A-Team members had varying levels of education, with five holding undergraduate degrees, 10 having completed secondary school, and the remaining 10 having completed at least three years of secondary school. All were either employed or studying full-time. Occupations included trades (6),

administration (5), sales (4) and full-time study (3) as well as import/export, education, travel and small business. It is important to note that while the youth transitions literature discussed in chapter two emphasises the increasing tendency for young people to attend tertiary education, the majority of A-Team members did not attend university, but many attended trade and technical schools following secondary school.

No members of the A-Team were married but over half were in long-term de facto relationships. Ten A-Team members were in de facto relationships with others in the A-Team (five couples). Four other A-Team members were in de facto relationships but their partners were not part of the A-Team. These partners knew of the A-Team and their drug use, and were friendly with members of the A-Team (often seeing them at birthdays and other celebrations), but did not generally attend the Lodge, either because they were non-drug users or because they preferred to engage with a different drug-using network. Couples managed this separation of social networks within the boundaries of the individual relationship. Some couples appreciated the time apart and were respectful of each others' weekend choices, while for others it was a source of tension that was managed through compromise; for example, one weekend spent with the A-Team and the next with their partner (explored in more detail in later chapters).

Just over half of the core group lived with their parents, with the rest either renting with friends or living in their own homes. Geographically, they lived within a 10km radius of one another in the outer suburbs of Melbourne. The A-Team had no history of criminal activity and none had accessed treatment specifically for alcohol and other drug problems, although two members had been treated for depression.

As previously discussed, A-Team members were 'socially included' and well-integrated into 'mainstream society' through work, study and membership of diverse social networks (Hammersley, Khan et al. 2002; Harling 2007). Their only illegal activity was the recreational consumption of illicit drugs (aside from two A-Team members who also dealt small amounts of drugs to cover the cost of their own use). They did not subscribe to a coherent and collective ideology of drug use and did not discuss their moral positioning on drug use with one another. In many ways A-Team

members might be considered 'normal' or 'ordinary' in the way that Parker et al. (1998) describe those young people for whom drug use has become normalised in the UK. The A-Team can be considered typical of many young people of their culture.

The importance of A-Team friendships

In order to understand the social practices and cultural meanings of drug use among the A-Team, it is important to understand the role of their friendships and the group to their lives. A-Team members considered one another 'best friends', and frequently remarked on their close relationships. It was common for A-Team members to emphasise how 'special', 'solid' and 'strong' this particular friendship group was. They considered themselves lucky for many reasons, including quantity of friends, quality of friendships, enjoyment of one another's company, the low level of social conflict and the absence of sexual activity between members (other than couples). For example, Corey made the following comment about how he perceived the A-Team:

I've got a new group of friends and we have a ball. Whenever we get together, I mean it might sound a bit ridiculous but yeah, every time we get together we're always talking about something that happened on the weekend before, laughing about it [...] we're a funny group and we all love each other and everyone is themselves which is a good thing [...] I've always had a lot of friends, but not a solid group like we've got here (Interview: December 2006).

Stacey made a comment about the lack of sexual activity between members of the A-Team:

I think we're pretty lucky, we don't really have anything that happens in our group, everyone gets along very well. Even with the single people, it's all very affectionate [...] we've commented before that people come into our group and they're astounded that my partner will be lying on the floor chatting to a girl for five hours or the male and the female who may be in separate relationships will sleep on a bed together and we don't

care. None of us care, we're very easy going with our friends and our partners and our relationships. Nobody would ever cross that boundary (Interview: May 2007).

The A-Team explicitly worked to create a sense of togetherness, and maintained their bonds by verbalising how much they cared about one another, and how important their friendships were. It was common for A-Team members to compare the closeness of A-Team friendships with past friendships. For example, consider the following comment from Jay:

Everyone just gels together, there's just a good crew, a good feeling among everyone when we're all together. There's no real bitchiness or backstabbing or anything like that, it's just smooth sailing and cool which is something I haven't had for a while with certain groups of friends and family and everything like that. I respect and love everyone in this group and they've just given me a bit more lease on life I guess. Whereas I was [previously] just going out, getting drunk, getting into fights, now I'm just enjoying my time, enjoying my weekends and weekdays when I see them a hell of a lot more (Interview: October 2006).

Many members of the A-Team commented on how the "drugs brought them together", but they believed that these friendships would last beyond drug use. For example:

Later in the night Jess said to me, "you know it's drugs that brought us together. It's a friendship based on drugs. But it's so much more than that you know. I know they're friendships that will last forever, but they started because of drugs. How good are drugs!" (Fieldnote: March 2006).

Sarah concurred with Jess' statement that these friendships would last beyond drug use:

I've said that all along the drugs possibly brought us together but they're not necessarily going to keep us together. Because I am just over the

moon with the friendships that I have and wouldn't change it because I decided to stop taking drugs or because of any other reason really (Interview: September 2006).

In other clubbing research (Pini 2001; Jackson 2004; Rief 2009), participants have questioned the authenticity of connections they made with people while using drugs. This differs from the A-Team, who remain friends five years after the 'Lodge' days, even though their alcohol and party drug use has reduced significantly. Consider the following example. On one of my very first nights of fieldwork, I returned to the home of Sean and Melissa (after clubbing) at 6am on a Sunday morning with Sarah, Mick and Jason. There were a number of people there we did not know, including Charlotte, who would later become an A-Team member. Charlotte and Sarah bonded that morning over ecstasy-induced 'deep and meaningful' [talking about important life issues] and began talking about dentistry, the field in which they both worked. Sarah promised Charlotte, a virtual stranger, that she would post her some teeth whitening products during the week, which she did. The next time Sarah and Charlotte saw each other, Charlotte told Sarah she was amazed to receive the package – as she had assumed it was just “high” talk. To this day, Sarah and Charlotte remain close friends.

The A-Team were fiercely protective of one another and, as I show throughout the thesis, actively sought out events and situations in which to reaffirm social ties and produce and reproduce their bonds with one another. They regularly sent emails, text messages and sent facebook posts proclaiming their love and friendship for one another. In contrast to theories of post-modernity, which emphasise the fast-paced nature of life, the tendency for young people to travel, switch jobs and oscillate between different social 'scenes' in search of identity (Giddens 1991; Beck 1992), A-Team members remained noticeably committed to one another and in particular, committed to the 'group'. As I explore in later chapters, in response to the decline of traditional structures such as nuclear families, community and the importance of geographic location in post-modern society, the A-Team created their own community, and their sense of identity was intimately tied in to their membership of the group.

While I have described here the importance that A-Team members placed on their ongoing friendships, this is not to say that the group was absent of conflict and that power dynamics did not play a role in their social practices. In particular, A-Team members showed no hesitation in ostracising members if they did not display strong commitment and dedication to the group. There were three A-Team members who were rejected from the group due to their supposed betrayal of group members and perceived attack on the sanctity of the group.

Stacey, who was one of the women who continually emphasised the importance of A-Team friendships, and as evidenced by the quotation presented on page 91-92, discussed how much trust was placed in partners (and group members) who could be physically or emotionally close to other men and women in the group, was the first A-Team member who was expunged from the group. Stacey and her partner Michael ended their relationship towards the end of the fieldwork period, and Stacey immediately lost status in the group given that Michael's friendship with most A-Team members pre-dated Stacey's. However, many women remained close to Stacey until A-Team members began to reveal to each other various opinions Stacey had voiced about other members of the group – including suspicions about infidelity and unkind appraisals of other women. Stacey had apparently viewed negatively a number of women in the group, including Susie, Sarah and Julie, but never verbalised this to these women. Stacey's suspicions about infidelity were taken seriously by some group members at the time, but later, after her break-up with Michael, were decided to be fabrications intended to turn female members against others. Female A-Team members bonded over their united dislike of Stacey, and A-Team members used this information, which had once threatened the group, to strengthen the group.

The second A-Team member who lost favour with the group was Jess. Jess had been involved in a number of episodes of conflict throughout the fieldwork period, and these episodes of conflict were always with other women. For example, Jess was not invited to a 'girls' weekend planned by Julie that involved a 'reunion' with five friends from secondary school, and Jess was not invited because she went to a different secondary school. Jess was upset and angry that she had been 'left out' from this vacation and so wrote an email to those that went away, and sent it to the wider

group of A-Team members, as well as people from their broader social networks, stating that she would not be friends with those women anymore (this included me). She also said that we were not permitted to go to the Lodge anymore. Others, such as my original contacts Jason and Mick, stopped going to the Lodge for a short period of time out of a sense of friendship to the five women who had excluded Jess. Corey and Craig, Lodge residents, did not share Jess' anger, and became upset with her that their friends were no longer coming to the Lodge and so overruled the prohibition she had set. Over time, Jess decided she had over-reacted and apologised for sending the email and everything was momentarily back to normal; however, the women's friendship with Jess never fully recovered. As with Stacey, in this scenario Jess became the person who threatened the solidarity of the group and as such, she lost status in the group, both among the women she had the disagreement with, as well as her housemates and other men in the group.

The most significant episode of conflict that occurred within the A-Team also involved Jess. Jess was in a romantic relationship with Corey (the 'founding' member of the A-Team) for most of the fieldwork period, and Tex was in a romantic relationship with Sarah (also one of the key original members of the A-Team) throughout this time. Shortly after the completion of my fieldwork period, Jess and Tex ended their relationships with Corey and Sarah, respectively, and started a new relationship together.

Given that this incident happened after the fieldwork period, I have no fieldnotes or interview data on the way A-Team members responded to this incident. However, because of my ongoing involvement with them, I was able to witness some of its effects. It generated enormous grief and anger for Sarah, who was in a long-term defacto relationship with Tex right up until he left her for Jess. Corey was also very angry that one of his closest friends had begun seeing the woman from whom he had recently separated. However, the biggest impact of this conflict was on the A-Team as a collective because it threatened the trust, unity and cohesion that they had worked so hard to maintain over time.

Many members of the A-Team immediately severed their ties with Jess and Tex even though many considered them to be their closest friends. However, tensions also

developed between those A-Team members who chose to remain friends with Jess and Tex, and those who had severed ties with them. The situation was further complicated by family connections, with Jess' siblings also being members of the A-Team (Brendan and Vicki). Jess' siblings were sensitive to the feelings of A-Team members who had been hurt by the incident, but their loyalties ultimately remained with Jess, as did the loyalties of Vicki's partner, Craig.

Not all members of the A-Team responded to the situation in the same way, again fracturing cohesion. Some A-Team members expressed group solidarity by shunning Jess and Tex and verbalising their commitment to Corey and Sarah and the rest of the group. For these A-Team members, the incident strengthened their relationships with other A-Team members by reaffirming their core values and uniting them in their collective grief and anger. However, for some members, the recriminations and fallout from the incident frayed once strong relationships, and these friendships have yet to be rebuilt. The incident generated substantial anger and hurt, and many A-Team members blamed it for destroying their faith in friendship and the goodwill that had been created and re-created over time among the group. The A-Team had worked particularly hard over time to create a weekend community and this incident not only challenged this, but also created a sense of fear that they were not all equally committed to one another and such events might happen again in the future. Suddenly women and men in couples were less comfortable with their partners lying on a bed with people of the opposite sex. The protective social layer they had developed to shield themselves from the outside world had been eroded, the pedestal they placed one another on had crumbled and their valorisation of group identity was damaged.

While A-Team members were upset by this incident, friends and acquaintances outside the group appeared to experience some degree of relief or satisfaction at the imperfection of the group. The A-Team attempted to appear as a strong, united social group to those outside the group, and often promoted this through public messages on facebook after each weekend expressing love for one other, proclaiming their enjoyment of the weekend and validating their practices. But following this conflict, in the eyes of non-members, the A-Team were riven by the types of social conflict common to other social networks despite their proclamations that they were different

and 'special'. While this incident fractured the group for a period of time, A-Team members spent years rebuilding these friendships, and despite reducing drug use and socialising less frequently over time (monthly instead of weekly), eventually overcame the trust issues that arose for a period of time after the incident. They still consider each other best friends and continue to reaffirm this at 'big events' such as birthdays, via emails and text messages, and on facebook.

Having explored the demographics of the A-Team, their social characteristics, the importance they placed on friendships, I now describe the physical and social contexts of their drug use.

The contexts of drug use

The A-Team usually started a typical weekend session by drinking at home or at a pub or bar before heading to a nightclub later in the evening. Over the course of fieldwork, the A-Team attended an array of different 'start out' or 'pre-going out' venues including the 'commercial bar' and the 'niche' bar (Lindsay 2006). They also attended a range of pubs, from suburban beer barns that appealed to a blue-collar crowd, to beer gardens, to inner city pubs that appealed to a more white-collar crowd. While A-Team members had favourite pubs and bars, their choice of 'pre-going out' venue typically varied from week to week depending on the occasion.

Despite the wide diversity in pubs and bars attended by A-Team members, there were only four nightclubs that they visited regularly. These included Carnival, a large commercial nightclub in the heart of Melbourne's city centre which played a mix of commercial pop and dance music; Vinyl, a smaller commercial nightclub in Melbourne's city centre which played house music; The Lava Lounge, another small nightclub in Melbourne's city centre, a less commercial venue which played house and trance music; and The Factory, a medium-sized commercial club in the outer suburbs which played commercial pop and dance music. These venues were favoured because of their location, ease of entry and style of music.

The Lodge

The private space most commonly used for the A-Team's post-clubbing activity was known as the 'Lodge'. The A-Team credits the Lodge with a key role in the construction of the group, both because the attraction to the space was one of the reasons that individuals returned week after week, but also because many friendships developed and grew stronger through participation in activities at the Lodge.

The Lodge was a large property in the outer suburbs of Melbourne that was geographically isolated from neighbouring properties. The house itself included five bedrooms, three living areas, a large rumpus room, three bathrooms, a large patio, a pool and a ten-car garage. The house was surrounded by paddocks where horses were kept and there were several sheds on the property.

All of these spaces could be in use at any one time during a typical weekend session. In summer, much of the time was spent on the backyard patio or out by the pool. In winter, much of the time was spent in the warmer, carpeted rooms. When there were large numbers of people at the Lodge, particularly when it was the venue for a birthday party or other celebration, one could find people scattered throughout the house, some dancing in the rumpus room (sometimes on the bar or on the pool table), some talking in one or all of the bedrooms or bathrooms and others smoking outside. On some occasions, there were groups of people in the garage, the paddocks or the hay sheds. This was beneficial to many A-Team members because if their moods changed, they could seek an appropriate physical and social context conducive to their mood. The following fieldnote describes some of the events at the Lodge's housewarming. On this occasion, I had been at a nightclub with A-Team member Sarah, and we arrived at the Lodge at 4am:

When we walked around the back we found that there were only about eight people on the patio, which was being used as a dance floor, but there were still lots of people hidden around the place. There were groups of people in every room of the house, a group by the pool, a group on the dance floor, a group in every bedroom, and every living area, a group out on the front porch and even a group in one of the bathrooms. Everyone

had broken off into little groups. Apparently there had been over one hundred people there earlier in the evening, but most had gone home by now, leaving just the regular crew [A-Team members] (Fieldnote: April 2006).

When I asked Jess why she thought the Lodge was such a popular space for the after-party context, she said:

Maybe the set-up that we have. The fact that you can go into a different room and feel like you're in a different place... [there are] different types of areas where you know, one is like a recovery room; it's all dark, there's music, you can get comfortable and there's another room where you've got a beautiful view of the city and comfy view, just a nice, warm feeling. Then you've got an outdoor area with the swimming pool so you feel like you're possibly on a resort somewhere if the weather is nice (Interview: November 2006).

Four members of the A-Team lived at the Lodge and they were amenable to the house being 'open' 24 hours a day, seven days a week for anyone who wanted to visit or stay, whether they were partying or not. While the size of the house and its isolation from neighbours made it an ideal spot for partying, the Lodge also became a popular spot for socialising during the week when no drug use was taking place. Any A-Team member knew that they could 'drop in' on any day of the week and be made welcome.

In addition, the geographical isolation of the Lodge meant that there were few restrictions on noise, especially music. One of the A-Team members was a DJ and he often played free of charge at Lodge parties and after-sessions. Such levels of noise would not have been possible at a home situated in closer proximity to other houses. Another advantage of the isolation was that there was never any concern about neighbours hearing or witnessing illegal activity. According to Jess:

It's isolated from suburbia, whatever we do, however loud we are there's no neighbours, no one that we can annoy. There are no parents here, a lot

of people come here to take drugs with us so you're in a comfort zone, and you can just relax (Interview: November 2006).

The next section will describe the A-Team's drug use and their motivations for using these drugs.

The A-Team's drug use

Most members of the A-Team reported strikingly similar histories of alcohol and other drug use. Most began smoking cigarettes and drinking alcohol at weekend parties in their early teens. Cannabis use began at around 15 years of age, and first of use of ecstasy and methamphetamine at around 19-20 years. Of the two, methamphetamine was used first by 14 (of the 25) members of the A-Team; however, most members commented that as soon as they tried either methamphetamine or ecstasy, they used the other one within a matter of weeks, and many on the same night. Most considered their progression from tobacco, alcohol and cannabis to other drugs as inevitable and unexceptional (Mayock 2005).

Over the course of their drug-using careers, A-Team members had used ecstasy (n=25), methamphetamine powder (n=25), cannabis (n=22), cocaine (n=21), ketamine (n=12), crystal methamphetamine (n=6), GHB (n=6) and 'magic mushrooms' (n=6). The average number of illicit drugs ever used by each member was five. Although 22 members of the A-Team reported having used cannabis, very few reported using it regularly, with only two using at least once a week and the rest using monthly to yearly. Although many members of the A-Team had used cocaine and ketamine, only eight instances of cocaine were observed during my fieldwork and three instances of ketamine use; these drugs were used opportunistically. Interestingly, those who had tried crystal methamphetamine categorised it as a different drug from methamphetamine powder. Nobody had used heroin. A-Team members drew a sharp distinction between heroin, crystal methamphetamine and GHB and all other drugs, associating the former with addiction and often using the term 'junkie' to describe those who regularly consumed heroin or crystal methamphetamine. Although six people had experimented with GHB in the past, the

drug was strongly associated with overdose and potential death. Other research suggests that the A-Team is not unique in this respect and that recreational drug users often use terms such as ‘dirty’, ‘evil’ and ‘disgusting’ to describe injecting drug use (Power, Jones et al. 1996). It has been suggested that drug users attempt to rationalise their own drug use by comparing themselves with ‘other’ drug users, such as those who consume drugs perceived to be ‘heavier’ or use a different route of administration, or use less safely or ‘less responsibly’ (Lloyd 2010). This is one technique used by recreational drug users to neutralise feelings of guilt about their own drug use and avoid stigma symbols, as in assimilative normalisation (Matza and Sykes 1964; Rodner Sznitman 2008).

Patterns of alcohol, ecstasy and methamphetamine use

On a ‘typical’ weekend session the A-Team used a combination of alcohol, ecstasy and methamphetamine, and generally paced the use of these drugs throughout the evening. Alcohol was generally consumed at the start of an evening, sometimes at home and then at the first venue of the evening (usually a pub or bar). Methamphetamine was also often used in small amounts during this first phase of the evening. Later in the evening, when A-Team members moved to a club setting (around midnight), they continued consuming alcohol but methamphetamine was the focus of drug use during this phase. Ecstasy was used towards the end of the evening, sometimes in small amounts in club settings, but then in larger amounts during the third and final phase of the evening, the ‘after-party’ phase, at a private home.

According to data obtained through in-depth interviews, all 25 members of the A-Team regularly consumed alcohol at varying levels: 14 reported ‘binge drinking’⁸ every weekend, six reported binge drinking at least monthly, two reported binge drinking less than monthly and three said they did not binge drink anymore, despite having done so when they were younger. Interestingly, three people said that they did not consume any alcohol when they went out to bars or clubs. Twelve members of

⁸The term ‘binge drinking’ is an emotive and imprecise term, and participants are likely to have different perceptions about how many drinks constitute a ‘binge’. I have used it in this thesis because participants regularly used the term to describe the consumption of at least five standard drinks of alcohol in a single session.

the A-Team reported not drinking during the week, with the remaining 13 drinking “a couple” of drinks a “few” nights during the week.

Female A-Teamers estimated drinking around 8.5 standard drinks on a typical night out, while for men the figure was 15 standard drinks. When asked what was the most alcohol they had consumed in a single session, women averaged around 18 standard drinks (ranging from 10 to 30) and men averaged around 30 standard drinks (ranging from 20 to 60). Over half of the A-Team were drinking at ‘high-risk’ levels (according to the NHMRC guidelines) on a weekly basis and another quarter were doing so at least monthly (NHMRC 2009), with men tending to drinking twice as much as women. It is important to bear in mind the limitations of the NHMRC guidelines as discussed in chapter one, and also to note that nearly half of 18-24 year olds in Australia are ‘risky drinkers’ according to these guidelines (NHMRC 2009). Preferred drinks were beer, wine and spirits (especially bourbon and vodka).

Ecstasy was the illicit drug of choice for most A-Team members. Thirteen reported using ecstasy weekly, with the rest using less than weekly but more than monthly. Most of the sample reported established and stable patterns of ecstasy use following an initial experimentation period. Most of the A-Team reported using ecstasy regularly (weekly to monthly), but with periods where they would use more frequently, particularly during the summer, and the Spring Racing Carnival,⁹ or on New Year’s Eve or at Easter. All members of the sample reported using ecstasy weekly during their heaviest period of use.

Women estimated that they averaged around 2.7 ecstasy pills per session, while men averaged around 5.3 pills per session. Both of these averages are significantly higher than the average of 1.6 pills per session reported in the NDSHS (Australian Institute of Health and Welfare 2008). When asked about the most pills they had ever had in a single session, women averaged 7 pills (ranging from 1.5 to 26) and men averaged 14.5 (ranging from 4 to 30). Occasions upon which upwards of 10 pills were consumed were generally two or three day sessions. The quantity of ecstasy consumption varied week by week depending on a range of factors including the

⁹Every year, Melbourne hosts a Spring Racing Carnival in October and November, which features six weeks of horse racing events.

length of the session, the context, the quality of the pills, the atmosphere and individual mood.

The emergence of the Lodge coincided with escalating levels of ecstasy intoxication during the after-party session. Members of the A-Team had used ecstasy regularly for at least a year before attending the Lodge, some several years, but began using much larger amounts of ecstasy at the Lodge. For example, A-Team members who usually took their pills in halves started taking them in wholes, while some members of the group always ‘double dropped’ (ingested two pills at once). At the beginning of fieldwork, women were averaging 1-2 pills and men were averaging 2-3 pills on a typical night. These levels increased over time, with interview data suggesting that women averaged 2.7 pills per night and men averaged 5.3 pills a night towards the end of fieldwork. In addition, those occasions on which women consumed 5-8 pills and men consumed 8-15 pills became more frequent.

Overwhelmingly, members of the A-Team consumed their pills orally, with one person having ‘shelved’ (inserted rectally) on one occasion. Most reported having snorted ecstasy in the past, but not by choice. Snorting occurred only when the pill had been crushed by accident or when one pill was to be shared. The majority of A-Team members consumed their ecstasy one pill at a time, but a few women only ever took half at a time. Around five of the men always double dropped. Almost all of the male A-Team members (10) had tried this at least once, with some of them only ever consuming ecstasy in this way. A-Team members paid \$25 for ecstasy throughout the fieldwork period.

The use of methamphetamine by the A-Team was slightly less regular than their use of ecstasy. Only one A-Team member reported using methamphetamine “a couple of times a week”, while two reported that they no longer used it. Eight reported using it weekly, while the remainder used monthly or less than monthly. While all A-Team members reported a stage of weekly ecstasy use at some point in their lives, over half of the A-Team (14) reported having never using methamphetamine more regularly than once or twice a month.

Both men and women reported using around half a gram of methamphetamine over a typical session. When asked to estimate the maximum amount of methamphetamine

taken in a single session, the average for women was 0.8 grams (ranging from 0.5 to 2 grams), and for men 1.4 grams (ranging from 0.5 to 3 grams). Occasions where two and three grams of methamphetamine had been used were one-off events such as ‘footy trips’,¹⁰ music festivals or long weekends, with most people tending to use a similar amount of methamphetamine each time they used (unlike ecstasy, which varied from weekend to weekend).

During the fieldwork period, most of the A-Team reported snorting methamphetamine, with some reporting rubbing it on their gums or putting it in their drinks. At the time of interview, only five members of the A-Team had ever smoked methamphetamine powder and only two of these said that smoking was their usual route of administration. However, towards the end of the fieldwork period, around 15 A-Team members had tried smoking methamphetamine powder, and seven had begun smoking as their preferred route of administration. A-Team members paid \$180 for a gram of speed during the fieldwork period.

Acquiring drugs

National drug-use monitoring systems, such as the EDRS (Sindich and Burns 2010), and the Illicit Drug Reporting System (IDRS) (Stafford, Sindich et al. 2009), have suggested that, since the mid-2000s, ecstasy and methamphetamine have been ‘easy’ or ‘very easy’ to obtain in Australia. These findings are supported by data from the A-Team, whose members could readily access methamphetamine and ecstasy. Throughout the fieldwork, there was not a single report of members of the A-Team being unable to procure drugs. Sometimes ecstasy or methamphetamine were not available from the usual source, but in these circumstances there were always several other avenues available to them. For example, Susie commented that she could obtain ecstasy and methamphetamine through “three different groups of friends” (Interview: September 2006), Melissa said that “there are about five different people we are able to buy drugs from” (Interview: March 2007), and Trent opined that “it’s everywhere” (Interview: February 2007).

¹⁰A ‘footy trip’ is an end-of-season vacation attended by all members of a football team. Footy trips generally take place over three or four days and usually involve a trip to another Australian city. They are usually associated with copious drinking and sometimes illicit drug use.

Parker et al. (2002) suggested that a key aspect of normalisation is that most young party drug users obtain their drugs from ‘friends’ rather than ‘dealers’. Again, this finding is supported by my research data. Barely one month into fieldwork, I became aware that within the larger network of which the A-Team was a part there were five people who sold drugs to their friends. The five ‘dealers’, all of whom were friends, sourced their drugs from the same supplier. The five dealers who purchased small amounts of drugs to sell to their friends did not identify themselves as ‘dealers’, and nor did A-Team members.

UK research (Dorn, Murji et al. 1992; Parker, Williams et al. 2002; Ogilvie, Gruer et al. 2005; Coomber and Turnbull 2007) has shown that it is extremely common for young people to access drugs through friends and social supply. For example, Coomber and Turnbull (2007) found that over half of a sample of 192 adolescent cannabis users who supplied cannabis also ‘brokered’ cannabis – that is, they helped others access cannabis without making a profit. Almost all such ‘brokers’ reported that their reasons for doing so were to help out friends. Parker et al. (2002) described the way that such transactions often included a modest markup so the seller could finance his or her own drug use. Similarly, the five people who sold drugs to the A-Team claimed to make little profit from these transactions and their expressed motivations for supplying drugs to friends were to: a) solve the issue of drug accessibility – basically ‘helping out’ so that everyone had good access at an affordable price, or b) cover the cost of their own drug use. For this reason, when I asked in interviews who each person received their drugs from, all A-Team members said ‘friends’ rather than ‘dealers’. When asking Craig, one of the ‘friends’ who supplied drugs to his peers, about this process, he objected to the term ‘dealer’ much as his friends objected to labelling him in this way:

AP: So you’re in the dealing business?

Craig: I wouldn’t call it dealing.

AP: No?

Craig: Dealing is to make money. People come up to the house [the Lodge] all the time so it’s convenient for them, instead of getting people driving up, dropping [using ecstasy] and then running out – that’s the

worst, it's convenient for them, it's even more convenient for me because I don't have to pay.

AP: So you're not trying to widen your dealing circle?

Craig: No. Just to mates, that's it. If I go out, I won't take more than ten out with me, just on principle cause if I get caught it's not worth it, and I don't do it to make money.

AP: So do you put much of a mark up on your pills?

Craig: No not really. Just what everyone else sells them for.

(Interview: April 2007).

The identification of these 'dealers' as 'friends' was important to some group members who felt more comfortable purchasing drugs from someone they can trust. Coomber and Turnbull (2007) found that contact with the wider drug market was often facilitated by friends (most often "good friends"), and that transactions took place at some distance from the wider drug market – a benefit to the young cannabis users. Coomber and Turnbull suggested that social supply activities were normalised among cannabis users in a similar fashion to the forms of reciprocity evident in alcohol and tobacco cultures. Similarly, Parker and colleagues (2002) also suggested that this form of supply allows young people to obtain drugs without venturing into the more 'criminal' world of drug dealers. This social distance between the friendly suppliers and 'real dealers' served to reduce the feeling of engaging in illegal acts. For example:

I get it from a very close friend and basically that's it. I very rarely get it off anyone that I don't know unless it's a friend of a friend sort of thing. I like to keep it close (Jay, Interview: October 2006).

Purity of party drugs

When reflecting on their early Lodge days, A-Team members often commented that ecstasy and methamphetamine purity was particularly high in early 2006. However, it is quite possible that it only appeared that way and their perceptions of a reduction in purity over time was related to their increasing tolerance to the drugs. In late 2006-

07, during interviews, twelve A-Team members believed the purity of ecstasy had gone down since the early Lodge days and their ‘honeymoon’ period of drug use, eight believed it was variable and five believed it had increased. While these perceptions were varied, there was a general consensus that pills did not feel the ‘same’ as they did when they first began using them. Some thought this was related to purity or pill content:

Pills have gone downhill [...] they’re more dopey than dancey and they used to have a really good effect, used to make you feel like you were fantastic and they don’t do that anymore (Anna, Interview: January 2007).

I’d say it’s changed a lot. There used to be a lot more MD and you just got a completely different feeling out of it. It was more of a lovey dovey feeling, like a purr, love everything and everyone, whereas nowadays it’s more like, oh my god, I’m off guts. It’s a good feeling but it’s not the ecstasy feeling. I’m still chasing that feeling (Susie, Interview: September 2006).

It is common for ecstasy users to note diminishing returns from ecstasy. In another Australian study (Topp, Hando et al. 1998), two thirds of a sample of regular ecstasy users noted diminishing effects of ecstasy over time, with 87% using more ecstasy than when they first started and 25% using at least double. It was hard to gauge whether this was attributable to changes in purity, or whether it was due to an accumulated tolerance to the drug (see also Duff, Johnston et al. 2007), which was something that a number of A-Team members suggested might be the case:

Trent: The pills, they don’t really tend to get me right off anymore. They used to get me pretty going but now I’m not a massive fan of pills for that reason.

AP: Do you think that’s because you’ve got tolerance to it or do you think it’s because they’re poorer quality?

Trent: I think tolerance. I used to always get pretty gone on drugs but not anymore.

(Interview, February 2007).

Analysis of police-seized ecstasy in Australia indicates that purity has been declining since 1999 (Sindich and Burns 2010). The purity of ecstasy changed little in the mid-2000s (ranging between 28–34%) (Quinn 2008); however, purity has dropped recently, remaining stable at around 22% between 2008-2010 (Sindich and Burns 2010).

As with ecstasy, there was a divergence in opinion among the A-Team regarding the purity of methamphetamine, with two members saying that quality had improved over time, eight saying it had declined and fifteen suggesting it was variable between batches. Most said that methamphetamine quality was inconsistent from week to week. By those who believed purity declined, there were again some suggestions that it had more to do with accumulated tolerance to the effects rather than drug quality.

The mean purity of seized methamphetamine powder in Victoria during the fieldwork period (2006/07) was 18% (range 7% to 35%) (Quinn 2008). Again, this seems to have decreased following fieldwork, remaining lower than 25% and decreasing over time (Sindich and Burns 2010). However, police seizure data should not be accorded significant weight given that it reflects only a small percentage of the drugs available in the illicit drug market.

The remainder of this chapter explores the reasons A-Team members voiced for using party drugs and how this use was perceived by others.

Pleasure, leisure and sociability

The A-Team used alcohol, ecstasy and methamphetamine for three primary reasons, which included pleasure, sociability and ‘switching off’ from work and other responsibilities and obligations. The pursuit of hedonism during leisure time and the enhancement of socialising with friends have long been acknowledged as key motivators for recreational drug use (Dance 1991; Moore 1995; Measham 2004b; Parker 2007; Hunt and Evans 2008; Olsen 2009). Indeed, these motivations lie at the core of the normalisation thesis.

Alcohol was used to facilitate social interaction, by encouraging A-Team members to become more talkative and by lowering inhibitions. For example, when I asked A-Team members why they drank alcohol, Julie said:

I guess you're much more laid back and it's a nice social thing to do, it makes you a bit chattier, [it's] easier to converse and feel confident (Interview: September 2006).

Similarly, Mick suggested that he used alcohol to increase his ability to socialise:

I just find that I'm more of a shy person when I'm not drinking alcohol. When I use it I tend to be more relaxed and talkative (Interview: September 2006).

The A-Team also regularly articulated the social benefits of ecstasy, with the pharmacological properties of ecstasy facilitating bonding due to its production of empathy and wakefulness. Long periods of wakefulness were thought by the A-Team to facilitate bonding through extending the amount of time they could spend together. Ecstasy was seen as having the potential to facilitate intimate moments and to strengthen and deepen friendships. For example, Michael commented:

I think the best thing about it [ecstasy] is just getting to know people. You never really get to know people anymore, I think at school and all that sort of stuff you get close bonds but as you get older you don't get to spend time with people but when you're on ecstasy you do, because you're just in a room with 10, 20, maybe 50 people and you're constantly talking and just getting to know things about people. I think in that respect it's a good thing, you can have some great conversations with some people and probably talk, not necessarily to people you wouldn't talk to at other times but say things that, usually nice things that you wouldn't normally say to people and I think it's definitely brought me a lot closer to people that I wouldn't be so close with. It's just a social thing. My life is pretty much me and my partner, and my business. If I didn't have the social side to it, then I'd be quite lonely to be honest (Michael, Interview: May 2007).

According to Jess, the properties of ecstasy combine to facilitate sociability:

I love being in a warm cosy area with friends, very close friends that you empathise with, because that's what the drug does. There's more affection and just the way that the drugs that we use allow us to spend a lot of time with each other in a room, for a long time, and alcohol, you're kind of not inclined to sit down all the time whereas you're taking ecstasy and you have the opportunity to relax for a long time and then move onto the next person. You have your cycles (Interview: November 2006).

Methamphetamine was also used to facilitate sociability:

With speed you look good, you feel good, you're alert, you're chatting with everyone, you're very social, people want to approach you, you look approachable and you are, you dance, you've got a lot of energy and you go home still in a grouse [great] mood (Corey, Interview: December 2006).

Aside from the benefits of sociability, these drugs were also used for the pleasure and 'fun' of intoxication. The following conversation with Vicki reflects the enjoyment and fun she derives from alcohol:

AP: Why do you drink alcohol?

Vicki: It makes me drunk.

AP: Is drunk good?

Vicki: I like drunk, drunk is fun.

AP: Any other benefits?

Vicki: Just being drunk and having fun with friends.

AP: So what are you like when you're drunk?

Vicki: Pretty loud, dance a lot.

(Interview: April 2007)

The pleasurable intoxicating effects of ecstasy were widely acknowledged among the A-Team. While A-Team members often found this hard to define, some of the words they used to describe it were: ‘happy’, ‘loved up’, ‘positive’, ‘awesome’, ‘wicked’ and ‘unbelievable’. Consider these statements by Vicki and Corey:

I’ve never felt so good being around people [than when I’m using ecstasy], I love being around people. You love everyone (Vicki, Interview: April 2007).

I suppose the pros of pills is that you only need a little pill to make you feel fucking unbelievable (Corey, Interview: December 2006).

The following fieldnote excerpts also illustrate the pleasure associated with ecstasy use:

Half an hour after everyone took their white turtle [a type of ecstasy pill] the living room turned into a nightclub. The music was put up to full ball [volume] and everyone began dancing around energetically. Sarah said to me: “oh my god, I’ve never felt like this, it’s like the first time, oh my god, oh my god, this is the best feeling ever!” Jason came up to me and knelt down in front of me (I was sitting down) and put his head on my lap and said: “I love pills. I love them. I’m so happy. I want some more”. Sarah and Jess got up on the bar and were dancing. Myself and Tico were the only ones who weren’t dancing, but Tico was sitting there with his eyes closed and a couple of times he yelled out: “oh yeah!” and “this is the shit!” (Fieldnote: April 2006).

Sunday was the greatest!! I had the best feeling of euphoria later on when Sarah, Stacey and I were dancing in the paddock! It was just amazing! Wish you had of stayed. So random loved it! (Email. Fieldnote: May 2006).

A-Team members also used methamphetamine for the pleasurable effects of alertness, energy (particularly for dancing) and mood elevation. For example:

Speed is my preferred drug. I like how it makes me feel when I'm out, I love to listen to music, I love to dance. I just feel awake and happy. It's social and I'm very social (Stacey, Interview: May 2007).

The third and final benefit of drug use identified by A-Team members included their association with 'time out' and 'switching off' from work (such findings are common in studies from the UK exploring the connection between alcohol and leisure – see Measham 2004a; Measham and Brain 2005; Parker 2007; Szmigin, Griffin et al. 2008). In particular, after a week of work, A-Team members felt that they had earned the right to drink and use other drugs. Brendan and Jay provided the following interview responses when asked why they drink alcohol:

Relaxation, wind down after a long day at the office I guess, it's a social thing, you can call a mate up and say hey, let's go to the pub and have a couple of beers (Jay, Interview: October 2006).

Just to feel more relaxed and more comfortable, muck around a little bit I suppose. When you work so hard during the week you've got to have some time where you just sit there and relax and see your mates and you can talk shit with them (Brendan, Interview: June 2007).

Contesting drug use

Contrasting these pleasurable, social and leisure-related benefits of drug use were representations of moral condemnation in response to the A-Team's drug use. Throughout fieldwork, the A-Team encountered a significant amount of social resistance to their use of methamphetamine and ecstasy, with a number of abstainer friends and ex-drug users continually expressing negative opinions about their illicit drug use. For example:

At the pub, Bree [a non-user] said to me: "Jason didn't even talk to me tonight. I could tell he'd been on drugs, and he knew I'd be able to tell so he didn't even talk to me. He's going off the rails that one". I tried to talk to Bree more about why she thought he was 'going off the rails', but Bree

was drunk and wasn't in the mood, she said: "I don't want to talk about serious stuff!" (Fieldnote: February 2006).

One female ex-user in particular, Hayley, consistently articulated her disapproval of the regular use of ecstasy by some A-Team members. During the early stages of fieldwork she was involved in many heated arguments with A-Team members who had continued to use ecstasy and methamphetamine after she had stopped. For example, the following incident occurred at a house party:

Around 6am Hayley suddenly asked everyone sitting around in our circle if they'd taken any drugs tonight? Everyone nodded and she said: "am I seriously the only person here who's not on drugs? Oh my god, that's ridiculous. Does anyone else see how pathetic that is?" (Fieldnote: July 2007).

Because these 'anti-drug' arguments occurred frequently during fieldwork, I asked A-Team members about them during interviews. The majority of A-Team members indicated that they did receive significant criticisms about their drug use from non-using or ex-drug using friends, with some even acknowledging that they had lost friendships over it. For example:

I've had some people judge me, just saying, "Why are you doing it? It's not worth it", that sort of thing, because they've never tried it. They've sort of left the group and they don't see us much anymore (Melissa, Interview: March 2007).

I've got a group of friends who don't take any drugs at all; they're actually quite against it. When I first started during high school, I lost all contact with the girls that I grew up with for a couple of years and it wasn't until I sort of stopped and had a break [from drugs] that I got the friendships back (Susie, Interview: September 2006).

Interestingly, among the A-Team's non-using or ex-drug using friends there appeared to be a hierarchy or 'scale' of stigma associated with different drugs. Many of these friends had concerns about methamphetamine use, but did not openly object

to methamphetamine use if they did not see it (i.e., if they did not witness the snorting of lines or smoking of pipes). These friends were far less accepting of the A-Team's ecstasy use, which commonly prompted the most negative reactions and concern. To avoid losing friends who disapproved of their drug use, some A-Team members attempted to hide their methamphetamine and ecstasy use; for example, by not using in front of these friends, ceasing use once these friends arrived at a social gathering or using covertly in their presence but attempting to act 'straight'. Other A-Team members chose to socialise with their non-drug friends separately rather than with A-Team members, in order to avoid conflicts between the two groups.

A-Team members also faced negative perceptions of their ecstasy and methamphetamine use from family members, sometimes siblings but most often parents. For example, both Corey and Susie encountered negative attitudes from their parents towards their drug use:

It was getting to a point where I'd get home on a Sunday morning and my mum would take a look at me in disgust (Corey, Interview: December 2006).

My parents were dead against it. They told me to stop seeing my boyfriend [who she was using drugs with] and apparently I was very close to being kicked out of home (Susie, Interview: September 2006).

Sometimes this negativity led to A-Team members no longer talking with siblings or being forced to move out of home in order to salvage the relationship with their parents. Other research (Hutton 2006) has also suggested that parental reactions toward drug use among young clubbers was associated with panic and stigma, which led Hutton to suggest that drug use has not become normalised. This is explored in more detail throughout the thesis.

A-Team members were also exposed to negative representations of party drug use in the media. As previously discussed, methamphetamine and ecstasy are key targets in Australia's National Drug Strategy (2004-2009). For the past six years, ecstasy and methamphetamine have been the subject of media attention emphasising the harms of these drugs, which included graphic images of overdose and death. For example, the

national ‘Don’t Let Ice Destroy You’ campaign linked the use of methamphetamine with psychosis, aggressive and violent behaviour, panic attacks, anxiety, and severe depression. In addition, the “Ecstasy: Face Facts” campaign associated ecstasy use with anxiety, nervousness, hallucinations, severe depression and overdose (Moore 2011). Such campaigns were advertised on prime-time television, radio and billboards, and were regularly witnessed by A-Team members.

Conclusion

This chapter has presented a brief overview of the A-Team’s members and their wider network of friends, the places in which they typically used drugs and their alcohol and party drug consumption patterns. The A-Team was a recently formed social unit of around 25 people who generally ‘partied’ together most weekends, but who also socialised with one another during the week and in situations when no drugs were consumed. The A-Team was established around two months into fieldwork when a group of people (who were loosely connected through common friends and associates) began returning, after clubbing, to a private home known as the Lodge every week.

The A-Team might be considered ‘normal’ or ‘typical’ of young Anglo-Australians living in urban areas. At the beginning of my fieldwork, they were aged between 19 and 30, lived in the outer suburbs of Melbourne and either worked or studied full-time. A-Team members used a variety of drugs, but predominantly alcohol, ecstasy and methamphetamine. They used these drugs in a range of ‘mainstream’ or ‘commercial’ settings, as well as in private homes. The Lodge, a large house in the outer-suburbs of Melbourne that was isolated from neighbouring properties, was the venue in which drugs were used most often by the A-Team. The A-Team were deeply committed to their social relationships and preserving the sanctity of the group. They immediately expunged any members who threatened the strength of the group and, as I show throughout this thesis, their protectiveness of fellow members and the group was akin to the way one feels protective of immediate family members.

The A-Team were using larger amounts of alcohol, ecstasy and methamphetamine than those reported in the 2007 NDSHS (Australian Institute of Health and Welfare 2008), and were doing so at least fortnightly. They used alcohol, ecstasy and methamphetamine for a range of effects including sociability, pleasure and to ‘switch off’. They consistently engaged in narratives with one another around the pleasures and benefits of their drug use. However, A-Team members also encountered some resistance to their use of ecstasy and methamphetamine, which came from family members and non-drug using friends, and from anti-drug representations in the media. These contested representations of drug use suggest that there is still a degree of stigma associated with the regular use of drugs such as methamphetamine and ecstasy. This clearly played a part in the way that the A-Team used, constructed and managed their drug use. The following five ethnographic chapters explore in more detail the issues briefly described in this chapter – friendship, pleasure, intoxication and stigma – and draw on the work of Rodner Sznitman (2008) to explore the various micro-politics at play in the A-Team’s negotiation of these important themes.

Chapter 5:

“I want to be retarded and off my face”:

Beginning an evening – pre-going out drinks

In the previous chapter, I described the characteristics and composition of the A-Team and its alcohol and other drug use patterns. In this chapter, and those that follow, I explore the key themes of pleasure, intoxication, relationships, stigma and normalisation, and the way in which these themes influenced the ways, amounts and settings in which the A-Team used alcohol and other drugs. I argue that A-Team members had to carefully negotiate the micro-politics of normalisation in light of a range of competing tensions, including their desire for pleasure and sociability, their own conceptions about what constituted ‘normal’ drug use, and the negative perceptions of drug use articulated by non-drug using family and friends. I argue that conceiving of, and responding to, normalisation as a static concept is unhelpful to a greater understanding of young people’s drug use because it does not appreciate the range of social and cultural processes that affect the way young people use illicit drugs and construct their use. Instead, I argue that conceiving of normalisation as a process is a more useful way of understanding the various micro-politics that young people might engage in when attempting to negotiate normalised drug use amidst stigma and various other forms of drug-related contestation. Rodner-Sznitman’s (2008) concepts of assimilative normalisation (managing ‘deviant’ behaviour by conforming to social norms) and transformational normalisation (resisting or redefining what constitutes normal drug use) are both relevant to an understanding of how different members of the A-Team managed some of these tensions.

This chapter explores some of the key elements of a ‘typical’ weekend session for members of the A-Team. I situate their drug use within the specific physical and social contexts in which they used alcohol and party drugs. There were three sequential components that constituted a typical weekend session for the A-Team (see also Boys, Lenton et al. 1997; Wilson 2006; Hunt, Evans et al. 2009). The first

component involved ‘pre-going out’ drinks at a private home, or a restaurant, pub or bar; this phase was marked by the consumption of large amounts of alcohol, and sometimes methamphetamine. Following this, the A-Team moved to a nightclub setting, which constituted the ‘going out’ portion of the evening. During this phase, A-Team members continued to drink alcohol but also used larger amounts of methamphetamine, and began to use small amounts of ecstasy. Finally, members of the A-Team returned to a private home for the ‘after-party’, where they began consuming larger amounts of ecstasy and, on occasion, cannabis. This chapter explores the pre-going out phase of the evening and Chapter Six explores the going out and after-party phases.

In moving chronologically through a typical weekend routine for the A-Team – from ‘pre-going out’ to ‘going out’ to ‘after-party’ – I demonstrate the importance of two key factors in constituting a successful session of alcohol and other drug use: sociability and intoxication. Intoxication and sociability were emphasised in the pre-going out and after-party phases, while the clubbing portion of the evening served as a bridge between these two more important and highly anticipated phases of the evening. There was less intoxication in the clubbing phase than in the beginning and concluding stages of the evening.

Members of the A-Team strategically structured their nights with the two factors of sociability and intoxication in mind, and deliberately chose venues and drugs that enhanced these two objectives. I intend to highlight that social contexts were crucial to the way that A-Team members used alcohol and other drugs, with respect to both the types and amounts they consumed. I argue that the normalisation thesis and other research centred on post-modern night-time leisure pursuits, which emphasise the way in which alcohol and other drugs are used predominantly in the context of licensed venues, focus mainly on one particular type of venue (i.e. clubs *or* raves), thus neglecting the importance of different forms of social context in constructing drug use. Further, previous research has completely ignored drug use that occurs within private homes.

In this chapter and the next I describe the ways in which the A-Team attempted to manage the stigmas associated with drug use – which came from non-drug using

friends and family – by either limiting intoxication, hiding drug use or only using drugs in certain social contexts, such as at the Lodge. The ways that the A-Team managed the tensions associated with their drug use – which included negotiating the desire for pleasure and the desire to avoid disapproval from non-drug using friends – were consistent with Rodner Sznitman's (2008) description of 'assimilative' normalisation.

In negotiating some of the anti-drug representations of family and friends, and also their own conceptions about what constituted normal or acceptable drug use, I discuss the way that members of the A-Team positioned their alcohol and illicit drug use along a hierarchy or scale of 'normal' or 'acceptable' drug use. On this scale, alcohol was generally positioned at one end of the scale as more normal and acceptable than methamphetamine, and methamphetamine as more normal and acceptable than ecstasy. Other drugs, such as crystal methamphetamine, GHB and heroin, were positioned at the other end of the scale. This scale, however, was not simple and clear-cut, with the cultural positioning of drugs along this continuum shifting between people, social contexts, modes of administration and quantities of drug use. The way that the A-Team positioned different drugs and modes of drug use along a 'normality' continuum was one example of the way in which the A-Team engaged in the micro-politics of normalised drug use.

In the following chapters, I also explore the way that A-Team members constructed the group as their weekend family and the Lodge as their weekend community. I show how they actively sought out events and situations in which to reaffirm social ties and produce and reproduce their bonds with one another, and drug use was an important element in this bonding. A-Team members were fiercely protective of one another and were critical of group members who did not display full commitment to the group. In contrast to theories of post-modernity that emphasise the fast-paced nature of life and the tendency for young people to move between different social 'scenes' in search of identity (Giddens 1991; Beck 1992), A-Team members remained noticeably committed to one another and the group. I argue that in response to the decline of traditional structures such as nuclear families, community and the importance of geographic location in post-modern society, the A-Team created their own community, and their sense of identity was intimately tied to their membership

of the group. I suggest that young people continue to develop identity based on their connections to family and community; however, the nature of family and communities are taking different forms than in the past.

This chapter begins with an ethnographic account of a particular Saturday night session for the A-Team. This account was chosen as it represents a fairly typical night in terms of its sequence, physical settings, and alcohol and other drug use.

The 'Round of Applause' night

Charlotte had decided to celebrate her birthday at Vinyl (a club attended regularly by the A-Team) on Saturday night and had informed members of the A-Team that she didn't anticipate arriving there until around midnight. On Saturday afternoon, I phoned members of the A-Team to find out what they were doing prior to going to Vinyl to assess my 'pre-going out' options. These options turned out to be limited. Sarah was attending a family function before meeting everyone at Vinyl about midnight, and Jess had a cousin's 18th birthday party that she was obliged to attend before heading to Vinyl, also around midnight. Charlotte, Vicki, Tracey and others were having pre-drinks at the Lodge, and Mick, Kane and Toby were going out for dinner and then to a bar (to attend a non-A-Team birthday celebration) before going to Vinyl. Julie was also going to dinner with them before starting work at Vinyl in the 'cloakroom' (storing patron's jackets).

I decided to go to dinner with Mick, Kane, Toby and Julie. This crew was meeting in a central location on the way into the city, which was more convenient than driving out to the Lodge. Kane was driving and he picked up Julie, Mick and me about 7pm and we headed to dinner at the restaurant. On arrival Julie told us that we should congratulate Kane as he had just bought a house and that's why they wanted to go out to dinner – to celebrate. News of this grand purchase created a significant celebratory buzz. Mick asked Kane why he was driving, suggesting that we should have got a taxi so that Kane could have celebrated his purchase properly (by getting drunk). Kane replied that as he had a mortgage now, he had to save his money. He

also said: “I’ve had a couple of big weekends in a row too, so told myself I’d have one off this weekend”.

Toby, Mick’s mate, also met us for dinner. The men ordered ‘stubbies’ (375mL bottles of beer) and Julie ordered wine. Julie had two glasses of wine while we were at the restaurant, while Kane had two stubbies and Cam and Toby three stubbies each. As we ate dinner, Julie informed me that she was “going to get on it tonight” (use drugs) despite the fact that she was working. It was only her second week working in the cloakroom (a second job for extra income) and she said that the week before had been so “fucking boring”. Using speed, she said, would make her night go faster and make it more enjoyable. She told me that I’d have to bring her drinks in the cloakroom and that she’d organised some speed from Mick. She also said that she intended to go back to the Lodge after her shift finished around 6am.

After we finished eating, Julie suggested ordering ‘shots’ to celebrate Kane’s house purchase.¹¹ She ordered ‘jam donuts’, a type of shot that contains a mix of Baileys Irish cream, Chambord raspberry liqueur and sugar, but the bar did not stock one of the liqueurs needed for the shot. The bartender and Kylie came up with a similar option, using alternative ingredients, but the shots tasted terrible. The bartender said we could have these shots free of charge after watching our reactions to their taste. Mick then ordered a second round of shots, this time a ‘quick fuck’, a mix of Baileys Irish cream, Kahlua coffee liqueur and Midori melon liqueur. Kane declined as he was driving. Before we left the restaurant, Mick went to the toilet and snorted a line of speed.

After dinner and the shots, Kane drove us into the city, dropping Julie off at Vinyl and taking Mick, Toby and me to Diamond Bar, which was close to Vinyl. We were meeting up with Bree and Austin for Bree’s sister’s birthday (non-A-Team members but old friends of Mick, Julie and mine). As we headed to the bar, Bree text messaged us and said ‘we didn’t get into Diamond Bar so we’re at Jack’s’ (another

¹¹A shot, also known as a ‘shooter’, is 10 grams of alcohol (30mL or one standard drink) that may consist of one type of alcohol or a mix of different alcoholic drinks. Shots are served in a small glass and typically consumed in one mouthful.

bar). We drove to Jack's, a venue most of us had visited at least once before. Jack's is located in a small laneway in Melbourne's city centre that contains several bars. It is a large, two-story venue that is often busy. It might be considered 'commercial' due to the popular, contemporary dance music that is usually played there.

There was no queue at Jack's and the bouncers were friendly. We walked straight in without paying a cover charge. I bumped straight into Bree's sister who was surprised to see us (not having invited us). I wished her happy birthday, gave her a kiss and asked her why her party could not get into Diamond Bar. She said that they had been rejected on account of not being 'dressed-up' enough. I was surprised because she was dressed smartly in black pants and high-heeled shoes. She said: "Yeah, the tossers [bouncers] told us that we [meaning the women] were bordering on too casual but could come in, but none of the boys could get in because they were in denim".

We joined Bree, Austin and Hayley at a small table surrounded by stools. Hayley informed me that she'd foolishly agreed to engage in a shout with Austin and so had to drink at a quicker pace than she was accustomed to in order to 'keep up'. She told me they'd only been at Jack's an hour and she was already feeling 'tipsy' because they were drinking quickly.

Mick and Toby had another two beers (this time 'pots' – 275mL glasses), and then Mick told me that he and Toby were going to Vinyl. Although only 10.30pm, and the rest of the A-Team weren't arriving at Vinyl until midnight, Mick said that they were "over it here" and were leaving. If I wanted go with them it had to be now. I asked Hayley if she wanted to come but she declined on account of having visited the club too often in recent times. I asked Kane what his plans were and he said he wasn't going to Vinyl either. He didn't want to have a 'big night' as he was driving. I decided to leave with Mick and Toby. I said goodbye to Bree and her sister, who both said they might come to Vinyl after Jack's had closed (they didn't).

As we were leaving Jack's, I received a phone call from A-Team member Tim, who asked what we were doing. I told him that I was heading to Vinyl. He said that he was intending to come as well but that he, Corey, Craig and Jay had all decided to

stay home and “get on it” (take drugs). He said that they were all at the Lodge so we should head back there later.

When Toby, Mick and I arrived at Vinyl there was a long entry queue. Mick rang Shannon (the owner and manager of the club, who was a friend of Mick’s), who came up the stairs and ushered us in. Mick said: “Man, it’s good to know people, imagine waiting in that line”.

Vinyl was situated on one of Melbourne’s busiest streets. The club was located down a steep set of stairs, and had a basement feel. There were three main rooms; the first room was small and well lit, with a small amount of seating and a bar, but no music. This room was designed for conversation. The second small room had lots of couches and was very dark; commercial music was played in this room (i.e., pop/rock). The largest room, accessible from both of these smaller rooms was the main dancing area (where dance music is played); there was very little seating area in this room, and a bar ran across the back of the room. Off the main dancing room was a small area where the cloakroom, toilets and ATM (cash machine) were located. There was also a very small room off the main dance floor that had three couches in it, a room no bigger than a bathroom. This room was called the ‘VIP Room’ and was usually open to the general public; however, when celebrities visited the club, they usually occupied use this room and were guarded by a bouncer.

Vinyl had been open for three months and had become a regular venue for the A-Team. On this occasion, Vinyl was hosting a theme party. The theme was ‘Hollywood glamour’, and all of the staff and some of the patrons were dressed accordingly. Shannon was in a Maverick costume from the Top Gun film and there was also an Austin Powers, a Marilyn Monroe and several others dressed as classic Hollywood characters. Players from the Melbourne Football Club¹² were also there, as were actors from the Neighbours television program. The presence of such high-profile patrons was a good indication that the club was becoming popular. On this particular evening, the club was crowded and hot, with long lines for the bar and toilets.

¹²Australian Rules Football is a popular sport in Australia, and particularly in Victoria where 10 of the 16 national teams are based. Melbourne is one of the ten teams based in Victoria.

After entering, Mick and Toby went straight to the toilets to snort some speed and then to the bar to get drinks (vodka mixers). I text messaged Sarah to ask how she was and when she thought she might arrive. She replied: ‘Oh my god blind as a bat¹³ oh yeah will be there within 1 hour oh yeah¹⁴ x x x’.

Cam, Toby and I danced, drank and talked until Jess, Lucy, Charlotte, Tracey and Vicki arrived at midnight. Jess told us that the ‘boys’ (Corey, Craig, Tim and Jay) had stayed at the Lodge. They had intended to come but Craig had decided to ‘drop’ (consume ecstasy) as soon as he got home. The others joined him when they arrived at the Lodge. According to Jess, they were “too off chops” (acutely intoxicated on ecstasy) to come out in public.

Sarah arrived five minutes later. She said that she’d been drinking free wine at the family function and was very drunk but the car ride back had sobered her up. She had called Mick earlier to ask if he had any drugs for sale. He did. Not long after she arrived, he asked what type of ecstasy pills she wanted, as he had ‘orange doves’ and ‘white turtles’. Sarah replied that she would have one of each, but did not want to take them yet: “It’s too hot and crowded. I’ll get too hot”.

We danced in a big group for about an hour, mostly without drinks because of the long bar queue. A few of the women said that the music was good, but expressed frustration at the tightly-packed crowd and the high temperature. At about 1.30am, the Neighbours actors left, leaving the VIP room vacant. Mick sent Jess and me a text message inviting us to join Sarah and him in the VIP room. The other women joined us soon afterwards. Once we sat down, Sarah told us she was going to have half an ecstasy pill because it was more comfortable and cooler in the VIP room. She asked Mick for a pill, which he gave her very openly in front of us. She broke it in half and swallowed the first half. We sat around chatting and dancing in the VIP room. Around 2am, Jess, Lucy, Charlotte, Tracey and Vicki told us that they were going back to the Lodge, and asked us if we were ready to leave with them. Mick and

¹³A colloquial expression for being drunk.

¹⁴‘Oh yeah’ is a common expression that indicates somebody is enjoying themselves. It was regularly used by A-Team members in speech, text messages and emails.

Sarah decided to wait for Julie to finish her shift in the cloakroom, as she also wanted to go to the Lodge. I stayed with them.

Toby left Vinyl at about 3am after receiving a “booty call” (invitation to a casual sexual encounter from a female friend). Sarah, Mick and I spent the next couple of hours sitting in the VIP room, talking, dancing and visiting Julie in the cloakroom. Julie told me that she had snorted two lines of speed over the course of the evening.

Julie finished work at 5.30am and shared a taxi to the Lodge with Mick, Sarah and me. Before leaving the club, Jess called Mick to ask if he could supply pills for everyone who was already at the Lodge. Corey’s brother, who’d been regularly supplying A-Team members with ecstasy, was unavailable. Mick made a phone call and then asked the taxi driver to take us to a suburb quite a distance from the Lodge. Sarah and Julie complained that the taxi was going to be very expensive and Mick said that he would pay the fare. I asked Mick who was supplying the pills and he said “just a mate from work”.

We stopped at a petrol station 20 minutes later and Mick walked over to a waiting car. He returned to the taxi and directed the driver to the Lodge. The taxi driver had almost certainly overheard the discussion about the ecstasy purchase.

We arrived at the Lodge (around 7am by this time). Jay was waiting for us in the driveway. He was smiling, pulling comical faces and putting on cartoon voices, which was unusual for him. We walked through the home to the rumpus room to find Jess, Charlotte, Joel, Jen, Tim, Corey, Craig and his friend George and one of George’s friends, Dale. Another five people were sleeping in Jess’ room, on couches in the rumpus room and in one of the three lounge areas. Tim was lying in the rumpus room looking up at the ceiling. He gave us a nod and a wave when we walked in, saying: “I’m fucked”. I asked if he was okay and he replied: “Yeah, I’m just flyin”. He was grinding his teeth and moving his head from side-to-side as he looked at the ceiling. He was like this for an hour or two. When he had ‘come down’ a bit at about 9am he said to me: “Jeez I was minced (acutely intoxicated) before, haven’t been like that for a while”. He said he’d had four white turtles (ecstasy pills).

Jen and Joel were playing pool in the rumpus room and Jen looked very tired. She'd snorted a line of speed earlier in the night but said she was going to sleep soon, which she did about an hour later in Joel's bed. Joel stayed up and was in a very happy mood. He'd consumed two pills. Joel remained fairly quiet throughout the morning, tending to stay in one-on-one chats.

Jay was being particularly funny. He'd consumed seven pills, which he said was a lot for him as speed was his drug of choice. He was speaking like a cartoon character for most of the morning and pulling comical faces. At first I thought he was unable to control his behaviour, but when asked a question he reverted to normal speech and demeanour.

Later, when reflecting on the night, many A-Team members commented that this was a particularly big session for them, with the white turtles having a strong effect and creating energy, as well as intoxication. Most people were either loud and energetic, or quietly enjoying the effects of the pills, but several people said that they felt unpleasantly intoxicated. For example, Corey had felt unwell and so had decided to sleep¹⁵ and Charlotte said: "I was off my tree. I had to go bed because I didn't know what was going on and I had the upside down smile thing happening".¹⁶

Three other people – Sarah, George and Craig – seemed to be experiencing particularly strong effects from the ecstasy. Sarah took two pills during the session, but while her first one (an orange dove) was taken in halves over a six hour period, her second (a white turtle) was taken in halves over a two hour period. After she took the second half of her white turtle, she experienced involuntary facial spasms. Her nose would scrunch up and mouth would open. She was dancing in slow motion and not listening to anyone around her. She even yelled out a few random things, one being: "no Mum I won't wear a dirty t-shirt to work"! I hadn't seen Sarah 'scatter

¹⁵A-Team members were generally able to sleep after consuming ecstasy, but not methamphetamine.

¹⁶The term 'upside down smile' describes a contorted facial expression that commonly occurs after taking ecstasy. Described as involuntary, the mouth turns downward and makes people look sad even though they are not.

talk'¹⁷ before and it lasted for about half an hour. Later, she said that she had no recollection of this talk.

George had been at a wedding and was dressed in formal attire. For the entire time that I was at the Lodge (until about 5pm on Sunday) George was either sleeping or talking to himself. He was sleeping on the floor in the front lounge room where everyone had congregated for most of the morning. George was asleep for most of the time but would occasionally wake up and scatter talk. During these moments he would start a conversation about a completely obscure topic. He seemed to have no idea who we were or what he was talking about. During these moments, whoever he was talking to would chat with him until he fell asleep again. As time wore on, A-Team members enjoyed these moments. At one stage he yelled out: "Yes, round of applause please everyone" and started clapping; this made everyone laugh hysterically but join him in clapping. For the rest of the day, this became a running joke. Whenever someone walked into the room, they received a round of applause and cheer. (The 'Round of Applause' remains a running joke two years after fieldwork finished. It has been used numerous times since, notably at airports when an A-Team member is departing for a long trip).

With George was Dale, the groomsman from the wedding. Dale did not know anyone at the Lodge. He had also been sleeping. When he woke up, he had no idea where he was or who he was with and no recollection of how he'd arrived at the Lodge. Apparently, Dale had been drinking heavily with George, taken pills (he couldn't remember how many) and found himself at the Lodge. When he woke up at about 9am he was confused and anxious. He tried waking George, but could not get any sense out of him. Dale asked for the Lodge's address and rang a friend to pick him up, which his friend did despite living on the other side of the city. Once he knew his friend was on the way to the Lodge, Dale calmed down and ended up relaxing and conversing more easily. By the time his friend arrived to pick him up, he was enjoying himself and thanked everyone for being so friendly.

¹⁷'Scatter talk' describes a situation when someone – usually under the effects of ecstasy – will make a statement or ask a question out of context that does not make sense. This is often involuntary and uncontrollable, but not always. The Urban Dictionary defines scatter talk as: "When someone (in conversation) changes the subject in mid-sentence or thought with no transition whatsoever" (<http://www.urbandictionary.com/define.php?term=scatter+talk>).

Craig was also being very 'random' on this particular occasion, which was an emerging pattern for him. When we first arrived, Craig had complained that his pills weren't working, and that he had become 'tolerant' to ecstasy. However, shortly after making this claim, he also began scatter talking. We were sitting in a lounge room and Craig, George and Sarah were all scatter talking, much to everyone's delight. The room was buzzing with energy. I remember thinking that I had never laughed so much or seen others laughing so much.

At about 9am Mick "donated" two pills to Jess, asking her to crush them up for anyone who wanted a line. Julie, Jess, Mick and Craig snorted the lines from the crushed pills between them. Not long afterwards, Mick turned comical and hyperactive, and decided to instigate a dancing routine. He made everyone stand up to learn a particular dance to a song that he had downloaded to his mobile phone. The dance involved hopping and stamping and doing the 'cha-cha'. Everyone was competing against each other to see who could do the best cha-cha. Following that, he instigated a game of 'Teepees and Indians'. The game is played in pairs and involves sitting in a circle. One person stands up with legs apart to form a Teepee, while the other person sits under the legs as the Indian. When told to 'go' the Indian has to crawl out from between the Teepee's legs, run around the circle and be the first to crawl back between the Teepee's legs. Vicki had just woken up by this stage. She hadn't taken any pills (preferring to drink), but was enjoying the dancing and the game playing more than anyone else. She felt sober and straight after her sleep and started instigating more games. She even convinced everyone to do the 'hokey pokey'. Jess videotaped a lot of the games. When she showed Joel the tape later in the day, he said that it looked like a 'kindergarten' (pre-school).

Corey woke up around midday and was extremely disappointed to have missed the dancing, games and scatter talk. Everyone was still there at this time but the energy levels had dropped a little, with people sitting in small groups engaging in intimate conversations. Corey was determined not to miss out on the high energy and fun. He rolled a joint and shared it with Jess, Julie, Sarah, Craig and Tim before moving into the rumpus room. Everyone from the lounge room joined them on hearing shrieks of laughter. Sarah told us that everyone was "out of control". Those who had smoked the joint laughed hysterically for the next hour and the scatter talking began again.

For example, at one point, Craig yelled out: “Mow your fucking lawn, wanker!” to an imaginary person sitting in the corner. Those assembled laughed uproariously, and Craig looked shocked and said he had no idea why he said it.

Those who had smoked the joint seemed to have no short-term memory and would constantly forget what they were talking about. New conversations were started but never finished because the joint smokers would make comments that were completely unrelated to the previous ones, and constantly switch topics until the same thing happened again. Those who hadn’t smoked the joint thought this was very amusing. Those who had smoked the joint did not seem to notice that they were all engaged in conversation but talking about different subjects.

After another joint and more laughter, some started to head for couches and bedrooms to sleep (as the cannabis began to have a sedating effect). Others chatted outside around the patio table for several hours until they felt ‘straight’ enough to go home to their parents or partners. I left in a taxi with Sarah, Julie and Mick around 5pm.

On Monday I received a text message from Jess which was sent to all A-Team members. It said: ‘Hey A-Team hope you pulled up ok. Just wanted to thank you for such a great day yesterday. Had so much fun. Cheers’. Julie also emailed me on Monday to relive some of the funny aspects of the day, telling me that she’d been laughing all day at work when remembering funny things people had said or done. I also received an email from Sarah telling me she didn’t go to work because she woke up feeling unwell. The email also said: ‘Wasn’t Craig hilarious on the wacky smoke!’

Pre-going out drinks and ‘getting blind’

Having presented an account of a typical session for the A-Team, I now explore the elements that constituted a successful ‘pre-going out’ phase. (Chapter six explores the ‘going out’ and ‘after-party’ phases).

The pre-going out phase took place prior to entry to a nightclub, either at a private home or a licensed venue such as a restaurant, pub or bar. For example, the pre-going out drinks described in the 'Round of Applause' night took place at a private home for some, and a restaurant and bar for others. This component was conceptualised as the 'pre-going out' phase because both venues were seen as precursors to the main clubbing venue (see also Boys, Lenton et al. 1997; Hunt, Evans et al. 2009).

Pre-going out festivities tended to involve those who were closer friends or who lived in close proximity to one another (rather than the larger group). This was one way in which group dynamics were evident. For example, those who lived at the Lodge would always pre-drink together, my four original contacts would always pre-drink together and there were three or four other sub-groups of pre-drinkers. These groups formed because of the pre-existing bonds underlying these friendships, but geography also played a big part in these bonds – because those who lived near one another tended to have been friends for longer (for example, many A-Team members that lived near one another had attended secondary school together). This is not to say that A-Team members were not enthusiastic about meeting up with the broader group later in the evening. It is to emphasise that they were particularly keen to socialise and catch up with their closest friends in a comfortable setting, before meeting up with the bigger group to start the 'party'. There did not appear to be any conflict that arose from the dynamics of these pre-drinks groups; for example, I cannot recall any members ever feeling 'left out' of pre-going out drinks.

The pre-going out ritual was an important part of the weekend routine for four main reasons. Firstly, it provided a necessary introduction to the evening, as most nightclubs did not open until 9 or 10pm and rarely became busy until after midnight. Secondly, the pre-going out stage was important in terms of sociability. It was during this pre-going out phase that A-Team members 'caught-up' after not having seen each other for up to week. In this respect, the pre-going out ritual marked the transition from work to leisure (see also Gusfield 1987). A-Team members discussed their previous week at work and then put this conversation behind them for the rest of the evening to focus on relaxing and having fun. Alcohol facilitated this sociability.

An example of the social aspect of the pre-going out ritual is illustrated in the following fieldnote:

On Saturday night I went to Anna's house with Jen and Susie to hang out with them while they were getting ready to go to a dance party. I watched them as they engaged in a very typical female pre-going out ritual. Susie and Jen brought around mountains of clothes, jewellery, shoes and make-up and they chatted and gossiped as they all swapped clothes and jewellery a dozen times before doing each other's hair and make-up. This started at 6pm and they called a cab at 10.30pm. By this time they'd gone through three bottles of champagne and had two lines of speed each (Fieldnote: May 2006).

Previous research has also showed how the pre-going out ritual is an important one for women. Pini (2001) suggested that the performance of dress and presentation in front of the mirror contributes to the performance of the evening, and the introduction of methamphetamine and ecstasy to these routine facilitates bonding and the performance.

Thirdly, pre-going out drinks provided the opportunity for A-Team members to maintain relationships with friends outside the group. While A-Team members shared their closest friendships with one another, they also maintained relationships with others, including work colleagues and family members. For example, in the 'Round of Applause' account, A-Team members Julie and Mick used the pre-going out phase to spend time with Kane, Toby, Bree and Austin, who were not part of the A-Team. Similarly, Sarah spent time with her family and Jess attended a cousin's 18th birthday party. On occasions when A-Team members spent time with friends outside the group on a night out, they always met up with each other afterwards for a second round of pre-going out drinks, at a club or at the Lodge. Maintaining connections to non-A-Team friends and family was one way in which A-Team members 'managed' their regular drug use within their broader social lives. Although weekend drug use was important to the A-Team, so were their relationships outside that group.

A-Team members used the pre-going out phase to socialise with non-A-Team members because this is the phase in which they used alcohol and therefore their behaviour was more socially 'acceptable' to those outside the group. Later in the evening, when they were under the effects of ecstasy, A-Team members wanted only to be around one another due to their concerns about negative perceptions from non-drug using friends. The normalisation thesis of Parker et al. (1998) describes the way that illicit drug use may have become more socially accommodated among ex- or non-drug users. However, the A-Team's behaviour around non-drug users indicates that this was not the case for them. As a consequence, members of the A-Team regularly engaged in the micro-politics of normalisation by attempting to hide their drug use from their non-drug using friends and moderate their drug use accordingly. In this respect, they attempted to assimilate (Rodner Sznitman 2008) their drug use in line with the consumption patterns of their friends. On the other hand, when pre-going out drinks occurred only among A-Team members, the group openly consumed methamphetamine in combination with alcohol – not feeling the same need to conform to social expectations or social perceptions about 'acceptable' drug using behaviour.

The A-Team were not unique in the neutralisation and management techniques (Matza and Sykes 1964; Rodner Sznitman 2008) they drew on to manage their drug use in relation to non-users, ex-users or family members. In other recent research (Hathaway, Comeau et al. 2011), 70% of a sample of cannabis users reported hiding their drug use from family, friends and co-workers, and one in three reported loss of status and/or social disapproval as a result of a non-user learning of their cannabis use. This research showed that respondents' references to stigma were far more likely to revolve around informal sources of control than fear of formal punishment. Similarly, Wilson (2006) described the way that ravers attempted to maintain relationships with people outside the scene, including work colleagues and old friends, because maintaining this balance in their life was important. Managing their relationships with those outside the group was critical to A-Team members' sense of health and well-being, and also their social status and identities (see also Worth 2009; Lindsay 2010).

Finally, pre-going out drinks were important for pursuing alcohol intoxication. Pre-going out festivities were largely structured around the rapid consumption of alcohol and (to a much lesser degree) methamphetamine. The A-Team enjoyed the pleasures associated with alcohol intoxication and enthusiastically pursued this intoxication. That consuming large amounts of alcohol during the pre-going out phase was seen as 'normal' is evident in the following fieldnote, in which Sarah indicated that she intended for us both to have approximately seven standard drinks at home before going to the pre-going out venue:

Sarah emailed me during the week making reference to bringing a bottle of wine each to have at home before we left to go out, she put in brackets (the standard) after writing this as if having a bottle of wine each before going anywhere is now the standard (Fieldnote: September 2006).

Pre-going out alcohol intoxication

Getting drunk was an important part of the A-Team's repertoire of intoxication, which most commonly began with alcohol intoxication, moved onto ecstasy intoxication, and sometimes finished with cannabis intoxication.¹⁸ In most cases, A-Team members did not proceed to ecstasy intoxication until they were satisfied that they had reached their desired level of alcohol intoxication. The following conversation between, Mick, Sarah and me shows that the primary purpose of drinking alcohol for Mick and Sarah is to reach intoxication:

AP: Do you ever drink during the week?

Mick: Never. I only drink to get drunk.

Sarah: That's me too. I only drink to get drunk. Just because I want to be retarded¹⁹ and off my face.

(Group Interview: September 2006)

¹⁸A-Team members did not perceive their speed use as a form of 'intoxication'; rather speed enabled control.

¹⁹'Retarded', a word used to describe somebody with a mental handicap, was often used by A-Team members to describe behaviour associated with acute alcohol intoxication.

A-Team members often set themselves the goal of being intoxicated before they went clubbing. Therefore, if they had not consumed their intended number of drinks before it was time to go to a nightclub, the remaining drinks would often be consumed on the way (if the taxi driver allowed, or more commonly, if one of the team was driving). Cans of alcohol could easily be taken in the car, but quite often a bottle of wine would be opened but unfinished and so the bottle, as well as plastic cups, would be taken in the car to continue consuming on the way to the venue. For example:

Mick had arranged for a limousine to come and collect us at 7.30pm [to take us to a ball for which we had purchased tickets]. Sarah arrived at Mick's house first at about 5.30pm, bottle of wine in hand. A little while later Adam arrived with a slab of beer [a case of 24 stubbies] and passed them around, saying "we've got a few to get through here guys, so knock 'em back, take no prisoners". When the limo came at 7.30pm, we took the remaining wine and beers in the car. Everybody drank a lot on the way (Fieldnote: February 2006).

If the drinks were not consumed before arriving at the nightspot, the remaining alcohol would often be 'sculled' or 'chugged' in the car until finished.

Members of the A-Team often expressed frustration at not being able to get drunk quickly enough. They wanted to reach their desired state of intoxication without having to go through a lengthy process of drinking. Two methods of accelerating alcohol intoxication included drinking shots (see also Measham and Brain 2005) and playing drinking games (see also Polizzotto, Saw et al. 2007). The 'Round of Applause' account demonstrates the use of shots by Mick, Julie and Toby before leaving the restaurant. On another occasion, Stacey organised shots before an event in anticipation of the desire for her and her friends to be intoxicated before arriving at their destination. In this example, five shots were consumed by each A-Team member at 9am on the way to a horse-racing event:

Stacey had made 100 vodka jelly shots (5 each) for consumption on the way to the races [...] She informed us that she didn't follow the recipe which suggests two parts water and one part vodka, but she had actually

put two parts vodka and one part water [...] Everyone received their five shots and proceeded to shot them. Most people gagged, as the shots were so strong that they were burning throats and bringing tears to people's eyes [...] Some people couldn't stomach all five of their shots, so passed them to others to finish off [...] By the time we arrived at the races, at least half a dozen people commented that they already felt drunk (Fieldnote: January 2006).

Aside from the purpose of intoxication, the consumption of shots was an important element in group bonding. For example, in the 'Round of Applause' account, shots were consumed as a group, with a toast congratulating Kane on buying a house. The act of purchasing a shot at a licensed venue requires all of those partaking in the shot to attend the bar and drink simultaneously. These were the only times that A-Team members attended the bar together as they usually purchased drinks in shouts. Drinking shots thus became a ritualised form of alcohol consumption, and contributed to a sense of group solidarity. In the fieldnote above, in which Stacey distributed five shots each to A-Team members, group members consumed their shots together and engaged in banter and laughter about the strength of the shots and their intoxicating effects.

Playing drinking games was another method frequently utilised to enhance group bonding and increase intoxication. Drinking games enhance bonding by virtue of their inclusive nature and by facilitating moments of fun and humour and 'group jokes'. The frequency at which drinks are consumed during drinking games renders the practice an ideal method to rapidly increase intoxication. Such games were most commonly played at home or a pub (rather than a nightclub). Several examples are provided below:

1. Joel told me that he and Michael had decided to play a game called 'colours' at the start of the night. This was a game where each person had to nominate a colour every time it was someone else's shout and they would have to buy a drink of that colour. For example on Joel's shout, Michael said green. So Joel had to buy them a green drink – and he

apparently selected chartreuse [a type of liqueur that is consumed as a 'shot' and very high in alcohol content] (Fieldnote: July 2006).

2. It was Zoe's idea to start playing a drinking game called 'I never' which involved asking personal questions and drinking if the answer was 'yes'. Soon drinks started going down very quickly (Fieldnote: January 2006).
3. Andrew told me that he and his friends had been drinking jugs of beer all day and were playing a game where they had to scull their pot [of beer] every time somebody kicked out of bounds on the full or every time there was a 50 metre penalty [these are rules that apply to Australian Rules Football]. He was very drunk by the end of the day. He said: "I had no idea how many times people kick out of bounds on the full!"(Fieldnote: September 2006).

There were particular A-Team members for whom alcohol was their drug of choice, and these were the people who often encouraged alcohol intoxication during the pre-going out phase, including the consumption of shots or playing of drinking games. In particular, Mick often encouraged the consumption of shots to accelerate intoxication, and because he enjoyed the group bonding aspect of shots. Mick often 'shouted' members of the group shots because he was generous with his money and had fairly high levels of disposable income (Mick also often shared his speed and ecstasy with others without expecting money in return, but only did this with people he did not think were taking 'advantage' of his generosity). On the other hand, Sarah, who enthusiastically pursued alcohol intoxication to the point of getting 'retarded' and 'off her face' initiated the group sculling of wine, or drinking games to accelerate intoxication before going out. Others, such as Julie, Corey and Craig, rarely engaged in shots or drinking games because they did not want to experience acute alcohol intoxication like the others, due to the undesired effects of loss of inhibition and feeling nauseous. Corey and Craig were those who encouraged heavy ecstasy intoxication and associated dramatic performances, so concerns about decreased inhibitions and undesired intoxication effects were limited to particular forms of intoxication (to be explored in more detail in later chapters).

Consistent with research which has discussed the gender equality that now exists in licensed venues due to women drinking as much as men (Jackson 2004), A-Team women were as likely to pursue and achieve alcohol intoxication as men, and similarly there were men and women who avoided acute intoxication. However, it was far more common for women to go in 'shouts' for drinks together, and men to go in shouts together, but this appeared to be associated with drinking pace (with men tending to drink faster), and drinking type (with men tending to drink beer or bourbon and women tending to drink wine or vodka). When it came to 'shots', both men and women partook together.

This type of heavy pre-drinking practiced by A-Team members did not alter over the course of fieldwork, nor has it altered in the years post fieldwork. While the A-Team's use of party drugs has reduced somewhat in the years post-fieldwork, A-Team members continue to socialise on weekends, continue to pre-drink and continue to get acutely intoxicated through the group consumption of beer and wine, sculling drinks, drinking shots and playing drinking games. If anything, on the occasions now where A-Team members do not consume party drugs, they drink more alcohol, and get even more intoxicated. For A-Team members alcohol is not perceived as 'age-limited' in the way that party drug use appears to be.

While the practice of pre-drinking, 'pre-gaming' or 'pre-loading' is not a new phenomenon, it has only recently been identified as a central and significant feature of a 'big night out' in the post-modern contemporary leisure landscape (Borsari, Boyle et al. 2007; Hughes, Anderson et al. 2007; Grace, Moore et al. 2009; Wells, Graham et al. 2009). According to Wells and colleagues (2009), although not new, the act of pre-drinking has become increasingly common and customary among groups of young people. These authors suggested a primary motivation for pre-drinking is to save money. There are clear economic benefits to drinking at home and subsequently spending less at licensed venues where alcohol prices are substantially higher. While this was one benefit of pre-drinking for the A-Team, it was not the primary motivating factor for the group, who had fairly high levels of disposable income and routinely set aside a substantial portion of their wage for their regular 'big night out'.

Other noted functions of pre-going out drinks, as noted by Wells et al. (2009), included the desire for socialisation before going out and also for group bonding. To this end, it is important to remember that drinking shots and playing drinking games, while used to increase intoxication, also facilitated group bonding by virtue of their inclusive nature. According to Polizzotto and colleagues (2007), drinking games enable a level of integration, camaraderie and community spirit. Sociability and group bonding cannot be underestimated for the A-Team, who cited friendship and sociability among the main motivations for their alcohol and other drug use. In particular, A-Team members made strategic choices about drug use based on their desire to enhance sociability.

The final motivation for pre-drinking identified by Wells et al. (2009) was intoxication, which was also a clear motivating factor for the A-Team, whose commitment to 'binge' drinking has been demonstrated above. 'Binge' drinking is a term that is widely criticised for being emotive and definitionally unclear (Measham 2004b; Measham and Brain 2005; McMahan, McAlaney et al. 2007; Szmigin, Griffin et al. 2008). The Australian NHMRC national alcohol guidelines (2007:19) previously defined binge drinking as "an extended period (usually more than a day) devoted to drinking at levels leading to intoxication". More recently, the NHMRC has acknowledged the use of the term to describe "single-occasion drinking of a substantial amount, particularly by adolescents and young adults". Elsewhere, binge drinking has been defined as "deliberate drinking to intoxication" (Midford 2005:892); "consuming half the recommended weekly consumption of alcohol in a single session" (Norman, Bennett et al. 1998:163) or "a male consuming eight or more alcohol units or a female consuming six or more units in one session" (McMahan, McAlaney et al. 2007:290).

There are many other definitions of binge drinking that are based on varying frequencies and quantities of alcohol consumption or subjective measurements of intoxication that are historically and cross-culturally specific, and largely unhelpful. One UK study (McMahan, McAlaney et al. 2007) showed that among 586 young drinkers, there were dozens of different constructions of binge drinking; for example: a) drinking beyond personal limits, b) heavy weekend drinking, c) drinking to become drunk, d) drinking until physically unable to continue, e) heavy infrequent

episodic drinking and f) continuous drinking. While I acknowledge the uncertainty and impreciseness that surrounds the term ‘binge’ drinking, it was a term relied on by A-Team members to describe occasions when they consumed alcohol to intoxication.

The deliberate pursuit of alcohol intoxication via ‘binge drinking’ has been noted by other social researchers, mainly in the UK (Brain, Parker et al. 2000; Measham 2004b; Measham and Brain 2005; Parker 2007; Szmigin, Griffin et al. 2008). These researchers have argued that young people deliberately and purposefully pursue a desired state of drunkenness, which they refer to as ‘determined drunkenness’ (Measham and Brain 2005) or ‘calculated hedonism’ (Featherstone 1994; Szmigin, Griffin et al. 2008). Furthermore, Measham (2004a) suggested that this purposeful intoxication may be understood as a ‘controlled loss of control’ in which young people deliberately lose control but within their personally defined limits.

While A-Team members purposefully pursued alcohol intoxication, they did so in a way that conformed with Measham’s (2004a) interpretation of ‘controlled loss of control’. A-Team members possessed a shared understanding about what constituted ‘acceptable’ intoxication. For example, while members of the A-Team enjoyed consuming alcohol to get ‘retarded’ and ‘off their faces’, they only approved of this intoxication if it made fellow group members ‘happy’ or ‘funny’. If alcohol was associated with negative effects such as aggression, jealousy or sadness, A-Team members verbally expressed their disapproval. For this reason, A-Team members largely avoided getting so drunk that they experienced negative effects from alcohol. For example, consider the following statement by Corey:

If people drink too much they can get aggressive, throw up, just rude, stink, they look like fucking idiots, some of the shit that comes out of their mouth (Corey, Interview: December 2006).

On the evening of Sarah’s 25th birthday party, Michael displayed the kind of drunken behaviour of which A-Team members disapproved. On this occasion, A-Team members avoided Michael and articulated their disapproval of his behaviour to one another:

Michael was very drunk by the time I got to Sarah's birthday. He was being obnoxious, loud and acting foolishly. There were helium balloons on the ceiling and he was popping them, and he was also collecting them and pretending to hand them to people and then retracting back, laughing, saying "ha ha not for you!" I attempted to avoid him all night, as many others did. At one stage he sat on me and spilled my drink on me. I pushed him off and he glared at me and walked off. He was poking people and at one point grabbed a bunch of helium balloons and tied the strings around his neck, so was walking around with balloons bobbing around his face. The bouncers came up to him and told him that it was too dangerous to have the strings tied around his neck so made him take them off. Grace came up to me later in the night and told me that Michael had told his girlfriend, Stacey, to "get fucked" [...] I found out later from Joel that he and Michael had had been playing a drinking game since they got there at 7.30pm which would explain his drunkenness (Fieldnote July 2006).

It was common for A-Team members to use other drugs, including methamphetamine and ecstasy, to reduce the likelihood of experiencing negative effects from alcohol. Furthermore, if A-Team members got 'too' drunk and did not possess any methamphetamine or ecstasy, fellow group members would offer their own methamphetamine or ecstasy. Methamphetamine was used to help 'straighten' out A-Team members who were too drunk (see also Hunt, Evans et al. 2009) and ecstasy was used to improve their demeanour. Consider the following two examples:

By the time we arrived at the Lodge it was evident that Nicole was very intoxicated. She vomited in the bush and then fell asleep sitting at the patio table. Susie tried to wake her to put her to bed but she wouldn't move and got annoyed with Susie for trying to move her. Susie asked Nicole if she wanted some speed to straighten her out and Nicole nodded. Susie racked up a line for her and helped her snort it. After 15 minutes Nicole felt much better and thanked Susie for helping her (Fieldnote: November 2006).

Michael was visibly drunk [...] he was talking loudly, burping loudly, and making offensive jokes. Stacey said to me before we rejoined the boys in the lounge room: “Sorry in advance for Michael but he’ll nicen up (get nicer) as soon as he has a pill” (Fieldnote: April 2006).

On occasions when alcohol negatively affected behaviour, A-Team members were typically remorseful and apologised for their behaviour after the occasion. For example, the following group email was sent by Hayley after A-Team member Sarah told her how inappropriately she had behaved on the previous Saturday night while she was drunk:

Hey all,

I’m sorry if I abused anyone on Saturday night or said anything out of line! I’ve heard I was a little rude to some people! Please accept my apology! I was VERY VERY drunk but that’s no excuse I know. I hope nobody took anything personal! I might need to hide away for the next few weeks I think! (Fieldnote August 2006).

The way that A-Team members approved of acute alcohol intoxication when it resulted in humour and fun and the way that they disapproved when it resulted in nastiness or aggression was another example of the way in which they engaged in discourses of ‘normality’. For example, ‘funny drunkenness’ was akin to ‘normal drunkenness’, whereas ‘nasty drunkenness’ was considered abnormal and out of line with their views on socially acceptable behaviour. Without necessarily realising it, the A-Team moderated their alcohol and other drug use patterns and aligned their behaviour with wider social conceptions around what was considered ‘normal’ and ‘acceptable’ intoxicated behaviour.

In other research with young people in Melbourne, Lindsay (2009) also described the way that young people deliberately staged intoxication to enhance pleasure and minimise negative consequences. Lindsay argued that pleasure was maximised when the right amount of alcohol was consumed in the right context at the right time. This was a process of balancing, timing and coordinating. Nights were choreographed and self-control was central to achieving this optimal intoxication. ‘A big night out’ for

Lindsay's participants meant drinking rapidly to intoxication and then exercising self-control to ensure the night continued and pleasure was ensured. In particular, social location was important for ensuring a 'controlled environment'. Routine was sometimes altered, however, for 'big nights', which often called for higher consumption and less self-control (explored in later chapters).

Importantly for the A-Team, pre-going out drinks most often took place within the home because most members of the group did not view it as socially acceptable to engage in heavy drinking practices, such as sculling bottles of wine, in public venues, where there were expectations around acceptable behaviour and they were at risk of being denied service or being removed from the venue. When pre-drinks occurred at a venue, acute alcohol intoxication was not achieved to the same extent as it was in the home, or if it was, participants attempted to control their bodies and their practices in a way that they did not at home. When group members consumed alcohol to the point of 'getting retarded' at home, they always ordered their bodies prior to attending licensed venues, and in doing so upheld accepted social norms about how a body should be ordered and presented (Rodner Sznitman 2008). The main way they did this was through the consumption of methamphetamine. The next chapter explores the use of methamphetamine in clubbing spaces to facilitate controlled behaviour.

Conclusion

This chapter has presented an ethnographic account of a typical weekend session, which was comprised of three distinct phases – the pre-going out phase, the going out phase, and the after-party. In this chapter, I have explored some of the important components of the pre-going out phase of the evening.

The pre-going out phase was an important part of the evening for the A-Team for socialising, and accelerating or achieving their desired levels of alcohol intoxication. The A-Team utilised the pre-going out phase of the evening to catch up with friends after a working week, and they used alcohol to facilitate this sociability. Alcohol was also used for pleasure and enjoyment after a working week typically lacking such

qualities. Sociability and intoxication were maximised during the pre-going out phase through the ritualised consumption of alcohol, including the group drinking of wine among women and shouts of beer among men, sculling, drinking shots and playing drinking games.

The A-Team also used the pre-going out phase to maintain contacts with those outside the group, including non-drug using friends and family members. While their relationships with each other were most important to them, and they always met up later in the evening, the A-Team also maintained relationships with those outside the group (including work friends, friends from high school and family members). The A-Team often began their night with non-A-Team networks as this was the phase in which they consumed alcohol and therefore could avoid making non-drug using friends or family feel uncomfortable with their drug use. In this respect, there was a level of 'acceptability' and 'normality' associated with their alcohol consumption, as perceived both by themselves (through their public engagement of this behaviour around non-drug users) and by non-drug users themselves. A-Team members engaged in the micro-politics of assimilative normalisation and attempted to manage their friendships with non-drug users by concealing or abstaining from illicit drug use in their company. Such findings run contrary to the premise of increasing levels of social accommodation (even among abstinent populations) put forth by Parker et al. (1998).

The theme of 'normal' drug use was also evident in the way that the A-Team conceived of intoxicated behaviour. A-Team members attempted to moderate their alcohol use by using only enough to experience pleasurable effects. A-Team members approved of alcohol intoxication if the outcome was humour or fun, but disapproved of intoxication which resulted in rudeness, jealousy or aggression. In this respect, they again engaged in the practice of assimilative normalisation – by behaving in a way that was socially acceptable, and therefore, 'normal'. When pre-drinks occurred at a venue, alcohol intoxication was not achieved to the same extent as it was in the home. When they did achieve acute intoxication at home, A-Team members attempted to order their bodies prior to attending licensed venues, and in doing so assimilated with accepted social norms about how a body should be ordered and presented in public. A-Team members often managed the effects of alcohol by

using methamphetamine and ecstasy, and this theme is explored in the next chapter, in which I describe the use of illicit drugs during the A-Team's second and third phases of the evening, the 'going out' and 'after-party' phases. Chapter Six also builds on the theme of the different levels or scales of 'normality' associated with alcohol and other drugs, and how the A-Team attempted to manage their drug use as a consequence of this.

Chapter 6:

**“I have never been in a room with so many
fucked people at one time”:**

The end of an evening – illicit drug use and the Lodge

The previous chapter explored pre-going out drinks, the first phase of the A-Team’s typical weekend routine; this chapter explores the second and third phases – the going out and after-party phases. I reflect on the significance of social contexts for the way that the A-Team used alcohol and other drugs, emphasising the importance of the private home space in shaping drug use and also enabling the creation of a drug using community. I further my argument about the way that the A-Team engaged with notions of ‘normal’ drug use and ‘acceptable’ drug-related practice. In particular, I explore the way that the A-Team’s use of ecstasy and methamphetamine was shaped by different degrees of acceptability and notions of normalcy.

The A-Team used methamphetamine in licensed venue spaces, particularly clubs, but reserved ecstasy consumption for private settings. Not using ecstasy in licensed venues makes the A-Team unique, given that previous ethnographies of drug use (e.g., Moore 1995; Malbon 1999; Pini 2001; Jackson 2004; Wilson 2006; Rief 2009) and national surveys (e.g., Australian Institute of Health and Welfare 2008; Sindich and Burns 2010) indicate that licensed venues and dance parties are the most popular spaces for ecstasy use. I explore the way that the A-Team, and their non-drug using friends, constructed methamphetamine as more socially acceptable than ecstasy, particularly in the ways and amounts in which the A-Team used ecstasy. I describe the way that A-Team members rejected notions of ‘normal’ drug use when in particular physical and social contexts, such as the Lodge, and when among group members. I also discuss the way that routes of administration influence the

stigmatisation of methamphetamine, and describe how smoking methamphetamine was constructed as less socially acceptable than snorting methamphetamine, and less acceptable than engaging in 'excessive' ecstasy use. In exploring the way that the A-Team applied differing notions of acceptable or normal drug use, I draw on Rodner-Sznitman's (2008) concept of 'assimilative normalisation' to describe the way that some A-Team members positioned their drug use within specific cultural norms.

I also explore the way that A-Team members constructed the group as their weekend family and the Lodge as their weekend community. In contrast to theories of post-modernity that emphasise the inclination for young people to move between different social 'scenes' in search of identity (Giddens 1991; Beck 1992), A-Team members remained noticeably committed to one another and the group in a traditionally 'modern' way. I argue that in response to the decline of traditional structures such as nuclear families, community and the importance of geographic location in post-modern society, the A-Team created their own community, and their sense of identity was intimately tied to their membership of the group. I show how they used the Lodge as a space to perform ecstasy-induced intoxication because it was considered a safe space to experiment with alternative identities. In a very post-modern way, A-Team members explored their identities through drug-induced performance, but only did so in the safe confines of the A-Team, rather than drifting from group to group. This presents a more complex picture of how young people are responding to macro-level social, cultural and economic changes than simply understanding their practices in terms of a modern/post-modern binary.

The chapter is divided into two sections which describe the final phases of the A-Team's typical session, the 'going out' and 'after-party' phases.

Going out and 'straightening out'

The 'going out' phase of the evening, which typically involved attending a nightclub, was often the shortest phase of the evening. Clubbing provided a bridge between the first and third phases of the evening, the pre-going out and after-party components, in which there was a particular emphasis on intoxication and sociability. There was

much less emphasis on intoxication and sociability during the clubbing phase, but more emphasis on dancing and reducing alcohol intoxication or ‘switching’ between intoxicating substances.

While pre-going out venues varied from week to week, there was much less variation in the choice of clubs attended by the A-Team. Three clubs in the city centre and one closer to the homes of A-Team members were attended regularly over the course of fieldwork. These clubs differed in their physical layout and the type of music they played, but shared one advantage: the door staff were familiar with, if not friends of, members of the A-Team.

There were two benefits to knowing the door staff at clubs. The first was that A-Team members could avoid waiting in line to enter these venues. Melbourne has a very busy nightlife and there is often considerable competition (with other patrons) for entry into nightclubs. All four clubs that were regularly attended by the A-Team were popular and were frequently flanked by long lines of people waiting to enter; A-Team members were able to skip the lines or at least queue in the ‘member’s line’ at all four venues.

The second benefit to knowing the bouncers is that all members of the A-Team were guaranteed entry (as opposed to only some members). The A-Team tended to seek entry as a large group. If they attempted to enter a nightclub where they did not know the door staff, they risked being rejected because the group was too large. If they arrived separately at the venue, they risked only some A-Team members being granted entry. Furthermore, it was common for clubs in Melbourne to restrict entry to women, or certain ‘types’ of people, for example, those who are better dressed or those who more appropriately suit the club’s image. For example, in ‘The Round of Applause’ night, Bree’s sister and her friends were denied entry to a bar for dressing too casually. There were several occasions during fieldwork when A-Team members attempted to attend clubs where they weren’t friendly with door staff and were denied entry. For example:

When it was time to decide which club to head to, Laura said she wanted to head to Delta. Apparently this club has a reputation for being pretentious and hard to get into, especially if you go late at night. Myself,

Julie and Laura arrived before the others and had no trouble getting in despite the concern [...] However, Mick, Teresa and Jason couldn't get in when they arrived so we left and went somewhere we knew that males could get in (Fieldnote: February 2007).

Assuring entry was important for members of the A-Team because waiting to get into a nightclub (particularly during winter) was a tedious aspect of the evening, particularly because members of the group were often already intoxicated and did not want their levels of intoxication to drop. As evidenced above, it was often groups of men who had difficulty gaining entry into nightclubs. A-Team women did not experience the same problems, but were willing to forego their desire for certain venues to ensure the group remained together. There was a substantial lack of consensus among the A-Team about what constituted a 'good venue', with diverging opinions about preferred music, crowd composition, spatial layout and size. The significant divergence in preference of physical layout and crowd is demonstrated in the following responses to the interview question: 'what makes a good club setting for alcohol and other drug use?':

1. I like it when it's sort of dark. I like carpet, more homey, more comfortable, and more classy [...] I hate when it's too crowded (Laura, Interview: March 2007).
2. I don't like it really dark and small and tiny, I like to have space where I can dance. I don't like dark, dingy places [...] I like it to be busy because I like people, I like seeing different people and stuff (Stacey, Interview: May 2007).
3. I like a rave scene, lots of laser lights, glow sticks, people that are lost in the music (Jess, Interview: November 2006).
4. Personally I'm not much of a dance floor person. I prefer conversation with other people and a good setting for that in terms of a club would be somewhere with a lot of seating area where I can just chill out and do my thing (Jay, Interview: October 2006).

As is evident from these quotes, A-Team members privileged different qualities in a physical context. Laura liked private spaces, Stacey liked open spaces, Jess enjoyed the 'rave' vibe and Jay preferred settings that allowed for sociability.

There was also considerable divergence regarding preferred music among the A-Team, as demonstrated in the following quotes:

1. I like dance, commercial music (Laura, Interview: March 2007).
2. Personally I love electro sort of music, just hard stuff (Tex, Interview: February 2007).
3. I'm not a big dancer so I couldn't tell you what the last three songs that the DJ played was. It doesn't worry me. So probably a nice blend of music that's not too loud, but music that I do know so that when it comes on, I can relate to it or whatever. As long as it's not too loud and I can still talk to people (Michael, Interview: May 2007).

Despite their different preferences in venues and music, A-Team members constantly put aside their preferences for the sake of others. According to Duff et al. (2007:40), who conducted qualitative interviews with young Melbourne party drug users, factors such as the crowd, the music, the door policy, the layout and the general reputation of the club are crucial to the maintenance of the vibe, and for many, finding the right club and crowd is central to "finding one's niche in Melbourne's diverse clubbing culture". Hutton (2006), too, argued that music is important for clubbers who identify with particular sounds and scenes, and that music is as important as drugs for clubbers. The A-Team, on the other hand, consistently made compromises about venue type for the sake of togetherness, indicating that crowd, layout, music and the vibe were far less important to them than the company of their friends. Ultimately, the choice of venue tended to be determined by ease of group entry. During interviews, the only issue of consensus in terms of preferred venues was about having each other around. For example:

1. I enjoy being where there are a lot of other people that I know. It makes me feel more comfortable while I'm there (Michael, Interview: May 2007).
2. A setting can be good anytime, as long as the right people are there, it's very much company based (Jay, Interview: October 2006).
3. I don't suppose there is a really good setting, just so long as you've got people around that you know and can have fun with, it doesn't really matter where you are. So long as everyone is having fun (Mick, Interview: November 2006).

A-Team members seemed uninterested in meeting new people, and rarely did so on their nights out. While other research has emphasised that meeting new people is an important and essential aspect of clubbing (Malbon 1998; Duff, Johnston et al. 2007), members of the A-Team appeared content in their own company. The A-Team was often invited to the openings of new clubs through their wider social network, and sometimes visited these clubs once or twice before returning to the clubs with which they were familiar and whose bouncers they knew. Members of the A-Team were not interested in visiting 'exclusive', 'classy' or 'themed' clubs, rather they attended 'mainstream' venues that were associated with familiarity and comfort.

Clearly the A-Team's practices differed from clubbers described in other research, which has argued that young people drop in and out of subcultures and 'scenes', and that their membership of different groups is fluid and temporary. Malbon (1999), for example, argued that young people move in and out of communities, but identify with particular social spaces. Malbon emphasised the fluidity of clubbing groups and suggested that clubbers continually move between groups. On the contrary, A-Team members did not identify strongly with any particular clubbing space and did not move between social groupings in a fluid and fragmented way. Rather, they used particular social spaces to reaffirm their ties with one other. At clubs and music festivals they did not attempt to meet new people, but instead chose spaces within venues that they could occupy for themselves only. They often organised private rooms at nightclubs so they could dance and drink without engaging with other patrons. These findings run counter to theories of post-modernity which emphasise

the fast-paced nature of life and the tendency for young people to alternate between different social ‘scenes’ in search of identity (Giddens 1991; Beck 1992). A-Team members remained noticeably committed to one another and the group.

The clubbing component of the evening was not popular with all members of the A-Team, but did serve a specific and important function for those who wanted to listen to music and dance. For most members of the A-Team, the pre-going out and after-party phases were the favoured components of the evening, and there were a few male A-Teamers who often avoided the clubbing component of the evening. They preferred to wait at home for the clubbers to return (as demonstrated in the ‘Round of Applause’ evening when four of the males stayed at the Lodge while others went clubbing). Importantly, the clubbing routine was the period of the evening that generally involved the least intoxication, constituting an in-between phase where A-Team members could ‘straighten’ out between stages of alcohol intoxication and ecstasy intoxication. Such findings run counter to much of the research centred around post-modern night-time leisure pursuits or ‘big nights out’, in which alcohol and other drugs are combined predominantly in the context of licensed venues (Hobbs, Lister et al. 2000; Hobbs, Hadfield et al. 2003; Measham 2004a; Measham 2004b; Measham and Brain 2005; Roberts 2006; Measham and Moore 2009).

While A-Team members pursued intoxication, pleasure and leisure, they also exercised a level of control over their sessions of drug use in the way that they strategically moved through certain phases of the evening and certain types of drug use (see also Jackson 2004). They demonstrated great commitment to the routine of alcohol intoxication at pre-going out venues followed by methamphetamine use at clubbing venues and ecstasy use at an after-party location. Intoxication continued through the evening, often resulting in ‘risky’ practices and at times, loss of control. However, the A-Team strategically designed their nights in particular ways to maximise pleasure and sociability among fellow A-Team members (for example, through compromises around choice of venue).

A-Team members aimed to make each evening last as long as possible, and this was one of the primary reasons for pacing drug use carefully and one of the reasons for using methamphetamine during the clubbing phase. As noted in chapter four,

spending upwards of 20 hours together allowed for ample bonding time; it also suggests that A-Team members pursued a sense of timelessness in their leisure ‘time out’. Similarly, Hunt et al. (2009), who interviewed 300 regular attendees of San Francisco dance parties, found that participants used different drugs in particular combinations in keeping with parameters and timing that was pre-determined. Participants explained that certain drug combinations were inherently time sensitive, and that synchronising the timing of different drugs was an important factor in both maximising pleasure and reducing risk. This was also true of the A-Team. On most occasions, they used certain combinations of alcohol, methamphetamine and ecstasy that were temporally shaped and the synchronisation and pacing of their drug use was an essential factor in maximising pleasure. For example, A-Team members were reluctant to use ecstasy and methamphetamine at the same time, in case methamphetamine reduced the intoxicating effects of ecstasy. A-Team members also often used cannabis when the effects of ecstasy were beginning to wear off as they found it often interacted with the ecstasy to re-establish some of its intoxicating effects.

In the next section I explore the A-Team’s use of methamphetamine during the clubbing phase – which served to prolong the night, facilitate sociability and dancing and ‘straighten’ them out enough to switch between alcohol and ecstasy intoxication.

Clubbing and methamphetamine use

At nightclubs the A-Team continued to drink alcohol, but also began using larger amounts of methamphetamine. For this reason, A-Team members spent a great deal of time in nightclub toilets, particularly the women, who would often share methamphetamine by entering toilet cubicles together to ‘rack up’ and snort lines. In the same way that alcohol facilitated bonding (through shots, shouts, drinking games and sharing wine), the act of consuming methamphetamine with one or two friends was another form of ritualised consumption. Women would often spend time in the cubicle talking about the evening, doing their make-up and using drugs. Methamphetamine was generally ‘racked-up’ by one member of the group who would tip the methamphetamine onto a card (e.g., a credit card) and then use another card to divide the methamphetamine into lines according to the number of people in

the cubicle. A note would then be rolled up and passed around as each A-Team member snorted their line of methamphetamine. A-Team members often purchased methamphetamine to share among two people. Alternatively, they purchased their own methamphetamine and alternated using one another's during the ritual of snorting together in the toilets.

Men generally purchased their own methamphetamine and snorted it alone in toilet cubicles at clubs (they did not enter cubicles together because of concerns about being perceived as gay). However, if methamphetamine was used at home before going to, or upon returning from, a licensed venue, men and women would share methamphetamine, racking up lines together.

Methamphetamine was used by A-Team members to facilitate sociability but also to enhance dancing. As discussed in chapter five, methamphetamine was also used during the clubbing phase to enable A-Team members to 'straighten out' if they had consumed too much alcohol. For example, during an interview, Sarah commented that:

If you plan to have a lot of alcohol and you want to straighten yourself up for something, definitely have a little bit of speed and you'll feel awesome and your night will last a lot longer than having to go home because you can't keep your eyes open (Interview: September 2006).

The nightclub phase provided an opportunity to maintain levels of alcohol intoxication, with many A-Team members continuing to drink at high levels. However, methamphetamine was also used by A-Team members to reduce or mark the end of the primary focus on alcohol intoxication that characterised the pre-going out phase. Drinking was merely one component of the evening's repertoire of intoxication and after this was achieved, A-Team members switched to a new drug, methamphetamine, with different intoxicating effects. Methamphetamine facilitated 'chattiness' and dancing, but also clarity. A-Team members enjoyed alcohol intoxication but did not want it to last all night. Furthermore, the right balance of alcohol intoxication was hard to manage. Intoxication could easily turn into 'messiness' or make people feel unwell. For this reason, methamphetamine was used

strategically to reduce the chance of ‘messiness’ once alcohol intoxication had been reached.

A distinct feature of the A-Team’s routine was that they rarely used ecstasy while at licensed venues. If they did, it was used only in relatively small amounts (such as half a pill for women and one pill for men). This differed from their practice at music festivals where ecstasy was used in large amounts from the onset. While many ethnographies of drug use have described the way that recreational drug users often continue using ecstasy in the ‘after-party’ phase, I am aware of no previous research that explores the way that party drug users might deliberately avoid using ecstasy in licensed leisure spaces. Indeed, previous ethnographic research on club drug users (e.g., Moore 1995; Malbon 1999; Pini 2001; Jackson 2004; Wilson 2006; Rief 2009) and national surveys (e.g., Australian Institute of Health and Welfare 2008; Sindich and Burns 2010) show that ecstasy is a drug that is deliberately used in licensed venues and dance parties to enhance enjoyment of contextual elements such as music, lighting and other visual stimulation.

The main reason that ecstasy was not used often or in large amounts in licensed venues by the A-Team was because it was perceived to be much less controllable and potentially ‘messier’ than methamphetamine. Ecstasy often produced observable physiological effects (e.g., enlarged pupils, ‘upside down smile’, grinding teeth and jaw clenching). There were some examples of these in the ‘Round of Applause’ account, with Tim grinding his teeth and moving his head from side to side, Charlotte producing an ‘upside down smile’ and Sarah involuntarily scrunching up her nose. These facial changes were an accepted consequence of using ecstasy and were not perceived negatively by the A-Team when experienced in private settings. On the contrary, the A-Team embraced ecstasy-related ‘messiness’ in private. However, there was a perception amongst the A-Team that ‘messy’ drug use was less acceptable in public.

Similar findings have been identified in ethnographic research among another network of young party drug users in Perth, Australia (Green and Moore 2009). According to these authors, ecstasy has become categorised as a ‘messy’ drug in a comparable way to the messiness of alcohol intoxication, and its use among this

network of drug users is very much frowned upon if it resulted in what they referred to as ‘gurning’ (contorted facial expressions). The following quote from Sarah shows that she did not want to experience ecstasy intoxication around non-drug users:

Often at clubs there’s a lot of people there that don’t take drugs, and I’d rather not be off my face in front of them so I’ll wait until they’ve gone or until we’ve decided to go to wherever [someone’s home] and I’ll have something then (Interview: September 2006).

The reason Sarah did not want to be ‘off her face’ from ecstasy around people who did not take drugs was because of their reaction to such behaviour. As already discussed, many of the A-Team’s non-drug using friends often verbalised their disapproval of the A-Team’s drug use, and obvious signs of drug use often incited negative comments.

Another reason that ecstasy was not used in large amounts at nightclubs was because some A-Team members did not enjoy its effects in these venues as much as they did in private spaces. For many A-Team members, ecstasy was their drug of choice and using it in a context where the full range of benefits could not be appreciated was seen as a ‘waste’ of the drug’s effects. As discussed, the A-Team chose to frequent ‘mainstream’ or ‘commercial’ venues in which many patrons, including their own non-drug using friends, were not necessarily using illegal drugs. Security and other venue staff were also present, carefully monitoring crowd behaviour. Therefore, ecstasy use was seen as pointless if A-Team members could not enjoy its full effects and if they had to control the pleasurable intoxicating effects by acting ‘straight’. Some examples of this are provided in the following quotes:

I never take it [ecstasy] at a nightclub, I have it afterwards in our so-called recovery sessions [...] I don’t like the feeling I get when I’m at a nightclub with it at all and so I won’t take it at a nightclub (Stacey, Interview: May 2007).

Here, Stacey indicates that she does not like using ecstasy at nightclubs because she does not like feeling ‘out of control’ in public. Tex, on the other hand (below), wants to enjoy the pleasures of ecstasy in a quieter, less populated space:

I like to do it [ecstasy] at somebody's house. I don't usually take any when I go out but it'll be towards the end of the night when I do have it, but I'd rather be away from big crowds and stuff like that (Tex, Interview: February 2007).

These responses also relate to the fact that there is an element of unpredictability about the effects of ecstasy, with these likely to vary with different batches of the drug, other drug use, setting and mood.

While there is no previous research which describes the deliberate shunning of ecstasy use in public venues, one U.K. study has explored the way in which ketamine is reserved for private spaces (Moore and Measham 2008). In their narrative analysis of ketamine use among young polydrug users, Moore and Measham (2008:235) described the way in which some participants felt uncomfortable using ketamine within clubs and instead reserved their ketamine use for the after-party within a private home. One participant commented that it was "cool" for the floor to "feel bouncy" at home, but not in a club where "there's loads of other people around". A second interviewee commented that ketamine was too intense and overpowering for use in club settings and it was often difficult to maintain a normal conversation. As such, the home was better place for using ketamine.

On several occasions when ecstasy was used in public at licensed venues, A-Team members experienced adverse reactions. On one such occasion, Tex consumed a pill at around 11pm after a full day of drinking at a horse-racing event. Tex had used a pill from the same batch the week before at the Lodge and enjoyed its effects. However, ten minutes after consuming the pill, he began to feel nauseous and that his movement was impaired. He sat in the same spot for the next two hours with his head between his legs. A-Team members attempted to take him home, but he resisted. They shielded him from security staff until he felt able to move and left the club. On another occasion, Melissa had used only half an ecstasy pill at a nightclub:

As soon as we walked into The Factory, we saw Melissa sitting on a couch near the entry. She had her eyes closed and was very pale. I asked her if she was OK. She said: "I'm fucked". I asked her what she'd had. She said: "just a halfer". It would have been obvious to anyone who

knows anything about drugs that Melissa was high on ecstasy, she was rubbing her palms on her legs, closing her eyes and grinding her teeth (Fieldnote: May 2006).

Given the A-Team's concern about 'messiness' and the unpredictability of both alcohol intoxication and ecstasy use, the clubbing phase was distinguished by an emphasis on methamphetamine use. Methamphetamine enabled A-Team members to act 'normally'. It was associated with alertness, but also a sense of control. In line with self-control being considered a hallmark of 'normality' in Western societies (Keane 2002; Moore and Fraser 2006), methamphetamine use was often considered more 'acceptable' than ecstasy use among the A-Team's non-drug using friends and family. For example, Hayley and Bree, two non-A-Team members who offered frequent and extensive critiques of the A-Team's drug use, had both used methamphetamine in the past, and Hayley continued to do so on occasion. Their negative perceptions of the A-Team's drug use were generally directed at ecstasy use rather than their use of methamphetamine.

By drawing on notions of control and equating controlled drug use with normalcy, the A-Team and their wider network positioned methamphetamine use as more socially acceptable than ecstasy use. In doing so, they were engaging in the micro-politics of assimilative normalisation (Rodner Sznitman 2008). For example, when they used methamphetamine, their physical bodies and their actions were controlled and 'normal', but when they used ecstasy, their bodies and their behaviour were 'disordered' and 'messy' and therefore 'abnormal'. The A-Team and its wider network culturally positioned different types of drug use on a scale with alcohol at one end and ecstasy on the other, with methamphetamine somewhere in between.

A number of recent ethnographies have explored the way that regulation and order over the body is suspended in club settings. Jackson (2004:123) argued that while the body has become more controlled and regulated in the modern world, clubbing and drug use offers an opportunity to challenge these controls. He suggested that within these spaces bodies become more carnal and expressive. The extent and nature of this carnal embodiment depends on the codes and social behaviour that is generated within the scene. Jackson argued that 'big nights out' provide an opportunity to

“occupy an uncivilised body for a night: to grin like a fool; to laugh too loud; to sweat it out on the dance floor; to flirt outrageously; talk well-meaning shite to strangers; feel sexual; carnal and exhilarated”.

Rief (2009), offered a similar argument. She suggested clubbing represents a space in which the structures of everyday life can be temporarily suspended, social identities can be experimented with and people can act out transgressive and carnivalesque bodies. Similarly, Pini (2001:1) argued that club cultures are places where people can move beyond the boundaries, constraints and regulations associated with everyday life – from being an employee, a child, a mother, a woman and a rational subject. Pini argued that there are very few cultural spaces in which women can publically perform ‘messiness’ and transgression, but that the club is one such space. On the first page of her text, Pini used a quote from one of her participants to illustrate this point: “raving is about letting go of being conformist, and being professional and proper and together ... It’s not necessarily the dark side of you. But it’s the messy side of you”.

However, the A-Team were concerned about the way their bodies were ordered in public spaces, which differs from the findings of Jackson, Pini and Rief. A-Team members emphasised the need to act in controlled and regulated ways in club settings, and perhaps this is because they were ‘mainstream’ drug users who attended commercial venues, as opposed to the underground and niche venues attended by Jackson’s participants, and the ravers in Pini’s study. Jackson did suggest that the extent and nature of carnal embodiment depends on the codes and social behaviour that is generated by a particular scene, and Rief suggested that meanings ascribed to cultural practices are shaped in specific contexts and interpreted in locally prescribed ways. Similarly, it is likely that A-Team members were responding to the norms perpetuated within the mainstream venues they attended and regulating their bodies in line with the accepted practices of these spaces. This is one way in which they practiced the process of assimilative normalisation (Rodner Sznitman 2008).

Methamphetamine was generally used in ‘moderate’ amounts (around half a gram per session) by A-Team members. This amount of methamphetamine was considered acceptable among both the A-Team and their non-drug using friends. There was less

acceptance, among both the A-Team and among their non-drug using friends, of occasions on which A-Team members consumed larger amounts of methamphetamine and experienced negative effects such as paranoia, aggression or heart palpitations. While such effects were rarely experienced, A-Team members verbally disapproved after the A-Team member had 'come down' and quite often the A-Team member who had consumed too much methamphetamine put him or herself on a self-imposed temporary methamphetamine ban. For example, Jess recounted an occasion from the past:

I probably had too much. We had this speed and it was just super strong, and then once I stopped I had massive chills and yeah I had anxiety and heart palpitations for about two hours. We were very close to calling an ambulance. I remember not touching it for a month after that (Jess, Interview: November 2006).

The way that moderate amounts of drug use were positioned as culturally acceptable, but larger amounts of drug use were considered unacceptable, is further evidence of the A-Team's engagement in the micro-politics of assimilative normalisation in which they attempted to pass off their deviant behaviour as normal and controlled, and therefore acceptable.

The assessment that moderate methamphetamine use was socially accepted, even among abstainers, was restricted to its ingestion via oral or nasal routes of administration. The cultural positioning of methamphetamine as somewhat normalised, at least in relation to ecstasy, was compromised when some members of the A-Team began smoking methamphetamine (in a glass pipe) towards the end of fieldwork. At this time around six A-Team males (Craig, Corey, Jay, A.J., Tim and Trent) and one female (Susie) began smoking methamphetamine as their preferred route of administration. A-Team members who had started smoking methamphetamine kept it hidden from other A-Team members for a period of time before admitting to this practice. For example:

Julie and I spotted Craig and Corey standing outside on the balcony of the hotel smoking out of what looked like a long thin glass cylinder. Neither of them had invited anyone out onto the balcony with them and

neither of them mentioned anything when they walked back in. Julie told me she'd seen them doing it once before and she assumed they were smoking ice (Fieldnote: October 2006).

Both Julie and I avoided asking Craig and Corey about their smoking, which, upon reflection, appears symbolic of the stigma associated with the practice. We did not ask them about this practice because it seemed as though they were trying to keep it hidden. However, A-Team members prided themselves on keeping no secrets from one another and so upon reflection, I believe this represented a moral judgement by Julie and me in not enquiring about the behaviour. Julie and I were taken aback by the practice, as it was a route of administration neither of us had witnessed before, and one that we associated with dependence, or at least heavier drug use.

When I asked Corey and Craig about this incident during interviews they both said that they were smoking methamphetamine powder, not crystal methamphetamine, and had removed themselves from the group because they were explicitly concerned about the stigma associated with smoking methamphetamine. Craig and Corey were correct in assuming that other A-Team members might have reservations about this route of administration. For quite some time after the practice of smoking began occurring regularly, A-Team members expressed disapproval, but not overtly to the smoking members. Among the non-smoking A-Team members, the word 'disgusting' was often used to describe smoking methamphetamine. Non-smoking A-Team members positioned the smokers as the drug-using 'other' (see also Rodner 2005), and used this to position their own drug use as less harmful, drawing on Matza and Sykes' (1964) neutralisation technique 'condemnation of others', i.e., "my drug use is more acceptable because it is not as heavy as that of others".

I was particularly fascinated by the social boundaries that A-Team members created around different routes of administration, types of drugs and quantities of drugs. I often asked A-Team members why they thought it was acceptable for methamphetamine to be snorted, but not smoked, why they believed that heroin and GHB were so much worse than other drugs, and why injecting drug use was considered completely unacceptable. All A-Team members felt that there was a hierarchy of acceptability that related to types of drugs, routes of administration and

quantities of drugs, but could not articulate their views in a way that made sense to me, other than ‘that’s just the way it is’. The stigma associated with smoking methamphetamine was mostly likely due to its association with smoking ‘crack’ cocaine (which is considered a ‘harder’ drug), and the perception that smoking methamphetamine was more likely to lead to dependence.

The seven A-Team members who began smoking methamphetamine never did so in nightclubs, doing so only at home either before they went out or upon returning from a nightclub. However, those who had started smoking methamphetamine at home did not do so in the company of the wider group in the same way in which they snorted lines together; instead, they went into different rooms, such as the bathroom, clearly separating themselves from the group. This significantly changed the group dynamic. Often, the smokers would engage in lengthy conversations while smoking methamphetamine and thus be missing from the group for some time, creating further distance between themselves and the rest of the group. Furthermore, these moments of methamphetamine smoking brought the smokers closer together because they were engaging in a ritualised form of consumption that involved sharing in the purchase and smoking of methamphetamine, they were separated from the group for longer periods of time and so engaged in more ‘deep and meaningful’ and were on a different ‘high’ than those who were snorting methamphetamine. Essentially it also meant that the broader group were separated for much of the after-party, with the smokers together and the rest of the group in a separate space. While A-Team members often compromised their own personal preferences for the wider benefit of the group (for example, by sacrificing their preference for particular music or venues for the sake of togetherness), the hidden and distancing nature associated with smoking methamphetamine went against the group’s collective ethic. This threat to group cohesiveness contributed further to the disapproval from non-smoking A-Team members.

A-Team members did not heavily condemn smokers for threatening group cohesion in the same way they did to expunged members Jess, Tex and Stacey, who threatened group cohesion through choices they made about their interpersonal relationships. When it came to illicit drug use, A-Team members attempted to minimise criticism of one another, for using too much, using a certain way or using beyond the

boundaries of the weekend. They attempted to refrain from judgemental attitudes because they did not want to become 'the criticisers' (as in, their non-drug using friends) that they despised so much. In many ways, A-Team members responded to the notion of individualised responsibility when it came to drug use. Management of amounts of use, route of administration and other boundaries were left to the individual. If someone decided to use something new, like ketamine or LSD for example, other A-Team members were passive in response. When A-Team members attempted to cut back on their drug use or abstain for a period of time, other members did not try and convince them otherwise or pressure them into continuing using with the group. The onus was on the individual to make his or her choices and manage their own consumption. However, this is not to say that the group did not informally develop social sanctions and rituals (Zinberg 1984) that were by and large adhered to (such as acting controlled and ordered in public).

The explanation offered by the methamphetamine smokers was that they separated themselves from the group because smoking methamphetamine was a stigmatised activity. They did not want to show fellow A-Teamers 'disrespect' by engaging in a practice with which they were socially uncomfortable. In these sense, the smokers engaged in the micro-politics of assimilative normalisation, by avoiding the stigma of fellow group members (Rodner Sznitman 2008). Although I did not smoke methamphetamine, I often asked the smokers if I could join them, so I could get an understanding of the practice and group dynamics. The methamphetamine smokers were happy for me to be there (even though I was not partaking), because I was not offering any form of judgement about the practice. However, they clearly felt differently around other non-smokers and did not engage in the practice until they were in a space away from the non-smokers. While smokers never forbade non-smokers from joining them, they always quietly removed themselves or waited until no non-smokers were around before they engaged in the practice.

Over time, it became more and more acceptable for A-Team members to smoke methamphetamine in front of non-smokers, but most of the time it remained a distanced activity. There remained a strong perception among the group that it was not acceptable, under any circumstances, for A-Team members to smoke

methamphetamine in front of non-drug users. To my knowledge, no non-drug users were even aware that some members of the A-Team smoked methamphetamine.

At the time of writing, two years after the end of fieldwork, the seven A-Team members who began smoking methamphetamine still prefer this route of administration, and three or four more A-Team members have started occasionally smoking with other group members, while the rest of the A-Team continue to snort methamphetamine. Out of 'respect' for others, the smoking A-Team members continue to go to a separate room to smoke methamphetamine.

The language used among non-smokers to describe the smoking of methamphetamine was one way in which A-Team members offered their own critiques of the group's drug use – similar to the way in which they disapproved of 'messy' alcohol intoxication. The group regularly defined and redefined the boundaries of 'acceptable' or 'normal' drug use, complicating the normality scale even further. The strong stigma associated with smoking methamphetamine presents an interesting situation: for example, the consumption of half a gram of methamphetamine via smoking in a glass pipe was associated with a greater degree of stigma than the consumption of two grams of snorted methamphetamine. In addition, the practice of smoking methamphetamine was more stigmatised than the consumption of upwards of 10 or even 15 ecstasy pills.

The cultural positioning of different types of drug use and different routes of administration (both among the A-Team and among their wider networks) complicates the scale of 'normality' produced by both groups. For example, alcohol was considered the most 'normal' and 'acceptable' form of drug use, but not when it was associated with 'messiness'. Methamphetamine use was less stigmatised than ecstasy among non-A-Team members, but smoking methamphetamine was associated with the most stigma of all. As discussed, the A-Team also perceived injecting drug use as tantamount to 'addiction' and used the term 'junkie' to describe injecting drug users. In addition, GHB, which was associated with overdose and death, was the subject of acutely negative perceptions.

It is clear that not all party drug use was culturally or socially accommodated among the A-Team. Indeed, it appears as though drugs were positioned along a cultural

continuum, with some drugs presented as normalised but only if they were consumed in certain ways. In particular, routes of administration and quantity appear central to the way that A-Team members constructed their drug use, and the extent to which various forms of drug use were normalised. This represents another way in which A-Team members engaged in the micro-politics of normalisation, particularly the way in which they attempted to align their drug use with their own appreciation of what constituted acceptable or normal consumption behaviours (Rodner Sznitman 2008).

Having explored the A-Team's use of alcohol during the pre-going out phase and their methamphetamine use at nightclubs, the rest of the chapter explores the A-Team's use of ecstasy during the 'after-party'.

'Getting messy' at the Lodge

The after-party was the longest phase of the evening, usually beginning around 4-6am and finishing around 4-6pm the same day. Individual A-Team members went home at different stages throughout the after-session depending on a range of factors, including tiredness or the need to meet other obligations the following day. For most A-Team members, the after-party was their favourite component of the session, the one in which the most illicit drug use took place. For members, the evening's prior events had been leading up to this phase.

The Lodge and a sense of 'community'

A-Team members used the Lodge as their post-clubbing space on about ninety percent of occasions. When the Lodge was not used as the after-party location, A-Team members went to the homes of other group members who did not live with their parents (such as couples Michael and Stacey or Sean and Melissa). On these occasions A-Team members engaged in much the same behaviour, including using ecstasy to achieve intoxication and facilitate sociability, but these homes were smaller and so did not offer as much diversity in physical space and social context. Sessions often did not last as long at these houses out of respect for the residents. At the Lodge, due to its size, residents could sleep if they wished and not hear any of the

noise that was being made elsewhere in the house. In addition, Lodge residents were happy for A-Team members to stay as long as they wanted (sometimes several days), even if they were not partying themselves or had ceased doing so. However, other A-Team members were not as accepting of their houses being used in the same way.

Before the A-Team began using the Lodge as their favoured after-party space, they often went to the home of Sean and Melissa. Sean and Melissa did not attend the Lodge as frequently as the rest of the A-Team, and often attempted to hold ‘rival’ after-parties in the initial period of fieldwork. A-Team members preferred the Lodge space to that of Sean and Melissa’s, and so over time, Sean and Melissa’s relationship with the rest of the group weakened. By the end of the fieldwork period they were rarely socialising with A-Team members and had begun using party drugs with a new group of people, who often went back to their house at the end of the night. Sean and Melissa still attended the End of Lodge party and speak favourably of the Lodge, but inevitably it suited them much better to get high, and come down, in their own home, which affected their enduring friendships, and their place, within the A-Team. After some time, A-Team members no longer attempted to persuade Sean and Melissa to attend the Lodge and gave up these relationships with little resistance. My reading of this was that the Lodge was deemed more important than Sean and Melissa to the collective group.

The Lodge provided a comfortable space where the A-Team could socialise, experience pleasure and achieve intoxication over hours or days. But more than that, the Lodge was attributed ‘special’ status because it was the primary space in which bonds between A-Team members were established and maintained. A-Team members often commented that they experienced “butterflies in the tummy” when their car or taxi drove up the long driveway to the Lodge. One A-Team member commented that this was because “you just have no idea what your night has in store for you, and when you’ll be home again” (Susie, Interview: September 2006).

Ecstasy was not used in the same way in other public or private settings because A-Team members felt ‘safe’ at the Lodge – safe in the physical space, safe in the company and safe from judgement. For A-Team members, the Lodge felt like ‘home’ and they treated it as such. A-Team members often dropped their car off at

the Lodge before going clubbing and brought a bag of clothes to change into upon returning from clubbing. One of the consistently articulated benefits of the Lodge was a sense of 'togetherness', 'family' and 'community'. Symbolised by the name of the group, A-Team members felt that they truly belonged to a team, a makeshift family of people who would always be there, and whom they could trust and rely on. The following fieldnote describes a Sunday when Jess decided to present some awards to all members of the A-Team:

At about midday Jess gathered everyone into the front lounge room. She had made up a whole bunch of special 'awards' for every member of the A-Team. She told us that the idea just came to her in the middle of the week and she thought it would be fun and make people feel good to receive awards. She had obviously put some thought and time into it; some examples are:

Sarah: The award for the most recent inductee to 'scatter talk'

Corey: The award for being the Instigator every weekend

Joel: The award for organising the biggest 'off chops' clean up day of the year [encouraging all residents and visitors to clean the property one particular Sunday when they were all under the effects of drugs]

Tim: The award for the only housemate never to pay rent²⁰

Jess called each person out one at a time and everyone applauded and cheered upon the delivery of each award.

(Fieldnote: June 2006).

The giving of awards was just one example of how members of the A-Team made a conscious effort to make others feel accepted and appreciated. Awards tend to be distributed to people who have excelled in something, but on this occasion all members of the A-Team received an award and were celebrated with huge cheers. This feeling of belonging and connection to the group was an important feature of

²⁰Tim did not live at the Lodge, but spent a lot of time there on weekends and during the week.

the Lodge and the A-Team. Interestingly, membership of the group was constant and reliable and remains so three years after fieldwork.

The term 'community' is often used in reference to ravers who describe the deep connection they feel during dance parties. While some have critiqued this view (Bennett 1999; Malbon 1999) because they understand such connections as fleeting and temporary, others (Moore 2006) describe the way that young people develop a sense of cohesion and community via ritualistic activities in response to the dislocation that has occurred in post-modern times. Pini (2001) has shown that, given their reluctance to create a family and buy a home, young clubbers have begun constructing their weekend world with their friends and within clubs as 'homely'. Pini suggested that social groups now play a fundamental role in the construction of new communities (or new *communitas*), given the changes to traditional family institutions. For people who are reluctant to stop using drugs and stop engaging in weekend partying (particularly single women and men), they may feel more 'at home' at clubs because the 'mad' and 'creative' environment reflects the way they feel about the world, and creates a home they enjoy or see as more appropriate for them than traditional constructions of what a family and home should look like.

Similarly, Moore (2006) argued that in the context of chaotic and busy lives, the creation of sustained friendships that occur with clubbing spaces and the possibility of an internalised sense of identity, contribute to a sense of community and belonging. Declarations of peace, love and unity are important in the creation of this sense of community. Indeed, A-Team members professed their love for each other regularly via text message, email and in person when using ecstasy, but also when they were not 'high'. In this context, there appears to be similarities between the A-Team's connections and the 'peace, love, unity and respect' (PLUR) ethos that was evident among ravers in the late 80s and early 90s (St John 2001; Siokou and Moore 2008). Despite the purported changes to the rave scene over the past 20 years, including their commercialisation, the introduction of alcohol and changes to the general 'vibe' (Measham, Aldridge et al. 2001a; Siokou and Moore 2008), some aspect of rave ethos – particularly ecstasy induced connections – appear to have permeated some groups of mainstream youth.

Corey, A-Team founder and Lodge resident, was particularly protective of his friends, adopting an almost brotherly role. During an interview he described to me how he thought it was important for his friends to feel 'safe' while they were 'coming down' off drugs:

I think that it's important for people to have a place where they can go without people judging them or bouncers looking at them, people need a house or a place where they can go to, to just chill out [...] If you go from the club to home like I used to, you walk in the door with your eyes in the back of your head, try and avoid your mum and then you're alone while you're coming down. People come here and the reason they're here so long is because they wait until they're straight to go home. I don't mind that at all. I never had that when I was doing it [before he moved into the Lodge] which is the reason we got this place and I'm happy for people to do it (Interview: December 2006).

At the Lodge, A-Team members felt safe enough to let go of their inhibitions and act in a way that may have been less appropriate in public spaces, around strangers or around people less accepting of drug use. A-Team members often sang nursery rhymes and played games from their childhood (such as I Spy and Teepees and Indians) without fear of judgement. They often became acutely intoxicated and engaged in scatter talk, and acted in a way that was hysterical, childish or distinct from their usual demeanour. From Lodge resident Corey's point of view, this was one of the main benefits of the Lodge:

Corey and I had a long conversation and he told me that he thinks it is great that everyone loves going back to the Lodge so much and everyone lets go of their inhibitions and often acts quite immaturely [...] He discussed the beauty of being able to drop in there any time of the weekend and be welcomed with open arms into a warm, comforting atmosphere [...] For him, it doesn't feel like there is any illicit behaviour going on, it feels like a 'community' almost. He commented on the 'lack of judgment' there, one could go there any time and take whatever they want and act however they want and it would only be reflected upon

fondly [...] At the Lodge everybody knows each other which is really nice because there is a deeper element of friendship, caring and even family (with a number of siblings always there). While reflecting upon all of this Corey said to me: “ I am so happy that everybody loves this place as much as we do. I’m so happy that people feel they can come here and be themselves without judgment” (Fieldnote: June 2006).

A-Team members often drew attention to how the physical properties of the Lodge contributed to the A-Team’s enjoyment of the space:

It was always so much fun because the whole group of people was completely relaxed, there were no judgmental attitudes, there was no reason to be paranoid, and it was just a really nice environment to be in. It was a very nice house with a pool and a really nice area for drinking and a good place to sit outside and because the weather was so gorgeous, quite often we’d all end up in the pool fully dressed and just being idiots, having a ball – for some reason I always ended up in the pool, with all my clothes on. It was just a really nice environment to be in (Jen, Interview: September 2006).

Jen’s use of the past tense here reflects the temporariness of the Lodge, which was only leased for 14 months. A-Team members were aware that the rental property was due to be destroyed and the land was going to be redeveloped – they just didn’t know when. For this reason there was a strong sense of impermanence about the Lodge, which consistently provoked sentimentality, even prior to the residents moving out. There was a sense of appreciating the Lodge while it lasted because it was not the kind of lifestyle that Lodge members, nor visitors, could continue forever. For this reason, the Lodge was considered even more special.

The residents of the Lodge remained the same throughout fieldwork, but they have since moved out because the owner sold the property. This moment was honoured with an ‘End of Lodge’ party which spanned Friday to Sunday. The ‘End of Lodge’ party was a celebratory yet in many ways sombre, occasion for A-Team members. An ‘End of Lodge’ book was compiled by one of the Lodge residents, who asked all A-Team members to write favourable anecdotes about other members of the A-Team

as well as reflect on their favourite moments. These snippets and memories were collated and distributed at the 'End of Lodge' party as a keepsake. Furthermore, the resident DJ made a CD called 'Lodge Anthems' made up of "tracks you all remember rolling your eyes into the back of your head to, while thinking how good is this, while rocking the Lodge" (Email; Fieldnote: February 2007). The preparation of the book and CD reflect the importance of the Lodge for A-Team members, and also created a permanent record of the space and associated era.

The physical properties of the Lodge and the people who used its space were integral to the way that drugs were used by the A-Team. According to Duff (2007:504), social contexts have long been identified as "important determinants of human interaction and cultural change". However, the notion of 'social context', particularly in alcohol and other drug research, has traditionally been reduced to the notion of setting, background, environment and sometimes culture. Duff (2007:504) argued that social contexts are best understood as an "assemblage of relations drawing together diversity experiences of space and spatialisation, embodiment and becoming, conduct and social practices". Consistent with Duff's observations, the A-Team's alcohol and drug experiences were largely structured by the coming together of the ideal physical space and a group of people who shared similar understandings about why they used drugs. While these two components combined at the right time, A-Team members themselves consciously created and reproduced their own 'community' week after week.

A-Team members' construction of the group as a family and community at the Lodge was in part a reaction to their life-course positioning. The majority of A-Team members had moved out of home into a rental property or had purchased their own home, but none had yet started their own family. While post-modern theorists argue that young people efficiently navigate the increasingly globalised world, and move between social groups in their search for lifestyle and identity, the A-Team placed significant importance on family, community, friendship and belonging. In an increasingly globalised world, family-based forms of identity and strong social connections continue to be of significance. A-Team members reconfigured former traditional family connections and established familial relationships with one another. In research among young people in the UK, Nayak (2003) also discovered

that young people make sense of themselves and their identity through strong social relations. Nayak argued that young people are not passive recipients of social transformation and while post-modernity sheds light on the way in which lives are materially structured, it less adequately accounts for the social, familial and place-based needs of young people. He argued that locality and identity are important and that geography, social context and physical spaces provide an encrypted script for the performance of identity.

A-Team member Corey was particularly important in the reproduction of the community week after week. Indeed it was he that decided the group needed a name and coined it the A-Team. Corey was named the 'Instigator' every weekend in Jess' awards because during the initial period of fieldwork he was the heart and soul of the A-Team. Corey had never experienced such a connection to a group of people prior to the formation of the A-Team, and he was the most enthusiastic about these new friendships. Corey had strained relationships with his family, which might explain the strong connection he felt to the group, who became his makeshift family. Corey would tell me every weekend how much fun he was having and how much he loved everyone. Further, throughout our interview, Corey constantly kept returning to the safety and sanctity of the Lodge, the strength of the friendships and the absence of conflict. Corey's sense of identity was inextricably linked to the A-Team and the Lodge. He took his role as the 'big brother' seriously and treated A-Team members as one might expect a big brother to. At music festivals and nightclubs, he watched over the women to make sure they were safe. He encouraged team members to remain in close proximity at music festivals and clubs and was disappointed when everybody left the Lodge on Sundays. On occasion he would express his disappointment with A-Team members if they did not stay at the Lodge as long as usual, by chastising them (i.e. calling them 'soft') or by showing disappointment in his facial expression. Corey reacted this way in his frustration that A-Team members were not expressing their loyalty to the group in the same way that he did.

Corey was also one of the most enthusiastic drug users in the group. He consistently purchased and consumed more drugs than anyone else (perhaps equally with Craig and Mick) and often began his weekend drug use on Thursday night, finishing it late on Sunday night. Corey was the first to ask, 'what is happening this weekend?'

because he lived for the conversations and humour (and drugs) that the weekend provided. Corey was happy to 'go with the flow' in terms of venues and which celebration the A-Team would attend that weekend. Further, Corey was everybody's 'best friend' – he frequently engaged in 'deep and meaningful' conversations with men and women and avoided conflict where possible.

Unfortunately for Corey, while he remains best friends with the A-Team and a core group member, he did not continue to maintain this position as Instigator and big brother within the group post fieldwork, and through my conversations with Corey post-fieldwork (given this incident happened after I had stopped collecting data), I have deduced there three reasons for this. First, while Corey was no longer seeing Jess when she and Tex formed a relationship (see chapter four), he saw this new relationship as evidence of disloyalty and betrayal. It was particularly difficult for him because he put the group on such a pedestal. For Corey, it was as if someone had betrayed his family. His identity and sense of family was so strongly connected to the group that he could not comprehend that others did not treat his family the way he would. He was the protector, and he was helpless in this situation, he couldn't protect the group. The family that he had created was suddenly damaged and this affected his sense of self and his sense of family.

Secondly, when the Lodge ended, Corey no longer lived in the party house and so was not at the centre of the weekend's action. While A-Team members used drugs at other people's houses in the period after the Lodge 'closed', Corey never felt as comfortable in these spaces, and missed the mid-week visits that he also often received at the Lodge. He was no longer the centre of the family, he was not the big brother anymore, he was a visitor. Corey's sense of identity was linked to this role, but also to the social space of the Lodge. When the Lodge closed down, Corey had to reinvent himself, his identity and his role within the group.

Perhaps as a result of the two developments described above, Corey began smoking methamphetamine regularly for a period of time after my fieldwork period had ended. He began using all weekend and often during the week. He found himself in financial debt and experienced depressed mood during this time. This regular drug use lasted for about six months, and combined with the Tex/Jess and Lodge issues,

led to an even bigger shift in his role in the group, and by virtue, his sense of self. Today, Corey remains an integral member of the group, and best friends with everyone, but his role in the group has changed. He is no longer the big brother and family member. He is a friend, with equal status to everyone else in the group.

Corey was not the only one affected by the closing of The Lodge. Most A-Team members reduced their frequency and quantity of ecstasy use after the residents of the Lodge moved out of the house. While other private houses were used for the after-party space they were never considered to be as good as the Lodge, and sessions started becoming shorter, and then less frequent. Furthermore, the ‘closing’ of the Lodge has arguably impacted on the closeness of members of the A-Team. Some members of the A-Team often say that they miss the Lodge because they miss the level of closeness that was associated with it, and they directly attribute the closing of the Lodge to reduced levels of friendships as well as reduced levels of drug use.

Ecstasy intoxication at the Lodge

As discussed, A-Team members preferred to use ecstasy in a private, safe and comfortable space. Ecstasy was the main drug used by the A-Team. While A-Team members used alcohol and methamphetamine to varying degrees (with some individuals not using either alcohol or methamphetamine), all A-Team members used ecstasy regularly and all included it in their favoured combinations of drugs.

The emergence of the Lodge coincided with escalating levels of ecstasy intoxication during the after-party session. Some A-Team members who had previously taken their pills in ‘halves’ started taking them in ‘wholes’. Other members of the group began ‘double dropping’ ecstasy. The average number of pills consumed by A-Team members per session began increasing and occasions in which upwards of five pills were consumed became more frequent.

With escalating use of ecstasy by the A-Team, I began to observe very different effects. At the beginning of my fieldwork, my original contacts were not using ecstasy to achieve acute intoxication; they used it for pleasure and to heighten their

enjoyment of licensed venues, to enjoy the music, the atmosphere and the conversation. However, over time, I began to notice that people were no longer using ecstasy simply for mood enhancement, but to get completely ‘off my head’, ‘off chops’ or ‘off guts’. When this pattern of use became established, new words were introduced to describe the associated effects, which included ‘messy’, ‘munted’, ‘minced’ and ‘mangled’, all words that imply a certain level of physical and mental distortion. The term ‘munted’ is defined by the Urban Dictionary as: “To have intoxicated yourself with alcohol and/or chemicals to such point where respectable levels of social and/or physical functioning become problematic; where you are also (quite possibly) chewing a lot. In short, a state of complete and utter trashedness!” (<http://www.urbandictionary.com/define.php?term=munted>).

The use of the term ‘messy’ to describe ecstasy intoxication is at odds with the A-Team’s use of the word ‘messy’ to describe undesirable alcohol intoxication. ‘Messiness’ associated with ecstasy intoxication was looked upon fondly, and used to describe someone who was acutely intoxicated and had sometimes lost control of their faculties. If this occurred at the Lodge (and only if it occurred in a private space), such behaviour was celebrated. However, ‘messy’ alcohol intoxication was never approved of, even if it occurred at the Lodge. Such language and behaviour can be seen in the following email responses from Jess and Susie (respectively) about a particular ‘Sunday session’:

Let me just say that it got really messy as the day went on! Really really messy. I don't think I have ever been in a room with so many fucked people at one time (Fieldnote: July 2006).

You did miss some very messy antics especially from Jason... [who] was OFFTAP [acutely intoxicated], the funniest thing in the world. Many many stories to tell next time I see you... Mick was just as trashy as normal... Teresa got pretty messy but not funny messy just eyes rolling in the back of her head kinda messy... Jess and I got pretty trashy and every time we looked at each other we would just laugh cause we couldn't say anything else (Fieldnote: July 2006).

Another example of the way that the A-Team celebrated messiness can be seen in the following email exchange between Jess and Sean (sent to the group):

Hi all,

Hope you all pulled up ok! I was a lil [slang term for little] rusty Sunday... and so I should've been after the state I was in! Don't think I've ever been that munted and drunk before. I showed no mercy to my body!!!

In response, Sean replied to the entire group in a manner that suggested his approval of Jess' messy state:

Jess,

You are a classic... you were gone... but in a good way... very funny... plenty more of those nights to come...

Sean

(Fieldnote: May 2006).

Here Sean makes the distinction between good messy and bad messy. He indicates that Jess' behaviour as a result of ecstasy intoxication was humorous and fun, and therefore constituted 'good' messy. Several authors have suggested that recreational drug users often express negative views about 'messy' drug use (Slavin 2004; Bailey 2005; Rodner 2005; Duff, Johnston et al. 2007; Green and Moore 2009). However, these authors discuss 'messy' drug use as a form of uncontrolled use, whereas the A-Team did not construct their drug use as uncontrolled; rather, their deliberate pursuit of messiness meant that their behaviour was consistent with Measham's notion of 'controlled loss of control' (Measham 2004a).

When using ecstasy in large amounts, some A-Team members often engaged in scatter talk. While some A-Team members scatter-talked involuntarily when acutely intoxicated on ecstasy (i.e., had no apparent control over their scatter talk), others looked forward to the occurrence of scatter talk. They exploited it by losing themselves in the scatter talk, becoming new characters and staging dramatic performances. These performances were often comedic and comprised some of the

funniest and most fondly remembered moments of this period of time. Nights with numerous scatter-talk moments were defined as the ‘biggest’ and ‘best’ nights of all.

Not all A-Team members engaged in scatter talking or embraced the performance that often accompanied it. A-Team members A.J., Corey and Craig were the biggest ‘scatter talkers’ and regularly attracted an audience when they put on their ‘scatter shows’. One particular scatter moment that is often fondly recalled took place the day after Summadayze (an all-day music festival):

A.J. was becoming more comical as the night wore on. He was in a world of his own, performing his own ‘shows’ and role-playing different characters such as ‘Patty Fucking McFatty’, the ‘dyke with the bike’ who was protesting for more lesbian rights. He was then an old man complaining about the ‘youth of today’, complete with old man accent and mannerisms. His humorous performance lasted several hours. [Later in the day] A.J. decided to organise a ‘Workers Rights Movement’. He was scatter talking and demanding that everyone else take part in this protest. Everyone was allocated roles such as the representative of the Victorian Transportation Authority, Industrial Rights speaker and Lesbian Rights Activist, and given lines of speech. There was a ‘dress rehearsal’ followed by the real thing. Everyone stood in a line and took it in turn to chant the lines that A.J. had made up. For example: “Just ‘cause we’re dykes, don’t treat us like rusty old bikes”. Everyone took it in turns to say their bit about their sector and then all walked together – ‘towards a better Australia’, chanting and protesting (Fieldnote: January 2007).

A.J., Corey and Craig often made insightful and articulate statements during their sessions of scatter talking. For these men, scatter talking often involved long impassioned speeches, sometimes political, about spontaneous topics. For example:

The only other person who I noticed got hit hard by the double drop [of ecstasy pills] was Corey who was sitting on a chair in the rumpus room and all of a sudden made an out of context lengthy speech about the need for us all be vigilantes, and superheroes, we need to save the world from the villains. And then he started talking about the nature of villains, are

we the villains? Are we the real criminals? He finished by announcing that we should all get our t-shirts stamped (he didn't specify with what). It was a long speech, he probably spoke for five minutes without interruption, and his speech was intelligently verbalised. He got a big round of applause after completing this speech. He had no recollection of it when we re-told the gist of his speech back to him afterwards (Fieldnote: October 2006).

The A-Team member who was the most intoxicated from ecstasy and who engaged in the most scatter talk during each session was often described as the 'best on ground'. The term is derived from Australian Rules football commentary and is bestowed on the player deemed to be the best of the match. This is further evidence that the A-Team celebrated intoxication, equating the most intoxicated person with a 'champion' sports effort. For example:

Craig was clearly 'best on ground'. Craig took another pill soon after double dropping and started talking to himself as he often does. About six of us were sitting in the front dining room when Craig walked in and put a chair in front of all of us. He said: "I'm about to go" [about to scatter talk]. He then proceeded to be completely random, scatter talking and making no sense for about half an hour. It was like a performance with him sitting there and us in the audience (Fieldnote: October 2006).

A-Team members struggled to articulate why they engaged in the scatter-talking and their interpretation of the practice, other than fun and humour. For example:

I always entertain the masses when I'm doing it. I like making people laugh and stuff anyway and a couple of others have jumped on the bandwagon now, it's good (Interview: March 2007).

Scatter talking was celebrated, and the A-Team members that engaged in scatter talk held special status because of it – particularly A.J., Corey, Craig, Mick and Sarah. Audience members derived such enjoyment from the scatter talk of others that they encouraged those who tended to scatter talk to consume large amounts of ecstasy to

promote the likelihood of it happening. I also asked non-scatter talking A-Team members what they thought about other peoples' scatter talking:

I love it if I'm sitting with friends on the couch and you can just feel it [ecstasy] going through your body and you don't have to move, you can just sit there and chill out and look at people and listen to their garbage that comes out of their mouth. That's the funniest (Melissa, Interview: March 2007).

In the following quote, Craig comments on the enjoyment he receives from his own scatter talk, as well as others:

Yeah the shit that comes out of my mouth [laughs] I find myself amusing. I also like getting fucked up and watching everyone else say stupid shit (Interview: April 2007).

All A-Team members avoided discussing their reasons for scatter-talking, and the benefits or pleasures of the practice for the performer, or the audience. When I broached the issue during interviews or even during a performance, A-Teamers were quick to say they did not know, that it was "just fun" and changed the subject. Over time it became clear that they did not want to dissect this aspect of their drug use because they did not want to destroy it, they did not want to over-think it, it just 'was'. Further, the practice was indescribable, it was an experience, a feeling that could not be adequately explained using words. Similar findings were described in Moore's study of Bohemian ravers (1995:208), for whom the experience of raving was hard to define, i.e. "it just felt right". For the Bohemians, setting up the context for self-expression at raves had to be carefully managed. While the stage was set by the rave organisers, who carefully orchestrated the physical space to complement the pharmacological properties of ecstasy use, ravers bought their own conditions to the space which were equally important. They bought "willingness to enter a zone heralded by the acceptance of an altered state, and the company of like-minded friends" (pg. 208). However, the careful management of the success of the rave was difficult to orchestrate and difficult to define. Similarly for the A-Team, while the social context of the Lodge brought the right ingredients, several indistinguishable factors had to be in place to achieve successful ecstasy intoxication to the point of

performance. But delineating exactly what was the purpose and pleasure of scatter-talking and performance was both seen as futile and unnecessary. The transcendence of the group was the essence of the performance (see also Moore 1995).

Moments of scatter talk and acute ecstasy intoxication were reserved strictly for A-Team members, which is perhaps why they occurred later in the session after non-A-Team members were no longer present. There were some occasions at the Lodge in which scatter talk occurred among non-A-Team members, as evident in the 'Round of Applause' evening in which both George and Dale were present. However, this can be explained by the fact that George was a good friend of the A-Team's, a fellow drug user, and was also scatter-talking. Dale, who had never met anyone at the Lodge, was quite alarmed by the scatter talking when he first woke up – which reflects the views of other non-drug users who, when told stories of acute scatter talking, expressed fear and alarm at the practice.

While A-Team members were critical of group members who used large quantities of methamphetamine, this was not the case with alcohol and ecstasy. A-Team members who consumed the most alcohol and ecstasy pills were celebrated, rather than condemned. The purpose of alcohol and ecstasy use was to pursue to intoxication (as opposed to methamphetamine which was most often used to facilitate control and enable the consumption of larger quantities of alcohol), which might explain the celebration of larger amounts and the potential for humorous, intoxicated behaviour. However, this differed again among non-A-Team ecstasy users (for example, Dale, above), non-users and ex-users, who constructed 'excessive' ecstasy use as unacceptable and alarming.

Women engaged in scatter talking as well as men. There were men and women who were more likely to 'let go' and engage in scatter talking and dramatic performances, and both women and men who were unable to 'let go'. Pini (2001) has argued that there are very few cultural spaces in which women can publically perform 'messiness' and transgression. In the past women who have been 'off their faces' have been constructed as irresponsible, hysterical or 'sexually loose'; but within social dance scenes, these ideas are being subverted and women's 'madness' is just as acceptable as men's. Women are experiencing their own adventures and journeys

through the night, both physically and mentally. Indeed, female A-Team members were just as free as men to perform ‘messiness’ in private settings.

In many ways the A-Team’s ecstasy use differed from that reported in other research, which emphasises sociability, intimacy and enhanced mood as primary effects (Hammersley, Ditton et al. 1999; Hansen, Maycock et al. 2001; McElrath and McEvoy 2001; Hammersley, Khan et al. 2002; Duff, Johnston et al. 2007; Hunt and Evans 2008; Bahora, Sterk et al. 2009). The A-Team’s use of ecstasy transcended pleasure, sociability and empathy (which were also consistently articulated benefits) to include other benefits such as the deliberate or ‘controlled’ loss of control – but only in private, safe spaces. While A-Team members attempted to ‘manage’ their alcohol intoxication by using methamphetamine, it was deliberately shunned during the ecstasy intoxication phase as it reduced the capacity for ecstasy intoxication (see also Hunt, Evans et al. 2009). For example:

Nowadays there’s no way I’ll have speed and then drop a pill because it’s just wasting the pill. I’ll have speed and I’ll be on that all night [...] and I’ll wait until I get home and I’ll have my first pill when I start to feel the speed wear off [...] the pill hits you harder because you don’t have much speed still in your system (Corey, Interview: December 2006).

The physical space was crucial to the way that A-Team members felt sufficiently safe to let go of their inhibitions and act in a way that would have been less appropriate in public spaces, around strangers or around people less accepting of drug use. A-Team members felt safe enough at the Lodge to really “let go”. Moore’s (1995:209) Bohemians discussed a similar feeling at raves – which were environments so accepting and safe that they were free to get “drug-fucked” and focus on self-expression. A-Team members often sang nursery rhymes and played games from their childhood (such as I Spy and Teepees and Indians) without fear of judgement. They often became acutely intoxicated and engaged in scatter talk, and acted in a way that was hysterical, childish or distinct from their usual demeanour. Other research has noted that ecstasy (and ketamine) consumption results in ‘messy’ or ‘childlike’ behaviour (Tomlinson 1998; Wilson 2006; Moore and Measham 2008), but I am unaware of any previous research that describes scatter talking and the

performance of an intoxicated self. Goffman (1959), in his analysis of the way that people present themselves to others in everyday life, claimed that ‘normal’ appearances are important for reproducing situations of normalcy and normal identities – which is consistent with the way in which A-Team members attempted to ‘order’ their bodies in public spaces. However, according to Goffman, all individuals preserve a division between normal self-identities and performances that are reserved for specific private social contexts. The Lodge became an important place not only for A-Team members to socialise, but where they could perform particular identities and explore various subjectivities.

In many ways, the A-Team’s use of ecstasy to induce scatter talking and (on some occasions) the dramatic performance of an intoxicated self, constituted a ‘calculated hedonism’ (Featherstone 1994), in which A-Team members strategically moved in and out of control, “enjoying the thrill of the controlled suspension of constraints” (Hayward and Hobbs 2007:437). When engaging in scatter-talking performance, A-Team members often gave themselves over to the intoxicating effects of the drug, but could easily move back out of this state if someone asked a serious question or if they were required to talk to a family member on the phone. Many of the ‘calculated hedonism’ and ‘controlled loss of control’ theories have arisen in the ‘binge drinking’ literature from the UK but can be applied to the A-Team’s patterns of drug use, particularly their ecstasy use. Fenwick and Hayward (2000) use the term ‘calculated decontrol’ to describe the capacity of the post-modern subject to enjoy shifting between the intoxicating pleasures of attachment and detachment.

To my knowledge, there is no previous research that has discussed the practice described here in which one of the primary functions of ecstasy use is to enable scatter talking and the performance of an intoxicated self. The A-Team’s use of ecstasy in this way may be why they differ from other groups of young drug users, both in Australia and around the world, who regularly consume ecstasy in licensed venues. The question might be asked why A-Team members did not seek out licensed venues where ecstasy intoxication and the physical effects of ecstasy were more accepted. This is because A-Team members were committed to their mainstream identities. They did not want to go to niche venues or well-known ‘drug clubs’ where there were visible signs of ecstasy use because they did not identify

themselves as ravers or even as heavy drug users. They enjoyed going to commercial nightclubs because they felt most comfortable at these venues and were surrounded by patrons who they identified with. Given that the most beneficial function of ecstasy for A-Team members was to alter their state of consciousness to a point where their bodies and minds were transformed in such a way that would be neither possible, nor desirable in club settings, they reserved their ecstasy use for a private environment.

Moore and Measham (2008), in their ketamine research, suggested that the use of ketamine only within 'chill-out spaces' in the UK relates to the drug's pharmacological effects. I would argue that it may also relate to the way in which participants did not want to let their bodies become disorderly in public. Moore and Measham showed that participants' accounts drew on discourses of 'inappropriate for occasion' usage and 'inappropriate for purpose' usage in order to position themselves as 'sensible' recreational drug users (Parker, Williams et al. 2002). Such concepts are consistent with the notion of assimilative normalisation (Rodner Sznitman 2008). This idea of 'appropriate for occasion' and 'appropriate for purpose' is useful in understanding the various micro-politics that the A-Team engaged while trying to uphold their outwardly mainstream identities. At the Lodge, where A-Team members felt safe and were among friends who did not stigmatise or judge them, they were able to give themselves over to the pleasures of ecstasy, lose control over their bodies and get lost in scatter talking performances. However, in public spaces, they were concerned about the potential stigma from non-drug using friends, strangers and venue staff and so used methamphetamine to at least create the illusion of control and order.

As discussed in chapter two, health has become a project of 'the self' that has to be constantly managed in post-modern times, and the body has become the key source of this management (White and Wyn 2004). Control and regulation of the body are encouraged through moral standards that encourage order, control and restraint (Hathaway, Comeau et al. 2011), and there are increasing expectations that people will engage in practices of self-surveillance, self-discipline and self-control (Giddens 1991; Beck 1992; Lupton 1995; Turner 2000). As a result of this individual focus on maintaining health and making the 'right' decisions, risk and risk avoidance has

become identity defining, and influences how people chose to live their everyday lives, how they distinguish themselves, who they chose to socialise with and how they perceive their bodies (Lupton 1999). The A-Team's focus on controlling their bodies in public space was strongly influenced by public health expectations about order and rationality. However, in private spaces, A-Team members rejected these social views and instead pursued ecstasy intoxication, scatter-talking and performance in the process of developing their personal identity.

Social networks and groups are particularly important for the way that people engage in, construct and give meaning to identity, and engagement in 'risky' practices are often part of this journey (see also Lupton and Tulloch 2002). Individuals engage in risks to experiment with identities and personal limits. They are not passive victims of post-modern society and although adhere to social norms in mainstream spaces, still find appropriate times and social contexts in which to explore alternative forms of mind and body. Scatter talking for A-Team members was in some ways an endeavour to break free of the regulations that were imposed on their bodies via public health discourses that emphasise self-regulation and techniques of surveillance practiced by the state (and perhaps also security and other staff at nightclubs). A-Team members articulated that one of the functions of their use of alcohol and party drugs was to 'switch off' from their Monday to Friday worlds, and the monotony of their weekly routine. All A-Team members worked or studied full-time. No A-Team members worked in 'the arts' or industries that promoted or involved overt forms of creativity; rather, most A-Team members worked as tradesmen or in 'office jobs'. Some A-Team members 'switched off' or escaped their Monday-to-Friday worlds by becoming an alternative character, albeit temporarily. This function of ecstasy might be a good example of the way in which members of low serotonin capitalist societies (James 1998) might strive to step outside the boundaries of their usual, 'normal' and 'accepted' demeanour.

In her analysis of clubbing practices in London and Istanbul, Rief (2009) described the way in which ecstasy served to achieve distance from normal, mundane, everyday life, and offered the opportunity for people to develop a better, or more desired, kind of reality. She suggested that altering one's physical, cognitive and emotive states is a way in which distance from everyday life is realised and a new

form of reality can be enacted. The excitement offered by transgression and performance makes society tolerable for young people, a space in which they can search for meaningful experiences that are not available to them in everyday life.

Jackson (2004), too, suggested that ecstasy has taught people the “joys of abandonment” in a world in which they are constantly forced to think about the future. He described physical abandonment – that is, the carnal, expressive, visceral experience of pleasure; emotional abandonment – that is, forgetting about the insecurities of the everyday world, expressing real happiness and communicating honestly with people; and social abandonment – that is, enjoying the company of friends, talking animatedly to strangers, forgetting about normal social niceties and social reserves and getting to know people on a deeper level.

Pini (2001) described the way that one of her clubbing participants claimed that the Monday to Friday version of herself was not “the real me”. The ‘real’ version of herself was the one who got mad and messy on a Saturday night. Similarly in this research, becoming messy, disordered and carnivalesque on ecstasy, was a purposive method for participants to distance themselves from their ‘normal’ identities and release both their bodies and minds from the restrictions imposed on them in other parts of their lives. A-Team members explored their post-modern identities through performance, not through clothes or other types of identity-exploring measures (see also Wilson 2006).

Given that there has been no previous research that explores this type of ecstasy use, this either means that the A-Team was unique in engaging in this practice or that, given that limited ethnographic research has been conducted among party drug users, this practice has gone unrecorded. If this practice is common among other groups of ecstasy users, it is conceivable that it may not be discussed in in-depth interviews because it is not something that is definable and it is a practice that is reserved especially for group members. Given that non-A-Team members were anxious and fearful about these particular effects of ecstasy, most probably because they perceived it as a ‘loss of control’, perhaps other ecstasy users attempt to avoid stigmatisation by not discussing this function of ecstasy use.

As suggested, the A-Team's ecstasy use was perhaps the least 'acceptable' component of their weekend repertoire as perceived by non-A-Team members (given that they were not aware that some A-Team members smoked methamphetamine). It is likely that acute ecstasy intoxication and scatter-talking was seen as akin to 'loss of control', and that non-drug users feared this loss of control. However, A-Team members did not construct their intoxicated ecstasy practices as 'uncontrolled'. For some A-Team members, the accomplishment of scatter talking was the deliberate end product of their ecstasy consumption. The performance of an intoxicated self was for many A-Team members the sole reason they consumed ecstasy. But to achieve this state, many elements had to be in place. To give themselves so freely to the drug they had to be in a safe, comfortable space and around people who would not judge them and who would embrace and encourage the performance. Most often, the intoxicated performance reached the greatest heights when others of the same mindset joined the performance.

The importance that A-Team members placed on altered states of consciousness and the 'ecstasy performance' was one way in which they engaged in transformational normalisation (Rodner Sznitman 2008). Transformational normalisation refers to a process in which illicit drug users actively attempt to redefine what is considered to be 'normal' with respect to drug use. A-Team members used ecstasy for different functions and benefits than those offered in public discourse (which typically include empathy, energy and mood enhancement). Indeed, they created their own weekend world of 'scatter shows' and dramatisation, where they flirted with alternative identities, became new characters, and pursued a state of mind that was distinct from their 'normal' self. However, the A-Team only attempted to transform the boundaries and benefits of ecstasy use to include performance and scatter talking within the safety and sanctity of the group. Despite the A-Team's enjoyment of acute ecstasy intoxication (particularly the performance aspect), and its engagement in transformational normalisation, members kept this part of their drug use hidden from those outside the group to avoid disapproval. In other words, they engaged in transformational normalisation at the Lodge, but also attempted to manage their drug use in line with social norms and engaged in assimilative normalisation outside this setting.

Not all A-Team members engaged in scatter talking. Some group members did not relax enough to let themselves succumb to the intoxicating effects of ecstasy, and some chose not to succumb to these intoxicating effects or chose to enjoy intoxication in a different way (such as quietly enjoying the bodily sensations). Those A-Team members who were unable to relax enough to allow moments of scatter-talking often commented on their inability to 'let go'. These A-Team members indicated that this was probably due to their need to maintain control over their behaviour. Many A-Team members who were unable to 'let go' and felt a strong desire to control their behaviour were those who preferred methamphetamine to ecstasy. The inability or reluctance of some A-Team members to relinquish control and fully give themselves to the intoxicating effects of ecstasy in order to engage in scatter-talking, reflects the way that these group members attempted to maintain control of their bodies and behaviour, in keeping with a rational, controlled, ordered, neo-liberal subject – and again engaging in assimilative normalisation (Rodner Sznitman 2008).

Conclusion

Chapters five and six have outlined the locations and social structure of the A-Team's weekend leisure time, from pre-going out drinks to clubbing to post-going out ecstasy intoxication and recovery. Significantly, the A-Team placed much more emphasis on the importance of the nature of private space for the after-party than they did on the quality of licensed venues for the pre-going out and going out phases of the evening. Consistent with recent research, the A-Team created their own informal night-time economy beneath and beyond the commercial night-time economy (Grace, Moore et al. 2009), with 'at-home' drinking and drug use more the norm than the exception. What was unique about the A-Team's repertoire of intoxication was their avoidance of ecstasy within licensed venues, and their pursuit of alternative contexts for ecstasy intoxication, both of which have not been recorded in previous research on young party drug users.

A-Team members placed a significant amount of importance on their friendships, indeed many members constructed the group as their family members and the Lodge

as their weekend community. In this sense the A-Team remained 'modern' in that they wanted community connections, and shaped their identities based on their place within this group, but the form this community took was different. The A-Team was post-modern in the sense that they wanted to experiment with identity outside the confines of (nuclear) family and work, but they did so within the safe confines of the A-Team and the Lodge rather than drifting from group to group. This complicates the picture of the post-modern consumer and suggests something more complex is going on for young people who still find comfort in modern traditions.

The three drugs used most commonly by the A-Team all had distinct social properties, and sociability was the most commonly noted benefit of the A-Team's weekend leisure routine. A-Team members carefully and deliberately used certain types of drugs in what they considered to be appropriate spaces in order to enhance sociability; all drugs facilitated 'chattiness', alcohol and ecstasy facilitated humour in their interactions, and methamphetamine enabled them to stay awake for extended periods of time to socialise.

Intoxication was the second primary benefit of the A-Team's weekend drug use, and again different drugs were used by A-Team members in specific locations to maximise the pleasures and benefits of drug use. Both alcohol and ecstasy resulted in pleasure and created moments of fun but also allowed A-Team members to alter their state of consciousness. Alcohol intoxication decreased inhibitions and facilitated conversations and behaviour that were less likely when sober. Previous 'binge' drinking research has established the relationship between alcohol, pleasure, humour and reduced inhibitions (Harnett, Thom et al. 2000; Measham 2004b; Hayward and Hobbs 2007; McMahan, McAlaney et al. 2007; Szmigin, Griffin et al. 2008). Ecstasy intoxication facilitated openness and empathy, but for some A-Team members it also allowed them to stage performances and assume other characters. Intoxication, then, was for some A-Team members a purposive method of distancing oneself from their 'normal' selves and experiment with alternative identities. Alcohol and ecstasy intoxication opened up the possibilities for interactions perceived to be otherwise unavailable, and the desire for amusing intoxicated experiences cannot be underestimated for young adults who seek excitement in their leisure time. Furthermore, intoxicated weekends were seen as deserved in the context of 'time out'

from work and other daily responsibilities, the only context in which they could ‘switch off’ and achieve balance between work and play (Parker 2007; Grace, Moore et al. 2009).

A-Team members, while consistently pursuing sociability and intoxication, were also confronted with resistance from non-drug using family and friends in relation to their drug use, and in some cases also encountered resistance from within the group. Group members and those outside the group influenced social constructions of drug use, and what constituted acceptable and normal drug use. On an imagined ‘normality scale’, alcohol appeared to be associated with the greatest level of acceptance, although ‘messy’ alcohol intoxication was discouraged. A-Team members often used the first phase of the evening, the alcohol phase, to reconnect with non-group members due to the perception that their drug use was more acceptable during this phase of the evening. Methamphetamine was also sometimes used around non-A-Team members but was concealed. Methamphetamine was used around non-A-Team members and in nightclubs because it facilitated controlled and therefore acceptable, behaviour. The smoking of methamphetamine was entirely concealed from non-drug using friends but was also stigmatised by some members of the group, indicating that smoking methamphetamine was associated with the greatest degree of stigma and so sits at one end of the normality scale. Finally, acute ecstasy intoxication was relatively hidden from non-drug using friends and experienced only among other A-Team members in the comfort of the Lodge.

A-Team members were required to regularly manage the micro-politics of normalised drug use, and they relied heavily on the importance of social contexts in managing drug-related endorsement and stigma. In constructing their normalisation thesis, Parker et al. (1998) did not take into account the way that prevailing stigmas associated with drug use might affect how young people use illicit drugs, and how they might attempt to manage their drug use in line with the cultural positioning of different types of drug use and different forms of consumption. The A-Team consistently articulated the benefits of their drug use, particularly related to sociability and the pleasures of intoxication, but at the same time experienced negative reactions about their drug use from non-group members. The main way that the A-Team managed this tension was by concealing their drug use from their family

and non-drug using friends. They restricted the exploration of the 'real' pleasures of their drug use to a social context that provided safety (the Lodge), and among people who refrained from judgment.

Rodner Sznitman's (2008) interpretation of normalisation as a process that involves the management of stigma and other micro-politics of normalisation provides a useful frame for understanding the tensions the A-Team experienced when managing their drug use. The concepts of assimilative and transformational normalisation are very applicable to the A-Team as they negotiated the tensions between pleasure and stigma and between intoxication and control. It is also evident that context, route of administration and drug use quantities are crucial to the way that young party drug users manage the micro-politics of normalised drug use, with different drugs normalised to different extents in different physical and social contexts.

Chapter 7:

“Can’t wait to be completely off my rictaaaaaaascale”:

Alcohol and party drug use at key events

Chapters five and six outlined a typical session of alcohol and other drug use for the A-Team. Typical weekend sessions were generally structured around a celebration of some kind, usually birthdays but also housewarmings, engagements or ‘going away’ events. The exception to this general routine of alcohol and other drug use took place at ‘key events’ (Moore 1992). These took two main forms: music festival events and sports-based events. Music festival events included both day-time, outdoor music festivals and night-time, indoor events, both of which were structured around heavy ecstasy use. Sports-based events generally took place during the day and involved heavy alcohol use.

Key events were considered significant for several reasons. Firstly, key events were usually ‘built up’ over a period of time prior to the event, which added to their special status. This build up and other rituals associated with key events were important in reproducing the notion of the collective and creating a sense of group cohesion. Secondly, key events differed from typical sessions in both context and the amounts and types of drugs used, which created a sense of enthusiasm and anticipation not generally associated with the typical weekend routine.

In this chapter, I argue that the way in which different types of drugs were used at key events is further evidence of the differentiated normalisation that the A-Team practiced. I argue that particular drugs are used in different social contexts based on perceptions about what is socially and culturally acceptable in these contexts. At music festival events, the A-Team used ecstasy in similar amounts to those used at the Lodge. Ecstasy use at the Lodge was specifically reserved for this context because of the safety, comfort and lack of judgment associated with this space. Thus

it appears that the A-Team perceived the same level of comfort and acceptance at music festivals. The apparent normalisation of ecstasy at music festivals is most likely related to the transfer of traditional rave practices to music festivals, and the fact that many other festival attendees also use ecstasy. Yet, these are very public settings compared with the Lodge. This suggests that the cultural positioning of certain drugs is unique to the contexts in which they are used, with the use of ecstasy seemingly normalised both within dance party settings and the Lodge, but not at licensed venues or sports-based events.

The A-Team did not use ecstasy at sports-based events, instead focusing on the use of alcohol and methamphetamine. Methamphetamine use on these occasions was concealed and the drug was not consumed in a shared group context in the same way that it was during a typical weekend session. At sports-based events, there were often non-A-Team members in attendance because sports-based events were considered more 'mainstream'. The A-Team's focus on alcohol consumption at sports-based events is reflective of the link between alcohol and sport in Australia, and the lack of association between illicit drugs and sport, which contribute to the way that both alcohol and illicit drugs are used (or not used) at such events.²¹ In this chapter, I show how A-Team members engaged in various micro-political management techniques in order to respond to the social norms and cultural frames operating in different contexts (Rodner Sznitman 2008).

A description of the two types of key events attended by the A-Team are presented in the chapter and the ways in which their alcohol and other drug use on such occasions varied from their typical routine. I present an ethnographic account of Summadayze, a day-time music festival, followed by an account of Derby Day, a sports-based event. I have chosen Summadayze and Derby Day because both were attended annually by A-Team members, and the patterns of alcohol and other drug use displayed at them were typical of such events. Throughout this chapter, I describe the

²¹The cultural association between sport and illicit drugs has increased in recent times, with a number of high profile Australian AFL and Rugby League players caught using party drugs such as methamphetamine and cocaine. However, these sportsmen are generally heavily vilified by the media for this practice.

way in which key events differed from the A-Team's normal weekend practices in relation to drug use. I argue that the consumption of alcohol, methamphetamine and ecstasy within particular social contexts and with particular people, is further evidence that the cultural positioning of these drugs changes according to circumstances. As such, understanding normalisation as a process more adequately appreciates the dynamic and complex ways in which young drug users negotiate the micro-politics of normalised drug use (Rodner Sznitman 2008).

The chapter concludes by reflecting on the way in which participation in key events served to facilitate group bonding and a sense of community among A-Team members. I describe the way in which social groups play a fundamental role in the construction of new communities for young people living in the new millennium. I argue that the A-Team might be understood as 'anti-post-modern' in their adherence to community and suggest their desire for a community was a reaction to the increasing dislocation they experienced from community structures outside the A-Team, and also their positioning as young adults. I also suggest that some aspects of rave culture, including the PLUR ethos (St John 2001; Siokou 2002) appear to have permeated some groups of mainstream youth operating in the post-rave night-time economy.

Summadayze and 'The Workers Rights Movement'

Summadayze is an annual day-time music festival that takes place in the capital cities of Australia. In Melbourne, Summadayze is held at the Sidney Myer Music Bowl (an outdoor concert venue) on New Year's Day. Summadayze has been held annually since its inception in 1998; one of Melbourne's most popular music festivals, it regularly attracts a crowd in excess of 25,000 people. Summadayze is organised by Future Entertainment, one of Australia's leading dance music event companies, and is highly organised and well-run. One of the biggest drawcards of Summadayze is its ability to attract some of the world's highest-profile DJs (LiveGuide 2009).

Summadayze 2007 was being discussed with anticipation among the A-Team months before it was due to take place. For example, the following series of emails began in

early October 2006, and is just a small sample of the email exchanges that occurred in the build up to the event:

Hi all,

The scary day has come – AGAIN!!! Tickets are on sale for Summadayze this Monday the 9th. Should we all arrange to get them or what????

Check it out – “that's exactly where she wanted to go & she just went there” – more random comments like that from Julie will be appearing again I'm sure!!!²²

Ok well let me know your thoughts! ☺

Luv Julie. Xoxo

I'll be there for sure - can't miss out on Jen dancing in the rain by herself!!! That was just the funniest!²³

I'm getting my tickets on pay day.

(Anna)

Yeah for sure Julie, we should organise a massive crew this year... one of the best days of the year.

(Sean)

Hello gorgeous ones!

I got 4 tickets yesterday...

I hope you all are ready to dance rain, hail or shine this year!

(Jen)

In addition to these pre-festival emails, there were also text messages sent leading up to the event. For example, on the night before the festival, Jen sent around a group text saying: ‘Only 10 hours to go, WOOHOO!’ On the morning of the festival, Anna sent around a text saying ‘Good morning everyone! Happy Summadayze! See u

²² This quotation derives from a statement made by Julie in a moment of ‘scatter talk’ in a taxi on the way home from the 2006 Summadayze.

²³ Again, this email refers to activities at the 2006 Summadayze.

there.’ And Stacey, who was away for the holidays and unable to attend Summadayze, sent around a text saying: ‘Make sure you keep me informed with all the scatteredness antics, I want frequent SMS [short message service] updates! Have a disco treat [ecstasy pill] for me’.

Julie had come across an AUD\$600 per hour limousine service that she thought would be a stylish way to arrive at Summadayze. It was a jeep stretch limousine, and had strobe lights and a surround-sound system. She sent around an email to gauge interest, the cost being AUD\$50 each. Despite the cost, a number of A-Team members replied with a resounding ‘yes’. Two weeks before the festival, Julie sent around the following email:

Hi kids,

The Kewl²⁴ limo is all locked in... I paid for it today!! ☺

The girls & I actually saw the white limo at the races on Friday night, we even got to have a look inside & it was absolutely crazy in there. Strobe lights & neon lights, karaoke machine, 3 plasma’s etc... UNREAL!!!!

Can’t wait to be completely off my rictaaaaaascale²⁵... LOL [laugh out loud]

Most of the A-Team celebrated New Year’s Eve quietly in preparation for Summadayze because they wanted to be ‘fresh’. Although all members of the A-Team had visited the Lodge for a New Year’s Eve party, most went home just after midnight to sleep. The limousine was due to pick up at least 12 A-Team members from the Lodge at 10am. I picked up Laura and Julie at 9am and we headed up to the Lodge. With Julie was Cherie, a friend who was visiting from Brisbane and had come to Melbourne especially to spend New Year’s Day at Summadayze. When we arrived at the Lodge the limousine was waiting for us. Julie, Laura and I went inside the house to say a quick hello to the Lodge residents, who had decided not to ride in the limousine. They would make their own way to the festival later in the day. I soon

²⁴An alternative spelling to ‘cool’. The A-Team often wrote and pronounced cool in this way.

²⁵To get off the ‘rictaaaaaascale’ (Richter scale) was a phrase used often amongst The A-Team, and referred to getting ‘off their head’ on ecstasy.

found out that A.J., Craig and Jay had had a ‘big night’ and had stayed up all night. Apparently Craig had used speed and couldn’t sleep, and Jay and A.J. had also used speed but, in addition, had taken pills late in the night.

In the kitchen at the Lodge, Julie, Sarah and Laura were deciding how to conceal their drugs because they were concerned about ‘sniffer dogs’ [passive-alert detection dogs] and security checks on bags. Julie had heard that the best way to conceal the odour of ecstasy was to seal it in several plastic bags. Somebody else mentioned packing it with coffee beans, but Julie said she’d heard that the dogs were trained to smell coffee beans. Sarah said she had hidden her pills in her bra the year before, as it is further away from the dogs’ nose. This year, she was wearing a top minus bra and was worried that the pills might fall out of her hat if concealed there. She decided to carry them in her purse. Julie and Laura wrapped their pills in several plastic bags supplied by Corey and pushed them inside their bras.

Twelve of us had decided to go in the limousine: Mick, Teresa, Sarah, Tex, Jason, Jay, Laura, Julie, Cherie and me, and we were picking up Toby and Candice on the way. Teresa had bought a bottle of champagne for the ride, Sarah six vodka cruisers [vodka mixer drinks] and Tex six Canadian Club and dry’s [whisky and dry ginger ale mixers]. Sarah seemed slightly cranky. When I asked her about it, she told me that she had a hangover and regretted drinking two bottles of wine the night before.

Most of the alcohol brought for the limousine was consumed on the hour-long ride to the festival venue. On the way we picked up Toby and Candice, who had purchased special contact lenses to wear for the day. Toby’s lenses were yellow with red veins in them (they were truly frightful), and his girlfriend’s eyes were blue and white circles, like a spinning top (equally frightful). Some A-Team members had organised other special novelties for the day. Toby was wearing a bright red and yellow surf-life saving shirt, Jason had sweat-bands colour-coordinated with his singlet, and Mick had bought a t-shirt that had an equaliser on the front which lit up whenever music was played.

Mick had apparently already dropped [taken ecstasy] before we left the Lodge. I was sitting at one end of the limousine with Mick, Teresa, Toby and Candice. I later

discovered that Laura, Julie, Sarah, Tex and Jason all dropped ecstasy in the limousine too.

There was no queue when we arrived at the venue at 11am. We headed straight to an area of the arena where the A-Team had based itself the year before. It was a hot and humid day. The venue featured a large main stage, large grassy area and smaller stages were positioned around the periphery of the venue. The main stage hosted the headline DJs and played to the entire large grassy section. Four smaller stages around the edge were for particular types of music. We congregated on the top of the hill at the back of the arena directly in front of the main stage, with the main bar behind us. We arrived early enough to get a seat under one of the umbrellas that dotted the grassy area. Toilets, food vans, clothing stalls and a Ferris wheel were also close to our position.

The festival used a system of drink cards for purchasing alcohol. The first task after arriving was to visit the station selling the drink cards. The drink selection was limited to cans of beer and mixed spirits. As it was my first Summadayze, I was not sure how the routine of the day would go, and I was not sure if A-Team members would get drunk before consuming drugs or not. It was not until everyone bought only AUD\$20 worth of drink cards that I realised that alcohol was not going to be a big feature of the day. Ten minutes later, Sarah threw away her half-finished vodka mixer, and it was then that I found out that they'd all 'dropped' in the limousine. I expressed surprise. Sarah said, "Oh yeah! It's Summadayze baby".

Laura, who rarely used illicit drugs anymore, had planned to use at Summadayze, making an exception to her 'no drug use' rule for the event. She had arranged to take the two days after Summadayze off work, so she would have sufficient time to recover. Laura had dropped half a pill in the limo and half an hour after getting to the venue she told me that she was going to the toilet to have the second half. Julie went with her, intending to take her drugs too. An hour later, both of them told me they were "feeling it" but Julie said it was a very "smooth feeling". Laura reiterated this saying to me, "I'm not fucked up, I feel great, but I just want to get fucked up!" (see chapter nine for more on Laura).

We sat under the umbrella for awhile to avoid the sun. Over the next couple of hours, we were joined by Jen, Susie, Sean, Melissa, Jess, Corey, Craig, Tracey, Charlotte, Vicki and Lucy. We based ourselves under the umbrella, sitting or standing around the assembled handbags. A-Team members came and went throughout the day, dancing closer to the stage where the atmosphere was apparently ‘electric’, dancing at other stages, meeting other friends, getting drinks and food, going to the toilets and riding the Ferris wheel.

Corey had been trying to get ‘dragons’ [a type of pill] for Summadayze, as they had been the most popular type of ecstasy in recent weeks. However, the Dragons were considered too expensive (at AUD\$35), so he bought a new batch called ‘yellow stars’ which were the standard price (AUD\$25). Everyone was on the ‘yellow stars’ except Susie and Jen, who were using a different type of pill obtained from a contact of Susie’s. Mick had reserved a ‘green Nike’ from earlier in the year for the occasion.

Susie and Jen were fairly quiet for most of the early part of the day. Susie was having a couple of drinks to “get into things” and Jen was lying on the grass feeling tired after regretting her ‘all-nighter’ the night before. A little while later, Jen and Susie shared a pill they had been given by a friend they had run into at the venue; this pill was a ‘stickman’ and soon they were dancing. Both of them said that it was one of the best pills they’d ever had. Jen said, “it blew me away”, and later in the day Susie said, “I was fucking flying off that thing”.

All A-Team members stayed sitting on the grassy area in front of the main stage until around 2pm. A-Team members were still arriving at this stage, and everyone was mostly chatting and catching up on the latest news. A few people were dancing next to those sitting down but were relatively restrained in their movements. The internationally renowned DJs were not due to begin playing until around 4pm, and it was not until around 3pm that the crowd started to build and the atmosphere started to buzz.

Around 2pm, Laura and Julie decided to dance near the main stage, where they remained for several hours. We kept getting phone calls and text messages from them telling us how ‘awesome’ it was and how good the atmosphere was, such as

this one from Julie: ‘Honey how u travellin? I’m in the mosh pit,²⁶ it’s amazing. I luvu xoxo’. Sarah and I battled the crowd and the heat of the main dance area at one stage, but couldn’t find any A-Team members so we gave up and rode the Ferris wheel instead. Sarah ended riding the Ferris wheel half a dozen times over the course of the day. Jess, Tex and Jason had been dancing at the main stage with Laura and Julie; Corey went to find them at one stage and came back to tell us they were all “completely off their heads”, especially Jess. Apparently, Jess had taken five pills in the time that she was dancing on the main stage.

Aside from the five A-Team members who were dancing on the main stage, the rest of the group stayed near the umbrella for most of the day. They either sat on the grass and talked or danced around the grassy area. This division of the group bothered Corey, who wanted his girlfriend, Jess, to spend more time with him and rest of the group.

As it grew dark, all of those who had been dancing at the main stage returned to the grassy section where the rest of us were sitting. Laura informed me that she’d had three and a half pills for the day so far, which she confessed was “a lot” for her. She said she’d had an awesome day but didn’t feel as messy as she usually would after so many pills. Julie told me that she’d had the “single best day of my life” and that she’d also had three pills.

The next three hours were the most anticipated of the festival. Three big international DJs played one after the other from 8pm to 11pm. By this time the sun had set, bringing relief from the heat. This, combined with the fact that the group was now together, seemed to free everyone up to dance and interact more energetically. For the next three hours, the entire A-Team danced together on the grassy area, listening to some of the more anticipated DJs whose ‘sets’ had been saved until last.

About half an hour before the event was due to finish, Sarah suggested we leave early as it would be difficult to get taxis later. I shared a taxi with Sarah, Mick and Teresa. We headed for the Lodge, knowing that we’d be able to get inside as it was

²⁶A ‘mosh pit’ is the area directly in front of a stage where festival-goers dance in close proximity to one another.

always unlocked. Once inside the Lodge, Mick lay down on the couch and didn't move for the next hour. I checked on him at one stage and he had his hands over his eyes. I asked him if he was ok and he kept saying repeatedly: "I'm so fucked. I'm so fucked. I've never been this fucked before. I'm so fucked". He said he'd felt 'fucked' all day, but right now was the most 'fucked' he'd felt. He said that the green Nikes were the best pills he'd ever had, but much stronger than he was used to. He lay there for another hour or two, with a pillow or his hands over his eyes just riding out the pills effects. He said it was a good feeling, but it was a little too intense. He wanted it to 'wear off a bit'.

In the taxi, Sarah had announced that she was going to "drop a whole one" [ecstasy pill] when we got back to the Lodge, which she had only ever done once before. Once everyone else came back to the Lodge, she told them the same thing. Everyone was encouraging her. For example, Corey said: "wow, lookout for you!" Within half an hour of consuming the whole pill, Sarah was the only one dancing on the patio. After a while, Jen and Jason joined her. The three of them danced for the next three or four hours, intermittently coming to check on everyone for a quick chat and a cuddle.

Most people spent the evening drifting in and out of the patio area (dancing and smoking), the rumpus room (playing pool and dancing) and the front lounge room. The attraction in the front lounge room was A.J., who had been double dropping ecstasy every hour since he returned home. As presented in Chapter Six, A.J. spent several hours performing his own 'shows' and role-playing different characters, such as 'Patty Fucking McFatty', the 'dyke with the bike' who was protesting for more lesbian rights.

At around 5am Julie was still consuming ecstasy, but fell asleep not long after. I woke her at 8am, telling her that she had to go to work, which she did. She called a taxi and went home, getting to work 10 minutes late. At 6am, A.J. mustered enough 'normality' to call his work and tell them he was unwell and not coming in. The rest of the A-Team members were fortunate enough to have been allowed to have the day off work.

Most people started to tire around this time, having consumed ecstasy for close to 20 hours. Jess, Sarah, Jay, Jason, Mick and Teresa all lay down in the front lounge room and were chatting and drifting off to sleep when Corey and A.J. decided to 'triple drop'. Not long afterwards they became hyperactive and everyone woke up to witness their scatter talking. A.J., continuing his earlier performance, decided to organise a 'Workers Rights Movement'. He was scatter talking and demanding that everyone else take part in his protest. Everyone was allocated roles and there was a 'dress rehearsal' followed by the real thing. Some people refused to be involved in the 'Workers Rights Movement' and just watched. Jason sat on a stool, making paddling motions with his hands like he was in a canoe.

Everyone mellowed out again around 11am except Corey, A.J. and Mick, who continued consuming ecstasy. Some laughed at them, while others slept. Jen and Laura woke up around 2pm and I left with them. The last A-Team member had left by 4pm. Two days later I received a text from Sarah telling me that she had pulled up 'rough' and missed the next two days of work. The following weekend everyone had a 'weekend off' as they were still recovering from the large amount of drugs consumed at the festival.

The nature of drug use at music festivals

A-Team members attended two or three music festivals a year. The music festival events attended by A-Team members were either day-time outdoor festivals, which generally took place in the warmer months (October – April) or night-time events that were located at nightclubs or concert venues and generally involved seeing visiting international DJs.

Unlike sports-based events, and the normal weekend routine, music festival events did not involve alcohol as a central feature. While alcohol could be purchased at music festival events, A-Team members seemed less inclined to do so than they did at pubs and clubs. A-Team members often engaged in 'pre-drinking' activities before music festivals, although to a lesser degree than on normal weekends, but rarely purchased alcohol once they arrived at the event. A-Team members were not unique

in their neglect of alcohol at music festivals, with other patrons also showing a decreased tendency to drink at such events. This was evident by the absence of queues at alcohol stations at day-time events such as Summadayze and indoor concerts.

In contrast to the relative absence of alcohol, the use of ecstasy was central to music festival events. Furthermore, ecstasy use was visible at these events – something generally avoided or minimised in the A-Team’s typical routine. Statistics from the National Drug Strategy Household Survey show that ecstasy is most commonly used at dance parties (60.5%), but is also regularly used at public establishments (52.2%) (Australian Institute of Health and Welfare 2008). However, I more often observed the signs and demeanour associated with ecstasy use at music festival events than at licensed venues or sports-based events. This is possibly related to ecstasy’s traditional association with raves. Music festival events are similar to traditional raves in many ways, particularly in their focus on music, dancing and ecstasy use. Rave-goers traditionally shunned alcohol, and this preference also seems to have permeated the music festival scene (Moore 1995; Tomlinson 1998; Siokou 2002; Measham 2004a). As explored in chapter six, A-Team members avoided ecstasy intoxication at licensed venues but did not express the same concerns in relation to music festival events. This reinforces the notion that the use of ecstasy is potentially stigmatised within licensed venues, and bound by rules around what is acceptable behaviour in specific social contexts. In the context of music festivals, on the other hand, the use of ecstasy (particularly in larger amounts) is far more socially acceptable. This emphasises the importance of social contexts in reproducing what is considered ‘normal’ in regards to both licit and illicit drug use, and also the way that A-Team members responded to these norms and assimilated their practices to be culturally appropriate within these scenes (Rodner Sznitman 2008).

Ecstasy was preferred over alcohol at music festivals because the drug’s effects were perceived as appropriate to the physical and social context (see also Willis 1978; Moore 1995; Tomlinson 1998; Siokou 2002; Measham 2004a). While A-Team members had a healthy appreciation for music, they did not select particular nightclubs on the basis of the music played at them. At music festival events, particularly those featuring international DJs, A-Team members used ecstasy to

heighten their enjoyment of dancing and music. Alcohol was not considered synonymous with dancing in the same way. Ecstasy use also contributed to greater appreciation of the contextual elements of music festival events such as the lighting and other visual stimulation (see also Moore 1995).

The A-Team maintained their routine of going to the Lodge after key events, as they did during their normal weekend sessions, and this meant that ecstasy was generally used in larger amounts and over a longer period of time on these occasions. Although A-Team members would begin using ecstasy earlier in the session at these all-day or all-night events, they would continue to use ecstasy for at least another twelve hours once they arrived at the Lodge. Therefore, music festival events were associated with higher levels of ecstasy intoxication than typical weekends. Male A-Team members often bought upwards of ten ecstasy pills for these types of sessions and females upwards of five. For this reason, many memorable 'scatter' moments occurred in the Lodge sessions that followed music festivals. An example of such acute ecstasy intoxication is provided by the following fieldnote from another music festival event:

At the Big Day Out festival Jason told me that he and Mick had devised a new method of ingesting their drugs, so that they wouldn't have to go to the toilet. They had bought bottles of nasal spray and filled them with either speed, crushed ecstasy, or both. They were walking around all day pulling their nasal spray out of their pocket and inhaling [...] Towards the end of the day, I started noticing Jason, Mick and Tex becoming very intoxicated. We were in one of the beer gardens and they started having a scatter conversation. Jason was making no sense at all, he told me I had a moustache and that I had hair all over my arms and legs – he said I looked like a werewolf. When I reminded him about the conversation the following day, he didn't remember having said this (Fieldnote: January 2007).

As is evident from this fieldnote, and also the ethnographic account of Summadayze, the A-Team had special rules for the use of illicit drugs at music festival events. For example, Mick, Jason and Tex did not incorporate the use of the nasal spray delivery method of consumption into their normal drug-use routine. In addition, A-Team

members changed their patterns of consumption by using ecstasy as early as 10 o'clock in the morning at music festival events. Another special rule of consumption employed by the A-Team at music festival events was to go out of their way to attempt to purchase 'good' ecstasy pills rather than whatever pills were in circulation at the time. In Mick's case, he had saved a favoured ecstasy pill from earlier in the year especially for Summadayze, reflecting the importance and significance of the occasion.

The A-Team did not use methamphetamine at music festival events in the same way that they did during their typical weekend session and at sports-based events. The use of methamphetamine was highly correlated with alcohol use for the A-Team (to enable them to drink more and avoid getting 'messy'), and it is likely that their avoidance of alcohol at music festivals was one of the reasons that methamphetamine was not a feature of these events. As noted in chapter six, a second reason why methamphetamine and ecstasy were not used together at music festivals was that methamphetamine reduced the intoxicating effects of ecstasy. It is clear that the cultural positioning of alcohol, methamphetamine and ecstasy differ across social contexts – consistent with the concepts of 'appropriate for occasion' and 'appropriate for purpose' (Moore and Measham 2008). Further, it appears that quantity of drug use is also tied to social contexts – excessive ecstasy use is seemingly situated as acceptable at the Lodge and at music festivals, but only small amounts of ecstasy use are acceptable at licensed venues. Further, alcohol, and states of alcohol intoxication, do not appear to be socially accommodated at music festivals. In response to this, A-Team members engaged in various micro-political management techniques to respond to the social norms and cultural frames of different contexts (Rodner Sznitman 2008).

The way that A-Team members shunned ecstasy and concealed their methamphetamine use at sporting events is discussed next.

Derby Day – “who needs Christmas?”

Every year in October and November, Melbourne hosts a Spring Racing Carnival, which features six weeks of horse racing. The carnival is a major event in Melbourne with large crowds attending various races. These culminate in the Melbourne Cup, the ‘race that stops a nation’. Melbourne is very busy during the Spring Racing Carnival period. There is a large tourist influx and this is observable through the large number of people that attend the races, but also a busier night-time economy, observable through larger crowds at popular inner-city pubs, bars and nightclubs. The Spring Racing Carnival is governed by traditions of dress that includes men wearing suits, often with bright, colourful shirts and ties, and dresses for women – again often vibrant and colourful. Women are also encouraged to wear headwear such as hats or fascinators,²⁷ and men are encouraged to wear flowers on their lapel.

The peak of the spring carnival occurs over a period of one week, when three of the biggest and most popular race days take place. The Melbourne Cup is the most famous of these races and the residents of the State of Victoria receive a public holiday on the first Tuesday of November when the Melbourne Cup takes place. Derby Day, held on the Saturday prior to The Melbourne Cup, has become the most popular day to attend the races; it now attracts a crowd of over 120,000 people.

Members of the A-Team regularly attend several race days over the spring carnival, but the one race they all attend is Derby Day. As with Summadayze, the preparation and build up for the day begins months in advance. The following emails are just a small sample of the many that were sent regarding Derby Day:

Hi all,

This is just an idea at this stage... BUT I have been looking into getting a limo from (probably) my place on Derby Day!!!?

Could you please let me know if you are interested & numbers ASAP as they are all getting booked quite quickly??

²⁷A fascinator is a headpiece commonly made with feathers, flowers and/or beads that is generally worn with formal attire at weddings, cocktail parties or horse racing events.

Also what time do you all want to head in?? I was thinking get picked up at 9.15-9.30am!!! That way we can drive around for an hour or less & get in there at 10.30am... what do ya think?

Luv ya's,
Julie

Hiya,
Only four more sleeps!
Can't wait to have a drink with you guys!

(Sarah)

Hi everyone!

Who needs Christmas when you've got spring carnival!! Can't wait for tomorrow.

(Ashley)

Soooo excited for tomorrow... this day couldn't possibly go any slower!!!

(Jess)

The limousine idea fell through because every limousine in Melbourne was booked out for that Saturday morning (probably mostly due to Derby Day as there were 130,000 people there – the biggest crowd ever.) However, Julie managed to book a limousine to pick us up after the race and drop us off at whichever pub or club we had decided to go to. All A-Team members made their own way to the races in little groups. Julie told me that she and Laura were getting a maxi taxi from Sarah's home with Nicole, Tex, Trent and Simon. They had booked the taxi for 9:45am. They told me that the women drank a bottle of champagne and the men six beers between them before they left.

For Derby Day this year, the A-Team decided to forego 'general admission tickets' and buy tickets to a marquee enclosure so that they wouldn't have to battle the huge crowd. Leading up to the event, Jess informed the group that she recommended this particular enclosure because she and her family had been there before, and the space was more relaxed, with less queuing for toilets, drinks and betting. Although the

tickets were more expensive than those for general admission, this appealed to many who had been to other spring carnival events and had experienced difficulties negotiating the large crowd.

Around 30 people purchased the enclosure tickets, mostly A-Team members but also several non-A-Team friends and family members. The enclosure consisted of a sectioned-off area well away from the track, and as such none of us saw any horses in the flesh all day. The grassy area was littered with umbrellas and chairs and around the periphery were toilets, bars, food vans, betting agencies and freelance bookies. The races were viewed on a large television screen. There were probably around 500 people in the enclosure.

It took me nearly an hour to get to the racecourse (despite living in close proximity) due to heavy traffic. By this time, it was close to 11.30am and the only people already at the races were Jess, Corey, Jay, Craig, Vicki, Tracey and Charlotte. Many A-Team members arrived after midday due to the traffic. When Sarah finally arrived much later than she'd hoped, she said to me, "I'm so stressed out, get me a drink!" The women were beautifully dressed, with either hats or fascinators in their hair, and the men looked smart in their best suits with colourful shirts and ties.

Over the course of the day everyone sat around five or six tables with umbrellas, drank alcohol and mingled with one another. Most of the women were drinking champagne, with a couple drinking vodka or bourbon mixers. Most of the men were drinking beer, with a few taking the vodka or bourbon option. Not one member of the group drove, and everyone drank alcohol throughout the day. There was little talk of drug use during the day but I assumed that some A-Team members were likely to use speed to enable them to drink more. There were only a few explicit mentions of drug use throughout the day. For example, Sarah said to me at one stage, "I'm going to the toilet to have a dip".²⁸ She told me later that she ended up having two 'dips' during the day. In addition, Julie came up to me at one stage and told me, "I've got a new best friend. Adam's new girlfriend just gave me the fattest line of coke ever". After half an hour, she told me that she felt great but that it only lasted for a short time.

²⁸Having a 'dip' refers to wetting one's finger and dipping it into a bag of methamphetamine and then rubbing the methamphetamine on the gums.

Most of the day was spent drinking, talking, betting and cheering the horses. There were nine races over the course of the day, and some members of the group had small gambling successes. Everyone was loud and jovial, but few people seemed overtly drunk, which is why I believed that some had taken speed or cocaine in addition to drinking. By the end of the day, there were about 25 empty champagne bottles and around 200 empty on our table.

When it came time for the limousine to pick us up, many commented that the day was over too soon. Julie had organised a limousine for ten of us to be picked up at 5.45pm. The limousine group attempted to take their half-empty bottles of champagne and other drinks out of the venue but were prevented from doing so. Instead they asked the driver to stop at the first bottle shop; another bottle of champagne was purchased, as were six bourbon mixers. The level of intoxication became evident around this time and some A-Team members had started getting rowdy, swapping seats in the limousine to chat to everyone and yelling out of the window. Mick made an executive decision because nobody could agree on a venue, and we ended up at the Shamrock Hotel, which was on the other side of the city to the Lodge. We let other A-Team members know where we were and some came to meet us, with others deciding to return to the Lodge. At around 9pm we received a text from Craig saying: 'Hey guys we're just kicking back at the Lodge. All welcome back to join us!'

Upon arriving at the Shamrock Hotel, Mick asked the bartender to make a drink for each of the men: "Surprise me" he said. So AUD\$15 a drink later, they all had some sort of cocktail each. The women stayed on champagne for the time being except Sarah, who'd been drinking vodka mixers all day. Apparently she had been having "small dips" and Nicole had been having "small lines" of speed all day. Kylie had had one "big fat line" of cocaine and Laura had "one small line" of cocaine during the day. Mick told me that he and Teresa had also had lines of speed. Tex, Jason, Simon and Andrew had apparently not had any drugs for the day. The four of them sat together talking and playing drinking games; at one point I looked over to see them sculling 'Jager bombs' [Jagermeister and Red Bull mixers], and they were continually going to the bar for group 'Jager bombs' each time they went to get another drink. They were particularly rowdy and seemed to be having a good time.

The venue was extremely quiet when we got there as it was only about 6.30pm, but by 8pm, the place was crowded with race-goers in frocks and suits as well as the usual Saturday crowd. By this time, it was so full that it was hard to move, to get drinks or go to the toilet. At close to 8pm, Stacey, Melissa and Susie arrived; they'd gone home after the races to get changed before coming out. They said the line outside the hotel was very long.

For the next hour or so the group danced together, in between going to the toilet for lines of speed and continuing to drink alcohol. At midnight, we received a text from Craig saying 'it's like there's a party in my brain and everyone's invited'. On reading this text message everybody decided to head back to the Lodge to begin using ecstasy.

Those who hadn't come to the Shamrock Hotel were already at the Lodge and had already begun using ecstasy. Everyone had changed out of their dresses and suits, and had either pre-prepared for the evening by dropping off their cars and changes of clothes prior to going to the races, or had borrowed clothes from Jess, Corey or Craig. The mood was particularly energetic, as the 'dragons' being sold by one of The A-Team members were new and proving popular. I wasn't able to stay all night as I had an early flight to catch the next day. Susie called me on Sunday to tell me that they were having "the best day ever" and that the dragons were making everyone hyperactive and hilarious, particularly Sarah and Vicki, who had been entertaining the group all day. Susie told me that Sarah was performing scenes from the films 'Willy Wonka and the Chocolate Factory' and 'The Wizard of Oz'. Sarah and Vicki had apparently put on one of the "best performances" of the year. Jess and Sarah both got on the phone to tell me that they were having a great day and that they wished I was there with them. As I was talking to Jess, she abruptly told me she had to go because: "we're going to sing Kumbaya now". On Wednesday, I got a text from Sarah telling me 'I had the best weekend. I was very silly on Sunday – Willy Wonka eat your heart out!'

The nature of drug use at sports-based events

The A-Team regularly attended three sports-based events per year. These included Derby Day, the annual Spring Racing Carnival event described above; the Australian Football League's Grand Final, which was usually celebrated with a barbecue and watched on television at a private home; and Australia Day, (an annual public holiday) celebrated by the A-Team with either a barbecue at a member's home or by going to a country horse-racing event.

The A-Team's alcohol and other drug use at sports-based events differed from that at music festivals and their typical routine. Ecstasy was never used; the drugs of choice were alcohol and methamphetamine (thus enabling the consumption of large amounts of alcohol). These sports-based events were held during the day, with alcohol and methamphetamine consumption sometimes starting as early as 8am. For example:

I arrived at Jen's at 8.30am and found she and Anna laughing hysterically. They said they'd been up and doing their hair and make-up since 6.30am. They were very obviously excited and hyperactive, and self confessed to being 'pumped' for the Caulfield Cup [another Spring Racing Carnival event]. They were drinking champagne in the bathroom as they applied their make-up and before we left around 9am, they had a line of speed (Fieldnote: October 2006).

Sporting events involved the consumption of alcohol as the primary drug of choice for multiple reasons. Firstly, there is a strong cultural link between sport and alcohol in Australia. In particular, alcohol is highly associated with Australian Rules football, rugby league and cricket, and these sports are often either sponsored by the alcohol industry or used to promote and advertise drinking (Munro 2000). In addition, there is a history in Australia of elite sportspeople publicly endorsing drinking by virtue of their own consumption habits (Munro 2000; Duff and Munro 2007; Hundertmark 2007; O'Brien, Ali et al. 2007; Dietze, Fitzgerald et al. 2008). For this reason, there is an underlying and permeating cultural expectation that alcohol will be consumed when attending cricket and football matches, and also when watching these games at

home. Pubs also broadcast these events and encourage patrons to attend when these games are on by way of advertising and promotion. Alcohol is also strongly associated with horse-racing events, with advertising often centred on glamorous women in designer clothing sipping champagne. The association between horse racing and alcohol is further reinforced by the significant correlation between gambling and alcohol consumption (Lesieur, Blume et al. 1986; Griffiths 1994).

The A-Team focussed on alcohol at sporting events as a consequence of wider cultural affiliations between alcohol and sport, but also because sports-based events were often attended by non-A-Team members. For example, many non-drug using friends and family members of the A-Team attended Derby Day. Sports-based events are 'mainstream' (even more so than commercial clubs, and especially compared to music festival events) and are patronised by groups of people who generally do not use illicit drugs at these events. The A-Team managed the issue of being around non-drug using friends and family members by engaging in 'normal' behaviour such as drinking alcohol, again managing the micro-politics of drug use among non- or ex-users (Rodner Sznitman 2008). A-Team members often used methamphetamine, and to a lesser extent cocaine, to enable them to continue drinking alcohol throughout the day and sometimes throughout the night as well. Heavy alcohol consumption would generally take place over a period of 12-14 hours from 9am in the morning to late in the evening, and such consumption was less feasible without the use of methamphetamine to create the perception of reduced intoxication.

Methamphetamine use was not discussed between A-Team members during sports-based events, in marked contrast to practice during sessions at the Lodge or other private settings; in fact, methamphetamine use was deliberately concealed. Although methamphetamine (or cocaine) was sometimes shared between one or two close friends, it was not consumed in a group context in the same way it was at music festival events or during a typical session. One reason for this was that sports-based events tended to involve a larger group than just the A-Team. The second was that sport is not linked to illicit drug use in the same way as alcohol. It would be unheard of (at least among the A-Team) for ecstasy to be used at a football match, for example. The absence of 'obvious' drug use, such as that involving ecstasy, and the hidden nature of the A-Team's drug use at sports-based events reinforces the notion

that illicit drug use is less acceptable at more ‘mainstream’ events, particularly those associated with sport.

While alcohol was the drug of choice when attending sports-based events, A-Team members usually progressed to ecstasy use later in the evening. For example, in the Derby Day fieldnote, A-Team members drank alcohol all day at the event, then attended a bar where they continued drinking, and then returned to the Lodge to begin using ecstasy. A-Team sessions always finished at the Lodge to get “off chops” and to spend time together after spending the day within a larger group.

As discussed in the previous chapter, some forms of illicit drug use are more normalised in some contexts than others. Normalisation is a process rather than a static state. Social and cultural attitudes towards different types of drugs continue to differ between social contexts, and normalisation is either contested or managed in these different settings. There are pockets within youth culture in which the cultural positioning of drug use is uneven, which reinforces the view of some scholars that ‘differentiated normalisation’ has occurred (MacDonald and Marsh 2002; Shildrick 2002; Duff 2003; Duff 2005; Holt 2005). In addition, Parker et al. (1998) suggested that there has been a shift towards both a social and cultural accommodation of drug use in the UK, but this is still some way off in Australia, with this research describing how illicit drugs are not socially or culturally accommodated at sporting events and alcohol is not accommodated at music festivals. One of the key failings of the normalisation thesis is its neglect of the importance of social and cultural contexts of drug use – nowhere in the original normalisation thesis do Parker et al. discuss the ways in which different drugs are likely to be more or less accommodated in different settings. In fact there is a noticeable absence of the importance of place, setting, context and environment in the normalisation thesis.

Rodner Sznitman’s (2008) interpretation of normalisation as a process that involves the management of micro-politics is useful for understanding the tensions experienced by the A-Team. For example, A-Team members seemed to be attempting to manage their ‘deviant’ or stigmatised behaviour by either concealing their drug use or reserving it for more appropriate social contexts. In this respect,

they were drawing on ‘mainstream’ representations of drug use as a stigmatised activity in reproducing drug-related practices and discourses.

The reproduction of social bonds at key events

A-Team members used key events to reproduce a sense of community, in the same way that they used the Lodge. A-Team members used key events to reaffirm social ties prior to and after the event, and to create a feeling of togetherness at the event. Although A-Team members enjoyed the modification to their drug using repertoires at these events, it was the opportunity for enhanced social connection that was the underlying reason that they attended key events together.

Key events tended to be ‘built up’ in a manner that was notably absent during the A-Team’s normal routine, and this build-up often involved months of excited emails and text messages. An example of this build-up is evident in the pre-event emails and text messages sent before Summadayze and Derby Day. Emails and texts such as these were not sent around during a typical week for the A-Team. The language used in these emails and texts reflects the keen anticipation associated with key events. For example, Anna was excited that there were only ‘only four more sleeps’ until she was going to see and party with everyone, and Ashley stated ‘who needs Christmas?’, likening attendance at a key event with a day traditionally reserved for family. Key events offered the opportunity for months of group texts and emails that were highly inclusive in nature. For example, Sarah says in an email: ‘I can’t wait to have a drink with you guys’, even though she drinks with A-Team members every weekend.

Key events differed from the A-Team’s typical routine in that they generally involved a significant amount of forward planning and preparation. As outlined in chapter five, a normal weekend session for the A-Team was generally organised at the last minute and emphasised convenience, particularly the choice of ‘pre-drinking’ venue. In contrast, the preparation involved in key events was extensive, including purchasing specific clothing for the event, organising drugs, and organising transport to and from the venue. This preparation opened up further opportunities for social

connection and bonding. The following fieldnote reflects the importance of the preparation phase before key events and the types of group bonding that occur during this period, including regular email contact and shared shopping excursions:

Jen commented to me that Anna had arranged her outfits for the Spring Racing Carnival months in advance. Anna and Jen had decided to go to a number of racing events this year. They were making hats and fascinators months ago and have both had their outfits planned for a long time. I made a comment to Jen about how organised Anna was and Jen told me that despite Derby and Cup Day being over three weeks away, Anna had already decorated the esky [ice chest] for Derby and she'd already purchased everyone's alcohol for Cup Day. Jen also said that Anna emails her at least three times a day with things that need to be organised for the races. I commented that it all seemed a bit over the top but Jen replied: "no, it's just what she enjoys. The preparation for the day is as fun for her as the actual day, she enjoys the anticipation" (Fieldnote: October 2006).

The A-Team placed an even greater emphasis on sociability at key events than during their typical routine. For example, the A-Team was eager to gather together the biggest group of people they could for Summadayze: 'we should organise a massive crew this year'. The A-Team made sure they sent out emails or text messages when tickets for such events were due to go on sale, and if some A-Team members could not afford to buy tickets at the time of sale, other members offered to purchase their tickets (and be repaid later) to make sure that no-one missed out.

A-Team members were reluctant to miss key events because of the element of group cohesion that accompanied them. Unlike other typical weekend events, key events were regularly discussed after the event – sometimes for years afterwards. For example, before Summadayze, the A-Team relived funny or memorable moments from the previous year in some of their emails, with these moments contributing to the sense of anticipation as they created an expectation these good times would be experienced again. As noted in the previous chapter, A-Team members placed great emphasis on shared memories and one of the reasons that they attended events with

such regularity is that they did not want to ‘miss out’ on those funny moments. They wanted to be part of the history and be able to say ‘yes’ to the question ‘do you remember the time A.J. organised the Workers Rights Movement?’ This desire to be included and considered part of group memories was evident in the fact that Stacey, who could not attend Summadayze because she was away for the holidays, wanted frequent updates via text message so that she still felt connected to the group, even if in a reduced way.

The ethnographic excerpts presented above also demonstrate the importance of emails and text messages in the production and reproduction of social bonds at key events. As McEwen (2010) and Moore (2006) suggested, mobile phones were used to facilitate social practices, solidify social networks and connections (particularly in the case of Stacey, above), logistical coordination (i.e., organising the day, the transportation, the alcohol and other drugs to be purchased and the clothing that women would be wearing), ensuring contact with and the safety of friends, and drug-dealing (i.e., coordinating the logistics of buying and selling). In addition, there was a strong social aspect to mobile phones, because it involved a network of others, sharing stories and drawing others into the interaction.

The final way in which key events were given ‘special’ status was through the finance and time spent on luxuries associated with such events. The A-Team generally outlaid more money on key events than on their usual weekends – on tickets, clothes, and alcohol and other drugs. For example, tickets to such events generally started at around AUD\$100, and went as high as AUD\$250 if A-Team members decided to buy VIP tickets or purchase tickets to exclusive areas. In addition, A-Team members were more likely to buy new ‘outfits’ for these types of events, organise limousine rides to and from the events, and purchase more alcohol, ecstasy or methamphetamine than they would on a typical weekend. Again, there was an element of social bonding and inclusiveness that accompanied the purchasing of luxuries for key events. For example, limousine rides were ideal in that they allowed A-Team members to drink and socialise prior to entry to an event, rather than having to arrive at an event separately. Similarly, on one occasion A-Team members hired a hotel room near their key event so they could socialise before and afterwards. The purchasing of dresses, shirts and ties for horse-racing events

provided A-Team members with opportunities to go shopping together, but also to coordinate their clothing, again reinforcing group cohesion. On another occasion, A-Team members went to a music festival that had a 'white' theme and decided to coordinate their clothing by imprinting the same logo on all of their white t-shirts/singlets/jumpers. A-Team member Corey, who was skilled in spray painting and graffiti, created a logo for the event and sprayed it on all A-Team members' clothing. This made it obvious to everyone at the event that A-Team members were part of a group.

Previous research on raves, music festivals and/or clubbing has reflected on a different form of sociability that occurs as a result of 'getting lost' in the music. For example, in his ethnographic study of a group of 'Bohemians' who regularly attended raves in the early 1990s, Moore (1995) identified that sociability and conversation was difficult at large rave events, but that members of the group were not interested in conversing at raves, preferring to focus on enjoyment of the drugs and music. However, the A-Team still privileged sociability at music festival events, even at night-time indoor music festivals where the music made it extremely difficult to converse. At these events, members of the group always found a quiet area to reconvene and discuss elements of the evening, and how they were feeling in between dancing. This is not to say that some group members did not separate (as is evident in the Summadayze account, where a group of A-Team members moved closer to the main stage to dance), but these A-Team members consistently kept in contact with the bigger group via text messages. In the Summadayze account, it was clear Corey was unhappy that his partner, Jess, danced on the main stage for a period of time instead of remaining with the group, as he felt strongly about the importance of the shared group dynamic. Despite A-Team members coming and going from the group throughout the day at Summadayze, they made sure they reconvened for the evening 'sets' so they could be together and enjoy the most anticipated music of the night.

At the time, group members did not realise that perhaps Jess' time spent away from Corey may have reflected her unhappiness in the relationship (as she ended the relationship not long after this event and began seeing Tex, who she went dancing near the stage with), and potentially also her lack of commitment to the group. It was

not until after Jess had begun a relationship with Tex (and was rejected from the A-Team) that group members began to recall events such as this and re-position her as someone who had never fully participated in the reproduction of the social bonds, at least not to the same extent as the rest of the A-Team. For example, she never opted to ride in the limousine to key events and often arrived much later than A-Team members at such events, missing the pre-drinks component of the event. Perhaps her ambivalent commitment to the A-Team was one reason that she was able to sacrifice her position in the group to start a relationship with Tex, and the reason that A-Team members felt justified in omitting her from the group.

While most A-Team members used key events to reproduce social bonds with one another, other research has shown how party drug users seek and establish social connection with strangers in these spaces. For Moore's Bohemians (1995:207), the group were "freed" from the constraints of ongoing interaction with their friends as soon as they entered the rave, but in doing so moved to a "broader level of collective association". At this point of the rave the emphasis shifted from one another to a collective much broader than their immediate group – the entire rave. Moore described how the Bohemians often enjoyed dancing alone and meeting new people on the way. He indicated that members of the group did not feel the need to be cognisant of the whereabouts of their friends as they sought "the personally experienced state of *communitas*" (1995:209). Malbon (1998), whose research focused on 'clubbers' rather than 'ravers' also discussed this notion of a broader collective. Malbon used the term "oceanic experience" to describe "both drug induced and non-drug induced sensations of in-betweeness [...] simultaneous feelings of disassociation and of warmth and empathy towards others" (Malbon 1998:109). He suggested that clubbers can feel separated from the crowd at the same time as feeling part of one big crowd, "between isolation and community" (Malbon 1998:128).

These practices are very different from those of the A-Team, who maintained a different point of emphasis and did not seek out new company or forge new bonds. Moore (1995) reported that the Bohemian group he engaged with often travelled to the rave separately so that they could leave separately if they desired. As is evident in both key event accounts in this chapter, despite not all A-Team members fitting into

the same taxis or limousines there was an element of coordination about departure to and from key events, and A-Team members were particularly concerned about each other's safety. It was extremely common for A-Team members to demand text messages from friends travelling in separate taxis to ensure their safety and monitor their location (see also Moore 2006; McEwen 2010).

Despite the importance A-Team members placed on key events, they almost always left these events early so that they could return to the Lodge and begin their 'after-party', their favoured component of the evening. While key events were anticipated more highly than their general weekend sessions, for most A-Team members the after-party at the Lodge remained the most important and highly valued component. It was in this space that A-Team members left the commercial music festival or dance party behind for an atmosphere that more closely resembled a traditional 'old skool' rave, characterised by the PLUR vibe that existed prior to their commercialisation (Siokou, Moore et al. 2010).

Post-modern theorists have argued that family and community have become less important for young people living in the new millennium (Giddens 1991; Beck 1992). As a result, some contemporary ethnographies of drug use have showed that social groups play a fundamental role in the construction of new communities (Pini 2001; Moore 2006). In this respect, the A-Team might be understood as 'anti-post-modern' in their adherence to community. Perhaps their desire for a community was a reaction to the increasing dislocation they experienced from community structures outside the A-Team, and also their positioning as young adults recently separated from their families. This contrasts somewhat with post-modern theories that suggest that we are living in "placeless times, characterised by simulation, artifice and hyper-realities" (Nayak 2003:175). Young people continue to find meaning and identity from enduring social relationships and particular social contexts. In response to an increasingly globalised and disconnected world, A-Team members found continuity and stability within the group. And those A-Team members who did not express their commitment to one another in the same way, such as Jess, were expunged to remove threats to the solidity of the group.

Conclusion

Chapters Five and Six outlined how a typical weekend for the A-Team was generally played out, and this chapter has demonstrated the two key event contexts for which this typical routine was altered. The primary function of key events was to facilitate friendship and reaffirm social bonds. Key events were structured around the same motivating forces as were evident in the A-Team's general weekend routine, which were sociability, intoxication, pleasure and fun, but were understood, above and beyond their general clubbing routine, as opportunities to display commitment to the group and celebrate their unity. The A-Team might be understood as 'anti-post-modern' in their adherence to community given they attempted to find meaning and identity from enduring social relationships within particular social contexts. However, the forms of identity and relationships they pursued might be considered an artifact of post-modernity – they pursued leisure, pleasure, social relationships, self-expression and identity.

What is interesting about these key events was that the cultural positioning of certain types of drug use differed between contexts. For example, ecstasy was used openly and publicly at music festival events but avoided at licensed venues, barbecues and sports-based events. This not only suggests that the rituals of traditional raves have been carried over into music-festival type events, but that the use of illicit drugs in mainstream spaces is still associated with a degree of stigma. While acceptability of drug use in licensed spaces has no doubt been socially and culturally accommodated to some degree over the past fifteen years, there is still a perceived need for this drug use to be somewhat 'hidden' in a way that is not evident at music festivals.

Similarly, alcohol was heavily endorsed by the A-Team at sports-based events, which is consistent with the cultural association between alcohol and sport in Australia. While A-Team members often used methamphetamine to enable them to drink alcohol over a long period of time at sports-based events, this use was usually concealed. It appears from the A-Team's patterns of consumption at both types of key events, and also upon reflection of their alcohol and drug use patterns during their normal routine, that A-Team members were drawing upon cultural understandings about the acceptability of drug use in certain contexts. This has

implications for the applicability of Parker et al.'s (1998) normalisation thesis, which suggests that illicit drugs methamphetamine and (equivocally) ecstasy are socially and culturally normalised among young people. The A-Team's experiences suggest that the degree of normalisation differs within social contexts, and as shown in the previous chapter, also differs in terms of the amounts of drugs used, and the route of administration chosen. It is evident that the A-Team attempted to manage the ongoing stigmas associated with their drug use by either concealing it or by using only some drugs in specific social contexts in which they were considered 'acceptable' (Rodner Sznitman 2008).

Chapter 8:

“I turn into a drug pig”:

Exploring tensions between

pleasure and control

In this chapter, I further explore the way that the A-Team engaged in the micro-politics of normalised drug use. Chapters five and six described the components of a typical weekend session of alcohol and other drug use for the A-Team and chapter seven described alcohol and other drug use at key events. These chapters highlighted several points that extend the normalisation thesis proposed by Parker et al. (1998). In particular, I have discussed the way that prevailing social stigmas associated with particular drugs, drug-related practices and route of administration influence the contexts, amounts and ways that young people use alcohol and other drugs. For example, the cultural positioning of ecstasy use as ‘unacceptable’ within some types of licensed leisure spaces and at sports-based events meant that the A-Team restricted ecstasy use to the Lodge or music festivals. At the Lodge, the experience of acute intoxication was deemed culturally acceptable; this is true also of the culture of music festival events, which appears to have adopted some aspects of the rave ethos. Although the A-Team sometimes used ecstasy at licensed venues, members did so in smaller, more ‘manageable’ amounts; they preferred to use methamphetamine at these venues, a drug that was seen as enabling control and as more easily concealed than the use of ecstasy. At sports-based key events, A-Team members shunned the use of ecstasy, but consumed alcohol and attempted to keep methamphetamine use hidden.

This chapter builds on the theme of normalisation further to show how Rodner Sznitman’s concepts of ‘assimilative’ and ‘transformational’ normalisation help to make sense of two contradictory narratives about drug use articulated by some members of the A-Team: the desire to exercise control over drug use and a

conflicting desire to pursue pleasure through the consumption of large amounts of drugs. For example, some A-Team members consistently expressed a desire to either cease or limit their illicit drug use (but not their alcohol use) by either reducing the frequency of drug use or amount used per session. On the other hand, several A-Team members explicitly rejected the notion of ‘controlled’ drug use and emphasised a desire for unrestrained excess and pleasure. I argue that Rodner Sznitman’s (2008) framework is useful in understanding one of the key issues that confronted the A-Team: the tension between the pursuit of bodily pleasure on the one hand and the perceived need to enforce personal control over their drug use on the other.

The chapter begins by describing how some A-Team members expressed their desire for greater control over their drug use – for example, by abstaining from drug use for periods of time or by reducing its quantity and frequency – but often failed to achieve this aim despite developing strategies to enhance the likelihood of success. I then explore the way that some A-Team members accounted for their apparent lack of control in terms of personal weakness or a failure of will, and how others explicitly rejected the need for control in favour of ‘excessive’ use. The chapter concludes by reflecting on the micro-politics in which the A-Team engaged when attempting to negotiate these competing desires.

“I’m off it”: Declarations of abstinence or reduction in drug use

Some members of the A-Team often expressed a desire or perceived need to reduce or abstain from using ecstasy and methamphetamine, despite emphasising the pleasures associated with their drug use. After a ‘big weekend’, it was not unusual for A-Team members to announce: “I’m off it” [drug use]. In fact, this sentiment was noted in the first paragraph of my first set of fieldnotes:

Being my very first weekend of data collection, I was very eager to plan my weekend in advance to ensure that I wouldn’t miss out on finding a group to go out with at some stage over the weekend. First thing on Monday I spoke to a number of people to find out if they had any plans

for the coming weekend, reminding them of my fieldwork and my hopes to join them. I was temporarily taken aback to find out that three of my closest contacts had decided to stop taking drugs. “I’m off it” (Julie). “I’m just not going to do it anymore” (Hayley). “I’m trying really hard not to go out anymore” (Laura) (Fieldnote: January 2006).

This initial research setback was short-lived, however, with Julie continuing to use drugs as frequently as she had prior to her declaration of abstinence, and Hayley and Laura continuing to use drugs at reduced levels. Such statements of cessation were frequently articulated by some members of the A-Team, but rarely enacted. For example, on another occasion Julie experienced a particularly unpleasant episode after having a ‘bad pill’, which resulted in her feeling trapped inside her body and experiencing disturbing hallucinations. The next day she wrote in an email:

I am so scared now from it [drug use]... will be keeping clear of them all from now on – my head is really messed up from it and definitely needs a break! It’s been a long 2 years... and fun but there has to be a point where I stop I suppose? (Fieldnote: March 2006).

Despite the sentiments expressed above, Julie used ecstasy two days after her ‘bad pill’ episode and continued to use drugs frequently. Julie made similar statements about being ‘off drugs for good’ on three further occasions during my research, only to resume drug use shortly afterwards. Julie was one of the few A-Team members who frequently expressed a desire to be ‘off drugs for good’. More commonly, A-Team members articulated narratives of restraint – for example, “I’m taking a break [from drug use]”, “I’m having a night off [drugs]” or “I’m just having one [pill] tonight” – with reference to specific periods of time such as a particular weekend or specified number of weeks. For example, the following email was sent by Jen to several A-Team members:

I will not be doing anything for the next 2 months... No going out. No Godskitchen [a large rave event]. No nothing. I will be focusing on saving, paying rego [car registration] and getting ahead on [car loan] payments, and getting healthy and doing my [planned university] courses in October. My next event out will be for the races in November! I’m

sorry if I have disappointed anyone but it has to be done. There I have said it! Please respect my position and I'm looking forward to November! (Fieldnote: August 2006).

Following her emailed declaration of restraint, Jen used drugs on five of the following eight weekends and continued to do so during the Spring Racing Carnival. Susie was another A-Team member who frequently claimed to be 'off drugs', usually for a specified weekend. For example:

Susie had told me she wasn't 'getting on it' [drug use] on Friday night. Earlier in the week she had said she'd had a quiet weekend the weekend before and was up for another quiet weekend this weekend, the words she used were "I'm just feeling too normal at the moment" and "even the mention of the Lodge makes me want to steer in the other direction"[...] I didn't see Susie for a lot of the [Friday] night and then as we were leaving the club she asked me if she could share a cab with me. I told her that I was already in a cab with three others and she said: "no problem, everyone's heading up there so I'm sure I can get in with someone".²⁹ I was surprised, I asked "are you coming back to the Lodge?" And she just said "yeah" as if it were a given (Fieldnote: October 2006).

On another occasion involving Susie:

Susie had told me she intended to have a quiet night for Craig's 25th [birthday party] as she had to pick her mother up from somewhere at 8am the next morning and she had also agreed to do my hair for a wedding I had the following day. I made it clear that it didn't matter if she wanted to have a big night, I could get someone else to do my hair but she said, "No, I'm really serious this time, I don't even want to have a big night, I'm not in the mood and I've got stuff to do tomorrow". At the time I verbalised my scepticism to her, pointing out that she has a habit of saying one thing and doing another. The next morning at 10.30am I got a text from Susie, 'You were right I couldn't help myself. Heading back up

²⁹Susie had already taken drugs at the club prior to making the decision to return to The Lodge.

to the Lodge, do you want me to drop off the curling wand on my way?’
(Fieldnote: February 2007).

During an interview, I asked Stacey to comment on the tendency for some A-Team members to declare publicly their desire to stop or reduce drug use. Stacey said:

Quite often my friends and my partner and I will say ‘We have to back off now’, or ‘This is our last year [of using drugs]’ and I’ve been saying that now for five or six years. We probably get worse every year
(Interview: May 2007).

In support of their frequent declarations of intended abstinence from or restraint in drug use, several A-Team members had developed behavioural strategies that they hoped would help them achieve these goals. The first such strategy was to pursue drug-free alternative activities. For example, in reply to an email query from me asking if he was going out on the coming weekend, Jason outlined his plans for alternative activities in order to avoid the temptation to use drugs with his friends:

I probably won’t go out this weekend. I’ll go to the footy [Australian Rules Football] on Friday night and I’ll have to find something [to do] for Saturday night (Fieldnote: April 2006).

The strategy of pursuing drug-free alternative activities was also adopted by Laura and Julie. Laura often felt a strong urge to ‘party’ on Saturday nights, so she took a part-time job as a ‘door bitch’³⁰ at a nightclub. Julie, Laura’s friend, joined her when the nightclub manager mentioned that he also needed someone to work in the cloakroom. This strategy proved more successful for Laura, who usually drank energy drinks to get her through to the 6am closing time, than for Julie, who sometimes used methamphetamine. Julie also occasionally visited the Lodge to consume more drugs at the end of her nightclub shift.

The second strategy developed by participants to promote abstinence from drug use for a limited period was to employ a non-using chaperone to act as a buffer. When I

³⁰So named because of their allegedly sour disposition and power to decide who can and cannot enter nightclubs.

asked Susie if she was going to attend Julie's birthday party (where drugs would be used), Susie replied:

I am heading to Julie's tonight but I am going with Melissa so she can be my support as she is driving [and not using drugs] so I may have more of a chance of not getting trashed (Fieldnote: October 2006).

On this occasion, Susie's strategy was unsuccessful. Despite Melissa abstaining from drugs for the evening as planned, Susie purchased methamphetamine from a friend at the party and continued taking drugs at the Lodge afterwards.

The third strategy of restraint developed by A-Team members was to avoid pre-procuring drugs, deliberately leaving their drugs at home when going out or taking with them only small amounts of drugs (e.g., a 'point' [0.1g] of methamphetamine or a single pill). This, of course, was only effective if drugs could not be obtained when out, either through purchase or gifts from generous friends, and if no members of the A-Team were prepared to travel to obtain drugs. The following example shows how such regulatory strategies were sometimes subverted:

When I got back to the Lodge I asked Jess what drugs she'd had for the evening, and she said they'd all taken two pills out with them to the rave and had them, and then they'd made two extra 'runs' since they got home – which means Tico had gone out twice to get more. When Tico goes out to get them more pills he asks how many everyone wants and everyone always only says they want one more each, but then three or four hours later Tico usually has to go out again. I asked Jess why don't you just get a ten-pack instead of only getting one each time? And she said 'because if I get ten I'll have ten. I always think I'll just need one more and then I'll go to bed but it never works like that' (Fieldnote: April 2006).

Not all A-Team members engaged in this narrative of cessation or reduction of illicit drug use. Those who did articulate the desire to abstain from drug use tended to be 'repeat offenders'; by this I mean that they tended to make such statements regularly. A-Team members made these statements for a variety of different reasons. Sometimes it was after a particularly big weekend and they made these statements in

haste because they were feeling unwell (i.e., ‘coming down’ or feeling lethargic). Others made these statements because they had begun to experience more significant drug-induced harms, which were accumulating over time (to be explored in more detail in Chapter Nine). Others made these statements because they believed that they had been using drugs for too long, and that it was only ‘acceptable’ to use drugs in the short-term (e.g., Julie’s statement that “there has to be a point where I stop I suppose?”)

It was common throughout the fieldwork period for A-Team members to emphasise that their use of ecstasy and methamphetamine was a temporary phase, a transient chapter of life specific to their age and social circumstances. Most members of the A-Team had been using party drugs for an average of four years and were beginning to feel a tension – both within themselves and also from partners and families – that it was time to ‘move on’ to a more responsible and adult lifestyle. Other research among young Australians (Lupton and Tulloch 2002) has demonstrated that young people construct ‘acceptable’ risks based on their position in the life course. Risk-taking is constructed as acceptable during youth; however, when family and other responsibilities become important risk is avoided. The following statements from A-Team members demonstrate their perceptions about the temporary nature of their drug use:

1. It’ll stop pretty much when I move out of here [the Lodge]. If I keep moving from party house to party house I’m never going to achieve my long terms goals that I want to, like buy a house (Corey, Interview: December 2006).
2. I don’t see myself in 10 years married with children and having my mates over and all eating pills (A.J., Interview: March 2007).
3. This is just something I’m doing while I’m young, pre-growing up, pre-marriage, pre-all that sort of stuff (Jay, Interview: October 2006).

A-Team members appeared to be subscribing to wider social and cultural views about how long, and at what age, it was appropriate to use illicit drugs. For example, it was acceptable to use these drugs while they were ‘young’ or before they bought a

house, but not when they were married. Here, the A-Team seemed to be again influenced by social perceptions about what was 'normal' and 'abnormal' in relation to their drug use. The way that A-Team members felt about needing to reduce or cease their drug use was also likely to have been influenced by the negative views about drug use frequently expressed by non- or ex-drug using friends and family. This is another way in which some A-Team members practiced neutralisation techniques (Matza and Sykes 1964) and engaged in practices of assimilative normalisation (Rodner Sznitman 2008) – by rationalising their use as acceptable during a certain period of their life .

Despite the reasons that the A-Team gave for articulating narratives of restraint in relation to their drug use, they rarely followed through on their statements. When I asked A-Team members why they thought this was the case, most emphasised the pleasures associated with their drug use and suggested that it was too difficult to resist pursuing intoxication. Furthermore, A-Team members did not want to miss out on the social aspect of their drug use. If fellow A-Team members were spending their Saturday nights and Sundays consuming drugs together, other members did not want to spend that time away from the group. When I asked A.J. about why some people said they were 'off it' and then reneged on this statement, he told me that, personally, he sometimes reneged because he always felt remorseful if he wasn't there for the funny moments that resulted from intoxication. He wanted to be able to answer 'yes' to the question 'do you remember the hilarious night when Craig (or another A-Team member) did this...?'

A-Team members did not apply pressure to those who had claimed they would cease or reduce their drug use. On the contrary, A-Team members were supportive of these decisions and often agreed to help these A-Team members to achieve their goal; for example, by not phoning or text messaging them on the weekend so they did not know what they were missing out on. While A-Team members encouraged fellow members to follow through on their intentions, when A-Team members did not follow through, other members did not judge or chastise them. Essentially A-Team members left it up to the individual to manage their own consumption, consistent with theories of individualised responsibility, which suggest people are now required

to take on responsibility for their choices, their decisions and their 'risks' (Giddens 1991; Beck 1992; Lindsay 2010).

Accounting for 'excess'

Although some A-Team members periodically declared their intent to cease or regulate their drug use and had developed various strategies to support these intentions, 'excessive' drug use remained frequent. A-Team members accounted for this state of affairs in two main ways: that they were either unable to regulate their drug use or unwilling to regulate it.

Susie's explanations belong to the first category. During a conversation with me and two other friends, Susie remarked on her inability to stop using ecstasy and methamphetamine heavily once she had started:

You know what my problem is? I just eat [pills] way too much. Once I start [using pills], I just keep eating and eating and eating. If I could be like you guys [and take smaller amounts], I would be OK. But I can never just have one pill, it's always more like four or five (Fieldnote: July 2006).

A similar sentiment was expressed by Julie:

My problem is that it's too hard to just stick to one pill. Once I've had one, I turn into a drug pig – just wanting more (Interview: September 2006).

A perceived lack of control or 'terrible willpower' in relation to the regulation of drug use was also a concern expressed by Stacey. In the following extract, she laments her inability to have a 'quiet' night (e.g., one characterised by moderate or no drug use):

I know it's pathetic, but as soon as I go out, I just know I won't go home early. You get the buzz you know, and you feel the energy and you know everyone's going to get on it [take drugs] and have a ball, and it's all

over from there. I am incapable of having a quiet night, so I'd rather not leave the house at all. If I don't leave the house, I don't worry about it, I'm quite happy to stay at home, but once I'm out, it's all over (Fieldnote: April 2006).

Likewise, Jason consistently stated that he lacked control when it came to regulating his drug use, as demonstrated in this text message:

I am weak! I was having a ball on Sunday... but I really can't go there anymore [the Lodge]! I keep breaking promises to myself and my will power is just terrible! It takes control! (Fieldnote: May 2006).

Unlike Susie, Julie, Stacey and Jason, who all couched their accounts in terms of their perceived inability to retain control over drug use, the following statements reject the need for such regulation. Craig, another member of the A-Team, emphasised the desirability of acute intoxication:

You see the problem is that I just don't want to have one or two [ecstasy pills] and have a la de da time now, I just want to get really fucked up, really fucked up like I was last weekend where I can't move and can't remember anything except that I had the best time ever (Fieldnote: April 2006).

Here Craig is equating a good time with being so intoxicated that he loses the ability to function 'normally'. His experience transcends pleasure and enjoyment to a point where his movement and consciousness is completely altered. Similarly, Laura also rejected the need for self-regulation and emphasised her desire for intoxication, as evidenced in the following fieldnote:

Laura wasn't happy when Jason suggested we go to Club 55, she said, "I don't want to go to the club. I just want to go back to your place so I can go and get fucked up". I've had conversations with Laura in the past about how she likes to get 'fucked up' when she gets on it [uses drugs]. She's never liked the whole idea of moderation. On the way home in the cab, she said, "I just don't see the point of using if you're not going to get

off chops [acutely intoxicated]... it's my personality. When I do something, I go hard. Like when I like a guy, I go full on, or when I like food, I eat till it hurts. It's just the way I am" (Fieldnote: June 2006)

The narratives presented above suggest that both control and pleasure were constructed and accounted for in two very different ways by members of the A-Team. Some members expressed a desire to control or limit their drug use and others rejected the very notion of control and prioritised pleasure. These conflicting goals were a consequence of the A-Team's constant negotiation of the competing discourses of normalisation and stigma.

These narratives further my contention that there is a need for a more nuanced understanding of the way that young people negotiate the boundaries of normalised drug use. While the normalisation thesis described the increasing acceptability of certain forms of drug use, there has been little written about the ways that certain drugs are normalised by young people; for example, the way that tensions between pleasure and stigma are managed. There are a huge range of individual, social, cultural and other factors that shape the way drugs are used, understood and represented by different groups. In turn, I contend that Rodner-Sznitman's (2008) assertion that accepting normalisation as a given overlooks the micro-politics in which the A-Team engaged when negotiating both pleasure and the negative cultural positioning of some drug use. This analysis presents a more nuanced understanding of the realities of young drug users.

Assimilative normalisation

It is evident in these narratives that the micro-politics of assimilative normalisation (the processes through which illicit drug users attempt to manage their 'deviant' or stigmatised behaviour) and of transformational normalisation (the way that illicit drug users might actively attempt to resist or redefine what is considered to be 'normal') (Rodner Sznitman 2008) shaped drug practices and discourses among the A-Team. They had to reconcile the stigmatising anti-drug discourses of family and abstaining or ex-using friends (and the media) with their own embodied appreciation of the intense pleasures and social relationships produced by drug use.

In attempting to manage the tension between the pleasures of drug use and a perceived need to reduce their drug use, the A-Team engaged in two conflicting narratives. First, some members engaged in a micro-politics of assimilative normalisation through attempting to regulate drug-related pleasure. Far from challenging the valorisation of self-control and the regulation of pleasure, they managed their potentially stigmatised identity as drug users by placing their desire for self-control at the centre of their narratives and strategies of cessation or regulation. As Rodner Sznitman argued, an emphasis on self-control represents a claim to continuing membership of society in spite of the use of drugs (Rodner 2005) and an attempt to enhance their “skills and images to bring them into line with valued social norms” (Rodner Sznitman 2008:450).

These narratives and strategies did not appear to prevent continued drug use above the desired levels. To explain their inability to regulate their drug use, some group members engaged in the micro-politics of assimilation by drawing on established explanations for drug use that emphasised individual deficit. As discussed in chapter two, one of the ways in which self-regulation is reinforced in post-modern society is by the promotion of feelings of guilt, anxiety, repulsion and disappointment that accompany practices that are not associated with self-control. Keane (2002) has suggested that public health promotes an ‘authentic’ and well-ordered self, which constructs a ‘healthy’ body as good and natural. However, ‘unhealthy’ practices, such as drug use, are framed in public health discourses as ‘bad’, ‘inauthentic’ and ‘disordered’. The moral position that the only good body is a healthy body is likely to play a powerful role in people’s construction of their drug use and identity (see also Hathaway, Comeau et al. 2011).

Further, in his seminal work on stigma, Goffman (1963) argued that an important component of stigmatisation is that the stigmatised person accepts that their behaviour is deviating from that considered ‘normal’, understands why their behaviour is stigmatised and accepts the ‘normal’ world view. Lloyd (2010:43) argues that: “in order for stigmatisation to take place, the stigmatised person must, at some level, accept the social meaning of his/her stigma and feel the associated rejection, and the stigma must be central to a person’s sense of self”.

Julie, Susie, Stacey and Jason all declared that they were incapable of asserting self-control due to perceived character defects – for example, they were ‘weak’ – but also because they were unable to control their desire, knowing how potentially pleasurable their drug experiences might be. In other words, they struggled to regulate pleasure and drew on popular understandings of ‘excessive’ drug use as indicative of flawed neo-liberal subjectivity (Keane 2002) by virtue of their ‘disordered’ or ‘uncontrolled’ behaviour.

These reactions to forms of stigmatised drug use are not unique to the A-Team. For example, in their analysis of the narratives of Canadian cannabis users, Hathaway et al. (2011) described the way that participants engaged in a range of practices to manage stigma, neutralise their guilt, avoid deviant labels and avoid social exclusion. The authors concluded that cannabis users were constantly forced to juggle frames of reference about their drug use which in part was constructed as socially and culturally normal, but in other ways was still associated with prejudicial labels, stigma and enduring cultural ambivalence. Hathaway et al. described the way in which levels of consumption, self-control and moderation were important factors in mediating their own concerns, and those of others, about their drug use. They made distinctions between recreational use and abuse or dependence and distanced themselves from heavier users. They attempted to construct their use as non-deviant, or ‘normal’, by emphasising that they did not use too frequently, or never used beyond certain limits – for example, first thing in the morning. They also rationalised their use within certain spaces and timeframes that did not challenge their daily roles and responsibilities.

In other research, Lindsay (2010) suggested that processes of assimilation are also adopted by young drinkers. Lindsay argued that this is related to the increasing individualisation of the post-modern world. The emphasis on personal responsibility has led to an increasing tendency for public health to expect individuals to manage their consumption and risk behaviours. Young people are expected to exert control over their drinking, and thus young drinkers link the ability for control with types of personality – i.e., some people are ‘control freaks’ or have control over themselves but some lack all control and willpower. Unlike A-Team members, notions of control were gendered among Lindsay’s participants, with women placing more emphasis on

the need for controlled behaviour than men (see also Rodner Sznitman 2007). In an earlier paper, Lindsay (2009) described the way interviews with young people in Melbourne were riddled with contradictions, which she argued exemplified the contradictory social environment that young people negotiate. The night-time economy exploits young people, but the individualisation of risk enables governments and the media to blame young people for their 'risky' and 'dangerous' behaviour.

Lindsay's view might go some way to explaining why A-Team members could not enact their declarations of abstinence or restraint. She argued that "contemporary individualism requires simultaneous self-management of consumption, the maintenance of our social relationships and the performance of social identities" (Lindsay 2010:485). At the same time, drinking and drug use becomes central to social well-being, identity, pleasure, sociability and friendship. Worth (2009), too, discussed this contradiction, where performing desired social identities enhances well-being but might be bad for health. She suggested that activities that harm people's health are often activities that are essential for well-being. Thus, A-Team members engaged in various forms of micro-political resistance to attempt to manage these tensions. 'Missing out' meant threatening social well-being, as articulated by A.J., who couched his reasons for falling short in his intentions in terms of the social benefits. A-Team members had to decide whether conforming to social and cultural expectations was more or less important than pleasure, friendship, identity, and ultimately, personal well-being.

Transformational normalisation

The second way in which group members attempted to reconcile discourses that link drug use to loss of self-control, autonomy, rationality and self-respect, with their appreciation of the pleasures of drug use, was through engagement in a micro-politics of transformation whereby they attempted to resist or redefine what was considered to be 'normal' with respect to illicit drug use and drug users. This occurred at the discursive level through offering alternative readings of drug use, pleasure, desire and self-control (as in the expressions of Craig and Laura). They

rejected the need for self-control, choosing instead to emphasise the value of ‘carnal pleasure’ (Coveney and Bunton 2003) – that is, unregulated, unrestrained, corporeal experience facilitated by the heavy use of illicit drugs. In their research with cannabis users, Hathaway et al. (2011) described the way that drug users managed coercive mechanisms of control and moral standards that encouraged self-discipline and restraint by continuously adjusting their frames of reference to ensure their social reality was natural and normal. However, importantly, these authors point out that many people also developed a sense of their identity and self by resisting social guidelines and developing new frames of reference (transformational normalisation). Goffman (1963) suggested there is a continuum between the ‘normals’ and the ‘stigmatised’. He suggested that among the stigmatised there are ‘normal deviants’ (who attempt to assimilate with ‘normals’) and ‘social deviants’ (who rebel against ‘normal’ conventions and practice transformational normalisation). Craig and Laura clearly belong to the second category.

Duff (2004:391) has argued that one potential harm reduction response to recreational drug use might be to encourage an ‘ethics of moderation’. Drawing on Foucault, Duff proposed instilling a culture of moderation, in which pleasure is maximised but excess is avoided: harm reduction might “promote the moderation of use as a way of both intensifying the pleasures associated with that drug use as well as ameliorating the more ‘messy’ or undesirable consequences of this use”. However, some A-Team members rejected the idea of moderate drug use. Responding to Duff, Measham (2006) posed the very important question: what happens when immoderation is the goal in itself? The notion of maximising pleasure through self-regulation does not correlate with the intentions and experiences of young party drug users. Emphasising moderation simply reinforces notions of neo-liberal individualism and self-regulation – and indeed the issues of social control at play in these ideals. Yet at the same time, the notion of moderation and restraint is at odds with contemporary emphases on economic deregulation and excessive consumption (Measham 2006). Young people often consume a range of substances with the intention of getting drunk or high, and deliberately accelerate their intoxication through a range of techniques. Of course, such intoxication and excess is not unbridled, even for Craig and Laura – with processes of self-regulation and social-

regulation still at work (i.e., getting “fucked up” only in private space and on weekends), with A-Team members still governed by concerns about health, safety, image and identity.

The A-Team were not unique in their attempts to manage and reject stigma, in fact such issues are common throughout the drug use literature. Like other drug users, A-Team members attempted to control their drug use but also rejected control; they attempted to reduce harms and maximise pleasure; and they attempted to conform to social ideals but still pursued weekend identities to achieve well-being (see also Rodner 2005; Rodner 2006; Wilson 2006; Rodner Sznitman 2008; Lindsay 2009; Rief 2009; Lindsay 2010; Hathaway, Comeau et al. 2011). These co-existing discourses – drug use as a potential moral threat requiring strategies of self-regulation and drug intoxication as legitimate desire and pleasurable experience to be pursued enthusiastically – point to the complex ways in which the A-Team tried to manage the micro-politics of normalised drug use (Rodner Sznitman 2008).

Conclusion

In this chapter I have explored the way that some A-Team members articulated a desire, or perceived need, to regulate their drug use. They did so by either claiming to be ‘off’ drugs permanently, or more commonly to be ‘off’ drugs for a period of time. Some A-Team members also attempted to reduce the amount and frequency of their drug use. These A-Team members made these statements for several reasons, including their experience of harms in relation to drug use or a perceived need to reduce drug use in line with the cultural positioning of ‘moderate’ drug use as the most acceptable form. The A-Team was also exposed to significant critiques of their drug use on the part of non-drug using friends and family.

Those A-Team members who expressed the desire to reduce their drug use often failed in their intentions, despite utilising various strategies to maximise the likelihood of success. These A-Team members constructed their continued use of illicit drugs as a failure of will-power or as an example of impaired self-control. Other A-Team members explicitly rejected the notion of self-control and instead

pursued unrestrained and unregulated drug use, emphasising pleasure and intoxication.

Those A-Team members who expressed the need to reduce or maintain control over their drug use engaged in the micro-politics of assimilative normalisation, in which they attempted to bring themselves into line with common drug-related norms. They also drew on these discourses to make sense of themselves and their drug use. On the other hand, those A-Team members who rejected control and emphasised pleasure engaged in transformational normalisation, attempting to resist popular conceptions of 'acceptable' drug use (such as controlled or moderate use) and endeavouring to redefine what should be considered 'normal' in relation to drug use.

The tension between control and pleasure, and moderation and excess, articulated by A-Team members was related to the economic and social climate that they operated within. Neo-liberal economic and social policies have resulted in an intense process of individualisation, where there is a strong emphasis on personal discipline and self-control. The notion of individualisation and personal responsibility means that many experiences of young people are constructed as personal problems that are the fault of the individual.

It is clear from this chapter, as well as those chapters that explored the way A-Team members used drugs in different social contexts, that the A-Team are managing the micro-politics of normalisation. Normalisation is a process that is both encouraged and contested by young people and their family and friends. This process might result, for example, in an ongoing challenge or conflict such as the desire for both pleasure and control. In this respect, Rodner-Sznitman's more nuanced account of normalisation, particularly her description of assimilative and transformational normalisation, provides a useful framework for generating insights into the complexities of the normalisation process.

Chapter 9

“What goes up must come down”: Drug-related harms amongst the A-Team and their implications for harm reduction

In chapters five, six and seven I highlighted the A-Team motivations for drug use, as well as the significance of particular social contexts for the way they used alcohol and party drugs. Chapter eight described the tension between the desire to pursue unrestrained bodily pleasure and the wider social imperative to demonstrate self-control. One of the themes developed in these chapters was that although A-Team members derived many benefits from their alcohol, methamphetamine and ecstasy use, particularly in terms of socialising and the pleasure and enjoyment of intoxication, they also consistently encountered negative views about their drug use from some family members and friends. These negative views, in turn, shaped the way that A-Team members used drugs in certain contexts in an attempt to satisfy their own desires and simultaneously conform to wider social conceptions about the acceptability, or otherwise, of illicit drug use.

The chapter begins by describing the harms frequently experienced by the A-Team, which included mental health issues, cognitive impairment, financial loss, relationship problems and physical health problems. I then extend my examination of the way that A-Team members negotiated the stigma attached to their drug use by considering some of the drug-related harms that they experienced. I argue that the drug-related harms considered most significant by A-Team members were those that threatened what they defined as ‘normal’ functioning and practice. In essence, I argue that when experiencing the negative aspects associated with their drug use, the A-Team engaged with notions of acceptable behaviour and ‘appropriate’ forms of social, physical and cognitive functioning. I also argue that these harms need to be understood in the context of the age and stage of adulthood of A-Team members. As

priorities change, including concerns about career progression, finances and friendships, some consequences of drug use became less tolerable for A-Team members.

‘The sads’: Mental health harms

One of the most significant forms of harm experienced by the A-Team was associated with mental health. Over the course of fieldwork, members of the A-Team exhibited an increasing tendency to feel “agitated”, “grumpy”, “moody” or “sad” in the days following the prolonged use of methamphetamine or ecstasy. Some A-Team members reported feeling sad and emotional the day after drinking alcohol, but this was generally mild and resolved within the day. For A-Team members, the use of methamphetamine and ecstasy was most likely to result in more significant mental health problems in the days following use.

As methamphetamine and ecstasy were so often used in combination, it was hard to establish whether the mental health issues experienced by A-Team members were caused by either ecstasy or methamphetamine, or a combination of both. Interestingly, A-Team members differed in their opinions about which of the two drugs was most likely to cause moodiness and sadness – in fact, around half of those who experienced mood problems in the days following use believed that these were due to methamphetamine and the other half attributed them to ecstasy. Previous research has shown that ‘low mood’ and mental health ‘disorders’ can be associated with both methamphetamine and ecstasy (Ferigolo, Machado et al. 2003; Carlson, McCaughan et al. 2004; Lee 2004; Kelly 2005; Maxwell 2005a; George, Kinner et al. 2010).

Mental health problems generally surfaced 1-4 days after the A-Team’s sessions of illicit drug use. For example, if a combination of ecstasy and methamphetamine was consumed on Saturday night and Sunday, some A-Team members noticed negative effects on Sunday, but most occurred between Monday and Wednesday. For this reason, the phrases ‘blue Tuesday’, ‘terrible Tuesday’ and ‘wobbly Wednesday’ were sometimes used to describe the negative mood-related consequences of these

drugs. Grumpiness and agitation were two of the more frequently noted mood disturbances, and anger and frustration to lesser degrees. However, the most significant (but less common) mental health harm experienced by the A-Team was depressed mood, which the A-Team termed 'the sads'. The sads were generally experienced on Monday or Tuesday, but not all members of the group experienced this depressed mood. Those A-Team members who did experience the sads attributed this to their weekend drug use. Take, for example, the following comment from Jay:

What goes up must come down I guess and you go from the feeling of heightened self confidence to a bit of self worthlessness, you start to doubt a few things (Interview: October 2006).

The sads were not observed very often in the early stages of the A-Team's methamphetamine and ecstasy use, but became more evident over time as drug use became more frequent. In addition, these symptoms appeared more severe depending on the quantities of drugs that had been consumed. This was one reason that A-Team members attempted to reduce their drug use, as explored in chapter eight. The more methamphetamine and ecstasy that were consumed, the sadder they felt in the days following use. For example, Jay felt 'down' after a 48-hour session in which he consumed more alcohol, methamphetamine, ecstasy and cannabis than was usual for him. During an interview, he told me:

It was one of my darkest moments. When I got home I was seeing the bad side of things, very glass half empty, not half full, it was just a few old thoughts coming back about where I was in my life, my situation, where I was heading, so yeah, it put a bit of a downer on things (Jay, Interview October 2006).

For some members of the A-Team the sads were seen as fairly superficial and as the result of a chemical 'low' after a weekend 'high'; for others, the sads were far more significant and, over time, developed into more enduring mental health problems. Consider the following email from Jason:

I am not a mentally strong person as you know... so every weekend that I do get on it [take drugs] I certainly feel it during the week. It takes me

below that [normal] level that I should be. Other people can get on it on the weekend and still be able to keep their head above water and they don't notice it like I do (Fieldnote: April 2006).

Two female members of the A-Team were prescribed anti-depressant medication. One woman attributed her depression to her past methamphetamine and ecstasy use. She ceased using ecstasy and reduced her methamphetamine use considerably after she began taking the medication. The other woman did not think that her depression was related to her drug use and continued to use these drugs frequently after being prescribed anti-depressants (her psychiatrist remained unaware of her illicit drug use). A further two women outside the A-Team (but still part of the broader fieldwork network) took anti-depressant medication. There were also several people within the A-Team and broader field group who experienced some symptoms of depression but who did not resort to medication. For example:

After going up to the Lodge for a visit on Wednesday night Jen said to me "drugs are starting to take their toll on everyone I think". I said what do you mean? She told me that she was speaking to one of the female Lodge regulars who confided to her that she was sad all the time and lacked motivation and never wanted to leave the house. Jen said that she thought a few other members of the group were also showing symptoms of depression (Fieldnote: September 2006).

A-Team member Laura stopped taking ecstasy and methamphetamine because of the significant mental health effects she experienced over time. She had used ecstasy and methamphetamine every weekend for twelve months before reducing her use to once or twice a year:

I did it every week in Melbourne but I did it for the wrong reasons. In London I did it for fun. Whereas when I came back to Melbourne I did it to escape reality. Then it turned into a vicious cycle of every weekend, I wanted to get high and then I'd have such a big come down during the week but I'd live for the weekend again just so I could get on it again and go out and have fun [...] At the time I didn't realise, when I first started taking drugs, I didn't realise what an effect it can actually have on you

[...] You can see people now who say it doesn't have an effect on them but it does. It happens slowly and it doesn't seem so bad at the time because you can hide it as well, it doesn't seem like a big deal. When I first started taking them I was like, why are they illegal? Now I realise why, it can ruin your life because you can become dependent on the high. And it stuffs with your emotions (Interview: March 2007).

Laura had been using ecstasy and methamphetamine with other friends overseas before members of the A-Team started using them regularly. For this reason, she had already decided to cease use when the A-Team formed. She often attended pubs and clubs with A-Team members at the beginning of the night, the period when they socialised with ex- or non-drug users, but rarely visited the Lodge. However, Laura was one ex-using friend with whom A-Team members were honest about their drug use. Laura was very enthusiastic about her friendship with A-Team members, and did not let her decision to stop using drugs affect her friendships. Although she did not like to miss out on the social benefits associated with Lodge activities, and sometimes expressed a desire to use drugs so that she could spend that fun time with her friends, she avoided using them because the 'come down' had become too intense, and she experienced other serious side effects such as kidney infections after taking ecstasy. There were several occasions when Laura decided to use methamphetamine, cocaine and/or ecstasy during the fieldwork period, but she always regretted it afterwards as she experienced a significant 'come down' in the days following use.

Interestingly, Laura's unique position as somebody that did not 'judge' the drug use of her friends changed over time. Shortly after the fieldwork period, Laura stopped using altogether – not even for special occasions – and she stayed best friends with A-Team members. However, around three years after fieldwork, when A-Team members were still using party drugs regularly (at least monthly, but most fortnightly), Laura began to get frustrated with their continued drug use. Laura had started using party drugs heavily before other members of the A-Team so when she stopped, she assumed the rest of the group would also stop after two more years, because she believed that engagement in party drugs should be age-limited to a certain period of the life. However, when A-Team members continued to engage in

party drug use into their late twenties and early thirties, her tolerance for their drug use lessened. I was particularly interested in this change of attitude, because her position had been so tolerant and accepting for so long. I noticed that over time A-Team members had reduced their use, were using less often and seemed to still be managing their recreational drug use within their broader lives, despite their age. However, Laura, who did not share her view with everybody, and still continued engaging socially with A-Team members, thought it was time they stopped and ‘grew up’.

As discussed in chapter two, many post-modern theorists have discussed the way in which health is a key moral obligation that is required to be personally managed by an individual, and the failure to meet standards of health, fitness and well-being is met with guilt and anxiety (Lupton 1995; Lupton 1999; Keane 2002; White and Wyn 2004; Wyn 2004). Mental health has also become a key feature of the self that young people are required to manage. In this context, strategies to minimise risk become central to ordering, functioning and developing an identity (Lupton 1999).

The need to maintain a ‘healthy’ mind is evident in the narratives of some A-Team members, who discussed and reflected on their experience of the sads in the context of ‘normal’ mental health functioning. For example, in his discussion of “what goes up must come down”, Jay constructs a continuum of mood: drug use elevates mood to produce feelings of heightened self-confidence but when the effects of the drugs wear off, his mood dips to produce feelings of low self-worth. Implicit in his explanation is that when no drugs have been consumed his mood sits at the centre point, the ‘normal’ position.

Like Jay, Jason talks about varying levels of mood in his discussion of drug use taking him “below that [normal] level that I should be”. He suggests that there is a level at which his mood should ideally be maintained, but that the after-effects of drug use reduce his mood below that level. He uses a water analogy, “other people can keep their head above water”, to represent how his functioning dips below ‘normal’ or desired levels of mental functioning. Jay again touches on this theme in his comments on the glass being “half-empty” or “half full”, and Laura expresses the view that drug ‘highs’ are always matched by mood ‘lows’. In discussing their drug

use in this way, A-Team members imply that their mood is only ‘normal’ when they are drug-free. Drug use thus threatens what they define as ‘normal’ functioning and mood. This is acceptable when it elevates mood above normal levels, but not when it drops below them. This is another way in which the A-Team engaged in discourses of normality and normalised drug use. Those A-Team members who reduced their drug use did so because their mental health and/or cognitive functioning became ‘abnormal’. The following section explores the cognitive element.

Being ‘scattered’: Cognitive impairment and its impact on work/study performance

Another form of drug-related harm experienced regularly by A-Team members, which again became more evident over time and with increasing frequencies and quantities of drug use, was cognitive impairment or being ‘scattered’. As with the mental health harms described earlier, cognitive impairment tended to materialise 1-4 days after the use of ecstasy and/or methamphetamine, and included short-term memory loss and difficulties with concentration. Both of these adverse effects are well established in previous research (Ferigolo, Machado et al. 2003; Carlson, McCaughan et al. 2004; Britt and McCance-Katz 2005; Kelly 2005; Maxwell 2005a). However, no research has yet explored the way that these problems might influence the way that young people construct their functioning as impaired, and therefore their drug use as ‘abnormal’.

When I asked Julie to define being scattered, she replied:

When I’m scattered I’m not in happy ecstasy land and I’m not in reality. I’m somewhere in limbo and I’m not functioning, everything is 10 times harder than it should be, I make stupid mistakes, I’m all over the shop (Interview: September 2006).

For A-Team members, the biggest potential consequence of being scattered was its impact on study or work. Brendan, who was one of the few A-Team members who

no longer used ecstasy or methamphetamine, said that he stopped using drugs because of being scattered and the associated impact on his study and work:

I was just so tired and just wanted to sleep and my concentration was shot, it was hard to concentrate and just to think, like problem solving and that when you're trying to think, you just get confused with what you're thinking about (Interview: June 2007).

For other A-Team members, lapses in short-term memory after weekends of heavy drug use had led to situations in which they were embarrassed or felt inadequate before their colleagues or employers:

Sometimes if I've had a big weekend I'll have memory lapses and things like that. I'll go to work and I'll have to rehearse in my mind what I'm going to say to my boss because I'm not as articulate as I'd like to be. I don't like looking like a fool, I don't like that because I know people pick up on it and go, 'What the fuck is he talking about, what's going on here?' (A.J., Interview: March 2007).

Evident in both Brendan and A.J.'s narratives is that their drug use had begun to impair the way that others viewed them, which threatened both their status (as capable employees or students, as well as their treasured 'mainstream' status) and their relationships with their non-drug using employers or teachers. Brendan and A.J., and other A-Team members, thus positioned drug-related cognitive impairment as a threat to social and cultural expectations about work performance, mental functioning and 'normal' behaviour.

As with 'the sads', A-Team members discussed the severity of their cognitive impairment in relation to the quantities of drugs that had been consumed, but also the length of the party drug use session. Some A-Team members suggested that it was difficult to disentangle whether their 'scattered' minds in the days following use were due to the pharmacological properties of the drug, or the fact that they been awake for 48 hours with little or no food.

It was common for members of the A-Team to miss work or university on Mondays, Tuesdays or Wednesdays following weekends of heavy drug use. While no-one was fired or expelled as a result of absenteeism, one A-Team member, Julie, was reprimanded by her boss for substandard work performance after attending a music festival. Julie's boss knew that she had attended the festival and suspected that she might still be under the influence of drugs when turning up for work. On this occasion, Julie escaped with a warning.

Several A-Team members felt that their regular use of illicit drugs had undermined their career progression. For example, A-Team member Stacey reported leaving a challenging job for something 'easier'. During an interview she said:

I hate admitting it out loud but if I didn't touch drugs I think I'd still be working at my job where I was four years ago which was a pretty high ranking job and I'm back at the same level now but it's taken me four years to get back there (Interview: May 2007).

Similarly, A-Team member Jess often articulated the view that her weekend use of party drugs had acted as a career "handbrake". She had stayed in a job in which she was unhappy for a long time because it was 'easy'. Jess often regretted not pursuing more challenging work in her desired field. Jess has since begun a PhD but regrets not having begun her studies earlier. She also often commented that partying had been a "handbrake" for two others residents of the Lodge, Craig and Corey, who had anticipated having their own businesses before the age of 24. Since fieldwork has finished, these two men have started their own businesses, but they too often express regret over 'lost time' using drugs.

Interestingly, as was the case with mental health functioning, some A-Team members also employed the concept of 'normal' mood states when considering their altered cognition in the days after drug use. For example, in her discussion of scatteredness, Julie suggests that she is not in "happy ecstasy land" and not in "reality" – her normal state. Instead she is in "limbo", she is "all over the shop", which indicates that she is in various mood states, none of which are 'real' or 'normal'. Similarly, Brendan suggests that his scattered state is akin to a 'confused' state of functioning, and, after drug use, A.J. suggests that his memory doesn't

function sufficiently. Again, evident in these narratives is that drug use threatens what some A-Team members construct as ‘normal’ functioning and mood. As a result of the increasing focus on independently maintaining both physical and mental health, and making the ‘right’ decisions to ensure this status (Lupton 1999), avoiding the ‘risks’ associated with status loss influenced how A-Team members both perceived themselves and their behaviour and constructed their drug use. Even when negotiating the negative aspects of their drug use, the A-Team engaged with notions of ‘acceptable’ behaviour and ‘appropriate’ forms of mental and cognitive functioning.

“I could have had a house by now”: Financial loss

Another form of harm frequently articulated by the A-Team was financial loss – both the loss of existing savings and the lack of new savings due to expenditure on party drug (and alcohol) use. This ‘harm’ is not as evident in previous research into party drugs (at least to the same extent as mental health issues and cognitive impairment), though it has been identified as an issue by White et al. (2006). Although A-Team members typically spent around \$250 over the course of a weekend, some A-Teamers often spent significantly more. Some A-Team members regularly procured one or two grams of methamphetamine for weekend sessions (at a cost of approximately \$180 per gram) while others bought and consumed 10 or more ecstasy pills during these sessions (at a cost of approximately \$25 per pill). Some female A-Team members purchased new outfits for nights out, which contributed to the cost of their partying.

Only one A-Team member reported being in debt because of her weekend use of alcohol and party drugs (spending approximately \$2000 on drugs over several weekends that would have otherwise been used to pay bills). Another A-Team member noted that although he was generally in debt to his dealer/friend after each weekend, he usually paid off this debt with his next pay – repeating this pattern the next weekend. Most A-Team members avoided getting into debt because they had fairly high levels of disposable income and could afford to purchase drugs regularly.

However, over half of the group reported that their weekend partying was directly to blame for their lack of savings. For example, Stacey said:

I'm not going to lie and say there's not times when I think, 'Oh my God, imagine how much money I would have if I just put the money I spent on drugs away every weekend' (Interview: May 2007).

A.J. also reflected on his lack of savings:

It's definitely affected [my] finance[s]. If I did the sums in my head now I'd say one week out of every month over the last three years, so what's that, once a month over 36 months, at \$300-\$400 [per month], you're looking at some big bucks that I could have had a house by now or at least a deposit on a house or something (Interview: March 2007).

Here A.J. is attributing his lack of savings to excessive drug use. A.J. was not unique in spending upwards of \$300-\$400 on a typical weekend. While most A-Team members did not experience financial trouble as a result of their regular alcohol and other drug use, the most common concern was related to A.J.'s statement that he 'could have had a house by now'. Most A-Team members attributed their lack of savings to their weekend partying, and others also wondered if they could have been on higher salaries had they not been so scattered at work or had not lacked motivation to pursue their careers more actively. While A-Team members made the decision to make financial sacrifices for the socialising and other benefits they derived from their drug use, it was not until after they had began reducing their alcohol and other drug use that they started regretting the 'lost' money. Once A-Team members had decided to move on to the next stage of their lives, which for most involved contemplating the purchase of real estate, they found themselves in the same financial situation they had been in three or four years earlier, despite their decent levels of income.

“They make us out to be a little bit evil”: Relationship problems

For some A-Team members, illicit drug use created problems for their long-term friendships. While ‘social harms’ arising from party drug use have been noted in the literature (Lee 2004), the main focus in these studies has been the relationships between drug users and their families, or between drug users and their sexual partners, rather than those with non- or ex-drug using friends.

As discussed in chapter four, there were some episodes of significant conflict among the A-Team – for example, Stacey’s conflict with women in the group, Jess banning some A-Team members from the Lodge temporarily due to her anger at being ‘left out’ of a girls weekend away, and Jess, Tex and Stacey being ostracised from the group once they had ended their relationships with A-Team partners. However, milder forms of week-to-week social conflict, were rare, because A-Team members undertook an enormous amount of work to sustain the team. However, during the fieldwork period, significant conflict did occasionally erupt between A-Team members and non-drug users or ex-drug users.

In the six months prior to the formation of the A-Team most group members were socialising with high school friends and going to pubs and clubs but consuming only alcohol, or sometimes small amounts of methamphetamine. However, when the A-Team formed, many group members stopped socialising as regularly with those friends who were not interested in using methamphetamine and ecstasy at the Lodge. For this reason, conflict between A-Team members and their non-drug using friends was particularly prevalent during the first six months of fieldwork. In the early period of fieldwork, A-Team members attempted to maintain friendships with non-drug users by spending the initial period of the evening drinking alcohol with them at pubs or clubs. Then, when these friends went home, A-Team members would connect with each other at a nightclub or the Lodge. Conflict could still occur despite this arrangement, for example, when an A-Team member was ready to meet up with the rest of the group but their non-drug using friend was not ready to go home, or if non-drug users were invited to socialise with the A-Team at a nightclub and non-

drug users noticed signs of drug use – such as seeing women going into toilet cubicles together or visible signs of ecstasy use.

As time wore on, episodes of conflict became less frequent as many members of the A-Team slowly lost contact with people who objected to their drug use, and many of these friendships were lost. From the perspective of ex- or non-drug users, these friendships were damaged because A-Team members no longer included them in their weekend social activities. For example:

Hayley then said to me: “it’s changed my life quite a lot having stopped [using drugs]. I reckon it’s had a real impact on my friendships. I reckon that’s why I don’t get included as much anymore, I just don’t fit in anymore” (Fieldnote: March 2006).

Those ex- or non-users who lost their friendships with members of the A-Team continued to blame their interest in drug use as the reason for the loss. However, A-Team members offered a very different interpretation of the changes in these relationships; for them, these friendships became unsustainable because of the continual criticism and judgment they received from ex- or non-drug users. For example:

I think some people [who don’t use drugs] are definitely more distant than they were before. A lot of people perceive it to be very different to how it is too and they make us out to be a little bit evil because of what we do (Stacey, Interview: May 2007).

The loss of these friendships was a significant social consequence of the A-Team’s regular use of party drugs. While most A-Team members felt that they had been ‘wronged’ by non-drug using friends, whom they felt had judged them harshly, many also regretted the loss of these friendships and attempted to resurrect them after ceasing or reducing their drug use, with varying degrees of success.

The other form of relationship conflict evident among A-Team members occurred between romantic partners. For example, Jess and Corey separated during the fieldwork period as a result of his drug use. Jess wanted Corey to spend more time

with her and less time using drugs. Corey tended to use methamphetamine from Thursday to Sunday on a typical week, and early during the week he would spend the majority of his time either sleeping or catching up with various people who ‘popped in’ to the Lodge to socialise or pick up drugs. Essentially Jess did not feel like they had a relationship outside the Lodge. What was not apparent at the time was that their relationship was not only affected by Corey’s drug use, but his stronger commitment to the group than hers, and Corey’s dwindling desire in the relationship was affected by Jess’ lack of commitment to the team.

Of the five long-term heterosexual couples in the A-Team in which both partners used drugs within the group, only two have remained together, and these are the only two couples in the group who have ceased drug use and had children. Two women who were in relationships with men outside the group have remained with their partners. Lucy’s partner was also an illicit drug user but was part of a separate drug-using network and Lucy’s drug use did not affect their relationship. However, the drug use of Elise, the second woman, was a source of tension in her relationship with a non-drug user. Initially Elise managed this tension through compromise (for example, one weekend spent with the A-Team and the next with their partner), but eventually Elise reduced her party drug use to save her relationship. She remains a core member of the group, and attends birthdays and other celebrations, but now goes home when the rest of the group goes back to a private house to continue partying.

Other research (Rief 2009) has suggested that clubbing and drug use can be detrimental to the pursuit of other goals, such as being in a relationship. Rief has argued that this calls into question the normalisation thesis because the ultimate contention of the normalisation thesis is that young people are increasingly using drugs as part of their everyday lives, but are still able to maintain healthy functioning, work, pleasure, leisure, finances and social and romantic relationships. Like Rief’s analysis, mine shows that romantic relationships, friendships, finances and employment were negatively affected by drug use, suggesting that drugs are not culturally and socially accommodated in the worlds of A-Team members.

“I had tonsillitis for four months”: Physical harms

The most commonly experienced problems, but perceived to be the least significant by A-Team members, were those relating to physical health. Physical harms were perceived to be fairly minor and accepted consequences of alcohol and other drug use. These problems included post-session jaw soreness, reduced immunity to infection and weight loss.

Jaw clenching and teeth grinding are well-known side-effects of ecstasy and methamphetamine use (Britt and McCance-Katz 2005; Degenhardt, Copeland et al. 2005; Maxwell 2005a). During a session of drug use, A-Team members were often unaware that they were clenching their jaws or grinding their teeth, and if they were aware of these actions they were generally unable to avoid them. This often resulted in jaw and mouth soreness on Sunday and Monday, which sometimes led to headaches and made eating difficult. More than five A-Team members had been to the dentist as a result of jaw clenching and teeth grinding – resulting in them being forced to wear a splint (a fitted mouthguard) at night to prevent further damage to their teeth and jaws. Whether A-Team members would have needed to wear a splint had it not been for their drug use is unknown.

The A-Team also consistently noted that their immunity was reduced as a result of their party drug use. This was noticeable after particularly ‘big’ sessions or after numerous consecutive weekend sessions. The fieldnote below describes the poor physical health experienced by some members of the A-Team after a particularly ‘big’ session that lasted from Saturday night until Monday morning:

I found out during the week that Jason had got the flu after the weekend, and Sarah had been so sick with a virus that she took the whole week off work. She said she was on antibiotics, had fainted three times, had thrown up from Tuesday to Thursday, and lost 5 kilograms. I also found out that Stacey had been sick all week. She had been vomiting and also had the flu and couldn’t eat all week (Fieldnote: February 2006).

During interviews, it was common for A-Team members to reflect on physical health problems after prolonged sessions of drug use:

I had tonsillitis for about four months but I think it lingered on because I was using drugs like, hard, every weekend. I was calling in sick quite a bit (Jess, Interview: November 2006).

I pick up a cold or a flu or a bug nearly after every big weekend. Whereas before you might get sick two or three times a year, now it's six or seven times a year (Michael, Interview: May 2007).

Despite these commonly observed and reported physical harms, they did not act as a deterrent to party drug use in the same way as the sads and cognitive impairment. The benefits of party drugs were thought to outweigh most of the harms that the A-Team experienced, but particularly these physical health harms, because they were mild and generally resolved quickly, and were experienced at a point in their lives when they were actively pursuing leisure and pleasure and willing to spend time during the week feeling unwell.

As a result of regularly using party drugs on the weekend, some A-Team members also experienced weight loss (see also Britt and McCance-Katz 2005; Degenhardt, Copeland et al. 2005). This was due to the suppression of appetite caused by both ecstasy and methamphetamine. During a typical weekend session most A-Team members went without food from Saturday until Sunday nights, and many were still not able to eat on Sunday night upon returning home. Longer sessions of drug use resulted in longer periods without food. For example:

When I dropped Jason home on Monday night he told me that the only thing he'd eaten since Friday lunch time was half a slice of pizza on Saturday night and a toasted sandwich for breakfast on Sunday morning. He said: "I've been going to the gym flat out, but it's just a waste of time if I keep doing this. I'm eight kilos lighter than I was before I used drugs every weekend" (Fieldnote: June 2006).

Women were less concerned about weight loss than men. In fact, most saw weight loss as a benefit rather than a negative, as did some of the heavier men. However, some of the slimmer men, such as Jason (quoted above) and Corey (quoted below), saw weight loss as a significant harm:

I went through a stage where I dropped down to 74 kilograms, I weigh 84 now. That can become dangerous in that sort of aspect. People notice as well (Corey, Interview: December 2006).

Here Corey comments on the potential danger of drastic weight loss, but also on the fact that others, including his family and non-drug using friends, had noticed his weight loss. As A-Team members attempted to keep their drug use hidden from non-using friends and family, weight loss was considered a negative consequence because of its potential to draw unwanted attention. A-Team member Sarah was placed in an awkward position when her mother, who was unaware of her drug use, noticed Sarah's significant weight loss and confronted her about having an eating disorder. Sarah's mother pursued this issue for quite some time, before eventually believing Sarah's claims that she did not have an eating disorder. The perceptions of families, non-drug using friends and employers to things such as weight loss and regular illnesses meant that members often went to work even when they were feeling unwell or attempted to maintain their weight by over-eating prior to, and following a session of party drug use. They did so to hide their drug use, but also to prove to those who knew of their drug use and were critical, that they could manage their drug use.

Harms as a consequence of life course positioning

It is important to situate the A-Team's drug-related harms, particularly the financial and relationship harms, within the period of life in which they were located. As discussed in chapter two, young people are commonly thought to be 'floating' in a period of 'extended adolescence' (Thornton 1995; Wyn and White 1997; Epstein 1998; Malbon 1999; Northcote 2006). However, this perspective has been contested (Pini 2001; Wyn and Woodman 2006) and it has been argued that a period of 'new

adulthood' has emerged for young people living in the twenty first century. The latter view more adequately appreciates the social, cultural and economic contexts in which young people live, and the importance of the period of time post-secondary school for young people. However, A-Team members resisted this perspective somewhat, by constructing their drug use a temporary phase that would end when they 'grew up' and started their own family.

Party drug research has shown that there are "rhythms" or "journeys" of drug use that are characterised by four distinct stages: a) discovery, b) honeymoon, c) excess and d) reassessment (Jackson 2004; see also Rief 2009 and Duff et al. 2007). According to Jackson, the discovery period involves curiosity and experimentation with types, amounts and combinations of drug use. The honeymoon period is one characterised by maximum enthusiasm for the drugs themselves. This phase has also been noted by Duff et al. (2007). Jackson suggested that during the honeymoon period drug use has limited impact on one's life outside of the drug-using experience. However, during the third stage, the excess stage, when people begin to use drugs in larger amounts, drug use begins to impair everyday life. Jackson argued that 'excess' is different for each person, and what constitutes excess for the individual is recognition of one's personal limits. The final stage, reassessment, comes after this period of excess when the drug user realises that he or she cannot keep using drugs in an excessive way because of the impact on their everyday lives and also because priorities often change with age. For some people, the excessive experience will lead to them ceasing drug use and abandoning party drug use completely while others will find a balance between the party and life outside the party. According to Jackson, the period of reassessment often causes a shift in one's perspective and use of drugs. Often they alter their drug use in a way that ensures they do not lose touch with those who are still a part of the scene.

Much of this rings true for the A-Team, but their trajectories were not so neat and linear. Only two A-Team members, Laura and Brendan, reached the 'reassessment' stage during the fieldwork period. Both Laura and Brendan had ceased using drugs (Laura used once or twice a year before completely ceasing) as a result of perceiving drug-related harms to be too significant. For Laura, it was mood related, and she needed to avoid using drugs to make sure she remained mentally strong. For

Brendan, it was related to the effects of party drugs on his concentration and memory at university. The remaining A-Team members appeared to be in stage number three, 'excess'. Just prior to my research, most A-Team members were in the honeymoon phase, but the fieldwork period marked the time when A-Team members began using drugs more heavily. As a result, many A-Team members engaged in narratives of cessation and restraint (as explored in chapter eight). However, most members were seemingly unable to progress to the period of reassessment, despite their (sometimes) verbalised intentions. This is because A-Team members were not ready to move on to the next stage of their lives – and their priorities had not yet changed, they were not yet ready to 'grow up'. Aside from Craig and Vicki, no A-Team members were married (and still are not to this day), and aside from Craig and Vicki, and Sean and Melissa, no A-Team members had children (and still do not to this day). In addition, only five A-Team members had mortgages.

While Jackson argued that many young people will abandon party drug use during their period of reassessment, this is still only the case for Laura, Brendan, Melissa and Vicki four years after fieldwork. All other A-Team members still use party drugs, albeit in a reduced manner, and the average age of the group is now 28 years. Not all A-Team members have found a balance between life and the party, with many still using heavily – and for these people, this period has lasted for at least five years.

In keeping with much of the literature explored in chapter two, A-Team members placed little emphasis on developing identity through starting a family or focusing on their careers, instead choosing to explore and develop self-identity through consumerism and leisure. They placed more emphasis on work/life balance and relationships, and personal development, leisure and travel were just as privileged, if not more, than study, work, career and money. However, as shown in chapter eight, A-Team members stated during interviews that they intended to stop using drugs when they moved on to the next stage of their lives. This suggests that most A-Team members continued to envisage their futures in terms of traditional conceptions of family structures, again reaffirming their adherence to modernity. This is why issues such as finances and troubled relationships with non-A-Team members arose as major concerns, because they still intended to 'move on' to a different more mature

role eventually, and were concerned about the absence of the friends they will want around as older adults, and the money they will need to make the most of this next stage of life.

Conclusion

As discussed in the previous chapters, the A-Team derived numerous benefits from its use of alcohol and other drugs, particularly in relation to sociability and intoxicated pleasure. However, it is clear that these benefits came at a cost; A-Team members also experienced considerable problems as a result of their alcohol and other drug use.

The harms experienced by the A-Team included those commonly reported in the literature, such as low mood and depressive symptoms, short-term memory loss and concentration difficulties, and physical problems such as jaw clenching, teeth grinding, weight loss and reduced immunity to infection. Harms less commonly identified in previous research but experienced by the A-Team included financial loss and fractured friendships. Clearly, the quantities and frequencies with which the A-Team used these drugs, as well as the amount of time they spent awake with little or no food, contributed to their experience of these harms.

In articulating these harms, particularly those associated with low mood and impaired cognition, some A-Team members again engaged with the notion of ‘normality’ when describing how they felt when they were drug-free. Drug use elevated their mood or cognition, but ‘coming down’ from drugs led to a ‘drop’ in mood and cognition below ‘normal’ levels. This reinforces the point that A-Team members were consistently engaging with ideas of ‘normal’ functioning and ‘normal’ behaviour and accepting popular notions about what constitutes a normal or natural state of being.

Despite the harms observed and reported by A-Team members, they did not act as a deterrent to party drug use until they began to threaten social status and compromise the ability of group members to pursue particular goals. For example, in the case of Laura, she was unwilling to sacrifice her mental health and ‘normal’ functioning for

the sake of her weekend party drug use, and Brendan was unwilling to jeopardise his career and status. Other A-Team members, however, had not yet 'moved' on to the stage of 'reassessment' (Jackson 2004). Although continuing to experience these problems, they tolerated them because the perceived benefits of drug use – in the form of pleasure and sociability – outweighed the harms. While most A-Team members were still engaged in party drug use, they increasingly reflected on their concerns about their loss of friendships and lack of financial savings, because (although they were struggling to cease use), they still conceived of their drug use as temporary phase, and still envisaged their futures in terms of traditional life trajectories that included marriage, having children and purchasing property.

Chapter 10:

Conclusion

This thesis has explored the social contexts and cultural meanings of alcohol and party drug use among a group of young people in Melbourne, Australia. Like many other young people of their generation, they regularly engaged in extended sessions of alcohol and party drug use in their leisure time. These young people, who called (and still call) themselves ‘A-Team’, allowed me to observe their drug use for fourteen months, a period of time which represented the heaviest drug use of their lives. In this final chapter, I summarise the findings of my research and discuss the way in which they extend theories of post-modernity and normalisation.

The A-Team was a social network of around 25 people who regularly ‘partied’ together on weekends, and was part of a wider social network of around 80 people who also engaged in alcohol and other drug use. What separated A-Team members from their wider social networks was their regular attendance at a private home, known as the ‘Lodge’, a large house in the outer suburbs of Melbourne that was rented by four A-Team members. Through shared time at the Lodge A-Team members formed close social bonds and developed strong friendships, many of which had not existed before they began using party drugs in this space together.

In many ways, A-Team members were typical of young people of their generation. They considered themselves ‘normal’ and conformed to ‘mainstream’ society in many ways. They were ‘socially included’ individuals (Hammersley, Khan et al. 2002; Harling 2007) who participated in work and study. They paid their taxes and played sport, were close to their families and connected to a range of social networks through school, university, work and sport. A-Team members also enthusiastically pursued hedonism in their leisure time, sometimes by going to dinner, to the movies and on holidays together, but mainly by consuming alcohol, methamphetamine and ecstasy together. They used these drugs in a range of ‘mainstream’ or ‘commercial’ licensed venues, as well as at the Lodge.

A-Team members differed from party drug users described in other ethnographic research (e.g., Moore 1995; Thornton 1995; Malbon 1999; Pini 2001; Jackson 2004; Wilson 2006) through their commitment to a mainstream identity. A-Team members did not seek out venues where acute ecstasy intoxication might be more acceptable because they felt comfortable at commercial venues among patrons they considered like-minded. This is also why A-Team members went to lengths to maintain friendships with non-drug users and hide their drug use from such people. It was important for them to conform to mainstream ideals and construct their identity as socially included and 'normal', and this included maintaining friendships with non-drug users. A-Team members were passionate about the strength of their friendships, as well as the strength of the collective group, and consistently produced and reproduced these social bonds in several ways. One of the main ways they did so was through their shared experience of a range of psychoactive drugs that enabled them to be awake for extended periods of time to socialise, decrease inhibitions and enable what they defined as more honest or humorous conversation, empathise with each other, and stage intoxicated performances in which they assumed dramatic roles.

A-Team members constructed the group as their family and the Lodge as their home, and were fiercely protective of these two things. This is consistent with recent party drug use research that has described the way that post-modern youth develop their own communities in response to the absence of traditional community structures (Pini 2001; Moore 2006). For the A-Team, the creation of sustained friendships contributed to this sense of community and belonging.

A-Team members derived two main benefits from their use of alcohol, ecstasy and methamphetamine: sociability and intoxicated pleasure. A-Team members carefully and deliberately used certain types of drugs in what they considered to be appropriate spaces in order to maximise sociability and intoxicated pleasure. All three drugs facilitated conversation, with alcohol and ecstasy facilitating humour in their interactions and methamphetamine enabling them to stay awake for extended periods of time to socialise. Alcohol and ecstasy were also used to pursue intoxicated pleasures and create moments of fun; they also allowed A-Team members to alter their state of consciousness. Alcohol intoxication decreased inhibitions and facilitated conversations and practices that were less likely when sober. Ecstasy

intoxication facilitated openness and empathy, but for some A-Team members it also allowed them to stage performances and assume other characters in their search for identity. Intoxication was also a way for some A-Teamers to distance themselves from their regular personas, their Monday-to-Friday states of mind, their 'normal' and 'mainstream' selves.

Although A-Team members derived many benefits from their alcohol and other drug use, they also encountered challenges to their drug use from friends and family members who disapproved of this illicit behaviour, particularly when it involved the consumption of large amounts of ecstasy. Non-drug using friends and family regularly offered verbal critiques of the A-Team's drug use, and in some cases this resulted in lost friendships and significant family conflict.

A-Team members also experienced a range of harms as a consequence of their drug use. Most of these harms – such as low mood and impaired concentration – manifested in the days following use of ecstasy and/or methamphetamine but some harms were not realised until A-Team members had been using drugs for several years. These deferred harms included lack of financial savings and loss of friendships with those outside the group.

A-Team members had to consistently manage the tensions between the benefits and pleasures of drug use, the critiques of their drug use from significant others and the harms they experienced from their drug use. The theme of normal and normalised drug use was central to the way that members of the A-Team managed these tensions.

In attempting to understand the social practices and cultural meanings of alcohol and party drug use enacted by the A-Team, I have drawn on two sociological literatures: those dealing with post-modernism and normalisation. Post-modernity has seen a change in the way people live in the twenty first century. Globalisation, consumerism and mass media are the cultural and social markers of post-modernity. It has been argued that in post-modern times, young people place particularly strong emphasis on relationships, leisure, health, career, finance and success, but de-emphasise factors such as family, community and location (Giddens 1991; Beck 1992). As I have shown throughout this thesis, while globalisation has changed the way that young

people consume and pursue a range of lifestyle and identity choices, family, community and location are still crucially important in developing a meaningful identity and fulfilling lifestyle.

The normalisation thesis was developed in the context of the social, cultural, economic and political changes that signify the post-modern era. Throughout this thesis I have reflected on the value of the normalisation thesis (Parker, Aldridge et al. 1998) for understanding and explaining the drug use practices of the A-Team. Normalisation is a contemporary theoretical paradigm that attempts to explain the marked increase in some illicit drug use among 'mainstream' young people. The normalisation thesis suggests that drug use has become a normal feature of the day-to-day worlds of many young people, and it is no longer linked with deviant, pathological or subcultural behaviour. I have also drawn on the work of Swedish sociologist Sharon Rodner Sznitman (2008), who offered an alternative framework through which to understand the way that young recreational drug users respond to the notion of normalised drug use. She argued that because the normalisation thesis assumes that drug use is no longer stigmatised, it ignores the 'micro-politics' in which drug users engage when they are faced with tensions between pleasure, desire, harm and stigma.

Rodner Sznitman suggested that there are at least four different types of normalisation; most relevant to this research are 'assimilative normalisation' and 'transformational normalisation'. Assimilative normalisation describes the process in which young drug users attempt to resist being labelled as 'deviant' as a result of their engagement in illicit drug use. They might resist this label by attempting to pass off their stigmatised behaviour as 'normal' by engaging in 'normal' forms of drug use, such as 'moderate' or 'controlled' drug use, or using 'normal' drugs such as alcohol. Transformational normalisation describes the process in which drug users attempt to redefine what is considered 'normal' in relation to their drug use. They might attempt to redefine what is considered normal by formally or informally contesting popular conceptions around drug use and offering alternative readings of drugs and pleasure to those provided by 'mainstream' discourses.

I now reflect on the way my ethnographic findings extend theories of post-modernity and normalisation.

Post-modern identities and social connection

There is little dispute that a range of social, cultural and economic shifts have influenced the way young people live today in western society. In particular, an increased focus on career and finance, leisure and pleasure, production and consumption, lifestyle and identity, risk and risk avoidance, and health and health management has meant that young people negotiate “a more demanding journey to adulthood” (Parker, Aldridge et al. 1998:21-22) and are delaying (sometimes infinitely) the age at which they buy homes, get married and have children. However, these changes do not occlude us from observing taken-for-granted patterns of continuity (see also Nayak 2003). For example, young people continue to prioritise social relationships, family and community. Perhaps despite the changes that have occurred in post-modern times, or in reaction to them, the A-Team certainly privileged these aspects of their lives.

The A-Team was a network of 25 close friends who formed as a group in early 2006 and who remain close. A-Team members became fiercely protective of one another and, as I have shown throughout the thesis, actively sought out events and situations in which to reaffirm social ties and produce and reproduce their bonds with one another. A-Team members often proclaimed their love and friendship for one another through a range of mediums including email, text messaging and facebook.

Social context was particularly important in the A-Team’s production of social bonds. In particular, they used key events to display commitment to the group and returned to the same clubs each week, sitting in secluded areas with one another and rarely seeking out new relationships. In this sense, their practices differed from those of clubbers described in other research, who move between subcultures and ‘scenes’ and whose membership of different groups is fluid and temporary (Malbon 1999). A-Team members did not move between social groupings in a fluid and intermittent way, rather, they used particular social spaces to reaffirm their ties with one other. In

contrast to theories of post-modernity, which emphasise the tendency for young people to navigate different social 'scenes' in search of identity (Giddens 1991; Beck 1992), A-Team members remained noticeably committed to one another and to the group. In response to the decline of traditional structures such as nuclear families, community and the importance of geographic location in post-modern society, the A-Team created their own sense of community. The Lodge was constructed as their weekend home and they became each others' weekend family. A-Team members thus reconfigured the traditional view of family, home and community. The Lodge, the company of fellow team members and the types of practices that were permitted in this space reflected the community that A-Team members desired at this particular point in their lives.

This research shows that in post-modern times, social groups play a fundamental role in the construction of new communities. Constructing the group as a cohesive social network was particularly important for the way that A-Team members experimented with, and gave meaning to, their identities. Consistent with some recent research (Pini 2001; Moore 2006), A-Team members developed a sense of cohesion and community via ritualistic activities. Consistent with the (PLUR) ideology that was commonly used to describe the 'vibe' at raves (St John 2001; Siokou and Moore 2008), declarations of peace, love, unity and respect were important in the creation of this sense of community. This suggests that some aspects of rave ethos have permeated groups of mainstream youth operating in the post-rave night-time economy. It also shows that in an increasingly globalised world, family-based forms of identity and strong social connections continue to be of significance.

Consistent with recent youth studies literature, A-Team members placed less emphasis on developing identity through starting a family or focusing on their careers, and more on developing a self-identity through consumerism and leisure. They placed more emphasis on work/life balance and relationships, and personal development, leisure and travel were just as privileged, if not more, than study, work, career and money. In a very post-modern way, A-Team members explored their identities through drug-induced performance, not through clothes or other types of identity-exploring measures. Becoming 'messy', disordered and carnivalesque on ecstasy was a purposive method for participants to distance themselves from their

'normal' identities and release both their bodies and minds from the restrictions imposed on them in other parts of their lives.

While self-expression and identity were experimented with outside the confines of traditions such as marriage, family and career, A-Team members did not drift between groups and social spaces in their search for self. They were selective with whom and where they performed their desired identities. The A-Team practiced a form of 'differentiated' post-modernism, which presents a more complex picture of how young people are responding to macro-level social, cultural and economic changes. Attempting to understand practices in terms of a modern/post-modern binary is unhelpful.

The A-Team's focus on consumerism, leisure and identity formation was limited to their life course positioning as young adults. Most A-Team members still envisaged their futures in terms of past traditional conceptions of family structures, which is why harms such as finances and troubled relationships with non-A-Team members arose as major concerns. Whether A-Team members cease using drugs and move on to the traditional life path they envisage for themselves remains to be seen, given that this has not happened five years after fieldwork. Future research should focus on whether such intentions are followed through (both among the A-Team and other networks of drug users), whether young people use young adulthood as a form of 'extended adolescence' (Valentine, Skelton et al. 1998) or whether a 'new adulthood' has been created, one that may extend far past the late teens and twenties (Pini 2001; Wyn 2004).

To conclude, young people are not passive recipients of social transformation and while theories of post-modernity have shed light on the way in which lives are materially structured, they less adequately account for the social, familial and place-based needs of young people. The A-Team might be seen as 'anti-post-modern', or at least continuing to be modern, in their adherence to community. Perhaps their desire for community was a reaction to the increasing dislocation they experienced from community structures outside the A-Team, and also their positioning as young adults recently separated from their families. While there may be less emphasis placed on traditional family structures and community in post-modern times, this does not

mean that young people will not attempt to create their own form of community, one that more adequately correlates with their needs and desires. Young people continue to find meaning and identity from enduring social relationships and particular social contexts. In response to an increasingly globalised and disconnected world, A-Team members found continuity and stability within the group and found people with whom they could perform desired identities.

The A-Team's drug use and normalisation as process

The normalisation thesis has offered a different way of thinking about young people, not as 'deviant' or 'pathological', but instead as consumers operating in a time of 'extended adolescence' or 'new adulthood', existing in a consumer-driven society where individual choice is valorised, and who seek to experience pleasure and experiment with identities during leisure time.

While normalisation has significantly advanced understandings of drug use amongst young people, the theory also has serious weaknesses. For example, the paradigm was developed mainly on the basis of quantitative data and does not appreciate the range of social, cultural, economic and political tensions that arise as young people attempt to negotiate pleasure and harm, cultural accommodation and stigma, and control and excess. Further, the theory is sketchy about which drugs are normalised, and which are not. In their original thesis, Parker et al. (1998) stated that cannabis and methamphetamine were normalised in the UK and that ecstasy was 'equivocally' normalised. However, in a later paper, Parker et al. (2002:960) used the term 'sensible' when referring to the drug use they were describing (but never adequately defined what was meant by 'sensible'), and suggested that club drug use was not necessarily normalised because clubbers "excesses are not as acceptable outside this semi-private setting". Later still, Aldridge et al. (2011) suggested that cocaine had moved from its framing as 'hard' and 'dirty' in the mid-1990s to becoming the second most popular drug in the UK after cannabis in the late 2000s. This led the authors to conclude that the normalisation of particular drugs will change over time, as will the characteristics of normalisation, including how it manifests itself and

which styles of consumption, including excessive drug use, are socially and culturally accommodated.

In their revisiting of the normalisation thesis fifteen years after its development, Aldridge et al. (2011) conceded that they overlooked a number of things in their initial theorisation, in particular, they acknowledged emphasising too strongly the rationality of young people and not paying enough attention to sensuality, emotionality and irrationality – all issues identified in this thesis. In addition, in their discussion of the rational cost-benefit analysis employed by young drug users, they admit to neglecting some of the primary motivations and outcomes of drug use, including pleasure, excess, passion and pursuit of acute states of intoxication. Furthermore, they acknowledged the omission of important elements of structure – including gender, class and ethnicity. However, one thing that was not acknowledged, and a clear oversight, was their neglect of the social and cultural contexts of drug use – nowhere in the original normalisation thesis (Parker, Aldridge et al. 1998), or in their revisiting of it (Aldridge, Measham et al. 2011), were the micro-politics of particular forms of drug use discussed in relation to place, setting, context, environment, identity and stigma.

While normalisation has occurred in some sections of the population of young party drug users, my data support the argument (as made by, for example, MacDonald and Marsh 2002; Shildrick and MacDonald 2006; Rodner Sznitman 2008; Hathaway, Comeau et al. 2011) that differentiated normalisation might be a more nuanced way of interpreting the changes in some young people's drug use. As I have shown throughout this thesis, a group of young party drug users in Melbourne, Australia, while acknowledging themselves that “drug use is everywhere”, were still required to manage the stigmas associated with party drug use in the new millennium.

Throughout this thesis, I have argued that Rodner Sznitman's (2008) interpretation of normalisation as a process that involves the management of micro-politics is a more useful way of understanding the complex social realities of young people. I summarise the A-Team's engagement in forms of assimilative and transformational normalisation below.

Assimilative normalisation

A-Team members used the pre-going out phase of the evening to socialise with non A-Team friends and family because this was the phase in which they consumed alcohol. Alcohol use was considered more acceptable among non-drug using friends and family, and A-Team members were able to avoid situations in which their non-drug using friends or family might feel uncomfortable with their illicit drug use, or respond angrily or fearfully to their drug use. Parker et al.'s (1998) normalisation thesis suggests that some illicit drug use has become socially accommodated by a significant portion of non-drug users; however, these findings were not supported by the experiences of the A-Team. In their attempts to manage relationships with those outside the group, A-Team members were required to engage in the micro-politics of assimilative normalisation – and either abstained from drug use around non-drug using friends or family or used drugs (such as methamphetamine) which could easily be concealed from them. In these ways, A-Team members avoided any ‘deviant’ labelling from non-drug users.

Another notable way in which A-Team members engaged in discourses of assimilative normalisation was their construction of drunken behaviour. A-Team members most often engaged in pre-going out drinks at a private home, because group members did not view it as socially acceptable to engage in heavy drinking practices, such as sculling bottles of wine, in public venues, where there were expectations around acceptable behaviour and they were at risk of being denied service or being removed from the venue. When pre-drinks occurred at a venue, acute alcohol intoxication was not achieved to the same extent as it was in the home, or if it was, A-Teamers attempted to control their bodies and their practices in a way that they did not at home. When group members consumed alcohol to the point of acute intoxication at home, they always ordered their bodies prior to attending licensed venues, and in doing so assimilated with accepted social norms about how a body should be ordered and presented (Rodner Sznitman 2008).

A-Team members also attempted to moderate their alcohol use, and the alcohol use of others, by enforcing informal boundaries around what constituted ‘acceptable’ alcohol intoxication. For example, alcohol intoxication was only acceptable if the

outcome was humour or fun, and they disapproved of intoxication that resulted in rudeness, jealousy or aggression. By determining what constituted socially acceptable alcohol intoxication, the A-Team engaged in practices of assimilative normalisation – defining what was and was not socially acceptable and therefore ‘normal’ drinking practice. A-Team members often managed the negative effects of alcohol by using methamphetamine and ecstasy, and in doing so ensured that they adhered to the rules around ‘normal’ intoxication practice.

A-Team members attended ‘commercial’ or ‘mainstream’ venues rather than ‘underground’ or ‘niche’ venues (Hutton 2006; Lindsay 2006). I have argued that A-Team members attended these venues to validate their mainstream identities and to consolidate their position as conforming members of society. They did not want to visit venues where drug use was more accepted because they did not identify themselves as ravers or even as heavy drug users. They enjoyed going to commercial nightclubs because they felt most comfortable at these venues and were surrounded by patrons with whom they identified. A-Team members used fewer drugs in mainstream settings and attempted to hide drug use in these spaces due to concerns about being viewed as ‘drug users’ or non-conformist. In essence, they were responding to the norms perpetuated within the mainstream venues they attended and ordered their bodies in line with the accepted practices of these spaces.

Methamphetamine was used at venues because it enabled A-Team members to act ‘normally’. Methamphetamine was associated with alertness, but also a sense of control. Because methamphetamine facilitated control its use could be concealed from non-drug users and venue staff. By drawing on notions of control, and equating controlled drug use with normalcy, A-Team members again engaged in the micro-politics of assimilative normalisation. Methamphetamine was less likely to be associated with stigmatising reactions from third parties, as it was concealable. Even when non-drug users were aware of methamphetamine use, they were more accepting of this use because A-Team members were acting ‘normally’. Ecstasy was only used in small amounts at licensed venues, if at all. This is because ecstasy was perceived to be much less controllable and potentially ‘messier’ than methamphetamine (particularly given the observable physiological effects associated

with ecstasy). Therefore, engaging in ecstasy use in public was more likely to attract disapproval from non-drug users.

A-Team members drew on the notion of ‘inappropriate for occasion’ usage and ‘inappropriate for purpose’ usage (Moore and Measham 2008) in order to position themselves as ‘sensible’ recreational drug users (Parker, Williams et al. 2002). Such concepts are consistent with the notion of assimilative normalisation (Rodner Sznitman 2008). This idea of ‘appropriate for occasion’ and ‘appropriate for purpose’ is useful in understanding the various micro-politics that the A-Team engaged while trying to uphold their outwardly mainstream identities. At the Lodge, where A-Team members felt safe and were among friends who did not stigmatise or judge them, they were able to give themselves over to the pleasures of ecstasy, lose control over their bodies and get lost in scatter talking performances. However, in public spaces, they were concerned about the potential stigma from non-drug using friends, strangers and venue staff and so used methamphetamine to at least create the illusion of control and order.

Another example of the way in which A-Team members engaged in processes of assimilative normalisation was by smoking methamphetamine in a separate space to fellow A-Team members. A-Team members removed themselves from the group to smoke due to concerns about stigmatising reactions from the rest of the group, and showed ‘respect’ by not openly engaging in a practice disapproved of by others. In addition, the smoking of methamphetamine was entirely concealed from non-drug using friends and family, with none of them ever knowing that some A-Team members consumed methamphetamine this way. The normalisation thesis does not take into account the way that some practices are still heavily stigmatised among drug users, including some forms of ‘messy’ intoxication and different routes of administration. The A-Team engaged in numerous processes of concealment to avoid attracting stigma.

A-Team members drew upon cultural understandings about the acceptability of drug use in certain contexts. For example, ecstasy was used openly and publicly at music festival events – similarly to the way that it was used at the Lodge – and avoided at licensed venues, BBQs and sports-based events. This not only suggests that the

rituals of traditional raves (particularly regular ecstasy use) have transferred to music festival events, but that the use of illicit drugs in spaces where they have traditionally not been associated (licensed venues, sports-based events) is still associated with a degree of stigma. This has implications for the applicability of Parker et al.'s (1998) normalisation thesis, which suggests that illicit drugs such as methamphetamine and (equivocally) ecstasy are socially and culturally normalised among young people and makes no mention of the influence of social contexts. The A-Team's experiences suggest that the degree of normalisation differs between and within social contexts.

In chapter eight, I explored the way that some A-Team members articulated a desire or perceived need to regulate their drug use. They did so by claiming to be 'off' drugs temporarily or permanently or by attempting to reduce the amount and frequency of their drug use. A-Team members made these statements for several reasons, including their experience of drug-related harm or a perceived need to reduce drug use in line with the cultural positioning of 'moderate' or 'temporary' drug use as the most acceptable form. However, those A-Team members who expressed a desire to reduce their drug use often failed in their intentions, despite utilising various strategies to maximise the likelihood of success. These A-Team members constructed their continued use of illicit drugs as a failure of will-power or as an example of impaired self-control. Those A-Team members who emphasised the need to reduce, cease or regulate their drug use engaged in the micro-politics of assimilative normalisation. They attempted to assimilate with common drug-related norms – particularly that moderate and controlled drug use is the only acceptable form of drug use.

In chapter nine, I explored the harms experienced by the A-Team: low mood and depressive symptoms in the days following ecstasy and methamphetamine use, short-term memory loss and concentration difficulties in the days post-use, lack of financial savings, lost friendships with non-drug users and physical problems such as jaw clenching, teeth grinding, weight loss and reduced immunity to infection. In articulating these harms (particularly those associated with low mood and impaired cognition), some A-Team members engaged with the notion of 'normality' when describing how they felt when they were drug-free. Drug use elevated their mood or cognition, but 'coming down' from drugs led to a 'drop' in mood and cognition

below 'normal' levels. This is another way in which A-Team members engaged in processes of assimilative normalisation – by reinforcing accepted notions of what constituted a 'normal' or natural state of being. My analysis shows that romantic relationships, friendships, finances and employment were negatively affected by drug use, suggesting that drugs are not culturally and socially accommodated into A-Team members worlds.

To conclude, A-Team members engaged in a range of assimilative practices to manage stigma, neutralise their guilt, avoid deviant labels and avoid social exclusion. They were constantly forced to juggle frames of reference about their drug use which in part was constructed as socially and culturally normal, but in other ways was still associated with prejudicial labels, stigma and enduring cultural ambivalence. Levels of consumption, self-control and moderation were important factors in mediating their own concerns, and those of others, about their drug use. They made distinctions between recreational use and abuse or dependence and distanced themselves from other 'harder' users. They attempted to construct their use as non-deviant, or 'normal', by emphasising that they did not use too frequently, too much, or could manage some 'time off'. They also rationalised their use within certain spaces and timeframes that did not challenge their daily roles and responsibilities (see also Hathaway, Comeau et al. 2011).

Transformational normalisation

A-Team members also engaged in a number of transformational normalisation processes. In particular, it was in the safety and sanctity of the Lodge where A-Team members tended to forego concerns about stigma and 'controlled' or 'acceptable' drug use, and unapologetically pursued 'carnal' forms of intoxication through heavy ecstasy consumption. The A-Team constructed the Lodge as a safe, comfortable, accepting space, and it was in this space they engaged in transformational normalisation, attempting to redefine what was considered normal and acceptable in relation to drug use. A-Team members embraced ecstasy 'messiness' and encouraged other members to pursue intoxication to the point of 'muntedness', and particularly to the point of 'scatter talking' and 'scatter performances'. In this space, A-Team

members freed themselves from the restrictions they had placed on their behaviour in the preceding phases of the evening and pursued their desire for intoxicated pleasure.

Some members of the A-Team sang nursery rhymes and played childish games while they were intoxicated on ecstasy at the Lodge; others became so intoxicated that they began scatter talking, sometimes involuntarily. Others embraced this scatter talking and put on dramatic performances for the rest of the group, which comprised some of their most humorous and memorable moments. By engaging in this behaviour at the Lodge, A-Team members redefined what they considered 'normal' or 'acceptable' ecstasy intoxication (transformational normalisation). These A-Team members used ecstasy in a way that is not evident in the literature and has yet to be explored in other empirical research. They used ecstasy to transcend pleasure, empathy and humour, and in doing so have offered an alternative reading of ecstasy as a drug that enabled character changes and in doing so pursued alternative forms of desired identity. A-Team members explored their post-modern identities through these performances. While some A-Team members attempted to influence the way that ecstasy was used (for performance and character changes) or by rejecting the 'normality' of moderate drug use, they only ever did so in the safety of the Lodge and among each other. So although they engaged in transformational normalisation, in public they still participated in assimilative normalisation processes. This suggests that managing stigma took precedence over transforming drug use discourses. Nevertheless, among each other, A-Team members felt free enough to test the boundaries around what might constitute acceptable or normal drug using behaviour, and this is likely to be why the group was (and remains) such an important part of their lives.

As is evident from my ethnographic account, the A-Team engaged in processes of assimilative normalisation to a much greater extent than they engaged in processes of transformational normalisation, which is further evidence that drug use remains heavily stigmatised. In deciding when to engage in assimilative or transformational processes, the A-Team responded to existing cultural stigmas and social tolerances. Future research should focus less on the question of whether normalisation has been achieved, and more on the way that young people manage drug use – for example, by negotiating the tensions between desire and pleasure, and drug-related stigma and

harm. Indeed, such practices shape the ways that young people use drugs, the ways in which they construct their own and others' drug use and the way in which they manage their identities. In the case of the A-Team, their practices were heavily influenced by their commitment to their mainstream identities – even though it has been argued by others (i.e., Malbon 1999) that most clubbers position themselves in opposition to the 'mainstream' – a group about which Malbon states he has never met a self-proclaimed member.

Furthermore, most contemporary research on alcohol and party drug use is situated in issues relating to the night-time economy and discusses use in the context of licensed venues (see Hobbs, Lister et al. 2000; Shewan, Dalgarno et al. 2000; Hobbs, Hadfield et al. 2003; Measham 2004a; Measham 2004b; Lindsay 2006; Roberts 2006; Measham and Moore 2009). However, given that intoxicating practices occurred in private spaces in this research, it is important that future ethnographies are undertaken in spaces beyond the pub, nightclub and rave.

Conclusion

This thesis has shown that two of the contemporary theories seeking to explain young people's drug use, post-modernism and normalisation, focus too much on macro-level changes and do not adequately appreciate the individual nuances of people and groups. For example, while theories of post-modernity have shed light on the way in which lives are structured at the macro level, they less adequately account for the social, familial and place-based needs of young people. Young people continue to find meaning and identity from enduring social relationships and particular social contexts. In response to an increasingly globalised and disconnected world, A-Team members found continuity and stability within the group and found people with whom they could perform desired identities.

I have also argued that although the normalisation thesis has significantly advanced our understanding of young people's drug use, it does not adequately appreciate the way that young people must negotiate the micro-politics of normalised drug use (Rodner Sznitman 2008) in the form of anti-drug representations, stigma and drug-

related harm amidst positive subjective experiences, pleasure and alternative readings of drug use as ‘good’ or ‘normal’. These processes of negotiation affect the way that young people both consume drugs and construct their use.

My ethnography shows that normalisation is processural rather than static. Social and cultural attitudes towards different types of drugs continue to differ between social contexts, and normalisation is either contested or managed in these different settings. There are pockets within youth culture in which the cultural positioning of drug use is uneven, which reinforces the view of some scholars that ‘differentiated normalisation’ has occurred (MacDonald and Marsh 2002; Shildrick 2002; Duff 2003; Duff 2005; Holt 2005). One of the key failings of the normalisation thesis is its neglect of the importance of social and cultural contexts of drug use.

I have advanced the work of Parker et al. (1998) by exploring the way that normalisation is both encouraged and contested by young people and their family and friends. It is clear not only from this thesis, but a range of recent research (e.g., Rief 2009; Hutton 2010; Lindsay 2010; Hathaway, Comeau et al. 2011), that prevailing stigmas associated with drug use affect the ways in which young people use illicit drugs, and the way in which they manage this use in line with the cultural positioning of different types of drug use and different forms of consumption. It may result, for example, in an ongoing challenge or conflict such as the desire for both pleasure and control. Of particular relevance to this thesis is Rodner-Sznitman’s conception of normalisation as a process, particularly her description of assimilative and transformational normalisation. Conceiving of normalisation as a contested process provides a useful framework for generating insights into the complexities of the normalisation process.

To conclude, it is evident that there are many competing social and cultural forces that shape the way that young people use drugs and construct their use. It is essential that we look deeper into the lives of young people and not interpret their drug using practices as the result of macro-level cultural and/or attitudinal shifts. Young recreational drug users face a multitude of issues when attempting to manage their drug use amidst the competing demands of relationships, sport, work, finances and career. These issues are likely to vary between groups of young people, between

cultures and between types of drug use. The consumption of illicit drugs is still a highly stigmatised activity, and future research, policy and intervention efforts should avoid further stigmatising groups of young people who choose to pursue pleasure through drug use.

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