

'Go hard or go home': a social practice theory approach to young people's 'risky' alcohol
consumption practices

Authors; Dr Kath Hennell, Liverpool Hope University (UK), Professor Maria Piacentini,
Lancaster University (UK) and Dr Mark Limmer, Lancaster University (UK)

Abstract

Developing a deep and contextualised understanding of risk is important for public health responses to young people's alcohol consumption, which is frequently positioned as an outcome of risky behaviour. This paper expands conceptualisations of risk to encompass its wider social and cultural context through a social practice exploration of young people's controlled and managed intoxicated alcohol consumption practice. We report data from a fourteen-month qualitative study of the alcohol consumption practices of 23 young people in England, drawing on group interviews and social media interactions. Our findings provide a nuanced understanding of risk-taking, demonstrating that risk is an important aspect of the ongoing participation and performance in alcohol consumption practice and that health information and advice can be and was frequently incorporated into drinking practice without contributing to fundamental change. This raises new questions about the effectiveness of health interventions that focus on the individual, discussed in the final section of the paper.

Introduction

Young people's intoxicated drinking is of particular concern in countries where alcohol consumption is commonplace (NHS Digital, 2018; WHO, 2018; Babor et al., 2010). Although young people consume alcohol in a variety of ways, with abstinence an increasing trend (NHS

Digital, 2018), drinking to intoxication is still particularly prevalent among 15 to 24 year-olds in Europe and other high-income countries such as Australia, Canada, USA and New Zealand (WHO, 2018). This type of heavy episodic drinking increases the likelihood of adverse harms such as developing disease or injury, as well as leading to social harms (Babor et al., 2010). Consequently, young people's intoxicated drinking remains a source of concern within the field of Public Health (WHO, 2018; Griswold et al., 2018). The discourse of 'risk' is particularly evident within public health alcohol discourses where young people are labelled as either being 'at risk' of alcohol related harms or regarded as 'engaging in risky behaviours' (MacLean, 2015). Within these discourses individuals who engage in intoxicated drinking practices are positioned as lacking in judgement and/or as acting irresponsibly (Haydock, 2014).

Approaches to preventing young people's intoxicated drinking have frequently focused on prevention through health interventions emphasising individual decision-making and behaviour change (Blue et al., 2016; Babor et al., 2010; Shield et al., 2016). The individual is highlighted as both the problem (engaging in risky behaviours) and as the key to the solution (by changing behaviour) (Hackley et al., 2011). This framing has been widely viewed as problematic, failing to acknowledge the social character of young people's drinking (Hackley et al., 2011). In this paper, we view risky health behaviours as constitutive of wider social practices, demonstrating the value of moving beyond positioning alcohol consumption as a problem of individual behaviour (McCreanor et al., 2008; McCreanor et al., 2013; Hill et al., 2018). Focusing on intoxicated alcohol consumption occasions, we provide an alternative way of understanding the routinised nature of young people's intoxicated drinking.

Drinking to intoxication

Young people's intoxicated alcohol consumption has become a normalised part of youth leisure culture, facilitating friendships, aspirations and values (Fry, 2011; Gordon et al.,

2012). Studies globally have contributed to improving our understandings of the drinking occasions of young people and demonstrated that young people experience alcohol consumption as a socially shared experience, predominantly drinking within friendship groups (MacLean, 2015; Henderson et al., 2013). In addition, young people's high risk drinking has been connected to drinking in both private locations (pre-drinking) and public locations (clubs and bars) referred to in the literature as a 'big night out' (Ally et al., 2016; Roberts, 2013).

Much of the literature on young people's intoxicated drinking emphasise the ways that young people stay within an acceptable state of intoxication, and that they attempt to exert control over their embodied intoxicated state. These efforts have been referred to as 'controlled loss of control' (Griffin et al., 2009; Szmigin et al., 2008; Measham, 2006), 'controlled', 'bounded' or 'calculated' hedonism' (Niland et al., 2013; Brain, 2000) and intoxicated self-control (Zajdow and MacLean, 2014). Young people are positioned as drinking to intoxication in pursuit of their own pleasure, whilst controlling (or attempting to) some of the negative impacts of intoxication (Szmigin et al., 2008). However, these attempts to control the intoxicated experience do not resemble the dominant framing of sensible drinking inherent in current health education (Harrison et al., 2011).

The literature refers to drinking to intoxication being constrained by an appropriateness of when, where and with whom (Brain, 2000; Niland et al., 2013; Szmigin et al., 2008; Fry, 2011). Control is related to performance. It is about achieving a balance between drinking in the 'right' way (as viewed by other young people) with its resultant social positioning (Demant and Järvinen, 2011), and drinking in the 'wrong' way according to considerations around culturally defined norms (Hayward, 2004; Gordon et al., 2012) and the social context, space and place (Zajdow and MacLean, 2014).

A limited number of strategies for controlling intoxication levels have been identified in the literature, including drinking in groups, eating prior to drinking, drinking water (Harnett

et al., 2000), monitoring consumption (Szmigin et al., 2008; McCreanor et al., 2015), monitoring the physical effects of drinking alcohol (McEwan et al., 2010), caregiving by friends (Hackley et al., 2011), preloading and banking alcohol for later (McCreanor et al., 2015), and peer group sanctions (MacNeela and Bredin, 2011). However, there is a lack of understanding around ‘how’ this ‘control’ operates and in what forms it exists (Ander et al., 2017).

Risk

Three main understandings of risk can be identified as underpinning and being reproduced by public health initiatives. One strand is an understanding of risk rooted in economic theory, where risk is considered an undesirable, objective reality independent from cultural and social processes, which is both calculable and measurable (Zinn, 2015). This perspective privileges scientific/expert opinion over the layperson, and judgements are made about what constitutes (un)risky individual behaviour (Lupton, 2013). Based on rational choice modelling, this perspective works on the premise that an individual’s default position is to make rational choices following assessment of all available information and the weighing up of benefits and costs of a perceived course of action (Lupton, 2013). As a result, public health messaging tries to raise awareness in the form of information to (presumed) rational actors, thereby encouraging behaviour change.

Among sociologists, however, there is agreement that ‘risk’ is not an objective reality, but rather needs to be understood within its cultural and social context (Lupton, 2013). Two of the main sociological schools of thought are sociocultural theories and risk society approaches. Sociocultural perspectives construct risk in relation to group meanings and social processes (Douglas, 1992). According to this perspective, what is considered a risk and the seriousness of that risk is perceived differently depending on the social structures in which individuals construct their understanding of the world (Douglas, 1992). In contrast, risk society approaches

conceptualise society as being infused by danger and uncertainty; risks and threats are viewed as global and threaten entire populations. Individuals are portrayed as being anxious about, and fearful of risk, eager to acquire knowledge so as to best avoid becoming a victim (Beck, 1992). Both of these strands have been appropriated by alcohol policy makers in ways that place the responsibility for action on the individual. This has led to individualistic interventions based on the premise that individuals will make the normatively ‘correct’ choice if they have adequate relevant knowledge and information regardless of their social context (Taylor-Gooby, 2000).

The third strand of risk theory adopts an approach based on a social determinants of health model where risk is inherent within social, cultural, political, economic, commercial and environmental factors. This advocates interventions at a population level such as restrictions on availability of alcohol, taxation and minimum unit pricing. Despite some activity at this level, UK policy and industry rhetoric are built on a discourse of individual responsibility, rationality and self-regulation to manage risk with public health interventions largely reduced to the provision of information and guidelines. (Hill et al., 2018; Shield et al., 2016; Meier et al., 2018).

These individualised approaches have been shown to be ineffective, with evidence that knowledge of risk does not necessarily change behaviour (Kemshall, 2014; Marteau et al., 2012). In addition, perceptions of risk, risky behaviours and risk-avoidance measures have been shown to vary by situation, context and place in which the activity occurs, creating a tension between policy and the lived experiences of those engaging in harmful health behaviours (Crawshaw and Bunton, 2009).

A further approach to risk has emerged which concentrates on the voluntary and positive nature of some risk-taking activities, encapsulated by Lyng’s ‘Edgework’ theory, conceptualising how people participate in risky activities because of the thrill (Lyng, 1990). This approach has developed to include more diverse voluntary risk-taking behaviour, such as

drug use (Reith 2004) and excessive drinking (Cho et al., 2010). However, risk is still underpinned by concepts of conscious engagement in activities and individual agency, rather than social structures and cultural influences, with little recognition that some actions framed as risky are routinized and normalised (Green et al., 2000; Katainen et al., 2014).

Absent from the previously described conceptualisations of risk are the non-human factors that influence people's health behaviours (Cohn, 2014). For example, smoking depends on cigarettes, lighters, tobacco, factories, retail outlets at a minimum (Blue et al., 2016). The importance of non-human factors is particularly salient in the discussions of young people's social worlds, and social media is a critical and everyday part of those worlds (McCreanor et al., 2013) within which alcohol drinking occasions, the types and brands of alcohol consumed take on different social meanings (Supski et al., 2017).

Building on the conceptualisations of risk as embedded in the social world has led us to the work of practice theorists who understand risk-taking as being situated within the social, cultural and economic contexts of everyday life (Crawshaw and Bunton, 2009). We view risk as being understood within the everyday lives of young people (Rhodes, 2009; Moore and Oppong, 2007) and that risk-taking is integral to the routines of their social worlds (Zinn, 2015). Practice theory provides a means of building on sociological understandings by locating risk within the social worlds of young people and linking it with the (re)production of social practice.

Practice theory

Practice theories share a series of basic assumptions, although there is no grand overarching theory that unites them all (Nicolini, 2013). Whilst the debates between them are important for the further development of this theoretical approach we do not delve into the

various theoretical frames here, instead we take a pragmatic approach utilising different practice-based frames to enable a broad understanding of risk in relation to young people's drinking. A practice-based approach focuses on 'practices' as the primary unit of social enquiry (Shove et al., 2012; Nicolini, 2013), emphasising understanding of day-to-day life through a focus on 'practice' as a doing or entity that emerges from the social organisation of everyday life (Schatzki, 2012), but also through the numerous and varied practice performances recognised as instances of the practice (Shove et al., 2012). Decision-making and sense-making emerge from practice, and individuals do what they do because of the relationship, configuration and combination of interconnecting elements of (1) things (objects, technologies and materials), (2) teleoaffective structures (meanings, engagements and emotions), and (3) practical understandings, embodied knowledge and routinised ways of engaging and relating to the social world (Nicolini, 2013; Shove et al., 2012). Embodied 'knowledge' refers to physical dispositions and cognitive processes, which bodies acquire through past social experiences and which become deeply embedded as routines and habits (Sahakian and Wilhite, 2014). Thus, knowledge and practice know-how can either be implicit and tacit, or explicit and conscious (Nicolini, 2013). Practices become routinised through a collection of rules and normative views that are understood by the performers of the practice about how to act.

As a practice transforms and evolves, adaptations become embedded in the practice and form part of the tacit knowledge that is constitutive of it (Nettleton and Green, 2014). Thus, control of the intoxicated experience can be regarded as being integrated into the shared understandings and competences of practice, and widely understood individual responses to risk are viewed as actions integrated within a specific practice (Maller, 2012). This paper takes a practice theory approach to deepen understanding of determined drunkenness and control among young people.

Methods

The study was an in-depth qualitative study of young people's narrative accounts and social media content relating to alcohol consumption. Our approach builds on other social practice research that has adopted a qualitative methodology (Supski et al., 2017; McQuoid et al., 2018).

Group interviews and social media data were collected from three mixed gender friendship groups (total 23 people) based in the North-West of England. A snowballing approach to recruitment was adopted; initial contacts were generated and acted as gatekeepers to wider networks, and from these, three friendship groups of young people (aged 16-21 years) were recruited. Over 14 months (2014-15), each group participated in 3-4 interviews. Group interviews offered the potential to uncover particular ideas of shared routines and cultural conventions and identify challenges to these social norms through inconsistencies highlighted between participants. They enabled the identification of the materiality, meanings, knowledge and temporal rhythms of practice, and the connectivity between these. Group interviews also offered an opportunity to reflect on the habitual routines that underpin young people's drinking practices. Social media content from Twitter, Facebook and Instagram (including visual images, hashtags, microblogs, on-line conversations and memes) relating to drinking practice, competing practices and interconnecting practices was collected, providing an important data source for exploring how young people performed their drinking practices for wider virtual social networks (Moewaka Barnes et al., 2016).

Interpretation of the data involved the integration of all source data using Nvivo software. Thematic analysis was used to identify and analyse patterns of meaning (Braun and Clarke, 2006). The study was subject to institutional ethical regulation and scrutiny by the formally constituted institutional Faculty Ethics Committee of Lancaster University and was approved on 21st May 2014 (Ref FHMREC13058). A full discussion of the ethical issues associated with social media research in this domain is provided in Hennell et al. (forthcoming).

Research participants consented to participate in the study and to the use of their social media. An online research project identity was created on Twitter and Instagram to follow participants and both accounts were closed on completion of the study. In line with Facebook rules the researcher created and used a personal account with research participants added to the account as Facebook 'friends'. However, the sharing nature of social media means that the researcher had access to content posted by the participants wider social networks. Content from non-participants was only used as data when that content directly related to the research participants' online performance of drinking or competing practices, and when the identity of that non-participant could be protected. In addition, pseudonyms are used to preserve anonymity of participants and it was decided not to reproduce tweets in published material as the reproduction of participant's tweets alongside their user names could effectively expose their offline identities.

Findings

While alcohol consumption is part of many different social occasions, intoxicated alcohol consumption has emerged as a defining feature of one specific drinking occasion, described here as a 'proper night out', often referred to in alcohol literature as a big night out (Ally et al., 2016). We focus on this specific social occasion to seek to explore and understand young people's intoxicated drinking. Specifically, we explore shared and embedded understanding of determined drunkenness; understandings of (un)acceptable intoxicated performance; and managing and maintaining intoxication levels.

Determined drunkenness

Drinking to intoxication is a central and defining feature of the practice exemplified in the phrase '*go hard or go home*' used by one participant, Andy, to describe his drinking on a

proper night out. This determined drunkenness was celebrated and shared in subsequent social media content, for example *Probably too drunk for words* and *#foreveramess*.

The embodied experience of intoxication was found to be an essential component of this practice. Determined drunkenness interconnected with practice meanings of sociability and group belonging. Young people who did not adequately perform the practice (by not being intoxicated to an acceptable level) risked losing social status, and ultimately being excluded from the group, as demonstrated by this quote from Lauren.

It's 'Oh you bore you might as well go home then' (Lauren).

Liam explained that the *'feeling'* and *'atmosphere'* of the night risked becoming *'awkward'* if individuals (himself included) did not drink.

Liam: *No one would put any pressure on you or anything. You would feel awkward if everyone else was sort of like drunk.*

Researcher: *And have you? [not got drunk].*

Liam: *Not personally. I have always drunk. There is just a feeling that you've got too.*

Researcher: *So that's what you've got to do, on that kind of night?*

Liam: *Yer. It's the feeling of the night and the atmosphere really.*

When actions become routinised, we feel comfortable with them, adding an embodied familiarity to the practice, as Liam explains here. In this setting, it makes sense to drink and become drunk, presented as both a matter of fact but also a feeling of what is a *'right'* way and consequently what is a *'wrong'* way to participate in the practice. However, we also found that this drunkenness varied between participants, and practice performances were found to be both gendered and localised.

Localised and gendered understandings of (Un)acceptable intoxicated performance

Performance of the ‘proper night out’ was a way of practising gender (Butler, 1990), and the tacit rules and embodied understandings prescribed different performances for men and women (see Lyons and Willott, 2008). For example, the idea of conventional feminine respectability was placed at risk from out-of-control bodily performances, such as failing to walk in high heels, passing out, vomiting or persistent crying. Emily illustrates this, when talking about other young women’s drinking:

They start dropping like flies. Like “oohh” and crying and domestics and stuff like that. And someone’s kicking off cos she can’t find her shoes.

Emily is cementing the practice norms and embedding herself in the group by distancing herself from the unfeminine ‘other’. The excessive drunkenness of the ‘other’ is constituted as unfeminine through making judgements about other women’s behaviour as aggressive (kicking off), and inappropriate dress through a lack of footwear. The young women also drew upon a generalising discourse that it is ‘other’ young women that act in this manner, demonstrated through this quote from Claire:

It’s girls I just hate them – they just stress me out. They are either crying or knocking me over. I was on the stairs the other day and this girl fell over and it caused like a dominoes effect and she was just like a mess. Then she just got up and was laughing and I was “what are you laughing for”? But I am not like that I am not that bad. I probably am but I don’t see myself as being.

Describing the ‘other’ as ‘messy’, Claire distances herself by saying “it’s not me it’s them”. However, this type of positioning is highly complex as illustrated by Claire’s last sentence. While ridiculing the other’s intoxication there is also recognition that she may also act in this manner.

In contrast, and similar to the findings of Thurnell-Read (2013), the young men enacted an embodied masculinity through their intoxicated loss of bodily control. This corporeal experience was celebrated and lauded within friendship groups, as performative of a specific youth masculinity:

Well I was out last Friday ... and that ended very badly. I ended up in A&E. I fell down the stairs. [Laughter] (Andy).

Enjoyment of this loss of control is expressed through the retelling of the story, and the reliving of the experience, frequently on social media which then becomes both pleasurable and frequently humorous. The story-telling becomes part of the performance of gender construction. However, there was also evidence of a more controlled loss of control for both the young men and women (Measham, 2006). Once a desired level of intoxication had been reached (according to each group's local understandings of intoxication), this level needs to be maintained but not exceeded. A key concern of the proper night out were the ways in which intoxication levels were monitored and managed.

Managing and maintaining intoxication

The problematic impact of not managing intoxication according to the localised practice understandings emerged when young people failed to navigate the fine line between acceptable and unacceptable intoxication, in the eyes of those with whom they are sharing the practice and their virtual social networks. Examples of failure include vomiting or needing to be taken home early. An account from Natalie demonstrated how becoming too drunk may mean missing important parts of the practice; *"I was not well [drunk] at that time! I was sleeping"*. Another account from Emily about another participant Mark demonstrates a serious mismanagement; *"I heard a big bang in the bathroom, and he has knocked himself unconscious"*.

A range of activities integral to the practice were conceptualised as ways of managing and maintaining intoxication: ‘time-outs’, drinking cocktails, alternating alcoholic drinks with water, and drinking the same amount as friends. ‘Time-outs’ tended to be away from the main scene and involved a legitimate break in drinking when other activities were undertaken, such as dancing, beautifying and caregiving. ‘Time-outs’ formed part of the tacit and practical knowledge that enabled intoxicated participation that did not disrupt the practice. Participants spoke of a common understanding around ‘tactical’ drinking, with eating ‘time-outs’ forming an important aspect of the practice that supported controlled intoxication.

But it’s one of those, like, if you’re falling asleep on the stairs just get up and you’ll be fine. Have a bit of water. Or have a tactical Chicken McSandwich. That’s the one. Between bars. Ye a tactical chicken burger. Sound! carry on! (James).

This demonstrates how the growth of the night-time economy and the availability of 24-hour eateries provide an opportunity to take a break from alcohol consumption and to catch up and talk to friends. Alongside this, there was a common perception that drinking cocktails provided a way of limiting the amount of alcohol drunk:

I don’t think they put that much actual alcohol in there do they? It’s mainly like fruit juice and stuff (Phoebe).

The use of the phrase “*It’s mainly like fruit juice and stuff*” alludes to the inclusion of a non-alcoholic mixers, ice and fruit making the cocktails appear to be less strong than a non-mixed equivalent. Despite consuming cocktail pitchers in large quantities, these drinks represent a point of ‘respite’ from alcohol consumption as the ice melts and the drink becomes less alcoholic.

We also found some risk reduction messages had been reworked and incorporated into the practice as part of the embodied know-how. Advice from NHS Choices (2017) advocates

drinking water between alcoholic drinks as a strategy for drinking less alcohol. This knowledge was incorporated, although it did not prevent intoxication, it could serve to help manage intoxication. As one participant remarked: *'I have a glass of water for every drink I have.'*

However, participants were not always competent as demonstrated by Emily:

... I was thinking that I was sober drinking water. I was like yeh I'm fine. You're the one that's drunk .. and then we got home and I just puked everywhere and I was like nooo I'm drunk. I'm really drunk. I'm really, really drunk.

The matching of alcohol intake by men with male friends has been constructed as performing a legitimate masculinity, a form of 'drinking fitness' (Campbell 2000). The young men described matching male friend's alcohol consumption (either in the form of buying 'rounds' or sharing alcohol bought from the off-trade), as a way of judging and maintaining their own levels of intoxication. This approach removes reliance on monitoring the physical effects of drunkenness to manage intoxication. However, it is likely to be problematic, since intoxication levels and associated limits vary for individuals and can be context specific.

Finally, caregiving in the context of time-outs was associated with looking after and supporting friends suffering from the ill-effects of intoxication during the practice. Amy explained how she was the "sensible one" who drinks less and is able to look after her friends, giving her a legitimate time out from alcohol consumption:

I am like the most sensible one ...would always check on your mates and stuff, like that, so, you're just you know like not drinking as much.

These understandings of how to manage intoxication were embedded in the practice forming part of the practice itself rather than being external to it.

Discussion

This paper takes a practice theory approach to deepen understanding of determined drunkenness and control among young people. The story-telling of our participants highlights the tensions and precarious balance between the poorly regulated or controlled-drinking experience, and the associated flawed performance and the acceptable ‘out-of-control’ performance. In this way, the narratives in themselves and the participant’s social media content become a performance strategy for constructing themselves as controlled-drinkers or out-of-control drinkers having fun. However, the know-how and competence involved in drinking to intoxication and maintaining intoxication is not precise. When the competence and the embodied know-how of how much can be drunk is flawed then we see examples of the performance being disrupted. In studying just one risky drinking occasion, it is apparent that young people’s actions are embodied, routine and habitual, as well as thought-through and conscious. The practice know-how and tacit knowledge prescribe appropriate actions which, for the most part, include a managed intoxicated performance and risk-related actions that regulate and negotiate intoxication. In this way, risk-taking and risk-aversion activities are influenced by cultural and social factors embedded and implicit in the day-to-day practices of young people. This finding is particularly useful from a public health perspective as it indicates that relying on raising awareness about risks is unlikely to lead to behaviour change and reduce excessive drinking, challenging the notion of rational, autonomous decision-making often privileged in policy (Kemshall, 2014; Zinn, 2015). Instead, our findings suggest that interventions at a social level are more likely to be effective and, in this sense, we provide further evidence of the potential benefits of minimum pricing and the use of existing licencing laws to change the social spaces within which young people’s alcohol practices occur. For example, the strategy of taking time-out to manage intoxication can be supported by upstream public health interventions that engage with urban planners and the environmental

responsibilities of Local Authorities to create spaces in which these breaks in drinking can take place safely.

Our participants understanding and engagement with risk had elements of all of the theoretical strands that we set out earlier. There was evidence that they saw risk at an individual cognitive level (Zinn, 2015); they were aware of public health messages exhorting reduced consumption, drinking water and looking after each other. They also recognised risk as socially constructed (Douglas, 1992), a consequence of social norms, the built-environment and legislation. They were aware of risk as a product of failing to meet the socially approved expectations of the performance of intoxication valued by their peers in person and on social media. Finally, their desire to, and their confidence in their ability to, control the edge of their intoxication evident in their narratives speak to edgework theory (Lyng, 1990). Crucially, however, these young people did not see risk as something external that needed to be consciously avoided or managed, rather risk was routinised and normalised and embedded within the drinking occasion. Public health messages are, at least partly, integrated into the practice know-how, but this integration does little to change the competences of intoxicated practice. Rather the embedded know-how of intoxication and the routinised and habitual nature of the practice enabled a perception of control of the intoxicated experience. This took the form of actions to control consumption that were embedded within the practice enabling an acceptable, intoxicated performance (for the most part) to be accomplished. These insights build on research that has previously demonstrated a controlled and managed intoxication (McCreanor et al., 2015).

This analysis suggests policy makers should be mindful that health information and advice can be, and is, incorporated into drinking practices without significantly contributing to fundamental change. The use of practice theory provides an alternative framework for policy

that challenges the current preoccupation with interventions focused on the individual as the lead agent for change.

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