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**Substance Using Women: The Social Meaning of Substance Use for
Using Women and the Negotiation of Identities**

H. Suzanne MacKeith

**A thesis submitted in partial fulfilment of the requirements for the
degree of**

**Bachelor of Social Science (Human Services) Honours
Faculty of Community Services, Education and Social Sciences**

Edith Cowan University

5th November 2004

USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

Abstract

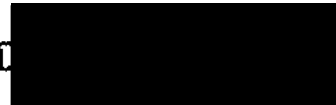
This thesis is framed as an inquiry into the attitudes and experiences of women to their use of psychoactive substances and the contribution that use makes to their construction of gendered identities and meanings they derive from their use. The thesis also explores how these meanings relate to, and contrast or concur with, wider social attitudes relating to 'feminine' identity, issues of resistance and control, self control, happiness, independence and dependence, social roles and relationships, risk-taking and safety. The thesis aims to contribute to feminist understandings concerning substance use and to add a feminist interpretative voice to the alcohol, tobacco and other drug (ATOD) field of inquiry. The inquiry adopts an eclectic approach, being shaped and informed by feminist thought, post-structuralist philosophy, the ATOD field and anti-oppressive research methods. Descriptive narratives of experience were elicited from in-depth guided discussions with three women who are all known to me. All the women are in their thirties, are mothers and currently use legal and illegal psychoactive substances. Utilising recursive, intuitive and interpretive methods, common themes were drawn from the narratives and explored to reveal common and disparate meanings, identities and discourses as they relate to experience with substance use. Within this study narratives are understood to be cultural texts. Analysis involved the examination of gendered discourses that surround women substance users in the ATOD field and society generally and their interplay with those narratives. In keeping with feminist sensibilities I included my own thoughts and feelings, locating myself within the project. Findings suggest women substance users may experience substance use as a site of power and agency rejecting narrow constructions of femininity and embracing independence. The identities and social roles for these women substance users, such as mother, appear to remain largely intact. The relative importance and presentation of alternative identities, however, remain in a constantly fluid state with particular roles being fore-grounded or receding depending on context and mood. The inquiry is viewed as a collaborative experience based on friendship. Knowledge is shared in a reciprocal relationship hopefully allowing alternative understandings and conceptualisations of substance using women to emerge from their experience.

Declaration

I certify that this thesis does not, to the best of my knowledge and belief:

- (i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;
- (ii) contain any material previously published or written by another person except where due reference is made in the text; or
- (iii) contain any defamatory material.

Signed



H. Suzanne MacKeith

18/01/05

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My sincere thanks go to the women involved in this project. They shared their stories with honesty and humour, making this a personally fulfilling experience.

I also thank my supervisors, Rose Williams and David Ryder, whose epistemological positions made for interesting and at times entertaining discussion. Their faith, encouragement and challenges were very much appreciated.

Thank you also Kim, Katie and Jack for your understanding and love. Inevitably, you are threaded through this thesis, as you are in my life.

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CHAPTER 1

Introduction

This thesis evolved from my interest in substance use by women. Having completed a minor in Addiction Studies as part of my undergraduate degree, I am familiar with the principles of The National Drug Strategic Framework (NDSF) and Harm Minimisation (Ministerial Council on Drug Strategy (MCDS), 1998) as a pragmatic approach to public health policy, to alleviate the harm and risk of harm arising from licit and illicit substance use. The ATOD field's empirical evidence-based approach, however, has until recently, given less attention to the social and cultural meaning of drug use for individuals, particularly women, in Australian society today.

Given my relatively limited experience with most psychoactive substances this led me to a series of questions. What influences women to use psychoactive substances and in what social contexts do women use them? Do women experience substance use in the same ways as men? How do substance-using women identify themselves and how does this differ to men? What benefits and meanings do women attach to their use and given that women are a heterogeneous group, how do individual women's experiences and meanings differ? Do women receive relatively less attention in the research literature because they use less, or because they are perceived to use less problematically? Does research assume homogeneity among substance users? How do feminist researchers interpret women's substance use?

I have also come to question the dominant rhetoric and discourses of governments and the media that perpetuates the stigmatisation and marginalisation of substance users as inherently socially deviant and problematic. Stereotypical portrayals of substance users contrast with my knowledge of women of my acquaintance who use a variety of psychoactive substances and yet who appear to lead largely untroubled, mainstream lives, deriving benefits from their use in terms of social engagement, pleasure and empowerment.

My interest is therefore in three substance using women's attitudes towards drugs, the meaning they attach to their use, and how these meanings relate to, and contrast or concur with, wider social attitudes relating to 'feminine' identity, body image, independence, issues of control and self control, risk-taking and safety. I am interested in exploring whether, for these women, drug use has become a form of

social action or vehicle for expressing new gender roles and challenging traditional views of femininity. Given that these substance-using women are also mothers, a powerful social category, I am particularly interested in exploring how these women negotiate their identity as a mother in conjunction with their identity as a substance user. How do women construct, deconstruct or sustain cultural norms of 'motherhood' as 'using' women?

This study has significance on multiple levels. Currently, much interest and research with women in the ATOD field focuses on the prevalence and types of use of various substances (Australian Institute of Health and Welfare (AIHW), 2002a; Degenhardt, Barker, & Topp, 2004), the associated harms that arise (Ryder, Salmon, & Walker, 2001; Swift, Copeland & Lenton, 2000), social costs, in terms of health and crime, associated with drug use (Collins & Lapsley, 2002) and treatment (Bien, Miller, & Tonigan, 1993; Dunn, Deroo & Rivara, 2001; Nelson-Zlupko, Kauffman, & Dore, 1995) or prevention strategies (Continho, 1998; Drucker & Clear, 1999; Holder, 1998). In addition, research tends to focus on youth (Buchanan & Young, 2000; Hunt, Joe-Laidler & Evans, 2002) and/or problematic use (Copeland, 1998; Orford, 2001). It is hoped this study shifts emphasis by focusing firstly on women located outside the health and legal systems, and secondly on psychoactive substance use as a social practice with benefits and meanings for those involved.

A large proportion of substance-related research has been conducted with captive audiences such as those in treatment, those connected with the criminal justice system and with American undergraduate student populations (Baker, 2000; Bouffard & Taxman, 2000; Nelson-Zlupko et al., 1995; Ricciardelli & Williams, 1997). Connecting with users who have no contact with health and legal institutions can be problematic for researchers, due to the sensitivity of the subject matter, particularly if related to illicit drugs. In Australia, the National Drug Strategy Household Survey (AIHW, 2002b) collects data approximately triennially and includes information relating to attitudes, awareness and behaviours relating to the use of a variety of licit and illicit substances.

While much research focuses on gender factors (Bouffard & Taxman, 2000; Copeland, 1998; Ricciardelli & Williams, 1997), few projects explore women's stories about their substance use, or examine the impacts social and structural influences may have on women's substance use. Recent feminist interpretations of

women's substance use reflect on women's oppression within society. These include Cranny-Francis, Waring, Stavropoulos, & Kirkby (2003), Logan (1999), and Noble, Klein, Zahnd & Holtby (2000), for examinations of the use of United States (US) law to criminalise pregnant substance users; Rhodes & Johnson (1997), for a discussion of the social and cultural barriers women of colour experience in the US health and criminal justice systems; Warner, Weber, & Albanes (1999), for the role of gender in maintaining social restrictions on adolescent girls; Young (1994), for a critique of treatment settings that "enforce and reproduce relations of privilege and oppression" (p. 33), and Lupton (1995) and Zajdow (1999), for discussions of the assumptions underlying the Australian policy of harm reduction and the associated gender implications.

Feminist writers have highlighted women's exclusion from historical, culture and academic texts and from the formulation of knowledge and ideology resulting in women's experience and understandings of the world being under-represented or misrepresented (Stanley & Wise, 1993). In the patriarchal construction of 'science', feminists suggest men and science have constructed the category 'man' as inclusive of men and women but this is derived from a position of male privilege (Davies, 1992; Weedon, 1997). Women's experience in this system is not perceived to be relevant or worthy of public disclosure as women are not viewed as contributors to the construction of social reality (Neilsen, 1998; Smith, 1987).

Yet women have also been complicit in regarding women's voices as marginal. Men have reserved authority and power to determine institutional processes, practices and discourses to determine social and cultural thought and to name women's experience (Neilsen, 1998; Smith, 1987). Women's "lack of authority, then, is lack of authority for ourselves and for other women" (Smith, 1987, p. 35). Feminist inquiries aim to correct this imbalance by providing women with the opportunity to have a voice in the construction of knowledge (Olesen, 2003). Smith (1987) suggests a "return to the experience we ourselves have directly in our everyday worlds" (p. 58) to find ways of speaking about women's oppression. Within a post-structuralist framework women's oppression results from differential power relations that arise from the social meanings attributed to sexual difference and are embedded in discourses. This perspective offers a renegotiation of the concept of patriarchal power and the means by which women experience oppression (Weedon, 1997). For the individual women involved in this project the research

process will provide a forum for expressing their views relating to their substance use, adding women's voices to the production of knowledge relating to gender in the ATOD field.

Drug-related policy development has been influenced by differing social and institutional forces, as well as diverse philosophical orientations (Wodak & Moore, 2002). Current Australian drug laws have resulted from distinct historical, political and legal circumstances and, for the groups in society who favour prohibition, their existence suggests they are inherently correct, regardless of the context in which they were enacted (Keane, 2002; Manderson, 1993). Dominant discourses, reinforced by policy and the law, have constructed the use of illegal substances as socially deviant and pathological (Baker, 2000; Becker, 1973; Young, 1994) with substance users having been variously identified as immoral, sick, weak, lacking in discipline and self-control and criminal (Anleu, 1999; Noble et al., 2000), marginalised from society, placing them in a stereotyped, deviant role and denied the means to articulate their views. Women substance users in treatment settings have experienced additional stigmatisation through being socially constructed as "diseased, polluted and/or bad" (Ettorre, 1992, p. 2), becoming stereotyped as fallen women. For many substance-using women such discourses shape their sexual identity, becoming part of their social reality and that of the rest of society.

The perception of psychoactive substance consumption as an individual pathology overlooks cultural, political, economic, social, structural and contextual influences on substance use. Inquiry with diverse populations will bring new understandings to the issue of substance use among women, whose use may well prove to be problematic, but may also be perceived as empowering (Measham, 2002). Examining current social discourses and contrasting these with women's perspectives may challenge existing notions of social consensus which can inform future research which aims to increase the effectiveness of decision-making for drug and public policy development, intervention strategies, education programs and public information dissemination, particularly where such decisions relate to women.

CHAPTER 2

Literature Review

Introduction

The literature relating to substance use provides considerable quantitative survey data relating to the economic and social costs and harm arising from people's use of psychoactive substances. Examinations of the historical, political, cultural and social context in which drug-related legislation is formulated questions the basis of current drug policy and sociological and feminist commentators propose explanations that counter dominant discourses surrounding substance use and users. Feminist writers concern themselves with issues of identity and the notion that substance use is gendered. They suggest an orientation towards the cultural and social meanings of drug taking for women can elaborate and contextualise conceptions of substance use that may enhance drug-related preventive and treatment practices.

Literature Review

In the broader social context, consuming certain psychoactive substances, such as alcohol, contributes significantly to western societies' rituals and ceremonies, and substance users attach meaning and value to their use (Bell, 1996). From this perspective, some substance use can be perceived as normal and functional behaviour. In Australia, survey data indicates that approval ratings for the regular use of alcohol by an adult were 81.4% and 68% for men and women respectively (AIHW, 2002a). Among the illicit substances, 30% of people approved of the legalisation of cannabis for personal use (AIHW, 2002a). Consumption of inhalants and solvents received the least support. Alcohol consumption was not perceived to be associated with drug-related problems, while excessive consumption was perceived as a significant social concern for communities. The consumption of heroin was perceived as the most serious concern for the community and as the drug-related behaviour most associated with drug-related problems in society (AIHW, 2002a). This contrasts with Collins and Lapsley's (2002) findings where total social and economic costs attributable to alcohol and tobacco, currently licit substances, exceeds 83% of all drug-related costs.

The moral indignation that arises from some sections in society over the use of certain substances such as heroin, alcohol in particular circumstances, cannabis, cocaine, ecstasy and solvents has stereotyped and constructed substance use as socially and morally deviant and/or criminal (Becker, 1973; Buchanan & Young, 2000; Logan, 1999; Rhodes & Johnson, 1997). Yet drug taking does not occur in a vacuum and discussions regarding drug use are meaningless without reference to historical, political, cultural, economic and social contexts (Wodak & Moore, 2002).

Illicit substance use, such as heroin, and some licit drug use, such as binge-drinking, have been constructed as such significant social problems, they are perceived as requiring control through the prohibition of certain substance-related behaviours, and the coercion, suppression and/or elimination of particular substance-using groups through law enforcement (Davies, 1997; Wodak & Moore, 2002). The construction of substance use and users as a social problem needing controlling, implies societal consensus, denying the possibility that, for some people such as users, substance use is not problematic but may be beneficial, pleasurable and fun (Measham, 2002). It has been argued that certain forces in society, driven by political, economic and moral considerations, exercise social control over substance-taking groups they perceive to threaten their particular brand of morality or ideology (Nadelmann, 1993; Quinney, 1975; Wodak & Moore, 2002). Such forces include governments, bureaucracies, law enforcement agencies, the media and the health professions, whose combined interaction of power relations imposes particular values through the use of discourse, disempowerment and social stigmatisation (Danaher, Schirato & Webb, 2000; Sargent, Nilan & Winter, 1997). In more recent times, public opinion, however, has increasingly contradicted dominant assumptions as to the most effective methods of dealing with substance-related issues, favouring more funding for treatment and community support programs rather than law enforcement approaches only (Wodak & Moore, 2002).

How and why are dominant discourses formed concerning substance use and substance users? Discourses in policy and the law, categorise substances into a hierarchy of good and bad drugs that can potentially not only pollute users, but society itself (Ettorre, 1992). Once a social value becomes law, new groups of people are labelled outsiders or deviant, their behaviour becomes unlawful, the imposed moral value becomes institutionalised with respectability, and those who question the law in turn become outsiders, as they are perceived to approve of

legalisation of currently illicit drugs (Cohen, 1966; Nadelmann, 1993). Over the last two decades there has been growing recognition, in some jurisdictions, that despite prohibitionist policies and the assertion that society can be 'drug-free', harm from substance use has not declined (Wodak & Moore, 2002). Further, the use of some substances has become increasingly accepted and normalised in some groups, for instance where women have become involved in drug subcultures (Hunt, Joe-Laidler, & MacKenzie, 2000; Parker, Aldridge & Measham 1998 as cited in Measham, 2002). The prevalence of women's use of some substances, such as cannabis, amphetamine and ecstasy, has been increasing over the last two decades, with the gap between men's and women's use narrowing (AIHW, 2003; Miller & Draper, 2001; Swift et al., 2000) suggesting that gender has become less relevant as a protective factor for substance use (Measham, 2002). This suggestion, however, fails to acknowledge that women use substances differently to men, and that gender factors remain relevant to conceptualisations of drug use (Ettorre, 1992; Measham, 2002; Sargent, 1992).

Discourses about 'good' and 'bad' use and users seldom explore why women's use is different to men's, yet women's use is constructed as more socially damaging than men's and in opposition to traditional norms of femininity, rendering mothers inadequate and destabilising the family (Ettorre, 1992; Logan, 1999; Sargent, 1992; Zajdow, 1999). Feminist critiques suggest patterns of use differ along gendered lines due to gender power relations and the subordination of women (Matthews, 1984; Logan, 1999; Warner et al., 1999). In the United States, the reliance on a medical model of addiction, while intending to assuage moral criticisms directed towards alcohol dependent people, instead focused attention on individual pathology and disease, reinforced the notion of powerlessness, and discounted social, political and economic factors bearing on people's lives and motivations for substance use (Davies, 1997; Rhodes & Johnson, 1997). This has led to victim blaming and the criminalisation of substance users where, for instance, pregnant women who use certain psychoactive substances have been convicted of child neglect (Rhodes & Johnson, 1997). Thus, moral, medical and legal discourses surrounding women substance users, their reproductive potential and mothering intersect to construct women's bodies as open to public scrutiny and subject to regulation within the public health domain (Cranny-Francis et al., 2003).

Lupton (1995) discusses existing approaches to public health and health promotion by the state outlining an ideological standpoint of continuing good health at the level of populations. Australia's harm minimisation approach to ATOD policy is derived from the public health model (Miller & Hester, 1995) itself derived from systems theory (Holder, 1998). This incorporates prevention strategies such as health promotion, education and community action, in addition to law enforcement and treatment responses (Ryder, Salmon & Walker, 2001). Critiques of public health policy question the state's interference in people's everyday activities and the ways that the public health profession, like medicine, "serve both to constitute and regulate such phenomena as 'normality', 'risk' and 'health'" (Lupton, 1995, p. 4). Furthermore, Lupton (1995) suggests systems of morality thread through medical and public health discourses, operating to champion and privilege or marginalise particular groups and subjectivities.

Zajdow (1999) suggests that in Australia there has been little critical discussion of the policy of harm minimisation and the assumptions that harm reduction is a more favourable approach than abstinence, for instance, for certain women. Zajdow's biographical study examined the lives of a group of women who had been active heroin addicts, who had undergone Methadone-maintenance treatment unsuccessfully and who had eventually achieved a drug-free status through abstinence-based methods. These women were uncomfortable with the surveillance of doctors, pharmacists and welfare agencies and ultimately they found methadone to be as controlling as heroin.

Zajdow (1999) proposes that policy makers need to establish for whom harm is to be reduced, suggesting that if it is for the dependent person, then a shared understanding of the term should be obtained from dependent people. Policies focused on the 'common good' fail to account for individual circumstances, contexts and experience, notwithstanding such personal accounts may be valuable for the formulation of drug-related policy. Zajdow (1999) suggests current public health policy operates from an economic-rationalist perspective and that large-scale population approaches to public health accept there will be costs for some. This has implications for women substance users, as the majority of ATOD research has, until recently, been androcentric or male-centred (Copeland, 1998; Zajdow, 1999) raising the issue of whether prevention and treatment programs acknowledge and accommodate gender differences.

Substance use has been viewed as a means by which some people use their bodies to solve problems such as coping with the stresses of daily living (Ettorre, 1992). Representations of substance using or substance dependent women as being "out of control or in need of control" (Ettorre, 1992, p. 19) and 'abuse' of the female body through substance use, being viewed as a desecration of women's sexual and reproductive selves, creates stigma (Ettorre, 1992). This has led feminist writers to raise issues surrounding the control of women's bodies (Beasley, 1999).

Feminist writers interpret the body as the "primary site of the embodied and sexually differentiated social practices that produce social life" (Beasley, 1999, p. 77). The body-self, or subjectivity, and identity are understood to develop from the internalisation of sexual difference with the suggestion that gender is a performative act constituted in language (Butler, 1990). This rejects the concept of a universal disembodied 'human' nature claiming the subject-self is an instrument for experiencing the world from a particular point of view (Fullbrook & Fullbrook, 1998). Human experience is seen to be diverse and gendered, as at least two forms of body-self (man and woman) exist (Beasley, 1999). Highlighting diversity in human experience has prompted discussion of agency and subjectivity issues as they relate to gendered and sexed bodies and their impact on social life (Measham, 2002). Categorising bodies according to gender allows for constraints to be placed on the representations, appearance and behaviours of those bodies (Conboy, Medina & Stanbury, 1997) and as such the use of alcohol, tobacco and illicit drugs as a social activity may be viewed as gendered and socially constrained (Measham, 2002).

Women's substance use has been associated with sexuality, pleasure and desire (Henderson, 1997). Sexual desire is shaped by the bodies in which people live where the body holds potential for not only pleasure but also danger (Tolman, 1991). Tolman (1991) suggests girls and women need to understand this potential and to balance them to negotiate their lives and to achieve well-being. Measham (2002) suggests young substance-using women are pleasure-seeking social beings and that pleasure and desire may be associated with empowerment. Substance using women may be conceived as relocating power at the site of their bodies by taking pleasure for themselves, rather than giving pleasure, in an act of independent assertiveness to achieve particular or alternative states of consciousness through intoxication (Ettorre, 1992; Measham, 2002). Allied to empowerment is the notion

of the body as a site of expressed independence where the theme of the body as one's own, to use at one's own will, emerges (Measham, 2002).

Furthermore, a shift in the conceptualisation of women's substance use from being problematic to recreational and mainstream, has the potential to shift the construction of women as dependent on drugs and men, towards a model of independent "empowered consumers" (Measham, 2002, p. 340). This may be linked to women's perceived improved position in society, where "a lifestyle in which a 'pick 'n' mix' attitude to life in general includes drugs" (Henderson, 1997, p. 53).

Linked to substance-using women's use of their bodies is the notion of the drug experience being gendered. The user's mind-set would include attitudes to body image, identity and issues of control, which are influenced by social attitudes regarding women and safety, risk, public presentation, conformity and respectability (Measham, 2002). For example, recognition of the limitations faced by women, with respect to safety while intoxicated or being out at night, could suggest that gendered concerns about the social context of substance use will impact users differently. Here substance use is gendered in that the individual user, being a woman, may be influenced by the social setting of her substance use, and indeed many other sites where social attitudes and discourses about being a woman arise (Measham, 2002; Zinberg, 1984).

Substance use can be viewed as gendered, particularly where party drugs are consumed within the club or rave scene (Henderson, 1997). Identities are constructed from the drug experience, the context in which use takes place and the attitudes of those within, and without, the using environment. The use of stimulant drugs within the club scene has been conceived as a vehicle for expressing gender, sexuality and femininity with the production of, for instance, a 'club babe' image as well as a means of enhancing social skills (Measham, 2002). Women within the club scene recognise they are the subject of the male 'gaze'. Allied to this is the use of stimulant drugs to control the body by enhancing weight loss through the suppression of appetite and to allow extensive, sustained periods of dancing (Henderson, 1997).

While feminist writers view the experiences of women substance users as different to men's experience, research from the United States suggests there is a convergence of alcohol-related behaviours between male and female students (Ricciardelli & Williams, 1997). While cultural norms continue to constrain

women's use of alcohol generally, women among student populations have increased the quantity and frequency of their alcohol use. It is suggested that changing gender stereotypes, social constraints and attitudes to women's alcohol use account for this convergence among this population (Ricciardelli & Williams, 1997). More generally men tend to treat incidences of drunkenness, loss of control and sickness with amusement whereas women may feel guilt and shame, particularly those who are older (over 25 years) or who are mothers (Measham, 2002; Warner et al., 1999). Women's recoveries are described as more difficult and mothers have the added difficulty of less opportunity to recover, as children, who still remain a 'mother's' responsibility, require attention the morning after. Furthermore, internal conflict arises between how women perceive their aging process and motherhood and their identities as substance users. Thus for older women, substance use, be it for pleasure, relaxation or as a coping mechanism, has to be negotiated with social expectations of mothering and age appropriate drug-related behaviour (Measham, 2002).

Therefore, while quantitative analyses of prevalence rates among women indicates a narrowing of the gap between men and women's reported use of substances such as alcohol, cannabis and ecstasy (Adhikari & Summerill, 2000; AIHW, 2003; AIHW, 2002b; Miller & Draper, 2002), such data offers limited explanations for these changing patterns. In addition, while existing analyses document drug-related harm (Swift et al., 2000) and treatment approaches (Copeland, 1998) there is less emphasis on inquiry into the social and cultural meaning of substance use for women. Relevant literature has shown how substance use is gendered in a variety of ways with themes arising from the literature revolving around issues of identity (Baker, 2000), social control (Young, 1994), loss of control (Measham, 2002), dependence (Ettorre, 1992), deviance (Logan, 1999), empowerment and pleasure (Measham, 2002). While dominant discourses perpetuate the marginalisation of all substance users, women and mothers continue to be subjected to additional stereotyped stigmatisation.

CHAPTER 3

Theoretical Framework and Methodology

Introduction

This thesis employs an eclectic approach informed by feminist thought, post-structural philosophy, the alcohol, tobacco and other drug field and anti-oppressive research methods regarding the project of inquiry. Here a feminist inquiry involves the synergistic interaction of ontology (the study of the nature of reality and of being in the world), epistemology (an understanding of how knowledge is acquired), methodology (the process of the research inquiry) and the methods employed, locating the researcher within the research process through reflective practice (Creswell, 1998; Crotty, 1998; Hesse-Biber & Leckenby, 2004). This ideological approach supports the position that women's oppression is experienced in diverse ways but that it also has systemic origins (Fawcett & Featherstone, 2000).

Post-structuralist theory proposes that meanings, power relations and personal consciousness are derived from language. Language also determines how people construct their identity (Weedon, 1997). Discourses may be viewed as culturally embedded constructs that interact with experience in generating personal narratives that are conceived as cultural texts. Discourses are also embedded in narratives that determine how people talk, think, act and feel in relation to particular issues or cultural practices. Cultural texts are viewed as mechanisms whereby meanings and identities are constructed and constantly reformed through the body and it is through such texts meaning and identity issues such as sexuality and gender may be seen as fluid and changeable but never remain fixed (Cranny-Francis et al., 2003).

Theoretical Framework and Methodology

Women's experience of exclusion, oppression and personal power is conceived as arising from gender difference, which is organised in a hierarchical system (Miller, 1993; Weedon, 1997). Feminist research recognises the experience of people within marginalised groups as an important source of knowledge, as it provides opportunities for disempowered voices and their narratives to be a starting point for analysis (Sawicki, 1991). In exploring explanations of social reality it is understood that experience arises from the relationships people have in and with the

social world. By opening spaces for women to voice their experience and express their desires a more complete picture of social reality may be made visible (Dalrymple & Burke, 1995; Richardson, 1997). Feminist researchers and practitioners have attempted to change social structures and have reconceived women as subjects rather than objects in society, challenging the meaning of subjectivity. Subjectivity is perceived as constructed through discourse as well as relationships, politically resistant and open to change (Fawcett & Featherstone, 2000). There is a rejection of the notion that the experience of individuals within groups is homogenous or universal recognising contextual variation and the emergence of diverse identities (Weedon, 1997). Anti-oppressive research practice proposes that no individual or group can know absolute 'truth' and proposes a framework to accommodate multiple versions of 'truth' (Dalrymple & Burke, 1995). Similarly, Stanley and Wise (1993) propose that the beliefs and opinions of individuals cannot be viewed as representative of reality but instead as constructions of versions of reality open to critique.

In reconstructing the concept of patriarchal power, post-structuralist philosophy suggests power is exercised from multiple sites and is inherent in the discourses that operate in society (Weedon, 1997). It is through political, legal and social discourses that subjectivities and subject positions within power relations are formed (Dalrymple & Burke, 1995; Weedon, 1997). Post-structuralism has been aligned with post-modern theory and represents a departure from structuralist thought (Beasley, 1999). Structuralism proposes that the structure of language is "a vehicle for expressing meaning" (Beasley, 1999, p. 90) and that people's understanding of the social world is determined by the organization of language and discourse in a relational or oppositional form. This oppositional difference is thought to influence power relations, and meaning is viewed as constituted through power differentials. Post-structural thought also rejects the notion of meaning-making as stable, preferring to conceive meaning as fluid and changing. Thus conceptions of truth and power relations become socially and contextually legitimate or marginalised, but do not remain fixed (Beasley, 1999).

Feminist post-structuralist theorists view language as the medium through which experience and meaning is formulated, rather than meaning being derived from experience and simply communicated via language. Meaning is derived from the discourses that operate in society and to which people have access (Beasley,

1999; Weedon, 1997). Analysis of personal narratives allows exploration of the ways women, who use psychoactive substances, construct their identity from prevailing discourses about women and substance use. Discourses that operate within narratives are viewed as ways of talking and thinking about issues that also determine people's behaviour and how they experience the world (Cranny-Francis et al., 2003). Discourse analysis examines language as a medium for meaning-making and the construction of social identities (Trinder, 2000). Whereas a phenomenological approach searches for the essential "central underlying meaning of [an] experience" (Creswell, 1998, p. 52) and uses the interview, for instance, to focus on the 'true' feelings of the respondent, a feminist post-structuralist analysis of discourse employs interviewing to explore the narratives utilised, how the participant identifies herself (in this case as a substance using woman), and the extent to which she assumes or resists dominant cultural representations of femininity (Cranny-Francis et al., 2003).

Subjectivity is an effect of power relations operating within historically specific discourses (Weedon, 1997). The post-structural conception of power relies largely on the work of Foucault who suggested, "power is relational and that it is exercised rather than possessed" (Fawcett & Featherstone, 2000, p. 17) and is inherent in all social relationships (Beasley, 1999). Foucault conceptualised power as derived from knowledge garnered from human sciences and from a state operated administrative framework closely allied to political power, that sought to analyse, regulate and control bodies in society through inclusive and exclusive categorisation (Danaher et al., 2000). Power is conceived as located in multiple institutions, bureaucracies, corporations, family and the media and from this point of view, power and power relations are seen as fluid and changing, making the production of knowledge and truth a contested field. While power acts to dominate some groups it also acts on everyone, embedded in bodies through language, physical interactions, and how subjects live in society. Power is thus conceived as producing constructed embodied self-regulating subjects, shaped by the regulating institutions and practices that operate in society (Beasley, 1999; Danaher et al., 2000).

Power, in operating from multiple locations, produces competing discourses rather than a universal dominant site for the production of 'truth', opening space for political resistance (Danaher et al., 2000). Foucault examined how power is exercised and people controlled through the discursive practices operating in the

penal system, psychiatry and through the production of sexuality, concluding that knowledge is created from power (Weedon, 1997). Foucault points to the medical profession's scientific analysis and subjection of women's bodies and how they have been sexualised and constitutionally diminished, creating particular social norms of femininity and social exclusion (Weedon, 1997). While powerful discursive practices operate from structures including the law, medicine, welfare agencies, education, family and work, Foucault suggested that these institutions could be challenged by oppressed groups in society who could gain political power by creating alternative discourses, power and identities (Fawcett & Featherstone, 2000; Weedon, 1997).

Feminist consciousness-raising practices offer alternative sets of assumptions about the world creating new meanings for women. For instance women may perceive their problems as personally created until offered an alternative perspective where they may come to understand their experience as generated by "socially produced structures" (Weedon, 1997, p. 82). Post-structuralist thought acknowledges that meaning is fluid, contextualised and open to interpretation depending on the discourse within which it arises. Feminist post-structural perspectives of discourse draw on the conceptualisation of discourse as a means of determining gendered subjectivity by differentiating what is acceptable feminine or masculine behaviour (Weedon, 1997). Sexuality is conceived as the main site for the exercise of power in western society, raising issues relating to women's power to construct their own sexual identity. Discourses surrounding sexuality are seen to define women's sexuality in terms of their appeal to men. And although women do enjoy more sexual freedoms currently, there remains an underlying social constraint on women's sexual expression where it challenges the socially accepted norms of feminine behaviour (Kwok, 1997).

Feminist writers suggest the addictions field has been blind to women who use substances and to the special difficulties they are presented with, particularly with reference to social and cultural contexts that oppress women (Ettorre, 1992, Sargent, 1992; Rhodes & Johnson, 1997). The need for an integration of a feminist perspective within the field has been emphasised to bring focus to the gendered nature of substance use and to explore the social meaning and implications of use from women's specific private sphere as opposed to the public domain (Ettorre, 1992; Pritchard Hughes, 1997).

Given that women experience and understand their substance use differently to men, this thesis aims to inform the existing body of ATOD-related knowledge by broadening the conception and understandings of women's substance use within the ATOD field. Examining current social discourses and revealing women's perspectives that may challenge existing notions of social consensus, will add insights, contributing to the body of knowledge that currently exists. A feminist inquiry can add an alternative aspect of social and cultural meaning-making and critical insight to patterns of, and motivations for, women's substance use. This can suggest alternative strategies for behaviour change, which includes issues associated with life cycle and life stages, and offers alternative realities informed by women's voices.

This thesis analyses the personal narratives of women participants to examine gendered discourses in the ATOD field and society generally and their interplay with those narratives. Neilsen (1998) suggests, "as women, we can never speak outside the patriarchal system of language, but women's relationship to language, and the way in which we work it and it works us, can be explicitly subversive and transgressive" (p. 275). Personal narratives are understood to be a cultural text utilised to communicate meaning (Cranny-Francis et al., 2003; Lupton, 1995). This definition allows exploration of the ways "the individual constitutes identity and through which the body is constantly reformed; by enabling us to see a way in which fundamental issues such as gender, class, race and so on are re-presented, resisted and incorporated" (Cranny-Francis et al., 2003, p. 91).

The lived experiences of individuals as expressed in narrative form have been increasingly viewed as important research data in the social sciences (Colaizzi, 1978; Creswell, 1998; Denzin & Lincoln, 2003; Richardson, 1997). To gain a full understanding of women's substance use and the meaning women attach to their use, inquiry must "start from women's experience of women's reality" (Stanley & Wise, 1993, p. 164). Acceptance of experience in itself as unproblematic and a claim to 'truth', however, fails to recognise the social and cultural influences underlying that experience (Probyn, 1993; Trinder, 2000). In critiquing sociological practice Smith (1987) suggests, "rather than explaining behaviour, we begin from where people are in the world, explaining the social relations of the society of which we are part, explaining an organization that is not fully present in any one individual's everyday experience" (p. 89). The suggestion that lived experience can

be encapsulated without being influenced by social relations not visible within a person's social location is not supported, and I concur that experience requires interpretation to account for influences from relationships with society's institutions and practices (Olesen, 2003; Smith, 1987). While research participants may relate stories about their experiences and provide reasons for behaviour, full explanations may be less readily available. As author I am positioned to critique the research participant's narratives and provide a particular interpretative perspective. In this I am mindful of my own biographical positioning within the research process in that it is gendered and socially and culturally specific (Denzin & Lincoln, 2003).

This thesis examines the everyday worlds of three women all known to me through my friendship networks, and included in the research process is the presence of myself the researcher as interpreter, transcriber, data analyst, writer and friend (Atkinson & Shakespeare, 1993; Trinder, 2000). Some feminist writers portray friendships among women as liberating for the women and as potential sites of resistance (Coates, 1996). Friendships have "no formal contracts, no socially accepted rituals, no rites of passage. . . . the relationship is based on equality" (Coates, 1996, p. 42). In conducting this research I chose friends to be involved because for me the research process should include the same concepts of "equality, acceptance and free-play" (Modjeska, 1990, p. 309) that Drusilla Modjeska suggests friendships embody.

I developed some explanations of my interest in the subject for presentation to the participants, as I believe there was a need to be explicit about my role and purpose (Coates, 1996). Sharing sensitive personal experiences is a feature of everyday friendships and arises within shared conversation. In inviting friends to be involved in this inquiry my existing relationships brought forth stories of depth and honesty generated through a relationship of knowing each other, bringing a broader understanding to the study (Coates, 1996). I acknowledge, however, that relationships based on friendships may constrain disclosure of some experience and that some information may be excluded. While this study examines women's use of psychoactive substances, discussions may have been limited by the participant's desire to discuss the extent and range of their substance use.

I presented myself to the participants as a learner and listener interested in understanding their experiences from their perspective (Reinharz, 1992). I utilised open-ended, loosely structured and freely interacting individual interviews, asking

the participants to relate their personal stories of life as it related to their substance use. The interviews were conducted in each of the participant's homes during August and September 2004 and typically lasted for approximately two hours. The interviews were guided by a series of questions from which the women's narratives relating to their experiences and conceptions arose (Reinharz, 1992). The questions were formulated from themes drawn from my readings and from my own thoughts and experience as they related to substance use. To describe the discussions as interviews suggests some formality where there was little. Essentially our discussions were conversations and moments of story telling but with a particular focus and agenda. I transcribed the tape-recorded interviews before reading and re-reading the texts. I searched through their stories and experiences to discover the meanings they attached to their substance use and where feminine identities emerged, conscious of my own assumptions, presuppositions and experience (Riessman, 1993). I categorised the data into subject themes and made analytical searches for patterns and links within the data drawing comparisons between participant's feelings and experience (Neilsen, 2003; Trinder, 2000). Conducting research in this manner moves away from "linear and reductive" (Neilsen, 1998, p. 275) analysis and towards a recursive, intuitive and interpretive approach.

I consider the research process to be interactive and reciprocal and I am conscious that I gained much from the experience. I believe the participants felt the same and their acceptance of me related to my relationship with them, rather than the content of the inquiry itself (Walmsley, 1993). In October, following some initial analysis of our conversations, the participants as co-researchers were asked to collaborate in the research process, by reading the transcripts of the interviews and commenting or adding to the narratives, giving them authorship and interpretation rights (Bornat, 1993). This process of member-checking with participants provided a cross checking mechanism whereby participants could assess the accuracy of the accounts (Janesick, 2003).

Integral to the research process were my own reflections on my experience of the project. I journaled my thoughts, feelings and experience, charting the origin and development of the project (Atkinson & Shakespeare, 1993) and disclosed these experiences to the research participants in a shared reciprocal relationship during the member-checking phase (Lincoln & Guba, 2003). I conceived the participants as co-researchers and my place within the project as a facilitator for the expression of

women's experience and meaning (Brechin, 1993), where my interpretation and theirs combined to reshape knowledge for us all (Williams, 1993). Feminist researchers suggest the inclusion of the self as a positive element in qualitative research practice (Olesen, 2003). Self-disclosure and self-investiture within projects by researchers can, however, involve the researcher generalising from their own experience, increasing the potential for criticism. Referral back to participants creates a corrective mechanism ensuring the project content reflects the participants experience and meaning (Reinharz, 1992). Inclusion of the researcher's voice adds to collective understanding and while it has been argued that "such an approach to writing with/about and for others can be considered nihilistic and narcissistic. . . . [it can also be argued that such contributions add a further perspective in]. . . . the larger feminist project of dismantling agonistic and arrogant hierarchies" (Neilsen, 1998, p. 279).

A feminist post-structuralist inquiry focuses on meaning making and understandings for the participants and within that context is a powerful qualitative research method, additionally committed to anti-oppressive practice (Dalrymple & Burke, 1995). Such inquiries presume realities are constructed within specific localised contexts, not focusing on revealing 'truth', but rather focusing on constructions as being well informed. Language and discourse are perceived as the objects of inquiry.

CHAPTER 4

Substance Using Women

Introduction

The project of inquiry emerged from my own thoughts and reflections about my history of psychoactive substance use, how my behaviours changed through my life and how these compare and contrast with women known to me. The project revolves around three women known to me for several years through my friendship networks. Rebecca, Zoe and Hayley (pseudonyms) all live in the northern suburbs of Perth, Western Australia and are all in their early to mid-thirties. I have come to know them through our mutual interest in exercise, health and fitness and currently we frequent the same fitness centre. Our connections have evolved into friendships over the last four years where the sharing of personal experiences, thoughts and feelings are common. I am 43 years old, live in my own home with my two children and am currently filing for divorce having been separated, from my husband of twenty years, for one year. My main income is derived from business interests and I receive some additional financial support from my husband. My family live overseas and my parents remain married after 46 years. I have had experience with tobacco, alcohol, cannabis (twice) and anti-depressant drugs and my current average use of psychoactive substances amounts to five alcoholic drinks per week.

Rebecca has two primary school-aged children and lives in government-assisted housing, receiving income from Centrelink. She works part-time and receives no financial support from the fathers of either of her children. Her parents were divorced when she was six years old and she has a brother, four years older than herself. Her mother lives nearby and she describes her father as an alcoholic. She has been exposed to violence in a previous relationship perpetrated by the father of one of her children and is currently in a de facto relationship. She has experience with alcohol, tobacco, cannabis, amphetamine, anti-depressant drugs and party drugs such as ecstasy but has never self-injected a non-prescribed drug. Her current use of psychoactive substances includes alcohol on a regular basis and amphetamine and ecstasy occasionally.

Zoe works part-time and receives financial support from her ex-husband, the father of her two eldest children. She is married and resides with the father of her third child in her own house, which was bought jointly with her current husband.

She has a sister and her parents live in an adjoining suburb. She has experience with alcohol, tobacco, cannabis, amphetamine, LSD, cocaine, ecstasy, Rohypnol, gamma hydroxybutyrate (GHB) and psilocybin (magic) mushrooms and has never self-injected but has had morphine and pethidine administered during child-birth. Her current use includes tobacco, alcohol and cannabis on a regular basis and ecstasy and amphetamine occasionally.

Hayley works part-time and receives financial support from her ex-husband and through Centrelink. She is divorced and is currently living in rented accommodation until her marital property settlement provides her with resources to buy her own home. She lives with her three children, her female partner, to whom she was recently engaged, and her partner's two children. Her parents were divorced when she was two years old and she has a brother who is two years older than herself. Her mother currently lives interstate and her father lives in Perth. She has experience of tobacco, alcohol, cannabis, amphetamine, cocaine, LSD, ecstasy, GHB and anti-depressant drugs and has never self-injected but has had morphine administered for pain relief following major surgery. Her current regular psychoactive substance use includes cannabis, alcohol, amphetamine and ecstasy.

Self-Control - "Scared of being out of control"

"I was scared I would be out of control. Because I knew what alcohol was doing to me so I was scared to. . I was scared of being addicted to it pretty much. It taking control of my life." For Rebecca, being out of control and addicted to illegal psychoactive drugs deterred her from using them while in her teenage years. Having control of her life, while her peers did not, was important. She describes a six-month episode of regular amphetamine use during her twenties, after she separated from her eldest child's father, after which she decided to stop her use because she felt she was losing control of herself. This she achieved through focusing on fitness and modifying her environment and social relationships. I recalled my own attempts to stop smoking tobacco when in my late twenties. My twelve-year habit had been intermittently interrupted by periods of abstinence when the cost, my health, the smell on me or a comment from a man, "you're too pretty to smoke" prodded my conscience and I quit temporarily. Finally a complete change of lifestyle (settling in Australia and getting fit) led to permanent abstinence. I do consider it permanent

despite my mother's pronouncement, "once a smoker, always a smoker." I wonder if she said this to assuage her contrition about her own 35-year habit or whether she, like members of Alcoholics Anonymous, truly believes we cannot shed past identities.

Currently, Rebecca occasionally uses amphetamine describing this as controlled use and indicates that with maturity she manages her use responsibly. She describes the "come-down" from amphetamine use as a "big depression and I can't snap out of it." She is aware that people use marijuana to counter the negative effects of the comedown but indicates that she has "to go down before I go up again," accepting the consequences as a necessary part of substance use. It occurred to me that she might be using the negative consequences to punish herself for having fun. Similarly, Zoe limits her use of pills to manage the consequences more effectively. "I have to come off it then. Like I went to a party not long ago and by four o'clock my pill had worn out and I was like tired and relaxed and just wanted to go home and have sex really. But my girlfriend said to me, oh don't go. I've just bought some whiz, so have some and you'll be right. Agh, I couldn't think of anything worse, ya know."

Rebecca describes herself as "a binge party girl, coz I can be great (straight) and come a party and I will go full throttle. I take what I can and I'll drink what I can, but I have to make sure there's no work the next day, no children." Rebecca characterises her use of alcohol in the recent past as "a bit too much" and she struggles to understand her motivations. "I don't know why. Just a . . . I don't know why." She describes nights when she has binged on alcohol. This she defines as drinking alcohol constantly over a weekend without sleeping and not remembering what happened. "Sends a shiver down me, because I can't remember. And that . . . it's funny ya know, I've always said I'll never let drugs take control of me, but that's alcohol taking control of me." She draws a parallel, recognising the contradictions in her attitudes and behaviour. This brought forth uncomfortable recollections of my own previous binge drinking that resulted in memory loss and sexual compromise.

Rebecca describes herself as a "better person without" alcohol, meaning she is in control and not violent. Violence while drunk is a relatively recent phenomenon following an incident where an ex-partner beat her in front of her children. Such incidences result in an internal dialogue infused with guilt about the effects on her body and her role as a thirty something mother, while also raising concerns that she

may be "an alcoholic. . . like my father." "I don't feel good with myself. .um. .how could I have done that to my body?. .um. . I'm a mother, I shouldn't be doing this. Start getting paranoid. I'm too old for this and. . ya know just crap. But then you get over it! (Laughs)." These last two comments interested me. I was unsure whether she was denying the validity of the discourses or whether she had come to accept her contradictions.

Rebecca is aware that her alcohol use may be problematic and this perception has led her to employ checking strategies to establish whether she retains control. This is achieved by periodically abstaining from alcohol use for periods of up to a month. Her focus shifts from 'partying' and "abusing" her body, to cleansing her body and getting fit and healthy, as well as excluding particular relationships for that time. *Rebecca*: "I'm on the wagon at the moment. I do it all the time. (*Suzanne*: Just say I'm not going to have it? For what reason?) More control. (*Suzanne*: Are you like checking you're still in control? Is that what you're doing?) Maybe I am. Maybe I am. I would say so. But I know I can do it. I just do it all the time. I just ya know, go months and months rocking, partying and then I'll go, wo nothing, to get myself right, to get myself in control. Then I start again." She also remained abstinent during pregnancy recalling how she "felt so good about myself."

Following the birth of her second child, Rebecca experienced a period of depression and was prescribed anti-depressant drugs by her doctor. After six weeks she "felt great" and despite her desire to discontinue use her doctor suggested she persist. This was unacceptable to her as it conflicted with her need to remain in control of herself. She wanted to remain in control of her emotions and feelings, wanted assurance they were real, and despite "falling into another hole" found being non-medicated a more acceptable way of being. I remembered my own experience with anti-depressant drugs. I had made an appointment with a male doctor to get advice and to talk to someone about issues that were troubling me. I answered eight questions about how I was feeling, cried some and was diagnosed as clinically depressed. I left with a prescription for a selective serotonin reuptake inhibitor (SSRI), no counselling referral and feeling ignored and short-changed. The ease with which I could obtain such drugs surprised me, as did the lack of an attempt to deal with any underlying problem. I wondered how many other women are 'handled' so routinely by the medical profession. Reflecting on this incident I wonder whether it was motivated by expediency, complacency or some more insidious attempt at

controlling an hysterical woman. Ultimately, I also abandoned taking the SSRI (without reference to the doctor) as the notion that a substance could solve my problems compromised my sense of being in control and my existence as an autonomous being.

Zoe talks about the ease with which anti-depressant drugs and diet pills can be obtained from the medical profession. "And how much better are those drugs for you? So she walks in on a three-day comedown, crying, and they'd be, oh yeah, she's depressed. Like Duramine, I got a prescription for Duramine as I am. I asked for Duramine, I knew what I wanted. He said, we'll give you 30 milligrams, and I said my girlfriend gave me a couple and I still ate straight after. He said, we'll use 40 then. Easy as that."

Hayley also stresses a need to remain in control. While a teenager she describes being hospitalised following alcoholic poisoning and having her stomach pumped. She describes her feelings of guilt and embarrassment and her fear that she had failed to conform to what she perceived to be her mother's expectations. "My Mum came to the hospital and I was so embarrassed. I was more terrified that I had let my Mum down than I was of the embarrassment of my mates saying, oh you had to get your stomach pumped, ya know. I mean that didn't worry me but I was like so. . . I felt so bad that I'd let my Mum down." She describes seeing people "tripping" (on LSD) remarking, "they were out of control." She experienced an hallucination induced by LSD. "I was totally out of control, I couldn't bring myself out of it. It was like a nightmare that I couldn't get myself out of. I went to the toilet and splashed some water on my face and looked at myself in the mirror and my face looked like it was bubbling like a pot of soup. (*Suzanne*: God!). And I freaked. I freaked out. I ran out of that nightclub. I was on the street. I needed air, I couldn't fucking breathe. I was like really paranoid and I've never, to this day, ever had a trip ever again."

Hayley maintains she restricts her use of alcohol and hallucinogenic drugs due to her desire to remain in control of herself. Her concern is connected to behavioural issues, context and consciousness. When she said, "I don't like making an idiot of myself" I concurred completely recalling stories of my own alcohol use and that of my friends. I remember being at a party about ten years ago and over the course of the evening watching a friend getting drunk. Her behaviour was not particularly unusual for people who get drunk. She was loud, slurred her words and was

stumbling. I thought she was offensive, crass and out of control and I remember thinking, "Oh god, is this what I am like? Is this how people see me?" This moment of self-examination was an epiphany and radically altered my attitude to alcohol and the way I used it in public. Like me, Hayley seemed to need assurance that her environment was safe, she remembered everything and she maintained in control or at least appeared to be in control. While Hayley chooses to continue using psychoactive substances to achieve alternative states of consciousness, I chose to restrict my use to moderate levels and therefore remain in a 'safe' state of consciousness with my public image intact. Hayley's regular use of ecstasy, amphetamine and cannabis is described as controlled. "I've never felt out of control on ecstasy, never with speed and never with coke. Fully in control."

Zoe has a history of regular tobacco, alcohol and cannabis use interspersed with occasional and "recreational" ecstasy and amphetamine use. She recounts an LSD trip she had when she was only 16 where she only remembers waking the morning after in the entrance of the nightclub she had been to the night before. She has no recollection of what happened to her and expresses her horror that she could have compromised herself in such a manner. She blames her youth and expresses fears for her own children's safety in the future. She perceives her current use of psychoactive substances as controlled with the exception of tobacco, which she refers to as an addiction, suggesting that with maturity she has become more knowledgeable, safety conscious and responsible. On occasions she purposively uses alcohol to lose control, in the knowledge that she will experience concomitant loss of inhibitions and disregard for the conventions of prescribed feminine behaviour. Zoe is acutely aware of the negative consequences of "coming down" and the potential for dependence from regular amphetamine use and restricts her use to special occasions. "If you do it all the time you can't go without it. You feel like, oh god I can't, I'm too tired, I need something to pick me up. So we don't want to get that reliant on it." I found myself struggling with our difference here, but also admired her resistance to prescriptive feminine activity and her indifference to others opinions. Unlike me she is not slavish to a more constrained image of womanly responsibility, respectability or even morality.

When we talked about injecting drug users each of the respondents described such use as being out of control, dependent or addicted. It was apparent that each of the respondents was accepting of any form of substance use providing it was not

injected. So while they all took amphetamine by swallowing or snorting, anyone who injected speed was viewed as not only different but dependent or desperate as well. For Rebecca and me, injecting drug use represents a violation of the female body and we agreed her friend's experience crossed the boundary of acceptable feminine behaviour.

Rebecca: "That to me is a junkie. I don't know why. But I say, ya junkie, and they go, but Rebecca you have it. And I go, yeah, but I don't inject in my body.

(Suzanne: There's something different about injecting it?) It's the rush of the needle.

I say to them, well why don't you just drink or whatever and you'll get the same effect. And they say, no I won't, the rush. . vroom. . straight in your veins. It's like, there ya go. That's what you want. The rush. *(Suzanne:* So intense apparently). My girlfriend told me she'd had it and she vomited, wet her pants and then went to sleep feeling great. And I was like, why would you do that to yourself?"

Zoe: "If I was to walk into that room and there was straps around their arms, and they were going to inject, which is the purest way and the best way of taking it, I'd be out of there. There is no way I'd be in that environment with people who are shooting up. Even though you're doing it (taking speed) yourself. How contradictory is that?"

Zoe goes on to describe visiting a home where injecting drug use took place. In telling the story she sets her benchmark of acceptable drug use but questions her own inconsistency again. "My perception of those people. . which is so bad really, because I'm contradicting everything that I've said is. . Desperado, you have to go that far? . . . Anyway she says her man's coming home from work, it's his lunch break so we're going to have some gear before he goes back. And I'm like, yeah, no worries, that's fine, it doesn't bother me. So the next minute they're boiling the kettle and that and I'm like, what are you boiling the kettle for? And they're like, oh der! . . . And I'm like, I'm outta here. . . . And that just disgusted me. I think that the fact too that. . the environment. . if anyone was to come in, there's needles in the house, the baby there. I was disgusted in the whole thing. But it wasn't [just] the fact that kid was there, it was the whole scene. I mean I felt sorry for the child, because I thought, what sort of an environment is he going to be brought up in?"

Each respondent describes how she controls and manages her use, and the associated consequences, so they can fulfil their work obligations and ensure their children are shielded. Episodes of intensive substance use tend to concentrate during

weekends when children are absent to allow any negative consequences to be handled without worrying about them. Zoe raises the point that everyone has pressures and stresses in their lives that require managing. For her, coping with the negative effects of substance use simply conflate with every other problem she experiences and while her use of amphetamine for example remains intermittent, she views it as unproblematic. She mainly prefers to use alcohol as the negative physical consequences tend to be short-lived by comparison with other substances and are therefore more easily controlled. "You see this is where it differs from alcohol. You wake up in the morning, you've got the hangover, by 5 o'clock that afternoon you're over it ya know. . . . Whereas with ecstasy and all that, I find it's not until Monday morning that I wake and think, oh I'm stuffed, and I feel flat until Thursday and horrible. . . it puts me in a horrible space. . . . That's why we don't like it. I mean one night of a good time for 4 days/5 days of just not being able to motivate yourself to catch up."

I was particularly interested in this aspect of her experience and the impact for the children. After the birth of my children I moderated my use of alcohol and my attitudes about being in control developed more fully. My reasoning derived from a perception that I, as a mother, needed and should displace my desires and wants to ensure the physical, psychological and emotional safety of my children. I had no immediate family on whom I could rely and my husband drank significant amounts of alcohol everyday (a non-negotiable activity at the time) so it was a requirement that I alone remain responsible, sober and in control. This was not a negotiable position for me either morally or in actuality. I did not consider that I had any other choice.

Independence and Dependence - "I can do what I want"

"I'd been such a home-girl and my friends had done the years of partying. At 25 I thought, right I'm on my own now, I can do what I want." Rebecca describes her separation from her eldest child's father, agreeing she had modified her behaviour to appease her partner. When she described her relationships with her partner and her mother I wondered whether she felt she was conforming to her mother's, her partner's and social expectations of appropriate feminine and mothering behaviour and upon separation felt released from confinement. She

seemed to develop an awareness of her self as a discrete individual with needs and a desire to explore identities other than wife and mother, acting out her newly found independence through her extended experimentation with amphetamine and identity as a party girl.

Currently, Rebecca does not consider herself as physically dependent but rather as socially dependent on alcohol as it pervades her life. I had the sense that alcohol was embedded in her life. "I think I do [need alcohol] because of my life, my social life, my work, as it's all around me. I know that I don't have to have it. But I need it coz it's around me, and I like to be with it ya know. I don't want people to ask me if I want a cup of tea!"

Rebecca relates incidences of being sexually harassed while intoxicated at hotels and being unafraid to challenge the perpetrators, in an act of independent defiance. "I turn around and I say, who do you think you are? And then I give it to them (Laughing)." She identifies with women she perceives as strong, particularly physically strong women such as the boxer, Layla Ali, and aspires to being such a woman. She has an acute sense of her own body's strength, though it is a passive strength, and the need to protect it from men in such environments. She has drawn from her experience of being beaten which seems to have empowered her on one level. She has taken strength from her body's strength. "The only good thing about what happened to me is when I'm out at a nightclub now, I won't take no shit. And I say (to myself). . I know I've had a flogging and I know my body can take it, so I don't care who gives me shit. . I'll give it back. And that's who I've turned into."

Rebecca, Hayley and Zoe recognised the empowering nature of substance use. Hayley and Zoe talked about the confidence taking some drugs gives them to dance alone on the dance floor of a nightclub and are unconcerned about other people's opinions.

Hayley: "There's a huge dance floor, that's one of my favourite tunes and they're playing it and I'm like, wow. Anyway I was just like drinking and partying around, and I was the only one on the dance floor and guess what, I didn't care, I didn't care."

Zoe: "You feel like you're on top of the world and that nothing could stop you. You could conquer the world. And if you couldn't conquer it, who cares?" I found this comment interesting.

While I consider substance use may be an act of resistance, Zoe also seemed to be saying that providing she was having a good time, everything else was irrelevant. While discussing the transcript of our conversation I asked Zoe if she thought people were threatened by what is considered or understood of her confidence and power. She agreed that she thought people were intimidated and perhaps jealous of her boldness, gregariousness and her stance as an independent, strong willed woman who "takes no shit." Her stance as a substance user may contribute to this perception, which she acknowledges is "the more exciting part of it as well, the thrill of it being illegal. That's why I wouldn't want them to legalise it, because it would be boring." I considered this point in relation to ATOD policy development. If evidence suggested that legalisation would reduce use of currently illicit substances, would the political will exist to enact legislation? I concluded that this was probably unlikely in the near future given the increasingly conservative nature of governments in power in the western world

Social Relationships and Roles - "Big time party girl"

I was interested in how social relationships have been integral to Rebecca's, Zoe's and Hayley's substance using history. As teenagers, they used tobacco, alcohol and cannabis with their peer groups. Later in their twenties they used ecstasy and amphetamine with girlfriends. Zoe recalls her introduction to various substances. "Cigarettes were my first drug and I started due to. . .that was peer pressure more than anything. People that I hung out with smoked and they'd say, go on, have a cigarette. That's basically how I started smoking cigarettes. Alcohol came as soon as I got a job when I was 15 and could buy it and go clubbing and get out there. And being such a social person that I am alcohol came into my weekends at about 15. Um. . . I started smoking marijuana when I was about 18. That was again the group of people I was with that did it. My ex-husband. . .he was a smoker. . .he was 4 years older than me so he was into it. So I started smoking pot which I liked - still do"

The social connections that surround these women's substance use seem crucial to the maintenance of their drug-using lives. Zoe talks about being with other substance users within her circle of friends. "Like tonight we're going to a party, and everyone will be on drugs and so we will be. If you're not you're just in a

different zone as well, to people that are. Like if you're a drinker like we are. . not a full-time drinker, but if we went to a party, for sure we'd drink. If we had to drive and we are drinkers, then you feel out of it there because you'd normally be drunk like everyone else."

The act of smoking tobacco or cannabis with a friend gives Zoe a particular sense of connection with that person. In addition, she acknowledges that the type and quantity of substance use is directly connected to particular friends. "I probably smoke more cones when Rich is around because he smokes 24/7, all day every day. And he's like, have a cone, and I'm, na, and he's, oh come on ya poof have one, it's just a peewee. . are you turning into a girl? . . . So I associate him with smoking and pot. He's a bad influence in that sense. When I've given up cigarettes before, it's when he comes over that it hurts me the most, coz he's a Winfield Red, 20 packet a day. He's always got one in his mouth and I'm like (gasping) ya know. Plus it's a pastime we have together. We sit down and have a coffee and a fag." And, "we definitely take more drugs when we hang out with Bee because she's a chemical girl and doesn't drink." Rich's use of dualistic language to connote weakness ('poof' and 'girl') struck me as ironic given the nature of his apparent dependence on psychoactive substances.

Zoe believes illicit drug use has become an acceptable form of social engagement, certainly within her friendship circles. She seems to be taking up a normalisation discourse that operates among her drug using friends, perhaps she even seeks them out, and emphasises the imperative to conform to a drug-using context. "I think society has made it not bad. I mean everybody's got it, it's easy to get hold of and ya know it's cheaper than a bottle of alcohol these days. So it's just become very easy to get hold of and I think that's where it's become more sociable. And everyone's on it. I mean you don't get many people that aren't on something. Unless you stay at home. I mean if you go out clubbing/partying then you come across it no problem at all." Here I felt my naiveté deeply, questioning whether illicit drugs were really that accessible.

Throughout her story telling Hayley refers to her contacts and the people she is connected to within the drug scene. I was struck by her constant references to the number of people she knew and the status with which she imbued them. Being connected to a 'big-time' dealer seemed to give her a sense of being personally important within that environment. Hayley describes her relationship with her

dealer. "I suppose I feel comfortable getting it because of the person I'm getting it from. And he is my dealer and he buys any quantity. . . anything from five to a thousand pills in one hit and he can get rid of them in one night. . . . Like at the weekend he hired out Geisha 'til midnight for a private function and he just had oodles and oodles and oodles of gear on him and we knew he'd hired out Crystal Swan on Sunday for a rave afternoon. . . with all the DJs and stuff so I thought he'd have enough gear. . . I thought all the gear that he had was enough for the entire weekend. And he said that was just for the Saturday night. . . . He's a good mate of mine, I've known him for a while. He's kind of like my big brother." Wondering how much of a big brother he would be if she stopped buying drugs from him, I asked if she thought her relationship would be different without them. She replied, "well I wouldn't ring him so often!" It concerned me that her dealer seemed to be preying on the vulnerability of this woman but feel sure this is not her perception.

Rebecca's friendships, to some extent, have been defined by her substance use. When discontinuing her regular use of amphetamine and reducing her nightclubbing activity she felt her friends at the time only viewed her as a 'party girl'. "They think I'm the greatest person to go out with. I actually got sick of the Rebecca, the party girl thing. I was like, I'm not just a party girl, I'm a normal person as well. . . . I'm more than that." With a growing awareness of others perceptions of her, she has distanced herself from friendships that are grounded in substance use, and that labelled her so narrowly. I was interested in her perception that being a party girl somehow made her not-normal and that her party identity was separate from the real or essential Rebecca.

Rebecca's current relationship has influenced some of her substance related behaviours over the recent past. "Dave's like um. . . ya know. . . we had a bad patch and I said to him, I'll quit drinking, I've got to quit, coz there were nights that I just couldn't remember, just would not remember. And he'd go, one minute you're fine and the next minute you're just. . . turn around and it's like you're someone else. And I was like, oh my god, I'll quit, I'll quit. And he said, no don't quit, be yourself, just be yourself and I'm like, but I'm not myself then, I don't know who I am. It's that loss of control." I was saddened by her confusion and sensed her reaching into darkness for an explanation.

Rebecca describes her experience of living with her father who was alcohol dependent and abusive, verbally and physically, and how her mother struggled to keep the marriage intact.

Suzanne: "I'm interested in your mother's attitude given that. . . um. . . you say your Dad was alcoholic. When you say alcoholic, was he like pissed all the time or a bottle a day or how. . . ?" *Rebecca:* Just everyday blind drunk. Everyday. And an abusive alcoholic. (*Suzanne:* Violent?) Very. (*Suzanne:* To her?) Yep. (*Suzanne:* To you?) Oh not to me, but made me watch everything ya know. I was in the house when everything went on. It was horrible. That's why. . . I was only six when Mum just went, no way, coz Mum never drank. And back in those days, you try to do the best in your marriage. These days it's much easier just to go, no way. So yeah, she put up with it for a while. . . . Mum said it was disgusting (the cruelty). He wouldn't get away with it today."

Rebecca's use of alcohol causes conflict in her relationship with her mother. "She hates it. Hates it. Looks at me and just. . . I've let her down." She is conscious of her mother's controlling influence and acknowledges her mother's voice in the internal dialogues that characterise the ways she thinks about her substance use. She feels that she has been fighting her mother's values and judgements all her life. She draws comparisons between her own and her brother's substance-related behaviours storying herself as a disappointment (to her mother) in that she has failed to meet her mother's expectations, whereas her brother conformed. "She's run me down, really run me down and yeah I just have to put up with it and. . . ya know. . . even my exes would say. . . my girlfriends. . . your Mum can be so cruel. Like she plays a game with my head." This failure to conform to her mother's values troubles her still, but she remains resistant to those expectations.

Rebecca's substance use impacts her relationship with her own children in that she is charged with guilt relating to her role as mother. She conducts an internal dialogue that reflects the discourses operating within her world. "I feel the guilt. See that's when I start being a mother again, because guilt comes in. Everything comes in. . . how bad, how bad. But then I try to say to myself, well you shouldn't feel bad, because it was your time, it effected nobody." She finds this a useful mechanism to maintain perspective and control. "I think it's probably a good thing to have that to keep you on track. Otherwise you could lose it."

Hayley also talks about her mothering role as it relates to substance use, showing how that role recedes when her children are absent. "There is no specific time where I am just a drug user now or I am just a Mum. I am a Mum who smokes pot, I am a Mum who takes ecstasy, I am a Mum who takes speed, but I don't do it. Mum comes first. I am a Mum (emphasis) who does these things. So my motherly thing comes first and my children are my be-all and end-all and they are my pride. As I said to you, once my children are not my responsibility for four days, then that's when it's Hayley-time. And I am Hayley who's going to smoke pot and Hayley who's going to do this, whereas before. my children have to come first. I think it fits in with your life in the sense that I use the substances when I'm free from my children and I only have myself to care about." Zoe seems to feel the same when she says, "You don't give up being a Mum though."

Escape - "I want to forget who I am."

Each respondent has children from a previous relationship and contact arrangements allow alternate weekends to be childfree. This time is variously referred to as "my time", "free time" and "Hayley time." Illicit substance use seems to be more intensive during these periods. The use of alcohol and other drugs seem integral to the desire to be released from Rebecca's everyday life, even if only for a short time. "I don't know why I like it. I think it's just the feeling it gives me. The feeling of forgetting what's going on in my life, as in being a Mum, the stress of your bills and this and that. Like when you have it you forget about everything, you're in the moment. You're where you are, and just taking it all in where you are, that moment. Just to forget about everything, forget about your chores, just forget about my role of Rebecca and just love the moment."

Furthermore, while "straight" she perceives her social skills to be inadequate and her confidence low. While using amphetamine, Rebecca is aware that aspects of her personality change giving her confidence and a sense of invincibility. She believes she becomes more sociable and communicative and she sounded empowered by her use. I found this an interesting inversion of my own perspective on drug use, which I have viewed as weakness. "Confidence. It makes me feel invincible anyway. Talk to anyone. I've noticed with Dave. coz I'm not very good at talking about my feelings, I've noticed with him, when we have our little binges

on drugs, oh my god I open up so much. And he's like, wow listen to you! And it's so easy. It just flows out. But there's no way I can do it any other way."

Amphetamine makes her "energetic. . . . happy. . . nothing can upset you. . um. . I could talk to a complete total stranger for hours and not stutter a word." Such comments contrasts with, "When Dave and I go to the races or to the vineyards and that, he's the one that does all the talking to people around us. I'm the hush, hush one." Substance use is a means by which Rebecca experiences a different way of being in the world, experiencing alternative subjectivities and presentations of her self.

Hayley describes the processes that led to her leaving her husband and the role that substances played. She seemed to be escaping her marriage and I sensed she had felt submerged by the relationship and institution of marriage itself. She wanted to find herself again and substance use featured in her playing out that exploration into an alternative identity. "We started going out, partying on. Bec was single, I was so not wanting to be where I was at the time. I didn't want to be in my marriage any more, it was over. I'd had my third child. So I had three children who were growing up now, and everything was 'Mum' and 'Mrs. Jones.' There was no Hayley. I lost myself in the whole family thing. I felt like I was being pulled from pillar to post and there was no more time for this party girl. She'd just gone under, she didn't exist anymore. I just felt like I'd really lost myself in my marriage and my kids. I just wanted to party again. So I started going out with Bec. We started having a bit more speed, got back into the speed. Um. .and then the marriage basically fell apart. I left. Went with Tracey (female partner) and since then I've just bought it whenever I've wanted it."

Hayley later describes a recent all-weekend party where she seems to have set herself no limits.

Hayley: "I always have a full [ecstasy pill] but ya see I go out there. . like on the weekend just gone, I had. . um what did I have all up? On Saturday night I had two lines of whip and I had two pills. (*Suzanne:* Whip?) Speed. Sorry. (*Suzanne:* It's OK. I've heard all these names and whip isn't one of them.) Yeah, so I had two lines of that before I left to go out to the nightclub. When I got to the nightclub my mate gave me a capsule, which is probably equivalent to two and a half pills in one capsule. So I took that to the toilet with another chick and we just split the capsule. Broke, lined it up and we snorted it. And then I had a bit more later on coz there

was a bit left over. Then when we got back to the hotel, it was about quarter past six in the morning, had another line. It was just to keep me awake, to keep me going, partying and I was up starting to feel like (yawning), getting a bit weary now, ya know, thinking I have been up all night, I hadn't stopped dancing all night. So had another line then, and then probably went all day. Twelve o'clock, got two hours sleep, got up, Mick gave me another line and I got a \$50 bag of speed for a bit later on, and then I had a pill at about quarter past four on Monday morning. And got home at quarter to seven in the morning." Later she says, "I don't abuse the substance but I have fun with it." It reminded me of a time when I was with her about a year ago. She was drinking bourbon, smoking a cone and was taking her second dexamphetamine for the day. I remember thinking why can't she just pick one?!

Listening to this description during the interview and when transcribing the conversation and again when reading it here while I write, I am struck by Hayley's capacity and persistence to use drugs seemingly continuously for such extended periods. She seems to have an unswerving desire to remain 'in the moment' for as long as possible, squeezing every last second out of her weekend before she returns to her normal life. I am astonished, disturbed and saddened (I can feel the emotion again now) that she subjects her body and her self to such levels of intoxication and wonder what kind of damage may result. I wondered where her boundary between use and abuse fell. In reading her marriage break-up as escape, I wondered whether she had simply placed herself in another confining environment - that of the drug scene. Reading through the whole transcript I also wonder whether such behaviour is just entertainment value, as she indicates, or whether some underlying unhappiness is being masked or denied - for just a while.

Happiness - "You tend to like the space it puts you in"

Zoe believes substance use has become normalised and accepted as a way of achieving greater happiness, feeling good or feeling better. She contrasts her current attitude towards drug use with previously held views. "That was the perception we had then. Like marijuana was the worst you'd do and that was it ya know, whereas now we all take a pick-me-up." She describes how she sometimes uses cannabis to motivate her to fulfil her household duties, conveying a sense of alleviating the

tedium of such work. "You do definitely [get tolerant] and you do get a bit dependent I think as well. As much as they say marijuana is not addictive you do tend to like the space that it puts you in. Ya see I find marijuana motivates me now whereas before it never used to years ago. Whereas now I can have a cone and do my housework and I'll buzz through it." And later she states, "I could motivate myself, it's just a good excuse to have a cone really. I could motivate myself to do. . . I mean I don't do it all the time either because I try not to smoke until night-time when the kids are in bed."

Similarly Hayley relates how she self-medicates with cannabis to negate some of the negative aspects of her life. "It's just a part of [my] life now. . . . I kind of smoke to relax, I get on with my day, I drive the car reasonably OK, I look after my kids, go to the school, go and do roster and take the kids to karate. My life goes on exactly the same. Go home, clean the house, do the ironing. . . . Sometimes I feel very stressed. I feel myself getting really stressed so I'll go and have a cone and I feel really relaxed again. And I'd rather do that than, ya know, be on medication and stuff. I was on anti-depressants after I had both the girls. After I had them I got really bad post-natal depression. And when I split up with my marriage as well, that brought me back down again. Finally got off the anti-depressants. I didn't take anything (other drugs) when I was on anti-depressants. Um. . . got off those. So now and then when I feel myself getting really tense or stressed I just have a cone and it relaxes me."

For Zoe and Hayley the main motivating factor for use of substances such as ecstasy and amphetamine is to get into the 'party mode' or 'mood.' When talking about purchasing illicit drugs they both inferred they were buying 'a good time' and the expressed disappointment when a pill has no effect. *Zoe*: "You're spewing when you get a dud coz you expect to feel great." The contemporary conception of a commodity culture seemed evident here.

Hayley described her first rave. "It was just amazing. To me the atmosphere was really good coz everyone was really happy. There was no nastiness. There were no brawls. Everyone was really happy and they were all getting off and sharing water and listening to the music and having a ball. And it was like this huge awesome party." She recalls her first experience with ecstasy. "I did this pill and about half an hour later I can remember I started feeling really happy (emphasis). . . like a social butterfly. I had to talk to everyone. I had a chat with everybody and just

kept laughing and everything was just so wonderful. . it was like this warm fuzzy feeling about it. . and you'd just go up and hug people and everyone was the same." She has come to associate this party atmosphere and happiness with ecstasy and would not consider going to a night-club or rave without taking something. She maintains an image of 'party girl' throughout the conversation, with comments such as, "Knowing there's going to be a good party and you want to be right up there partying on with the best of them. I ain't going to be the first to go home. I'm going to be here 'til stumps mate, ya know."

For Zoe the good time is counter balanced with her acknowledgement that there is a price to pay. Amphetamine and ecstasy have provided her with "Probably the best nights I've ever had, going out. Definitely party hard. . ya know. . enjoy going out. Positives would be. . there's not really any when you come down to it. That's our problem. We know it's not good. The downer isn't worth the upper. But it definitely makes sure you have a good night, you're not tired. . . . it helps you stay there and keep the mileage up. But there's really not a lot except feeling good at the time." Zoe describes the behaviour of friends who use party drugs regularly. "Like I look at all my friends who are all huge users, live for the day, party every week, they've got nothing. The bottom line is they're too busy spending all their money on their hotel weekends so they can rack it, live it up. Have a great time, but I look at what they've got and from the time I've known them to now, which over the last years, drugs have become a huge, bigger thing in society, they've got less than what they had back then. And I think, well na, that's not for me."

Zoe has friends who have not managed their substance use as she has and draws conclusions about their motivations that appear to be quite different to her own. "Like someone who's been brought up their whole life with the need of love, because they've never had it, being pushed from pillar to post. People I know that have had that sort of life tend to be more needy of something. And if they get into drugs then the need for that becomes. . like a lot of people that need. . obsess themselves about something when it comes along. Like Julie obsessed herself into the gym or the next thing would be whatever's next. Doing swap meets every week, so all week is folding the clothes and ironing them for swap meet. Like a whole consumption of her whole life is bargains at swap meets every Sunday. The thing with that is the swap meet money is for drugs anyway. . they go hand in hand. I mean bless her for not breaking into next doors to try and find some cash. . she's

doing it off her own back." I also felt Zoe's sadness as I knew Julie some years ago. She had been a funny and vivacious friend and I concurred when Zoe reflected that perhaps if Julie had known more love during her upbringing her life might have been different.

Hayley makes similar comments about injecting drug users. "I feel sorry for drug addicts that are in the gutter and everything else. I mean, a lot of it is self-inflicted too, they sell everything to get that way. But I still feel sorry for them. There's obviously something missing in their life that they needed that abuse-type-of-scene to make them feel important. I mean in their own little way they feel important." It struck me that drugs were also important to Hayley's identity, perhaps important in similar ways, though less extreme, to people with addiction.

Rebecca reflected on the social consequences of alcohol use in society. "When I'm at work and [the pallets] are stacked up like this (indicates height several feet off the ground), I look at hundreds and hundreds of cartons and I wonder, how many arguments are in there, how many families split up. . How many beaten women? I look at the cartons and I think, which carton is going to do that? (*Suzanne*: Shit. That is so interesting.) I do it all the time. Dave thinks I'm a nut. I do. I do it all the time. (*Suzanne*: That's quite profound.) And it's sad. It's sad. (*Suzanne*: Does it make you sad to feel that. .?) I know that a few of those cartons in that stack are going to hurt someone, is going to ruin someone's life. (*Suzanne*: OK, yeah. And women. . that's what I find, is that alcohol has such an impact on women's lives, not only their own use but husband's as well.) Yeah they get abused, they get beaten up." I drew some parallels with my own experience with a partner who drank alcohol fairly heavily. Though I was never physically abused I certainly felt socially constrained to curb or check my own use and behaviour as a counter measure to his.

Rebecca's observation is expressed with sadness rather than bitterness. Her experience of being beaten by her former partner and her recollections of her father's cruelty has profoundly effected the ways she thinks about alcohol and its impact on the lives and happiness of women and children. In reflecting on her life currently she seems surprised that life can be "sweet, and [she's] not used to it." She agrees that her past binge drinking may have been related to an underlying unhappiness, and that her present modified use is directly related to the degree to which she feels life is good.

A feature of Zoe's story telling was the comedic turn she took. Our conversation was infused with laughter from us both throughout. I felt that for her one of the joys of being a substance user was the stories she could collect, recollect and relate. For instance when talking about the naivety of youth. "I remember when I was 14 my girlfriend had some pot and she said, come on d'you want to try it after school? So we went over after school and she couldn't find it and she said, but I have heard if you smear vegemite on the side of a cigarette it's the same effect! Do you know how hard it is to pull on a cigarette with vegemite smeared all over it? And it tastes like absolute. . . shit!" (Both laughing). And when talking about giving her father a tobacco pipe filled with cannabis after he had told her it had no effect on him. "So he's sitting there and I says, how do you feel? And he goes, nothing, nothing. . . . And anyway. . . beep, beep I've got to go, here's my lift. Ran out, went down the street and I forgot my purse. So we come back, went in and Dad's head's in the fridge. (Both laughing). Anyway, the next morning mum goes, what did you do to your father last night?. . . She goes, I come in, he's sitting in bed with eight rounds of cheese on toast on a plate, watching TV. . . . And he couldn't remember any of it!"

Resistance and Control - "It's your life"

Hayley portrays herself as daring and a risk-taker. When describing the contexts in which she might take a substance she says, "Anywhere. On the cistern on the toilet, on my passport. . I racked up on my passport on the cistern of the toilet in a club. I scored. . I went to the bouncer and said, can I get some gear? And he goes, yeah, meet me down the ally in five minutes. So I went down the alley with this big guy that I didn't know from a bar of soap and handed over twenty bucks, he handed me over a little. . in the States it's wrapped in this little square of paper, and it comes up in a triangle whereas here it comes in a zip-lock bag. And he gave me that. I mean I could have been buying anything. . I could have been buying rat-sak for all I knew. That's the name of the game, that's the thrill of the chase. . . . You just hope like hell these people are being honest I suppose." I found it somewhat ironic that Hayley hoped for honesty from a stranger dealing in illegal drugs.

Hayley recognises such behaviour as unsafe for women but as a young woman pushed against such behavioural constraints. "So everything's a risk. It's a

risk you're willing to take. And as a single person I only had myself to worry about. I had no other. . I didn't have anyone else to worry about. It was done in my time. It wasn't when I was at work. I never took any drugs when I was working as a nanny. I was responsible, my head was where my job was, and those little children came first. But when it was knock-off time and it was my weekend to myself, that's when I did what I wanted to do. And that's when I partied and I always loved a party." Partying seems to equate with illicit drugs.

Hayley describes the time when she met her husband while living in New York and how she asserted herself to obtain cocaine while concealing her use from her partner. I sensed this behaviour was felt as resistance against social conventions and her male partner. "One of his mates I found out was into cocaine, but nobody knew. I don't know how I found out. . a slip of the tongue or something. Maybe something he said kind of made me figure, hey he knows what he's talking about, whereas it went over everybody else's head. I pulled him aside and said can you get some coke? and he said na, and I said, yeah you can, and he goes, don't you fucking tell anyone and ra ra? and I said, well don't you tell anyone either. And I knew that my husband to be was like adamant against drugs and he knew that I'd smoked marijuana and that my Dad was a party goer and he was like, if I catch you taking any drugs, it'll be right, that's it, I'm calling it all off. . . . So I did it all behind his back. . just me and his mate."

Later Hayley describes how her husband came to be involved with cannabis. "He grew it, but didn't smoke it. . . . We built our house with this alcove in our office which actually fits the filing cabinet in. .width-wise, but it was probably three times as deep. So it juts out into. .but when you first look at it you don't see that. And what we'd do was we put the whole set-up in there. . in the office. So we did it inside, nobody even knew it was there. And um . ,just to sell to make some money basically. .too. He worked away, so I looked after it mostly. So I mainly was the. . . 'horticulturalist' there. He'd grow when he got back, but I was the one who dried it, bagged it, got rid of it, coz I had the contacts. He didn't even have any contacts. Nobody he knew. . he knew the people I knew through me. So it was all my contacts, so I was the one that could move it. So we did that for a couple of years." I considered the organisation of this 'enterprise' somewhat surprising. Hayley's husband seemed to be mobilising Hayley's skills, knowledge and contacts but she implied he was the 'proprietor.'

Later Hayley talks about her husband's attitude to her all-night partying just prior to their separation. She relates the story to illustrate how her husband attempted to control her behaviour. "I went out with Bec and he was due to go to work at six o'clock in the morning and I rocked in at ten to six and he was just disgusted that I'd been out all night. He goes, what do you think you're doing? you're a bloody mother of two children. You're not meant to be out til six o'clock in the morning. I said, I'm in time for you to go to fucking work, where's the fire mate? The kids aren't on their own, you're not late for work. Off you go. Get your lunch and piss off. I'm home in time. I can now be a Mum, I haven't had any sleep but that's all right."

Hayley describes her father's attitude to her drug use and his apparently controlling and permissive stance. "Well my Dad's attitude was, if you're within my four walls and you do it, I'm responsible for you. He said, you go out there and do it, I don't know you, he goes, you are on your own. If you want to be a big-shot out there, doing with all that kind of crap then fine. You get caught, you suffer the consequences. He said, but within my four walls you're under my control. I can see how much you've had, I know when to cut you off, and also I know you're within my environment, therefore if something does happen I'm responsible for you." I wondered if this was a confusing message for a teenage girl.

Throughout Hayley's substance using life the element of risk seems to have pervaded. When describing how her use has evolved she says, "Oh sure I've gone to bigger and better things." She doesn't mean she has taken more risks and placed herself in more danger as she has become older, but rather she has experimented with supposedly worse drugs. She seems to use the language of drug culture to portray a particular message about her use, herself as a risk-taker and a woman unconcerned with traditional feminine identity and behavioural norms. "I'll just do a line" or "I'll drop an ekkie" or "when I'm pilling" and "I'll be stocked up with gear."

Rebecca believes she resists her mother's attempts to control her behaviour and that her use of alcohol may have been an act of rebellion. "I've always tried not to hurt my Mums' feelings and tried to do everything right with her, and Dave's made me stronger. He'll say, it's your life. You do it. You do what you want to do. And I'm, Yeah!" She interprets the moralising voice of her self-talk as that of her mother and navigating her guilt and self-doubt by centring her self within the

dialogue. "I do [think of myself as a bad person] for a while, and then I get over it. I talk myself out of it."

Stigma - "Marijuana isn't heroin"

I talked to all the respondents about the knowledge people have about substance use and drug education in schools. Both Zoe and Hayley perceived people generally in Australian society are misinformed about substance use. *Hayley*: "I also think that recreational drug users are also put in the same category as hard core people whose children are starving and don't feed their kids because they're going to get their next hit. They've sold everything in their house to get the next hit. . . . It's like someone who has a recreational drink on a Saturday night is not put in the same boat as an alcoholic." Later she said, "Everyone bags all these drugs, yet some people every single day have a glass of wine or goes to the pub and has a bit of a session. It has a bad stigma to it, but then again the stigma comes from all the heroin overdoses and everything else, but it's heroin. You get the odd ecstasy overdose, and they say ecstasy killed them, but it's not actually the ecstasy that kills them, it's actually the other stuff they have along with the ecstasy."

Zoe talks about her mother-in-law's attitude to her substance use. "Uneducated people, like Joe's Mum has no experience with drugs. As far as she's concerned if I'm pulling a cone in the garage I may as well be putting a needle in my arm." When I suggested that this might be due to the ways drug use is presented in the media her responses included, "It's not the media's fault, it's the person's fault for not reading up that marijuana isn't heroin" and "that's what the media's all about, being dishonest" and "Everything that comes out the media's mouth is bullshit. So they'll never change that because there'd be no media. We wouldn't want to listen to the truth of anything because it would be boring. . . . it's much more interesting to use drugs in the media as a bad, bad thing."

Later Zoe talks about the perceptions that people have of her and her life. "Well that's like another thing too. One of my clients is a psych nurse at Graylands and she said to me, marijuana use is. . . ya know. . . psychosis. . . blah, blah, blah. You cannot live a normal life if you are on marijuana, and I'm going Mm, mm. And I look around and think, is my life normal? Does it look normal?" Normality for her is a family life with a partner and children, work and a home with a mortgage. And

superficially this is how her life looks. The fact that she also uses illegal drugs sets her apart from normal society and she is aware of the potential for stigmatisation if people outside her immediate circle of friends and family were familiar with her substance using life.

Zoe relates a story of how a friend was charged after one of her primary school aged children made some indiscrete comments to their teacher about her use. "And that's like my kids come home and say, you smoke drugs! I said, yeah, but don't tell anyone, coz it's illegal. Don't ever tell the teachers that I do it. Because I also know kids that. . Toni's son. . it was about cigarettes. . [the teacher said] put your hand up if your Mum and Dad smoke cigarettes. [He said] Oh my Mum doesn't smoke cigarettes, but she smokes some other stuff out of a pipe. Now if that gets mentioned they have to report that. Anyway within a month she got busted for possession." I sensed that she viewed school drug education with suspicion due to such incidences of surveillance by the school teachers through the children.

Zoe also comments on women's surveillance of women and the marginalisation she has encountered. "Some people go, Oh Zoe, the druggie, smokes pot likes there's no tomorrow and all that. These women, half the women have got eating disorders and are taking so many diet pills and ya know, I think, Well hang on a minute, just because your drug taking is legal. . And just because. . yeah. . that's just double standards." Her questioning of other's people's opinions and contradictions reminded me of my own complicity and judgemental practices.

Mothers - "We're the nurturers"

Each respondent expressed fears for the future of their children but also acceptance and resignation that psychoactive substance experimentation at least will be a part of their lives. With increasing awareness of the extent and availability of them I have reached the same conclusions.

Zoe: "That's all different perceptions of what life's all about really. And unfortunately drugs are [in] today's society. So whether or not. . I mean if my kids smoked pot and that was it, I'd be stoked. But it's not going to happen."

Hayley: "I wonder what's it going to be like when my kids are older. What is going to be on the streets then? What is going to be available? Is there going to be. . what is going to be the cost? And I just hope that. . even though I am a user, a

recreational user, and a wise user, I'm a responsible user, I just hope that if my children choose to do that when they're older, that is their choice. I will have unconditional love for my children and I just hope that they are the same responsible user that I am, that they don't go injecting up and being in a gutter somewhere. I don't want that for them."

Zoe believes that children create balance in her life. "Luckily, we've got kids so that keeps us a hell of a lot leveller than what we'd be without them. I'd go out more, single, more funds. . . . So that would be a definite factor in being aware of when we take it and having kids does like slow you down. And I think it would have saved a lot of (women?) drug users lives having kids because you have got the responsibility of being home by three o'clock to pick them up from school and all the rest of it. Like Julie, I think having a child saved her sometimes. Ya know, knowing that she had to go back to reality, she couldn't just stay insane. . [where] she enjoyed being." I was really interested in this focus on mothering and children as a kind of saving grace. My view of children is that they are gifts requiring love, protection and security. To risk ones self would be to risk ones children. Zoe has not subordinated her own desires to conform to a constructed notion of appropriate mothering behaviour and allows her identities to co-exist. Whether this is a comfortable co-existence is unclear.

Rebecca and Zoe recognise the influence of social narratives and constructions that represent substance users and substance using mothers negatively. *Rebecca*: "It depends on how you're brought up as well doesn't it. Some people are brought up that it's taboo, that you are scummy if you try it. You never try it. Ya know, once a druggie always a druggie." This was reminiscent of Alcoholics Anonymous and abstinence discourses relating to stable deviant identities *Zoe*: "You get brought up by your parents that drugs are bad ya know and I think that's what scared me was the fact that it was instilled in me that it was bad."

I recognised these feelings and thoughts in myself before I commenced my undergraduate degree and feel some embarrassment about my naiveté, ignorance and simplistic views. My attitude to substance use had been shaped by my experience, my parent's attitudes and the information I gleaned from the media and my involvement in a School Drug Education Committee. It was also shaped by my perception that the law is inherently correct. My unquestioning attitude startles me

now as I understand this to be narrowly configured and largely misinformed but also recognise this is how most people's attitudes to anything develop.

Rebecca believes society aims to control the behaviour of substance using women. She is aware that social discourses allow, "men [to] get away with it" while "women are meant to have control. Women are the mothers, women are the wives, women are the home, they look after the home. That's how society makes it. . . . we're the nurturers." She recognises the discourses that permit women to judge other women's behaviour and acknowledges her own complicity. "You're out with people who are straight and you're not, you can see that they're looking at you like, you should not be doing that. Yep, even I do. But even I do. I do. . . if I see someone. . . I know. . . who's on it every weekend, I just think you're a Mum, you just can't do that. . . . I look at Mums who are on it every weekend and just think, wow, that's gross, it's not right. . . . People like that shouldn't be allowed to have kids. That's how I view it."

Zoe talks about responsibility and the mothering role. "Because women are mothers, women come out as [having to be the] more responsible parent out of the two. Like I watched Law and Order or something the other day, and the baby died because it wasn't being fed. Now the mother got charged, not the father, even though he was there. But because the mother is a primary carer of the child, which is a load of shit when you go to court these days, ya know, but because the mother is the primary carer I think they look at it as she should be more responsible than him."

CHAPTER 5

Identity

Introduction

Feminine identity reflects women's individual selves and for most women, including myself at times, is often understood to be internally generated. Feminist post-structuralist theory conceives identity as constructed from multiple discourses embedded in our social world that become internalised as our own stories. Current dominant discourses concerning identity rely on the dual, hierarchical and oppositional conceptions of man from woman, Self from Other and rational from emotional, subordinating women and feminine identity. In relation to substance use, multiply placed and diverse discourses serve to control female bodies and minds and frequently obligate women to be the custodians of society's health and welfare. Failure to conform to social expectations relating to feminine identity and behaviour, of being 'good' women, marks substance-using women in ways that devalues their experience and ways of being in the world where discursive conceptions of 'good' and 'bad' become internalised.

Identity

The challenge of writing a thesis about and with others and also the self (Neilsen, 1998) arises where difference creates "tensions of the doubled question of 'who is she? and who am I?'" (Probyn, 1993, p.171). In arriving at the end of this project I find I am back at the beginning. These questions of how and why other women are different to me fuelled my curiosity and were the inspiration for my inquiry into their lives as it related to substance use. In inquiring into their lives I have also been negotiating how I am different to them. This exploration into their social worlds has raised issues relating to my own identity and my position as inquirer and friend. In adopting an epistemology that reduces the distances between us, the researcher and researched, I have challenged my fairly well embedded academically objective persona, experiencing difficulties thinking and writing about my self and other women's selves. While self-reflective thought occurs everyday, to expose myself quite so publicly has created internal tension and discomfort. However, as Probyn reminds us, "speaking the self thus can be made to be moving,

both in the sense that it sets into motion a critical and analytical project and in the sense that the self can be made to move us, to touch us" (Probyn, 1993, p. 167).

Subjectivity, or one's sense of self or self-identity, is concerned with how people present themselves in the social world in terms of physical appearance and behaviour, and that these reflect the kinds of people we are, our individualism (Lupton, 1995). This currently privileged concept of identity is allied to the Cartesian concept of mind/body dualism where the mind is conceived to be rational and in control of the body which is conceived as requiring disciplined training (Grosz, 1994; Lupton, 1995). Corresponding dualisms to that of mind from body include reason from passion; reality from appearance; culture from nature; man from woman and Self from Other (Grosz, 1994; Stanley & Wise, 1993). In thinking about the mind from body dualism I identify with my own past attempts (body-building) to manipulate, control, coerce and shape my body, perceiving that if my mind was strong enough I could overcome the weakness and flaws inherent in my body. My visioning was of my mind as my 'Self' and my body as 'Other'

Some feminist writers such as Luce Irigaray and Helene Cixous deconstruct and reject such hierarchical, dualistic conceptions, focusing on the inevitability of sexual diversity and demanding recognition and representation by women (Davies, 1992; Irigaray, 1997). They highlight the salience of the lived body for understanding how women come to make meaning from their social experience and where the body is understood to be a "social and discursive object, a body bound up in the order of desire, signification, and power" (Grosz, 1994, p. 19).

Women's identities are generated from collective experience and discourses and arise as women speak through the same conceptions and story lines. Gender is distinguished and named and individuals assigned to gender categories that determine how they relate to others. Individuals distinguish themselves from other, the 'me' from the 'not-me', which is understood to be a psychological as well as physical identification. Women's identity and desire has been shaped by the binary dualisms that subordinate women and their experience (Davies, 1992).

Desire is conceived as the essence of oneself and of how we come to know ourselves, our identity (Davies, 1992). Irigaray (1997) proposes that women's sexual desire, as represented by female libido, needs to be reconstructed to reflect feminine rather than masculine desire. Women have lost their sense of their own bodies' potential for sexual desire where they perceive their own pleasure to be dependent

on the phallus and their own bodies as lacking. Unlike men, whose sexual desire centres on the phallus, women's bodies possess multiple sites for pleasure. Female desire is thus perceived as essentially other or different to male desire. This concept of otherness is extended to women's language, which is conceived as other to rationality in a patriarchal system (Irigaray, 1997). Irigaray (1997) suggests that women must take an alternative positive view of their own desire and pleasure seeking centred on their own bodies, rather than have desire defined in terms of lack. Thus gender categorisation has profound implications for how people know and understand themselves and how gendered story lines and conceptions that pattern desire are taken up as one's own (Davies, 1992).

In Western societies the promotion of public health generally, and in relation to substance use specifically, depends on the controlled, individual self making rational decisions concerning their behaviour to achieve health improvements that conform to socially constructed norms of good health and social success. Health promotion activities initiated by state agencies marshal support through mass media organisations, the family, the education system, the commodity culture and community organisations (Lupton, 1995). Individuals within these institutions such as doctors, nurses, teachers, social workers and parents become the voices of authority, determining the conventions and norms of behaviour. In adopting a Foucauldian perspective language and discourse serve to regulate, categorise and normalise bodies and subjectivities by contributing to people's constructions of the ways they think about their own health (Lupton, 1995). They also result in the identification of abnormal or deviant minds and bodies that resist prescriptions of feminine ways of being, marginalise certain groups, types of bodies and behaviour, and privilege other particular subjectivities and ways of being (Lupton, 1995; Stanley & Wise, 1993). Here the body is viewed as a vehicle for the expression of the self and the uncontrolled body, in succumbing to bodily desire, denotes an undisciplined and uncivilised self (Grosz, 1994; Lupton, 1995).

Foucault has connected the normalisation of behaviours and subjectivities to the concept of governmentality that places power across multiple social and local sites and in discourses rather than the state (Danaher et al., 2000). Public health can be viewed as one such site where bodies are coerced and shaped to conform to social expectations of self-control and self-regulation. Public health discourses in general rely on self-policing and self-surveillance to ensure conformity (Lupton,

1995). Such a critique can be appropriated to the discourses surrounding substance use and users, where public health and the criminal justice system collaborate to employ subtle and overt coercive practices to control behaviours relating to substance use. Here guilt, fear, prejudice, stigmatisation, social isolation and marginalisation serve to regulate behaviour for some but may also locate sites of resistance for others.

The use of psychoactive substances may be viewed as representative of pleasure seeking, uncontrolled and undisciplined bodies. Issues of self-control concern each of this study's participants. Self-control discourses directed towards women's bodies appear to be reproduced through generations and appropriated from medical, public health institutions and health promotion activities by states, divesting certain individuals within those institutions with the power to determine socially acceptable ways of being and behaving.

My own and Rebecca's concerns about maintaining a healthy body and our desire to remain autonomous seem to concur. Our experience of the medical profession highlights how authority to know our bodies' requirements is assumed by doctors and denied to women. Hayley chooses to self-medicate using cannabis rather than consume anti-depressant drugs. Rather than be controlled by medicine we have taken power for ourselves in knowing ourselves and trusting our experience, challenging the dominance of the medical profession to name our problems and to control our behaviour.

Caring for the self involves "largely subliminal socialization" (Lupton, 1995, p. 12) and self-constraint. Here I recognise my own appropriation of this imperative for self-restraint in terms of my use of tobacco and alcohol and the consequences for my health and that of my children. In addition, my self-restraint is also driven by my own imperative for self-control and representation as being in control, and thus to be seen as a 'good person'. "Practices of the self are not directed by the oppression of subjectivity, but by the enhancement of pleasures and desires, the happiness and fulfilment of the self [and] the health of the body" (Lupton, 1995, p.12) and where a shared understanding of what a good person is prevails (Hoy, 1986). Here lies a dilemma for public health promotion as it relates to psychoactive substance use where bodily pleasure, desire and happiness are central to the use of psychoactive substances. For those whose social engagement revolves around substance use and

who experience few harms, discursive imperatives to avoid drugs for moral or health reasons may simply be interpreted as misinformed or out-dated.

Returning to this sense of the fulfilled self and healthy body, what then is my understanding of a good woman? I have a picture of goodness in women that encompasses characteristics such as stoicism, autonomy, strength, assertiveness, control, discipline, nurture and a healthy body. In beginning this project of inquiry I wondered how, and why, I arrived at this particular collection of ideas about the 'good woman'? In considering this question I have acknowledged the influence of family, other women, teachers, employers, the media, governments and discourses associated with public health, the criminal justice system, religious and social agencies. I am also aware these attributes align with my own identity and presentation of my self. How then do I perceive women who do not meet these criteria and what does that mean for this research project, where the use of psychoactive substances by women seem in opposition to my notions of the 'good woman'?

From this inquiry's outset I have presented myself as an interested, accepting listener, but at times throughout the process have also positioned myself as a good woman or the moral voice. My views at times appeared to intersect with public health and health promotion discourses and practices that seek to establish and regulate standards of normality, risk and health, and which construct moral and ethical benchmarks for the social regulation of bodies and minds. My personal displacement of desire and pleasure originated from my mother who presents herself as self-sacrificing, not in favour of her husband but in favour of her children. I recall a relationships counsellor offering an alternative perspective and having difficulty internalising the notion that self-sacrifice was not an appropriate choice in life. While it might seem noble, what kind of messages did such behaviour relay to my children, especially my daughter? With reflexive inquiry, however, I have been forced to assess my own judgements and moral standpoint and to more closely examine commonly accepted conceptions of 'health', 'fitness', 'responsibility', 'empowerment', 'taking control', 'risk' and 'participation' and the dominant discourses of healthism, self-control, surveillance [and] discipline" (Lupton, 1995, p. 14) in addition to my role as mother.

Each participant within the study talked about their roles in life revealing them as a collectivity of multiple selves that are fluid and moving, presented or

suppressed, depending on context. Davies (1992) refers to the separating of the private and public, the 'I' and 'me', in the social world where the "public 'me's' play out the different and contradictory roles that 'society' demands" (Davies, 1992, p. 56). She suggests that a separation of the 'I' allows for the public presentation of an illusory, non-contradictory and unified self, and the 'me's' can be discounted as part of our essential being, allowing us to deny responsibility. In accepting the various 'me's' within 'I', we come to accept an essential contradictory real self. In thinking about our selves within this study, I recognise this separation and the playing out and negotiation of roles such as mother, wife, friend and substance user. A feminist post-structural framework draws a distinction between positioning and roles. People perform roles and like an actor assume and discard them as required. In addition, people shift position between and within discourses as discourses shift and change, so that every time we speak we are positioning ourselves within a particular discourse (Davies, 1992).

While Zoe, Hayley and Rebecca recognise societal influences and social rules that impact their selves, I do not believe they currently recognise how discourses shape their thoughts, feelings and the ways they are constituted by them. Maybe they, like I, harbour feelings of guilt and anxiety where discourses and taken-for-granted notions of morality and respectability play out in each of our lives. They recognise and feel the ambiguity and contradictions that pervade their lives but are less aware of how they came to be or how they might come to accept themselves as a multiplicity, integrating good and bad, feminine and non-feminine, 'I' and the various 'me's'.

Substance use for these women may represent a subliminal resistance to power and the discourses that operate to normalise and control feminine behaviour. This resistance can be seen to operate at the micro-level and manifests itself in a failure to conform to prescriptions of behaviour or to self-monitor in accordance with the Foucauldian concept of governmentality (Lupton, 1995). The women in this study resist social expectations that illicit substance use should not be part of their everyday lives, but also survey and police their behaviour to conform to their own and others expectations. Processes of governmentality operate to varying degrees for each respondent, being particularly salient for Rebecca when she abstains from use, and for Zoe who restricts her use to special occasions. Rebecca's internal dialogues as she related them, highlighted how she governs her self through

the use of discourses. She referred to her mothering role, the health of her body, her family history, her age and the intersection of substance use with those aspects of her life.

Within the public health sphere there lies an ambivalence in relation to governmentality. People may resist calls to avoid certain behaviours and may resent an authoritarian state that attempts to coerce conformity. They still, however, expect the state to treat the consequences of harmful substance use (Lupton, 1995). There was some suggestion of this from Zoe who described a friend's experiences of prejudice in a hospital emergency department when requiring treatment for an overdose.

Discourses of governmentality that seek to control bodies operate from multiple sites and domains and compete to construct subjectivities. The control of substance users and substance-related behaviours are currently attempted by the state overtly through the criminal justice system and more covertly through public health and schools. However, there remain several more sites that intersect to influence and construct subjectivities and each connection represents a point for resistance (Lupton, 1995). I recognise my own imperative to police my use of psychoactive substances since the birth of my children. My imperative to constrain my behaviour is related not only to the imperatives of health, avoidance of risk and protection for my children but is also bound to my identity and my desire to present and represent my self as in control, independent, autonomous and self-sacrificing - essentially the 'good woman'.

For the women who shared their lives for this study substance use is an integral part of their lives and shapes the ways they behave and think about themselves. There is a recognition of the contradictions that substance use generates for them as women and in the current social climate, an acceptance of the possibility they may not "achieve unequivocal success at being [women]" (Davies, 1992, p. 55). I understand my own position as representational in striving to be a complete woman and have been slow to understand or accept my "own fractured and fragmented female subjectivity" (Davies, 1992, p. 55). Having considered myself to be an autonomous, free thinking woman I am surprised, and perhaps a little embarrassed, by my almost complete assimilation and positioning within the discourses that judge and regulate women. My hope is that I may come to shed

those notions of what a 'good woman' looks like and resist assuming those prescribed roles.

Davies (1992) suggests women "in each moment of speaking and being, we each reinvent ourselves inside the male/female dualism". . . . [and proposes we] speak into existence a different way of being" (p. 74). Not only new stories are needed but she also suggests old stories require fleshing out to provide new understandings. How we know ourselves, and create meanings and identities, is derived from old stories and remain part of ourselves notwithstanding our alternative interpretations. Becoming self-aware is "accomplished as a result of the contradictions in our positionings, desires and practices - and thus in our subjectivities - which result from the coexistence of the old and the new" (Hollway, 1984, p. 260). This highlights how we become fractured and fragmented and in speaking and writing our stories we come to understand that our multiplicity makes us whole.

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