Carnal pleasures and grotesque bodies: Regulating the body during a “big night out” of alcohol and party drug use

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ABSTRACT
This article explores the role that discourses of health promotion play in the regulation of the human body during sessions of alcohol and “party drug” use. Drawing on fourteen months of ethnographic fieldwork, I show how a group of young “mainstream” recreational drug users attempted to manage the tension between their identification with governing images propagated by public health and their desire for pleasure by regulating their alcohol and drug use in certain ways so as to avoid appearing outwardly disorderly while still pursuing pleasure in spaces they deemed appropriate for transgression. Constructing controlled or moderate drug use as the only acceptable form of pleasure fails to appreciate the dynamic and strategic ways that young drug users attempt to maximize pleasure and minimize risk. Public health messages should avoid representing young alcohol and party drug users as irrational and disordered and should incorporate pleasure into future messages.

KEY WORDS
Alcohol, ecstasy, methamphetamine, ethnography, young people, normalization

AUTHOR’S NOTE
The research reported here was funded by a PhD Scholarship (Workforce Development Grant) from the Alcohol Education and Rehabilitation Foundation (now the Foundation for Alcohol Research and Education). The National Drug Research Institute receives core funding from the Australian Government Department of Health and Ageing. I thank Robin Room and Sarah MacLean for their comments on an earlier version of this article. I also thank my PhD supervisor, David Moore, for his guidance during the research on which the article is based. Most of all, I thank the research participants for their time, honesty and friendship.
Legal, medical and public health discourses undoubtedly shape societal norms, and influence individual perceptions and practices. In this article I explore the role that discourses of health promotion play in the regulation of the human body during sessions of alcohol and “party drug” use. Very little research has explored the way that bodies are ordered during sessions of alcohol and party drug use, both in club settings, and particularly in private spaces. I show how young people carefully structure sessions of alcohol and other drug use by matching particular drugs with particular consumption settings, and timing their use of these drugs, to ensure controlled and disciplined bodies and practices in some spaces, while rejecting control and order in other spaces. I argue that alcohol and party drug users, particularly those that identify as “mainstream” citizens, draw upon notions of rationality and discipline when in the public gaze, but also seek private spaces in which “messiness” and transgression is socially acceptable. Countering contemporary media portrayals of young “binge drinkers” as disorderly and “out-of-control” (see also Lindsay, 2009; D. Moore, 2011), and recent research describing clubbing spaces as settings where bodily regulation is suspended (Jackson, 2004; Pini, 2001; Rief, 2009), I show that some young people identify strongly with governing images propagated by public health and order their bodies accordingly; and that self-identification as “mainstreamers” is likely to be an important element in this.

**Post-modernity, individualization, risk management and the body**

In sociological terms, we are thought to be living in a period of “late”, “high” or “post” modernity. Post-modernity has seen the rise of a global economy, the expansion of the internet, telecommunications and media, and above all, a focus on consumerism. Some commentators have argued that the importance of community and geographical location has decreased in post-modern times (Beck, 1992; Giddens, 1991). For Beck (1992, p. 87), these changing social, economic and cultural conditions have resulted in a “social surge of
individualization”, where people are now required to take on sole responsibility for their choices, their decisions and their “risks”. As Lindsay (2010, p. 481) argues, “public health issues have been successfully individualized so that individuals rather than governments or business are now responsible for managing individual harms and risks”. People are required to manage their finances, their career, their social lives, their identity, their consumption, their well-being and their health.

A body of research has been inspired by the writings of Beck (1992) and Giddens (1991), exploring the way in which health has become one of the key elements of personal life that is required to be personally managed by the individual (see Keane, 2002; Lupton, 1995, 1999; White & Wyn, 2004; Wyn, 2004). Maintaining health has become a project of “the self” that has to be constantly managed and the body has become the key site of this management (White & Wyn, 2004).

Public health discourses play an important role in constructing, governing and regulating the human body in post-modernity (Beck, 1992; Bunton, 2001; Giddens, 1991; Lupton, 1995). Turner (2000) argues that the bodies of Western society are regulated and disciplined by the state through techniques of surveillance, through public health via the promotion of asceticism (the practice of abstinence and restraint) and in their self-presentation through marketing and commodification. Turner argues that many post-modern professions, particularly those associated with increased governmentality and surveillance, contribute to the regulation of the body.

Such mechanisms of control are accompanied by moral standards that encourage self-discipline and restraint (Hathaway, Comeau, & Erickson, 2011). In post-modern times there
are increasing expectations that people will engage in practices of self-surveillance, self-discipline and self-control (Beck, 1992; Giddens, 1991; Lupton, 1995; Turner, 2000). Lupton (1995, p. 11) argues that “it is not the ways in which such discourses and practices seek overtly to constrain individuals’ freedom of action that are the most interesting and important to examine, but the ways in which they invite individuals voluntarily to conform to their objectives, to discipline themselves, to turn the gaze upon themselves”. One of the ways in which self-regulation is reinforced is by the promotion of feelings of guilt, anxiety, repulsion and disappointment that accompany practices that are not associated with self-control.

Failure to meet standards of health, fitness and well-being is met with guilt and anxiety through public health discourses that promote an “authentic” and well-ordered self, which constructs a “healthy” body as good and natural. However, “unhealthy” practices, such as drug use, are framed in public health discourses as “bad”, “inauthentic” and “disordered” (Keane, 2002). The moral position that a healthy body is a good body is likely to play a powerful role in people’s construction of their drug use and identity (Hathaway, et al., 2011).

The pursuit of bodily pleasure provides a significant threat to governing images of healthy and authentic bodies. As such, pleasure seeking is often framed in legal, medical and public health discourses as irrational and unhealthy, a form of risk-taking that threatens the norms imposed by public health (Coveney & Bunton, 2003). For this reason, pleasure is disassociated with practices that the state regards as problematic, and where it is recognized as acceptable, it is governed by rules and boundaries of “acceptable” pleasure. For example, pleasure is acceptable only when drugs are consumed responsibly or moderately, and is only assigned to people who are “good”; contrast the image of the irresponsible “alcopop”.
drinker with the moderate middle-class wine drinker (Lindsay, 2010; O'Malley & Valverde, 2004).

Coveney and Bunton (2003) describe various typologies of pleasure evident in discourses of Western culture that are used to construct the body as either ordered or disordered. Of particular relevance to this article are disciplined and carnal pleasures. Disciplined pleasure involves enacting moderation, restraint and control. It does not mean denying oneself pleasure but practicing techniques of containment and restriction. In public health discourses, disciplined pleasure is strongly associated with ordered and rational bodies. Carnal pleasure, on the other hand, is constructed as the least acceptable form of pleasure. Carnal pleasure is that of the flesh, and is often associated with eroticism and the excessive consumption of food and wine. Carnal pleasures are those most often associated with grotesque, volatile and disordered bodies (Coveney & Bunton, 2003).

So how does alcohol and party drug consumption and intoxication fit within this struggle between carnal pleasures and the grotesque body, and the public health view of a disciplined body? Clearly illicit drug use poses a threat to the public health image of the ordered body. Illicit drugs are “incompatible with rationality and discipline – contaminating, corrupting, seducing and destroying the will … drugs lead away from valorized forms of disciplined pleasure to produce grotesque bodies” (D. Moore, 2008, pp. 356-357). Indeed, in the media, young drug users are often described as lacking discipline, morality and as presenting a danger to themselves (D. Moore, 2011). In the 1990s, newspapers in both Australia and the UK portrayed young ecstasy users as dangerous, chaotic, “mad” and “bad” and causing serious harm to themselves (Pennay, 2003). Rave and club cultures have been blamed for creating out of control, disordered and dangerous young people who irresponsibly and
selfishly seek pleasure and display a lack of respect and care of others (France, 2007). In the 2000s, media focus shifted somewhat from ecstasy to “binge drinking” cultures but the accompanying messages emphasized familiar themes – that young people are careless, irrational, nihilistic, pleasure-seeking, risk-taking, disordered and dangerous (France, 2007; Lindsay, 2009).

There exists a significant literature that counters the view of young alcohol and party drug users as out-of-control, irrational, disordered and dangerous (for example, see Keane, 2009; Lindsay, 2009, 2010; Measham, 2004a; Measham & Brain, 2005; D. Moore, 2011; Parker, Aldridge, & Measham, 1998; Szmigin, et al., 2008). In particular, this research reports the tendency for young alcohol and party drug users to carefully “stage intoxication” (Lindsay, 2009), as they pursue a “calculated hedonism” (Featherstone, 1994; Szmigin, et al., 2008), which is the result of a rational cost/benefit analysis (Parker, et al., 1998). The outcome is a “controlled loss of control”, in which young people deliberately lose control but within their personally defined limits (Measham, 2004a). While this literature critiques the view that alcohol and party drug users are disordered and irrational, it has not explored the way that bodies are physically ordered and disciplined in different social contexts during phases of a “big night out” (Duff, 2005; Hobbs, Hadfield, Lister, & Winlow, 2003).

**Previous research exploring the regulation of the body in “club cultures”**

Several studies have explored the regulation and performance of the body during sessions of alcohol and party drug use. In their ethnographic research among young psychostimulant users in Australia, Green and Moore (2009, p. 406) describe the way that some young party drug users avoid using substances that result in “messiness” or getting “messed up” and instead choose drugs that enable them to “keep a lid on it”. “Messy drugs” include ecstasy,
which results in visible effects of intoxication such as contorted facial expressions, and alcohol, which results in decreased motor control and other undesirable behavior such as passing out or vomiting. Methamphetamine, on the other hand, is associated with controlled behavior, and thus is the drug of choice for Green and Moore’s sample of party drug users when they attend licensed venues and dance parties.

In his analysis of the “art of being human” within clubbing spaces, Jackson (2004) describes the way that clubbing spaces are full of bodies exploring carnal and expressive forms of movement and interaction. He argues that while the body has become more controlled and regulated in the post-modern world, clubbing and drug use offers an opportunity to challenge these controls. Clubbing provides an opportunity to “occupy an uncivilized body for a night: to grin like a fool; to laugh too loud; to sweat it out on the dance floor; to flirt outrageously; talk well-meaning shite to strangers; feel sexual, carnal and exhilarated” (Jackson, 2004, p. 123). Upon exploration of a range of different venues, including hip-hop, trance, queer and fetish clubs, Jackson suggests the extent and nature of carnal embodiment depends on the codes and social behavior that is generated by the particular scene.

As with Jackson, Rief (2009), who draws on ten years of ethnographic data in clubs in London and Istanbul, suggests clubbing represents a space in which the structures of everyday life can be temporarily suspended, social identities can be experimented with and people can enact transgressive and carnivalesque bodies. Similarly, in her examination of the way that modes of femininity are being lived and constituted in raves and clubs, Pini (2001) argues that club cultures are places where people can move beyond the boundaries, constraints and regulations associated with everyday life – from being an employee, a child, a mother, a woman and a rational subject. Pini argues that there are very few cultural spaces in
which women can publically perform messiness and transgression, but that the club is one such space. Pini (2001, p. 1) uses a quotation from one of her participants to illustrate this point: “raving is about letting go of being conformist, and being professional and proper and together … It’s not necessarily the dark side of you. But it’s the messy side of you”.

The work of Jackson (2004), Rief (2009) and Pini (2001) suggests that some young alcohol and party drug users perform carnivalesque and messy bodies in night-time leisure spaces. Such findings may fuel media portrayals of young “binge drinkers” and party drug users as irrational and disorderly. However, as I show in this article, consistent with the findings of Green and Moore (2009), alcohol and party drug users who identify as “mainstream” citizens do not use clubbing spaces to free themselves of the controls that exist in other places. Instead, they reserve such transgression for private spaces. This has implications for our understandings of the way that alcohol and party drugs are used by young people and the development of future public health messages.

METHODS

The data analyzed in this article are derived from fourteen months of ethnographic research with a group of around 80 party drug users in Melbourne, Australia, during 2006-2007. The primary method of data collection in ethnographic research involves observation and participation in the field of interest for extended periods of time to observe a certain way of life in its natural setting, getting as close as possible to the intricacies of the lifestyle with minimal disruption to the natural flow (Bourgois, 1995; D. Moore, 1993a; Rhodes, 2000). Ethnography was considered the most suitable research design to explore the social practices and cultural meanings of alcohol and party drug users because ethnography enables an investigation of the complex interweavings of “cultural logics” constructed by drug users.
within their broader social, economic and cultural frame (D. Moore, 2005:433). Informal and nonintrusive observation provides an opportunity to understand how drugs are used and represented in everyday life and practice, and the focus on the “lived experience” of the research participant allows for interpretation and understanding of the social meanings and practices that underpin their existence (Clatts, Welle, Goldsamt, & Lankenau, 2002; Duff, Johnston, Moore, & Goren, 2007; Pearson, 2001).

Ethics approval to conduct this study was granted by Curtin University’s Human Research Ethics Committee (HR 213/2004). After receiving ethics approval I made contact with six friends who regularly used party drugs, or had done so in the past. After a lengthy conversation, four friends agreed to let me join them on their next night out (the other two had ceased using party drugs). These four people were part of the same social network. Through time spent in licensed venues with these four friends, I gained access to other young people through a process of snowballing. While data were collected on around eighty people who comprised a broader social network of friends and “friends of friends”, more intensive relationships were formed with 25 key participants, and most of the data presented in this article are derived from these 25 participants. They became the focus of the research because they were the heaviest, and most regular, party drug users in the broader social group. These 25 people formed a tight-knit social unit who considered themselves “best friends”. Their friendship had evolved over a number of years from a range of social connections, including secondary school, sporting clubs and work relationships. In particular, the group was united by a shared appreciation of using alcohol, methamphetamine and ecstasy for extended periods in their leisure time.
My position in this research was one of “insider” (see Aguilar, 1981; Hodkinson, 2005; Mascarenhas-Keyes, 1987; Messerschmidt, 1981) given my pre-existing relationship with four participants. One of the main advantages of this position was that my pre-existing relationships facilitated smooth entry into the field. A second advantage of my insider position was that I had already established trust among those with whom I had relationships, and this helped facilitate relationships and trust with people I was meeting for the first time. Another significant advantage of my insider position was that I had prior knowledge of the studied scene. I was around the same age as my participants, and was a regular “clubber” myself. This was a benefit in that I knew how to act appropriately and I knew how to “fit in”. I was also able to participate in activities such as dancing in a relaxed and confident manner and therefore minimize disruption to the natural flow (see also Hodkinson, 2005; Mascarenhas-Keyes, 1987).

Data collection involved extended sessions of participant observation and in-depth interviews with key participants. The observation and participation components of the research took place in a variety of Melbourne’s pubs, bars, clubs and music festivals, as well as private homes. This group of young people would typically venture out into Melbourne’s night-time economy on Friday or Saturday nights. These sessions most often involved beginning the evening at home or a pub, then moving to a club, before returning to a private home in the early hours of Saturday or Sunday morning. These sessions generally involved a period of between eight and 48 hours of fieldwork. Extensive fieldnotes were recorded after sessions of fieldwork, which included observations, conversations and personal reflections. Participants regularly interacted via email and mobile phone text messages and these were also included in fieldnotes.
In order to complement fieldwork data, and to conduct a more focused investigation of key topics, in-depth qualitative interviews were conducted with the 25 core group members during the fieldwork period. The interview schedule was semi-structured, which allowed a certain level of control over the questions while also allowing interviewee responses to shape the flow of conversation and issues discussed. Interviews took between 30 minutes and two hours and all interviewees were reimbursed for their time.

Analysis of fieldnotes and interview transcripts was managed using NVivo7. Data were systematically analyzed for key themes as well as points of divergence. Narratives were analyzed using thematic and content analysis, and the data was explored for regularities, variations and contrasts between fieldnotes and interviews. Analysis was informed by a review of literature on the construction of drug use in Western society in anthropology, sociology, cultural studies and youth studies.

**Sample characteristics**

Members of the core group of 25 young people were aged between 18 and 30, were divided equally by gender and were almost exclusively of Anglo-Australian background. Group members had varying levels of education (from completing three or four years of secondary school to having postgraduate qualifications), and all were either employed or studying full-time during the period of research. Over half of the group members were involved in long-term heterosexual relationships. They either lived with their parents or rented with friends (with two couples living in their own home) in the suburbs of Melbourne.

They were “socially included individuals” (Hammersley, Khan, & Ditton, 2002; Harling, 2007) in the sense that they were well-integrated, “mainstream” young people, rather than
members of identifiable subcultures, and their only “crime” was the recreational consumption of illicit drugs. Despite the centrality of illicit drug use to their leisure lives, these young people did not subscribe to a coherent and collective ideology of drug use.

Importantly, the research participants tended to frequent “mainstream” or “commercial” venues as opposed to rave, trance, underground or niche venues (Hutton, 2006; Lindsay, 2006; Thornton, 1995). By mainstream, I refer to that which is common or popular in culture. Mainstream is a term used in opposition to that of “subculture”, which is used to describe a group of people who are differentiated (in their values and/or behavior) from the larger “mass” or “popular” culture. Commercial is used to describe a venue that is suitable for a wide, popular market, rather than a niche venue targeting a specialized market (Lindsay, 2006). Previous research (Hutton, 2006, p. 9) has placed mainstream and commercial in opposition to “underground”: “mainstreams refer to commercialized spaces for clubbing with musical styles that are often in the music charts, popularized and widely dispersed throughout youth cultures and wider society”. Hutton suggests that mainstream venues are large clubs that attract a young, smartly dressed demographic, and indeed this is reflective of the venues attended by participants of this research.

In using the term mainstream, I represent the research participants through the terms with which they described themselves – as “ordinary” young people and conforming members of society. Thornton (1995) is critical of previous sociologists who have used the terms mainstream and commercial in describing groups of young people and the venues they attend. She argues that the terms confuse or conflate different social groups, and imply judgments about a lack of authenticity and “cultural worth” (Thornton, 1995:92). Although the concepts of mainstream and commercial have been criticized in subcultural literature (Muggleton,
2000; Redhead, Wynne, & O'Connor, 1997; Thornton, 1995), young people continue to employ the notion in their personal conceptions (R. Moore, 2005). While many participants of other ethnographies have positioned themselves in opposition to the mainstream (Hutton, 2006; Malbon, 1999; Thornton, 1995), the participants in this research differed because they valued their mainstream identities. They attended mainstream venues to validate their identities as conforming members of society.

**Patterns of alcohol and party drug use**

Participants reported a relatively typical progression into party drug use. Most began smoking cigarettes and drinking alcohol at weekend parties in their early teens, using cannabis at around 15 years of age, and first using ecstasy and methamphetamine at around 19-20 years. Most considered their progression from tobacco, alcohol and cannabis to other drugs as inevitable and unexceptional (see also Mayock, 2005).

All 25 network members had used alcohol, ecstasy and methamphetamine powder, most had used cannabis (n=22) and cocaine (n=21), and only a small number had used crystal methamphetamine, GHB and magic mushrooms (n=6). Nobody had used heroin. Participants drew a sharp distinction between heroin, crystal methamphetamine and GHB and all other drugs, associating heroin and crystal methamphetamine with addiction and using the term “junkie” to describe those who regularly consumed these drugs (see also Power, Jones, Kearns, & Ward, 1996). GHB was strongly associated with overdose and potential death. The only drugs that were used regularly (weekly to fortnightly) were alcohol, methamphetamine and ecstasy.
On a typical night out, female participants estimated drinking around 8.5 standard drinks, while for men the figure was 15 standard drinks. However, on a “big night” women estimated drinking an average of 18 standard drinks and men averaged around 30 standard drinks. Both men and women reported using around half a gram of methamphetamine over a typical session, but on “big nights”, women averaged 0.8 grams and men averaged 1.4 grams. In regards to ecstasy, women averaged around 2.7 ecstasy pills per session, while men averaged around 5.3 pills per session. On big nights, women averaged 7 pills and men averaged 14.5 pills. Participants were consuming much higher quantities of alcohol, methamphetamine and ecstasy in these sessions than the national averages (Livingston, 2008; Sindich & Burns, 2010), and participants might therefore be categorized as “drug enthusiasts” (Dance & Mugford, 1992). These patterns of alcohol and party drug use had been established over a number of years of experimentation and “tolerance-building”. At the time of research, participants had been using alcohol for around ten years, and ecstasy and methamphetamine for around five years.

**RESULTS**

**Pre-going out drinks and “getting off my face”**

The social network was highly structured in their patterns of alcohol and party drug use, with their weekend routine rarely altering (except for one-off occasions like music festivals or significant sporting events). Generally, their evening began with a “pre-going out” phase which took place prior to entry to a nightclub, usually at a private home, but sometimes also at a licensed venue such as a restaurant, pub or bar (see also Boys, Lenton, & Norcross, 1997; Hunt, Evans, Moloney, & Bailey, 2009; Torronen & Maunu, 2007).
Pre-going out festivities were structured around the rapid consumption of alcohol. Network members enjoyed the pleasures associated with alcohol intoxication and enthusiastically pursued this intoxication. That consuming large amounts of alcohol during the pre-going out phase was a “normal” practice is evident in the following fieldnote, in which Sarah indicated that she intended to have approximately seven standard drinks at home before going to a venue:

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

Group members often set themselves the goal of being intoxicated before they went clubbing. Therefore, if they had not consumed their intended number of drinks before it was time to go to a nightclub, the remaining alcohol would often be “skolled” or “chugged” until finished. A conversation between Sarah and Mick describes this “determined drunkenness” (Measham & Brain, 2005, p. 276):

Amy: Do you ever drink during the week?

Mick: Never. I only drink to get drunk.

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

(Group interview: September 2006).

On another occasion, Laura responded to a group email about an upcoming “girls weekend” involving a vacation to a beachside town. Her email stated:

Super excited
Cannot wait

Gonna get putrid

With the girls 😊

(Fieldnote: October 2006).

Sarah’s use of the phrase “get retarded and off my face” and Laura’s use of “putrid” are telling. Sarah is comparing her drunken state to a mental and physical disability. Dictionary definitions of “putrid” include “foul-smelling”, “vile”, “morally rotten and corrupt” and “objectionable”. In describing their alcohol-intoxicated bodies and minds in this way, Sarah and Laura are actively pursuing the production of a “grotesque body”.

However, not all group members felt that producing this intoxicated body was desirable. For example, consider the following statement by Corey:

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

Here, Corey is reinforcing public health discourses of intoxicated bodies as vulgar and disordered. He uses the word “stink” in a very different way from Laura’s use of the word “putrid”, which have similar literal definitions. Corey displays moral indignation and repulsion at forms of bodily comportment that do not align with public health constructions of good, ordered, healthy bodies and his own sense of what constitutes an acceptable self-presentation.
While the young people in this research purposefully pursued alcohol intoxication, they did so in a way that corresponded with Measham’s (2004a) notion of “controlled loss of control”. Group members possessed shared understandings about what constituted “acceptable” intoxication. For example, while these young people enjoyed consuming alcohol to get “retarded”, “off their faces” and “putrid”, they approved of this intoxication only if it made fellow group members “happy” or “funny”. If alcohol was associated with negative effects such as aggression, vomiting or rudeness, other group members expressed their disapproval, as in the above statement from Corey.

While the practice of “pre-drinking”, “pre-gaming” or “pre-loading” is not new, it has only recently been identified as a central and significant feature of a “big night out” in the post-modern contemporary leisure landscape (Borsari et al., 2007; Grace, Moore, & Northcote, 2009; Hughes, Anderson, Morleo, & Bellis, 2007; Wells, Graham, & Purcell, 2009). According to Wells and colleagues (2009), aside from the desire to save money, other motivations for pre-drinking include the desire for socialization and group bonding. However, pre-drinking research has not explored the importance of the private space for performing intoxication.

In this research, pre-going out drinks most often took place within the home because most members of the group did not view it as socially acceptable to engage in heavy drinking practices, such as skolling bottles of wine, in public venues, where there were expectations around acceptable behavior and they were at risk of being denied service or being removed from the venue. When pre-drinks occurred at a venue, the levels of alcohol intoxication achieved were not as acute as those pursued in private settings; or if they were, participants attempted to control their bodies and their practices in a way that they did not in private.
When group members consumed alcohol to the point of “getting retarded” and “putrid” at home, they always ordered their bodies prior to attending licensed venues and in doing so, conformed to social norms about how a body should be ordered and presented.

While participants were concerned about ordering their bodies in public, they still circumvented public health messages about acceptable drinking levels. Australia’s National Health and Medical Research Council (NHMRC) has set a single, universal guideline for Australian adults to reduce both the immediate and long-term harms of alcohol consumption. The current recommendation is no more than four standard drinks on any single occasion to reduce the risk of injury from a single episode of drinking (NHMRC, 2009). While group members rejected these public health messages, they continued to enact an outwardly ordered body to create the illusion of conformity to the outside world. The main way they did this was through the consumption of methamphetamine.

**Going clubbing and “straightening out”**

After reaching their desired levels of alcohol intoxication, group members moved to the next phase of the evening, which usually involved going clubbing and using methamphetamine. This phase began around midnight and was often the shortest phase of the evening. Clubbing provided a bridge between the first and third phases of the evening, the pre-going out and after-party components. There was much less emphasis on intoxication during the clubbing phase, but more emphasis on dancing and reducing alcohol intoxication or “switching” between intoxicating substances.

The nightclub phase was marked by methamphetamine use. Methamphetamine facilitated sociability and dancing, but also clarity. The right balance of alcohol intoxication was hard to
manage and intoxication could easily turn into “messiness” or make people feel unwell. For this reason, methamphetamine was used strategically to reduce the potential for unfavorable alcohol intoxication (see also Hunt, et al., 2009). See the following statements from Julie and Jess:

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

If we’re too pissed we’d usually have it [methamphetamine] to straighten us out. I never go anywhere without my little vial, just in case. If someone gets too fucked on ecstasy or too pissed or something I always carry it around, like an emergency, to straighten them out (Jess: Interview: December 2006).

A distinct feature of the group’s routine was that they rarely used ecstasy while at licensed venues. If they did, it was used only in relatively small amounts because ecstasy was perceived to be much less controllable and potentially “messier” than methamphetamine. Ecstasy often produced observable physiological effects that group members perceived to be unacceptable in public. These include enlarged pupils, an “upside down smile”\textsuperscript{vi}, teeth grinding and jaw clenching. As discussed, similar findings have been reported by Green and Moore (2009), whose participants categorized ecstasy as a messy drug in a comparable way to alcohol, and its use among this network of party drug users was very much frowned upon if it resulted in what they referred to as “gurning” (contorted facial expressions).
The following quote from Jason represents the view of many group members that they did not want to experience ecstasy intoxication and its unpredictable physical affects in public, particularly around non-drug users:

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

Given group members’ concern about “messiness” and the unpredictability of both alcohol and ecstasy intoxication, the clubbing phase was distinguished by an emphasis on methamphetamine because it enabled them to act “normally”. It was associated with alertness, order, regulation and control. In line with self-control being considered a hallmark of normality in Western societies (Keane, 2002; D. Moore & Fraser, 2006), methamphetamine use was considered to produce a more “acceptable” body for display in public space. The way that these young people attempted to minimize or control public intoxication challenges the popular media construction of alcohol and party drugs users as uncontrolled, irrational, irresponsible and disorderly (France, 2007; Lindsay, 2009), as does their regular use of methamphetamine, which was not associated with drug-induced psychosis, aggression and violent behavior as suggested in Australia’s most recent social marketing campaign targeting methamphetamine (see also D. Moore, 2011).

**Getting “off chops” in a private space**

After spending four or five hours clubbing, group members moved to a private space to begin the final phase of the evening: the “after-party” phase (see also Boys, et al., 1997; Hunt, et al., 2009). This phase was the longest of the evening, usually beginning around 4-6am and
finishing around 4-6pm the same day. It was upon arriving at a private home in the early hours of the morning that participants began using ecstasy in larger amounts. While there was an emphasis on controlled behavior in licensed venues, this was not the case within private homes. Group members unapologetically pursued ecstasy intoxication to get “off chops”, “off guts”, “trashed”, “messy”, “munted”, “minced” or “mangled”. These words imply both physical and mental distortion. The term “munted”, for example, is defined by the Urban Dictionary as: “To have intoxicated yourself with alcohol and/or chemicals to such point where respectable levels of social and/or physical functioning become problematic; where you are also (quite possibly) chewing a lot. In short, a state of complete and utter trashedness!” (http://www.urbandictionary.com/define.php?term=munted).

In particular, group members engaged in “scatter talking”, which involved making incongruous comments that bore no relation to the ongoing conversation or role-playing imaginary characters, and other practices or forms of bodily comportment – for example, staging dramatic performances, playing childhood games, displaying overt physical affection and lying on the floor during the “peaking” phase of ecstasy intoxication.

The following fieldnote excerpts from one particular “big night out” describe such practices:

Tim was lying in the rumpus room looking up at the ceiling. He gave us a nod and a wave when we walked in, saying: “I’m fucked”. I asked if he was okay and he replied: “Yeah, I’m just flyin”. He was grinding his teeth and moving his head from side-to-side as he looked at the ceiling. He was like this for an hour or two. When he had ‘come down’ a bit at about 9am he said to me: “Jeez I was minced before, haven’t been like that for a while”. He said he’d had four white turtles [a particular type of ecstasy pill] in the space of a few hours (Fieldnote: May 2006).
After Sarah consumed her second pill she began to experience involuntary facial spasms. Her nose would scrunch up and mouth would open. She was dancing in slow motion and not listening to anyone around her. She even yelled out a few random things, one being: “no Mum I won’t wear a dirty t-shirt to work”! (Fieldnote: May 2006).

At about 9am Mick “donated” two pills to Jess, asking her to crush them up for anyone who wanted a line. Julie, Jess, Mick and Craig snorted the lines from the crushed pills between them. Not long afterwards, Mick turned comical and hyperactive, and decided to instigate a dancing routine. He made everyone stand up to learn a particular dance to a song that he had downloaded to his mobile phone. The dance involved hopping and stamping and doing the “cha-cha”. Everyone was competing against each other to see who could do the best cha-cha. Following that, he instigated a game of ‘Teepees and Indians’. Vicki then convinced everyone to do the “hokey pokey”. Jess videotaped a lot of the games. When she showed Joel the tape later in the day, he said that it looked like a “kindergarten” [pre-school] (Fieldnote: May 2006).

Within private spaces, group members actively pursued bodily practices that would have been considered inappropriate in other spaces and at other times, but within the private home while intoxicated from ecstasy and among people they felt comfortable around, group members constructed such forms of bodily comportment as positive and expressive and actively encouraged such practices.
Ecstasy was considered particularly suitable for use in private spaces for two reasons. First, because group members wanted to conform to what was considered “appropriate” behavior in public and ecstasy intoxication was associated with “messiness” and contorted facial expressions that group members did not consider acceptable in public space. Secondly, ecstasy was associated with bodily pleasure and participants did not want to feel restrained in pursuing and appreciating this pleasure. For many group members, ecstasy was their drug of choice and using it in a context where the full range of benefits could not be appreciated was seen as a “waste” of the drug’s effects. As discussed, they chose to frequent mainstream or commercial venues in which many patrons, including non-drug users, were not necessarily using illegal drugs. Security and other venue staff were also present, carefully monitoring crowd behavior. Therefore, ecstasy use was seen as pointless if participants could not enjoy its full effects and if they had to control the pleasurable intoxicating effects by regulating their bodies and acting ordered.

In many ways group members’ ecstasy use differed from that reported in other research, which emphasizes sociability, intimacy and enhanced mood as primary effects (Bahora, Sterk, & Elifson, 2009; Duff, et al., 2007; Hammersley, Ditton, Smith, & Short, 1999; Hammersley, et al., 2002; Hansen, Maycock, & Lower, 2001; Hunt & Evans, 2008; McElrath & McEvoy, 2001). Participants’ use of ecstasy transcended pleasure, sociability and empathy (which were also articulated benefits) to include other benefits such as the deliberate loss of control over both mind and body and alternative forms of mental and physical comportment.

**DISCUSSION**

In this article I have explored the way that a group of young people in Melbourne, Australia, regulated and ordered their bodies during sessions of alcohol and party drug use. I have
described how they pursued alcohol intoxication in the early stages of the evening in a quiet and relaxed setting to produce disordered, even grotesque bodies. Methamphetamine was used in nightclub settings following alcohol intoxication in order to regain bodily control and facilitate mental clarity. Finally, carnal forms of ecstasy intoxication were pursued in a private space to experience alternative forms of bodily and mental comportment.

Participants in this research were more concerned about the way their bodies were ordered in public spaces than in private spaces. Although this finding may seem unsurprising, it differs from the findings of some recent club studies (Jackson, 2004; Pini, 2001; Rief, 2009), which suggest that clubbing offers an opportunity to challenge expectations around the controlled body, and to enact transgressive and carnivalesque bodies. Group members in this study emphasized the need to regulate their bodies in mainstream public settings, in line with public discourses that promote order and rationality. Their positioning as “mainstreamers” is likely to explain why their practices differ from those reported in previous ethnographies of drug use. Jackson’s (2004) participants attended underground and niche venues as opposed to mainstream venues, and Pini’s (2001) participants were self-identified “ravers”. Jackson (2004) rightly points out that the extent and nature of carnal embodiment depends on the codes and social behavior that is generated by a particular scene, and patrons and venue staff in mainstream venues clearly reproduce order and discipline. Meanings ascribed to cultural practices are shaped in specific contexts and interpreted in locally prescribed ways (Rief, 2009). Participants in this research were responding to the norms perpetuated within the mainstream venues they attended and regulated their bodies in line with the accepted practices of these spaces.
Why did the participants in my research avoid underground or niche venues where ecstasy intoxication and the physical effects of ecstasy were more accepted? They patronized commercial nightclubs because they felt most comfortable within these venues and were surrounded by mainstream people with whom they identified. Participants were socially included and did not identify themselves as clubbers or ravers in search of drug-assisted “oceanic experiences” (Malbon, 1999). It has been noted that in dance clubs, people who do not use drugs are unusual and drug-taking clubbers revel in publicly and collectively “letting go” with like-minded people (Malbon, 1999). However, participants in this research attempted to hide drug use in clubbing spaces due to concerns about being perceived as “drug users” or being viewed as non-conformist.

Methamphetamine was seen as appropriate for public spaces as it reduced alcohol intoxication and drowsiness and facilitated control and alertness. This differs remarkably from media and public health discourses which construct party drug users as uncontrolled, irrational, irresponsible and disorderly. The way that these participants used methamphetamine to facilitate control challenges these discourses. Alcohol intoxication, on the other hand, was considered acceptable only within private spaces due to the grotesque nature of intoxication. Given the broader social acceptability of alcohol, this is somewhat surprising and suggests that young “binge drinkers” are not careless, irrational, risk-taking, disordered and dangerous, as the media often suggests (see also France, 2007; Lindsay, 2009).

Participants in this research unapologetically pursued forms of carnal pleasure through the use of both alcohol and ecstasy. Their desire for complete and carnal intoxication led them to choose private, safe spaces to experience such forms of transgression. These functions of
alcohol and ecstasy might be a good example of the way in which members of post-modern societies endeavor to break free of the regulations that are imposed on their bodies via public health discourses that emphasize self-regulation and techniques of surveillance practiced by the state (and perhaps also security and other staff at nightclubs). However, in public, such regulations were adhered to. Research among club drug users in the UK (K. Moore & Measham, 2008) suggests that while ecstasy is a drug used in public spaces (unlike participants in this research), ketamine is a drug that is often reserved for private spaces. Moore and Measham described how their participants’ accounts of ketamine use drew on discourses of “inappropriate for occasion” usage and “inappropriate for purpose” usage in order to position themselves as “sensible” recreational drug users. This is consistent with participants of this research who did not wish to forego the pleasures of drug use, so instead selected drugs that were appropriate for particular social contexts, and for particular purposes, in order to maintain their outwardly mainstream identities.

However, while alcohol and ecstasy were both consumed in an excessive, rapid, even gluttonous way, pleasures were still controlled by setting and company. In this context, setting becomes crucial to the way that young people use, and experience pleasure from, alcohol and other drugs. Participants consumed ecstasy to the point of scatter talking and performance only in private settings among their closest friends, and let their bodies become disordered and “munted” only in these spaces, around close friends. Group members created their own informal night-time economy beneath and beyond the commercial night-time economy (see also Grace, et al., 2009), with “at-home” drinking and drug use more the norm than the exception. Such findings run counter to much of the research centered around post-modern night-time leisure pursuits or “big nights out”, in which alcohol and other drugs are combined predominantly in the context of licensed venues (Hobbs, et al., 2003; Hobbs,
Lister, Hadfield, Winlow, & Hall, 2000; Measham, 2004a, 2004b; Measham & Brain, 2005; Measham & Moore, 2009; Roberts, 2006). Given that “grotesque” forms of intoxication occurred in private spaces in this research, it is important that future ethnographies are undertaken in spaces beyond the pub, the nightclub and the rave.

**CONCLUSION**

How young people are represented and understood, and understand and construct themselves, is heavily influenced by legal, medical and public health discourses, as well as the media. These discourses construct truths about young people, about what is healthy and unhealthy, and normal and deviant. This undoubtedly influences the way young people think about themselves and modify their behavior. The “mainstreamers” of this research attempted to manage the tension between their identification with governing images propagated by public health and their desire for pleasure by regulating their alcohol and other drug use in certain ways. In this way, they avoided appearing outwardly disorderly while still pursuing pleasure in spaces they deemed appropriate for transgression.

Post-modern subjects are expected to be reflexive and make the “right” choices in order to optimize health and minimize exposure to risks. However, as social practices, the use of alcohol and party drugs is strongly associated with pleasure and not always and inevitably harmful. Public health has long had an ambivalent relationship with pleasure, not just with licit and illicit substances, but with sex, eating and gambling (Keane, 2009). Intoxication is associated with carnal pleasures, and equated with over-indulgence, vulgarity and disorder, while moderation, restraint and disciplined pleasures are valorized. One of the failures of public health is its neglect of pleasure, or its moralization of some forms of pleasure, and over-emphasis on risk and harm.
Constructing drug users as compulsive and out-of-control could result in them being viewed as less worthy of society’s support and experiencing further marginalization (D. Moore & Fraser, 2006). Constructing controlled or moderate drug use as the only acceptable form of pleasure fails to appreciate the dynamic and strategic ways that young drug users attempt to maximize pleasure and minimize risk, as well as some of the reasons why public health messages are not always adhered to by alcohol and party drug users. Public health messages should avoid representing young alcohol and party drug users as irrational and disordered and should incorporate pleasure into future messages.
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Notes

i The term “party drugs” refers to substances that are used mainly in the context of raves, dance parties, music festivals and licensed venues. They include ecstasy, methamphetamine, cocaine, LSD, ketamine, MDA and GHB.

ii “Binge drinking” is a term that is widely criticised for being emotive and definitionally unclear (see McMahon, McAlaney, & Edgar, 2007; Measham, 2004b; Measham & Brain,
2005; Szmigin et al., 2008). However, it was the term used by participants in this research to describe extended sessions of alcohol use.

iii Alcopops, also known as “ready-to-drinks” (RTDs), are sweet alcoholic beverages that are sold in small bottles and designed to appeal to young drinkers.

iv In Australia, a standard drink is defined as 10g of ethanol.

v Skolling or chugging means consuming alcohol rapidly, often until the entire drink is consumed.

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