

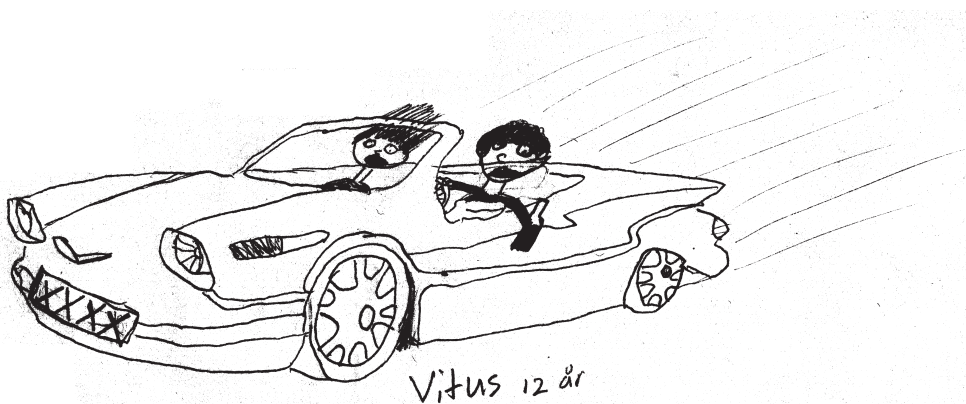
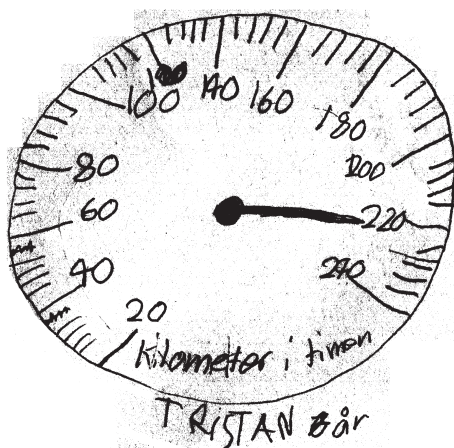
FACULTY OF SOCIAL SCIENCES
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Drinking and driving in a sociological perspective

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Ph.D. thesis
Department of Sociology, University of Copenhagen

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PhD thesis

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The thesis is dedicated to Lene.

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Introduction

One wonders how long it will be before there will come an academic Day of Judgement when, perhaps, the long-suffering [...] subjects who fill out our questionnaires and submit themselves for interviews will get the idea they are being exploited and demand an accounting.

Alfred R. Lindesmith, 1960

If the problem-drinker is tragic, it is in the sense of a low mimetic tragedy, a pathetic soul rather than a tragic one. In his lowly status and his compulsive drives, he is a figure of pathos, outside identification with the audience of readers and the author.

Joseph R. Gusfield, 1976

Drink-driving: A social challenge to contemporary society

Project genesis

My PhD project is about drinking and driving. It grew out of a sociological research initiative about heavy consumption of alcohol. This initiative's main focus was to study heavy alcohol consumers' control over alcohol, including how they maintain control and how and when they lose control. My study of drink-driving also pursues this aim of studying control/loss-of-control, including over alcohol.

The original plan was to sample different groups of heavy alcohol consumers, including one group of convicted drink-drivers, with the general assumption that drink-drivers drink a lot of alcohol. However, upon designing the PhD project in relation to the overall research project and, especially, when beginning to interview drink-drivers, I was convinced that the PhD project contained enough theoretical and empirical potential to be carried out as a specific study of drinking and driving. This decision – to focus specifically on drinking and driving, and not on heavy alcohol consumption among drink-drivers as a case of heavy consumption in general – was based mostly on two convictions.

Firstly, I realised that the majority of theoretically informed studies of driving under the influence (DUI) is carried out as epidemiological research focusing on social harm and/or oriented towards deterrence of drink-drivers.

In my opinion, this research contributes important factual knowledge about the dangers and harmful consequences of DUI and, to some extent, the broader social environments wherein DUI is sometimes learned and embedded (Chen et al., 2008: 577; Evans-Whipp et al., 2013: 188). This knowledge is important in relation to understanding what drink-driving is and how it affects society. In the introductory chapters of this thesis, I therefore discuss a significant part of the existing quantitative reports and research about DUI – in Denmark as well as internationally.

However, epidemiological studies about DUI are only rarely followed up by sociological and qualitative explorations of the social aspects of DUI or of the “meaningful” worlds of the drink-drivers. Instead, as argued by Gusfield, who is one of the few sociologists who has studied drink-driving qualitatively, a certain charter of epidemiological research tends to duplicate a general image of drink-drivers as a certain type of person. By doing this, according to Ross (1982), another important sociologist in relation to DUI-studies, science becomes “prone to self-serving conclusions” rather than critically exploring what actually occurs around drink-driving.

I will, in other words, argue that there is a need within the social sciences for more qualitative studies on DUI, including sociologically informed studies focusing on the social aspects of DUI as well as some of its “meaningful” aspects when seen by drink-drivers.

Secondly, and parallel to the first conviction, when entering the field of drinking and driving, especially upon carrying out the first pilot interviews with a relative of a recently deceased drink-driver, an experienced traffic police officer and a high-ranking state professional in the field of rehabilitating DUI-offenders, it seemed that drinking and driving is not just a matter of losing control over alcohol. As illustrated by all three interviews, DUI relates to other issues apart from alcohol and traffic; issues such as individuals’ social life, their self-conception, social appearance and life histories.

According to these initial interviews, DUI can be viewed from two distinct moral perspectives. According to one, it is condemnable. It is a moral offence. According to the other, it still widely occurs in contemporary society – and has been around for many years. Somehow, it is also accepted.

This means that in practise, drink-driving is generally condemned socially as an immoral action of single individuals deliberately risking the lives of innocent others. But, on the other hand, drink-driving also tends to be socially accepted, often within certain social groups; especially as long as it does not cause harm to others but also, to some extent, if arrests are avoided (Gusfield, 1991: 11). Thus, it seems that for some individuals (the ones who chose to drink and drive) the moral distinction of DUI represents a moral paradox; because how can the (presumably) same persons both condemn and succeed with the same action?

Maybe this paradox points towards a more fundamental division in society – between morality as an imperative rule-maker and “morality” founded by local circumstances that allow for some violations of certain imperative moral rules to become socially justified.

Study objective

The objective of the study is to examine drink-driving in a relational perspective with convicted drink-drivers’ accounts as the empirical material.

This means to look into how, what Emirbayer (1997: 292) describes as, “figurations of relationships ... of a cultural, social structural, and social psychological nature” are “patterned and operate”. In relation to drink-driving, this means to study the cultural and social patterns and operations that are important for drink-drivers. Therefore, I have tried to approach the sample of drink-drivers, which I have interviewed, and their accounting, as short, timely representations of their cultural and socially structured lives.

Rather than getting involved in a philosophical debate on “morality”, my intentions with the thesis have been to qualitatively explore the personal and social lives of a group of – unrelated – drink-drivers. In relation to drink-driving, I position the study not only next to other recent studies of public health, but also to more contemporary studies of risk and of self-constructions.

The five papers included in the thesis look into five different aspects that are grounded in the interview material. More specifically, the papers study the following aspects in particular:

- drink-drivers’ social position and interpersonal relations
- the connections between individual drink-drivers’ social position, their alcohol consumption habits and control strategies
- younger drink-drivers’ risk awareness and lack of control strategies
- pathways between alcohol addiction and drink-driving and the significance of addiction as a concept to the lives of individual drink-drivers
- drink-drivers’ self-conception and ways of relating to alcohol consumption and DUI.

Along with the introductory chapters, which summarise research on DUI in Denmark and internationally, the study’s overall aim is to construct sociologically informed knowledge about drinking and driving through a relational perspective and by the use of qualitative interviews.

By giving priority to the drink-drivers’ accounts rather than the harm caused by their drinking and driving, I do not intend to argue against the fact that the main problem of DUI is harm to others or that any one traffic accident caused by an alcohol-impaired driver is one too many. Rather, I argue that by accepting that DUI touches upon a moral paradox and even, to some extent, challenges society on its morality, the research field needs to be more open towards

qualitatively explorations of how, why and where people manage to drink and drive even though they agree that it is wrong to do so.

Theoretical point of departure

The moral paradox

The moral paradox is central to DUI from a sociological perspective. It situates DUI in a complex relationship between individual drinkers, their social life and society. Through the moral paradox, DUI, on the one hand, relates to social (symbolic) meanings spun between (judicial) unlawfulness, social responsibility and harm. On the other hand, DUI is also often practiced in certain social groups without definite restraints or is relatively morally comprehensible in relation to certain collective identities.

Hauge (1978a: 67) describes it like this:

Even though people feel that to drive in an intoxicated state ... is a criminal and morally reprehensible act, and ... are aware of the limit of 0.5 pro mille ..., this does not necessarily mean that they feel that to drive with a BAC of 0.5 pro mille is criminal or morally reprehensible.

Hauge's description from 1978 of (Norwegian) DUI's contemporary – and publicly problematic – “doubleness” relates to how alcohol affects the body by impairing safe driving. In this depiction, Hauge points towards two conceptions of intoxication important for the understanding of “impaired driving”.

The first basically accepts that alcohol induced intoxication impairs driving. And, building on this fact, the second is sceptical about the way intoxication is defined using the same fixed BAC level for everybody (and for every body).

Following Holcomb's traffic study (1935-1937) and Borkenstein and Dale's Grand Rapids Study (1964) of the relative risk of alcohol-impaired driving measured by blood alcohol concentration level (Andréasson, 1959: 31; Borkenstein et al., 1974; Blomberg et al., 2007), several other studies have tested the effect of alcohol (and other drugs) on drivers' ability to avoid collisions under so-called arterial driving environments. For example, Lenné et al. (2010: 864f) agree that alcohol (as well as other drugs) impairs driving but, contrary to Holcomb and Borkenstein and Dale who found that BAC limits above 0.1 (Holcomb) and 0.04 (Borkenstein and Dale) per cent significantly impair driving, Lenné et al. cannot support a specific BAC level as being generally indisputable in relation to distinguishing between safe and impaired driving. Other early studies have also pointed towards a discrepancy in the actual amplification of risk with regard to differences in BAC levels (for example, Warren and Simpson, 1980: 149).

In addition, Hurst et al. (1994: 649), Andréasson and Jones (1999: 21f) and Blomberg et al. (2005: 81) have found drivers who drink regularly to be less likely to cause accidents at moderate, but still illegal BAC levels than drivers who rarely drink.

The sociality of DUI

Theoretically positioned in a micro-sociological and symbolic interactionist tradition (Lindesmith, 1938, 1960; Blumer, 1970-1971; Austin, 1961; Alasuutari, 1986; Gubrium and Holstein, 1995; Room, 1996, 1997; Järvinen, 2001, 2003) combined with a relational, “disaggregating” approach (Emirbayer and Mische, 1998; Weinberg, 2009) and qualitative methodology (Maxwell, 1992; Mason, 2002; Järvinen and Mik-Meyer, 2005; Packer, 2010), this study sets out to examine what can broadly be described as the *sociality* of people who drink and drive.

To narrow it down, as well as to maintain a micro-perspective, I define the sociality of DUI as the relational significances of drinking and driving to the lives of the individuals who drink and drive, often within specific social contexts and covering, in particular, their drinking habits, risk behaviour, control strategies and self-conceptions.

Gusfield et al. (1984: 46) describes “the sociology of drinking-driving” like this:

[T]he socially shared rules governing the nature of drinking-driving and the situations in which they are applied.

In accordance with Gusfield’s sociology, I understand drink-driving as a “timely” occurrence that incorporates a “processuel”, social attachment of meaning (Blumer, 1970-1971; Emirbayer, 1997). Following this understanding, “drink-driving” can be compared to a somewhat illicit cultural play that makes the players understand who they are (and who they are not) (for example, Katz, 1988; Lyng, 2005; Reith, 2005). Symbolic knowledge (of the forbidden) is important here, because this is reflected in each individual’s attachments of meaning to her/his actions and, following, her/his identity.

According to Foucault (1995: 177ff, 2000a, 2000b), individuals learn to know themselves as meaningful, “normal” subjects through a broad variety of self-technologies including manifestations of the “truth that hides in the depths of oneself” (Foucault, 2000c: 84, 2000d). Foucault further maintains that in contemporary society, freedom (to act) has become a powerful force of governing individual processes of self-creation (Foucault, 1978: 17ff, 2000d).

In this thesis, individuals’ “freedom” to choose to consume alcohol and decide to drive under the influence is used to address two central social dimensions (“fields of knowledge” in Foucault’s terms) of contemporary society, namely “control” and “consumption”.

Foucault's arguments largely depend on 1) the existence of a shared general knowledge in society about mainstream social norms and ethics, including a basic sense of "normality" and a common way of understanding what the "normal" is, and 2) a frequent exposition of individuals to the influence of society's institutions, discursive practices and social powers. Foucault himself used "governmentality" as an analytical concept that expresses this double binding of individuals to society through individuals' optional subjections to "normal social life" and the subjective implications of "objective" knowledge (Dean, 1994: 177).

I will argue that DUI offenders largely meet Foucault's two conditions of governmentality. When they "knowingly place themselves behind the wheel" they head towards an over-individual, symbolic world that is "negative" (as well as illegal and punishable). This negative image is emphasised if they are arrested and when they undergo a mandatory alcohol and traffic safety (A/T) course in order to "understand the physical, psychological and social circumstances surrounding alcohol" (Commissioner of Police, 2012). This means that when they, deliberately, or not, attach meaning to their drink-driving they may do this repressively (in a Foucauldian sense), as something to be ashamed of and that makes them social sinners.

Following this perspective, the individuals who drink and drive learn to understand themselves in relation to a specific social construction of self, including a representation of the surrounding common and symbolic world that their social position is attached to and which they are somehow violating with their drinking and driving.

Individualised social risk

Drinking and driving is a form of individually performed, socially contextualised agency. This means that it is an outcome of individual decisions, actions and thoughts, but it is also related to social circumstances, time and possible external influences – just like any kind of individually performed, socially-based action.

Emirbayer and Mische (1998: 962) defines "agency" as:

... temporally embedded process of social engagement, informed by the past ... but also oriented towards the future ... and toward the present as a 'practical-evaluative' capacity to contextualize past habits and future projects within the contingencies of the moment.

According to this definition, drinking and driving as an individual practice is related to social surroundings. If DUI is conceived analytically as socially-informed, individual agency, then the actual appearance of drink-driving is purportedly carried out in coherence with certain social conditions, and, further, the risk related to it probably also has a more social background than its very individualised appearance.

Lyng's (1990, 2005) concept of "edgework", which in one paper is used to analyse young drink-drivers' risk behaviour, is an example of individually performed, socially-based action that questions contemporary social ethics. Edgework relates to the social order of society and respects society's demand for individual responsibility and control. At the same time, edgework ultimately aims at maintaining (individual) control by breaking this social norm, i.e., by voluntarily placing oneself in high-risk situations. When edgeworkers control the edge they are individualised – not as costume made subjects but, according to the theory, as "true" individuals.

According to Lyng, edgeworkers, thus, break one social norm (to maintain safety) in order to fulfil another social norm (to achieve control). Further, at the end of Lyng's "risk equation" is a somewhat undefined concept about the identity (or self-construction) of the edgeworker who, according to the theory, uses edgework as a technique (or self-technology) that carries a self-imposed understanding of who she/he really is.

What is puzzling about Lyng's analysis of risk is that the two norms (which are broken and fulfilled respectively) are not generally conceived as opposites or divergent. Lyng, thus, points towards contemporary risk as a relationship between individuals and society that can be very complex and contradictory. This resembles the moral paradox within DUI.

Within a certain chapter of contemporary sociology of risk (Lyng, 1990; Douglas, 1992; Lupton, 1999; Reith, 2004; Taylor-Gooby and Zinn, 2006; Gailey, 2009; Hunt et al., 2010; Hunt and Moloney, 2011; Moloney and Hunt, 2012; Bengtsson, 2012), action is not perceived entirely as a cause of risk, and risk is not seen as an effect or outcome that *per se* should be avoided. Still, when risk is conceived of socially, which it is in our everyday life, it challenges some fundamental, normative expectations within society regarding personal safety and risk-avoidance. Among other things, this means that risk becomes a moral matter and risk-takers a moral problem (Järvinen and Fynbo, 2011).

Social problems and social self

An interactionist approach does not agree with the so-called "medical" view of alcohol-related harms as "individual pathologies" (Valverde, 1998, 2002). According to this notion, individual pathologies turn into social problems when alcohol triggers a deterministic process that compels individual users to behave in particular uncontrolled ways, such as driving under the influence. Here, alcohol, alcohol consumers, and the harm they cause are conceived as substantial entities that are interrelated according to a natural/deterministic order of things. This means "addicts lose control because of the drugs", which they "for individual reasons should have stayed away from" (Järvinen and Fynbo, 2011: 438).

Contrary to the medical view, Reinerman (1988: 91) writes that social problems "ebb and flow independent of the 'objective' incidence of the behaviors thought to constitute them". He

argues that drink-driving, which for a long time was conceived of as “an unfortunate fact of modern life”, was reconstituted in the 1980s and turned into a “major public problem”. Reinerman (1988:92) further argues that this reconstitution was consistent with contemporary “morality, policy ideologies and social-control strategies”, or, in other words, that the public condemnation of drink-driving refers to a symbolic or contextual part of society that does not, as such, stem from the actual harm of DUI but rather from the time in which the condemnation is raised.

Gusfield's (1996: 17) definition of a “social problem” follows Reinerman’s line of thinking:

Naming a condition a ‘social problem’ frames the phenomena as pathological, troublesome behavior. It minimizes the activity as ‘natural’ and normal and defines it as a condition opposed to a public interest, a condition which should be eradicated or alleviated by public action.

Gusfield argues further that so-called deterrence policies construct drink-drivers as “counter-identities of deviance and guilt” (Gusfield, 1981: 148) or “people who make trouble rather than those [who are] troubled” (Gusfield, 1985: 79).

Together the symbolic interactionists’ studies point towards the existence of a symbolic order in which DUI is conceived as an outcome of individual immorality. But to assert that anybody, including a convicted drink-driver, can be innately immoral is unsociological. Instead, a sociological study can aim at the construction of an immoral self – the “immoralisation” of self, or, for instance, the self-representation of someone who has been labelled immoral.

Either way, the self-position and self-understanding of people who are asked to consider themselves in relation to a general, symbolic understanding of, in this instance, their image as (immoral) drink-drivers is central to this study.

This implies an approach towards the “self” from a symbolic interactionist position, i.e., from a position that conceives “self” as “social self”.

In relation to “social problems” caused by “deviant” persons, Blumer (1970-1971: 298) argues that social problems “have their being in a process of collective definition”. For persons who offend society through “deviant” behaviour, this means that the symbolic contexts relevant for them are constructed collectively, i.e., in theory by all of society – symbolic contexts, that is, which make it possible for them to conceive of themselves as immoral beings.

I think Blumer’s position defines a strong normative criterion for criminology and sociology to be critical of very definite social categorisations of deviancy and deviants, and especially of deterministic conclusions in relation hereto.

This is a normative stance that can be used constructively, because, and more importantly, Blumer's criterion also defines a relational, sociological perspective that understands individuals (as a theoretic category) as something processual and social rather than as given entities.

Inspired by this perspective, drink-driving is analysed as a transactional (or relational) process by which actors, immersed in a specific social context and, to use Emirbayer's expression, situated "in the *durée* of lived experience", engage with others in collectively organised action contexts (Emirbayer 1997: 294, cf. Fynbo and Järvinen, 2011: 772).

This is the opposite of a risk-analysis approach in which individuals are seen as pre-constituted, fixed entities, knowing from the start what their interests are, how to act on them and what the odds are for various favourable and unfavourable consequences. Rather, with time and social context included in the analysis, drink-driving is seen as a process that includes the drink-drivers' attitudes and behaviours both before, during and after their acts of drink-driving, and also as processes that reflect the moral values of their respective social worlds.

Thematic framing of driving under the influence (DUI)

DUI-legislation and BAC-limits

In Denmark, as in most other countries, driving under the influence (DUI) of alcohol and other drugs is prohibited according to the current Road Traffic Act. The first Danish traffic act was passed in 1903 and prohibited "intoxicated persons" from driving a motorised vehicle (Waaben, 1978: 2). However, in the early days of driving – with few cars on the roads and with driving being primarily a privilege of the rich – DUI was probably not considered as particularly unlawful or socially immoral in the same way as it is today. Early accounts of the Danish Automobile Club include visits to pubs and other alcohol outlets, and though this does not prove DUI to be widespread, it does show, as Waaben puts it (1978: 3), "that a number of the pioneers of Danish motoring were not teetotallers". In 1921, an amendment added "under the influence" to the traffic act; in 1927, the wording was changed to "intoxicated *or* so much under the influence of alcohol that he does not have the necessary control over his actions"; and as part of a large reform in 1932, the word "intoxication" was deleted leaving "under the influence" as the principal cause of offence (Rögind, 1962: 134).

The 1932 reform also introduced medical examinations in order to establish a driver as being "under the influence" (Waaben, 1978: 5) and from 1937 onwards blood (or urine) samples have been obligatory (Rögind, 1962: 135). Borkenstein's invention of the breathalyser in 1956 (Voas, 2003: 371; Voas, 2008: 371; Voas and Fell, 2011: 228), along with a number of Scandinavian studies of blood alcohol concentration levels' effect in terms of driving impairment (Goldberg, 1943; Andréasson, 1955, 1959; Goldberg et al., 1965; Goldberg and Havard,

1968), meant that the “penal nature” of drink-driving in Scandinavia entered a new stage (Rögind, 1962: 136; Hauge, 1978b: 21).

Fixed BAC limits had already been put into Norwegian and Swedish legislations in 1936 and 1941 respectively, whereas Denmark, which has always been more liberal in relation to alcohol legislation than its Nordic neighbours, did not introduce a fixed BAC limit (of 0.08 per cent) until 1976. In 1998 the Danish BAC limit was lowered to its present level of 0.05 per cent.

The latest Danish Road Traffic Act of 9 November 2012 states that a driver of a motorised vehicle (car, motor cycle, truck, bus, tractor or large moped) is conceived as “driving” from the moment she/he has entered or is about to enter the vehicle with the intention to drive (Waage, 2000: 73).

This clause about “intending to drive” is interpreted relatively broadly. That is, people can be arrested before they have turned on the engine and begun driving, or if, as passengers (under the influence), they interfere with the driver (who may very well be sober) during driving – by pulling on the parking break, turning off the ignition or touching the steering wheel, for example. Though such convictions are infrequent, actions that are interpreted as intentions to drive while under the influence of alcohol are still conceived as DUI, thus, stressing the definition of DUI as an offence based on the intentionality of the offender (Waage, 2000: 74ff).

A driver is defined as being “under the influence of alcohol” when she/he has an alcohol content in the blood of 0.05 per cent or in the exhalation of 0.25 mg per litre (Road Traffic Act, 2012: §53.1). Both measures are viable as court evidence with the vast majority of convictions being based on blood samples. Extenuating circumstances are rarely considered. Rather the large majority of the 8000–10000 annual convictions are relatively straightforward – substantiated simply on an intention to drive with an illegal BAC level.

Reform of Danish police in 2005

Recently, in 2005, the Danish police went through a large reform. Among other things, this reform changed the general nomenclature of DUI. Before the reform, DUI was divided into two subgroups depending on the BAC at the time of the arrest. Law no. 73 of 4 February 1998, which had put together a number of prior reforms and amendments, as well as introduced the 0.05 BAC limit, distinguished between two major types of illegal drink-driving: “per mille driving” [*promillekørsel*] and “alcohol driving” [*spirituskørsel*].

The first referred to BACs between 0.05 and 0.12 per cent, the latter to the more serious BACs above 0.12 per cent. Each type of DUI was then divided further in order to carry different punishments: For instance, the penalty for “per mille driving” below 0.08 per cent carried the conditional deprivation of the offender's driving licence, whereas BACs above that amount carried an unconditional driving ban (often for three years). Similarly, as a general

rule, very serious offences, with BACs surpassing 0.2 per cent, were punished with imprisonment. However, along with its practical significance in relation to punishment, the distinction between “per mille driving” and “alcohol driving” was confusing. Waage (2000:29) describes it like this:

One could be induced to believe that only drink-driving entitled ‘per mille driving’ is judged on the basis of the BAC-level and, similarly, to reserve the expression ‘alcohol driving’ to driving with a BAC above 1.2 per mille is misleading since a ‘per mille’ between 0.5 and 1.2 is also caused by alcohol.

The confusion pointed out by Waage also represented a symbolic problem in the population. Indeed “per mille driving” was less publicly condemned than “alcohol driving”, and where “alcohol driving” could be ruled out of mainstream social norms as immoral and dangerous, “per mille driving” – in contrast to “alcohol driving” – risked becoming publicly tolerated. This problem was sought to be eliminated as part of the extensive police reform in 2005, which, in relation to DUI, basically maintains that driving with an illegal BAC level is drink-driving no matter how high (or low) that BAC level is. This means that from 2005 onwards, the level of the illegal BAC (above 0.05 per cent) only effects punishment of the crime, not its status as a criminal offence.

Today’s punishment for drinking and driving comprises several penalties: 1) driving licence confiscation, 2) a fine, and 3) imprisonment. Driving licences are confiscated “conditionally” (in practice, allowing drivers to drive if they pass a special driving test within three months of their arrests) when BACs are below 0.12 per cent, whereas BACs above 0.12 per cent incur a driving ban for a limited period of time (often three years). Additionally, all new drivers (with less than three years of driving experience) are banned from driving at least until passing an alcohol and traffic safety (A/T) course and a supplementary driving test. Fines are calculated so as to consider each offender’s monthly income and her/his BAC level (Road Traffic Act, 2012: §117b). The general rule is that a fine is calculated by multiplying the offender’s monthly net pay with her/his BAC level (in per mille). This means that a monthly income of, for example, 20000 DKK (close to the average net income of Danish employees) and a BAC of 1.1 per mille (close to the average BAC of convicted drink-drivers) carries a fine of 22000 DKK (app. 3000 Euros).

Stricter punishment exists for severe cases where BACs are above 0.2 per cent (§117.2), where harm has been inflicted upon others or where the driver has been racing (§117.8). Stricter punishment also exists for recurrent DUI offenders (§117.3-6, §117a.2). On top of the loss of the driving licence (sometimes for more than three years) and the fine, severe cases or recurrent offenders incur a maximum of 18 months conditional or unconditional imprisonment.

In addition, though not as part of the punishment, rather as a rehabilitation effort, all DUI offenders must enrol in an A/T course and actively participate in its full curriculum (over four lectures) in order to regain their driving licence (Carstensen and Larsen, 2009: 18ff).

The A/T courses play a special part in this thesis since it was through these courses and with the friendly assistance of teachers and coordinators that I was able to meet with convicted drink-drivers and encourage them to participate in qualitative interviews about their experience with, and attitudes towards, drinking and driving.

Empirical evidence of Danish drink-driving

Developments in Danish DUI

A number of research reports have pointed out that the total number of traffic accidents in Denmark, including fatal and severe accidents, decreased slightly from 1985 to 1998. In the same period, the number of severe accidents where alcohol was involved also showed a slight drop. During this period, the decrease in alcohol-related accidents dropped less rapidly than traffic accidents in general (Bernhoft and Behrendorff 2000: 17). A more recent report about attitudes towards traffic safety (Jensen et al. 2011: 15) shows that from 2001 to 2009 the proportion of alcohol related accidents within the total number of traffic accidents has been stable at between fifteen and twenty per cent. Recent reports from Statistics Denmark (2010, 2012) show that the decline in accidents as well as DUI-accidents has continued from 2009 onwards.

This shows that the overall decline in DUI accidents, which began in the mid-1980s, has continued in the new millennium.

The decline in alcohol-related accidents after 2000, which is followed by a similar decline in number of annual DUI-convictions (8089 in 2000; 6974 in 2009) as well as a decline in DUI-convictions' proportion of all traffic offences (9.49% in 2000; 7.03% in 2009), shows that since 2000 drinking and driving has continuously become less frequent – overall as well as relatively. Further, the decline in DUI convictions' proportion of all traffic offences suggests that drivers in general are becoming more aware of the risk of drinking and driving than of the risks related to other traffic offences. Following, Jensen et al. (2011: 13) may be right in stating that the public condemnation of drinking and driving has increased in recent years.

Jensen et al. (2011) also argue that it is a “paradox” that the decline of DUI (overall as well as relative) does not keep pace with the present condemnation of DUI (Jensen et al., 2011: 15). This latter part of the argument, however, is difficult to support. Firstly, it is based on a question in a web survey about whether the respondents think that DUI “has become less accepted”, not on an actual comparison between attitudes to DUI over time. Secondly, Jensen et al. (2011) present DUI as fundamentally immoral, i.e., as *mala per se*. This “interpretation” is not based on scientific arguments but rather on a historic conception of drink-drivers as im-

moral beings (Hauge, 1978a: 62). Thirdly, from reading historic accounts of drinking and driving in Scandinavia, it is my impression that DUI has long been condemned publicly. A Swedish comparison of attitudes towards driving under the influence showed that around 1960 more than four out of five respondents maintained that DUI was unacceptable (cf. Carstensen, 1978: 124). Carstensen (1978: 124) herself also points out that in terms of “the gravity” of criminal offences, DUI in 1950s’ Denmark was “equated with rape” and only surpassed by “ill-treatment of children and ‘wasting one’s money on drink and letting one’s wife and children starve’”. Carstensen’s comparison indicates a lasting symbolic conception of DUI as socially reprehensible and very immoral – similar to the (violent) abuse of other (innocent) people.

Considering that alcohol-related accidents have dropped significantly over the last couple of decades, one could argue that the “paradox” is not so much that people continue to drink-drive regardless of a growing public condemnation, but rather that the public condemnation keeps growing when the harm caused by drink-driving continues to drop.

Categorisation of Danish drink-drivers

Other studies, including a number of reports from the Danish Department of Transport, have shown that traffic related risks are highly dependent on social categories including age, gender and socio-economic status. Carstensen (1978: 123) states that drink-drivers “often belong to the lower social strata and ... frequently have alcohol problems”. Christens (2001: 16) points out that young, male road users and people of single parent-families, especially with lower or no education, are more likely to drink-drive and to cause traffic accidents than the rest of the population. He also points out that they are overrepresented in statistics of traffic convictions (Christens, 2001: 16). The overall conclusion of Bernhoft et al.’s comprehensive characterisation of Danish drink-drivers from 2007 is that a typical Danish drink-driver is “male, single, with no more than lower secondary schooling, sometimes trained as a carpenter, and often unemployed” (Bernhoft et al., 2007: 1). For the most part, this characterisation is supported by Christoffersen et al.’s (2008: 415) analysis of the complete birth cohort of all young men born in Denmark in 1966. This analysis shows that young adults coming from “potentially vulnerable groups” have an increased risk of being arrested for drinking and driving.

Bernhoft et al.’s 2007 report is based on national registers of traffic accidents (1968–2004) and crime statistics (1993–2004) combined with extracts from Statistics Denmark (about education, employment, living conditions etc.). Their concluding characterisation of Danish drink-drivers (as single, unemployed, male carpenters) is of course very categorical and, as such, does not explore in depth some of the more subtle social differences between the 8000–10000 Danes (including 800–1000 women) who each year are arrested for drinking and driving. On the other hand, it is my conviction that most Danes will recognise Bernhoft et al.’s

characterisation as a rather precise, and definitely well-known general picture of a typical Danish drink-driver.

Different age groups – different DUI habits

Bernhoft et al.'s report shows that young drivers who were between 18 and 24 years in 2004 were overrepresented in relation to accidents as well as convictions (Bernhoft et al. 2007: 17, 47). However, the report also shows a dramatic drop in the relative number of accidents for this age group, in particular from more than 2 accidents per 1000 persons in 1978 to 0.5 accidents per 1000 persons in 2004. What's more, in the same period the relative number of accidents for 25–64-year-old persons “only” dropped from about 0.4 accidents to 0.25 accidents per 1000 people.

The report also shows that still more young drivers have been convicted of DUI. Between 1993 and 2004, i.e. during a period when accidents dropped significantly, the number of young drivers below 25 years who were convicted with DUI went from 3.3 to 5.0 out of 1000 persons (Bernhoft et al. 2007: 47). In comparison, during the same period, 25–54-year-old drivers' number of convictions per 1000 persons remained relatively stable (3.1–3.8 out of 1000 in 1993 and 3.2–3.5 out of 1000 in 2004).

If we compare the number of accidents with the number of convictions, we, thus, see a general decline in accidents (more rapidly among younger drivers) on the one hand and, on the other, a rise in convictions of young drivers only. This indicates a number of possible developments, which, I think, has not been studied thoroughly enough. Firstly, the number of accidents and convictions has dropped differently among young and old drivers since 1978, indicating the possible appearance of social and/or cultural distinctions between the different age groups. Secondly, young people's drinking and driving habits in general may have undergone a relatively significant change over the last couple of decades compared to older drivers. Thirdly, the rise in the relative number of convictions of young drink-drivers indicates that the traffic police have increased their efforts in arresting young drink-drivers in particular, and also, that this may have had an effect on the young driver's risk of causing accidents. Fourthly, the young drivers who do get arrested for DUI, thus go against an on-going contemporary tendency (to drink-drive less frequently) as well as expose themselves more to the enforcement of the law.

Drink-drivers' level of education and unemployment

Persons with no more than secondary schooling or who have been trained as carpenters made up more than two-thirds of the DUI convictions in Denmark in the period 2002–2004. Further, when comparing the periods 1993–1995 and 2002–2004, the relation between education and DUI does not seem to have changed fundamentally – the only noticeable difference is among the relatively few convictions of people with higher education (1.5% of total convictions in 1993–1995 compared to 5.8% in 2002–2004). This fourfold increase possibly reflects a general increase in the level of education, which has occurred in the same period where the

number of people with a bachelor degree tripled from 17000 persons in 1993 to 45000 in 2003 (Jacobsen, 2004: 29), but could also indicate a possible lurking tendency among the highly educated to drink more.

Unemployed persons' proportion of all DUI convictions has more than doubled from 1993–1995 (11.0%) to 2002–2004 (23.9%). Obviously, this change is also context-dependent and, in this case, sensitive to underlying changes in the overall employment situation between the two periods. However, the unemployment rate remained relatively stable from 1993 to 2004. If anything, according to Statistics Denmark, it decreased slightly from 1993 to 2004, and the sudden rise in the unemployed drink-driving in this period therefore remains a bit of a mystery. Most likely, the rise in unemployed DUI convictions largely overlaps with the similar rise in convictions of young drivers, as well as pointing towards a possible social segmentation of drink-drivers with the “socially vulnerable” drivers being still more likely to drink-drive and be arrested for it.

Accidents and BAC levels

Two final issues pointed out by Bernhoft et al. (2007: 37f), which must be mentioned in this introduction, relate to BAC levels and the occurrence of DUI (i.e. on which weekdays and at what time of day people drink and drive). Firstly, young drink-drivers (below 24 years) who cause accidents generally have lower BAC levels than older drivers who cause accidents. This may indicate that older drinkers have a higher alcohol tolerance, are more experienced drivers or both; that is, are more experienced drink-drivers (Hurst et al., 1994). It may also indicate that young drink-drivers have different reasons for losing control that may relate to something else or more than “just” drinking alcohol (Christiansen, 1998: 39f).

Secondly, young drink-drivers (below 24 years) tend to cause accidents mainly on Friday and Saturday nights, whereas older drivers' accidents are spread out more evenly over the entire week. This indicates that there may be different cultural matters at play between younger and older drink-drivers – with younger drink-drivers possibly driving under the influence mainly when attending social events, whereas DUI among older drink-drivers may have become a more integrated part of their everyday lives (see also Gusfield, 1991: 10 where “accident-proneness of youth” is related to “how leisure time is spent”). The latter could, as Bernhoft et al. (2007: 37) suggest, explain why young drivers' accidents have dropped more rapidly since 1998 than older drivers': For younger drivers, DUI has not (yet) become a natural occurrence of everyday life, rather it relates to something special like weekend parties, road raging or other social events, and therefore the young drink-drivers are “more likely to be affected by anti-DUI campaigns and/or police controls than ... older persons where a small – but stable group – apparently continue to drink and drive [no matter what]”.

Female drink-drivers

A study by Hansen and Jensen (2012: 17) points out that in 2010 nearly twice as many male drivers (786 drivers) were killed or severely injured in traffic than female drivers (413 drivers). The gender factor is even more obvious in relation to DUI than traffic in general. Hence, in statistics relating to DUI accidents and convictions, gender stands out with male drivers causing up to ten times the harm of female drivers. Calculations of 2010 data from Statistics Denmark show that 1443 male drivers caused an accident in 2010 while under the influence compared to 201 female drivers. In the same year, 8048 male drivers were convicted of DUI compared to 793 female drivers.

The significant gender difference reflects underlying differences in traffic habits, including in relation to distances travelled by each gender. Roughly speaking, Danish men have been shown to drive cars a little more than twice as much as Danish women. This difference in driving habits is accounted for by Hansen and Jensen (2012: 24, 37) who measure the so-called “individual risk” of both genders by dividing the number of gendered accidents with the gendered distances travelled. They show that the “individual risk” of driving is similar between men and women – with men being slightly safer than women (0.13 accidents per million kilometres for men compared to 0.15 accidents per million kilometres for women). This, then, does not explain the large difference in the two genders’ proportion of DUI convictions and arrests.

Over the years, research has shown that men also drink more than women, including when taking gender-specific national recommendations into account. For example, Rehn et al. (2001) in a report for the World Health Organization about alcohol consumption in Europe show that 14 per cent of the Danish male population above 15 years drinks more than 21 units of alcohol per week whereas “only” 10 per cent of the female population in Denmark drinks more than 14 units of alcohol per week (with 14/21 weekly units for women/men being the limit for “high-risk” drinking specified by the Danish National Board of Health). Similarly, based on 2005 data from the Danish Health Interview Survey (with 14566 persons above 16 years) Gottlieb Hansen et al. (2011: 132) report that 13 per cent of the male population (16-plus years) have a decidedly “harmful” use of alcohol compared to 5 per cent of the female population.

Hence, gender differences within the Danish alcohol culture, including its immanent harmful consumption tendencies, most likely affect the great difference in DUI prevalence and arrest frequency between Danish women and men.

Nevertheless, it is worth considering that women also drink and drive and that the “gender gap” may actually be narrowing (Robertson et al., 2011). Since 1980, an average of 749 Danish women have been convicted of DUI every year – 247 of these after causing an accident. Considering that these women are very underrepresented both in relation to driving, drinking,

drink-driving and causing DUI accidents, they are likely to regard the fact that they have been convicted of a crime – because of its symbolic nature and its social character being predominantly “male” – differently. So, although my thesis does not, as such, focus on the gender aspect within DUI (to do so thoroughly, more interviews with female DUI offenders are needed), it does explore female drink-drivers’ accounting of DUI as well as touch upon gendered difference within individual risk management and self-control.

International categorisation and DUI deterrence

Three approaches to DUI

In short, international, especially American, research about DUI has been framed by three rather different approaches. One is centred on NGO organisations that focus on policy implementations (including stricter laws, stronger control and more social condemnation). Of the three, this is the least scientific, and will not be considered in this thesis. Epidemiological research constitutes the second approach to DUI. This approach is rooted in the wider field of studies on alcohol problems and, as such, tends to highlight the alcohol-related harm (including social harm) of DUI. Although most of the epidemiological research on DUI does not explicitly focus on policy construction, or at least not in the same striking manner as the NGO organisations, it often has a strong, scientifically based potential for policymaking, including in relation to pointing out specific risk categories. The third approach to DUI consists of a critical opposition to the former two, including their normative and scientific potential for creating deterrence-oriented policy.

Lerner (2011) describes an on-going, morally defined division between civil, post-war anti-DUI organisations, such as RID (Remove Intoxicated Drivers), MADD (Mothers Against Drunk Drivers; changed to Mothers Against Drunk Driving) and TADD (Teens Against Drunk Driving), and a social theoretic opposition from social researchers like Gusfield and Ross.

In relation to this division, Gusfield and Ross problematize both the NGOs’ public condemnation of drink-drivers and the research that is oriented towards deterrence. “The anti-drunk movements tend to emphasise the law and law enforcement as key measures to prevent drinking and driving”, writes Gusfield (1991: 13). Further, according to Ross (1982: 99), some research outlines a flattening (and inequitable) picture of drink-drivers as “killer drunks” or “nuts behind the wheel”.

In comparison, epidemiologists such as Voas, Fell and Hingson seem more in favour of deterrence as a relevant model for improving public health (for example, Voas and Hause, 1987; Hingson, 1993, 1995; Fell et al., 2004; Fell and Voas, 2006; Voas and Fell, 2010, 2011; Shield et al. 2012: 13).

From this perspective, critical sociology and epidemiology can be somewhat at odds in their positions to drink-driving. To some extent, they may even resemble the “moral paradox” in understanding DUI either as a heavily tabooed crime that is turned into a moral problem (Gusfield and Ross) or as an innately immoral problem this is naturally condemnable as an individual crime – and which, largely, is an outcome of certain individuals’ “alcohol problems” (Voas and Hause, 1987, Hingson, 2004, Dunaway et al., 2011: 235, Lerner, 2011).

Categorical positioning of drink-drivers

As in Denmark, a general international perception of drink-drivers is that they are “middle-aged ... less-educated, unmarried, and unemployed ... male[s]” (Romano et al., 2012) who cannot control their alcohol consumption (Hingson and Winter, 2003).

Beaver and Barnes’ study on subgroups of adolescent twins (identical and fraternal respectively) is one of the more far-reaching examples of how science can point towards a particular problem area around (or “inside”) drink-drivers. Beaver and Barnes (2012: 1380) conclude that DUI is caused mostly by genetic factors and that “non-shared environmental” factors, when compared to DNA, are less important.

Their study shows that genetic factors account for more than half of the variance in the samples, and, therefore, that social environments account for less than half. The authors bring their analysis to an end by pointing out that their finding confronts policy makers with a peculiar challenge, because “DNA structure cannot be changed to reduce the likelihood of driving while intoxicated” (2012: 1380). And, without going into a great deal of detail, Beaver and Barnes finish by suggesting that the “genetic effects on DUI” may still be altered by “certain policies such as deterrence-laden strategies” (ibid.).

I think that this is a rather extreme conclusion and that Beaver and Barnes’ study is an example of how contemporary science can construct a certain drink-driving “nature” (cf. Jellinek, 1960: 45ff). According to Gusfield (1976: 29f), this is how science connects with a more condemning representation of drink-drivers as “pathetic ..., indulgent ... souls [that] lack even the sense of being the outcome of otherwise laudable motives carried to excess” (Gusfield, 1976: 29f); according to Beaver and Barnes’ study, drink-drivers could be categorised as sick by nature.

Another epidemiological approach to DUI compares the prevalence of DUI with other known risks. For example, in his study of DUI as a risk naturally related to other risks, Hingson (2004: 261) puts DUI on the same footing as a rather wide range of threats to public health, including “carrying a gun”, “being injured in a fight” and “accidentally making somebody pregnant”. Here, by pairing DUI with other non-DUI risks, Hingson uses what Gusfield (1976: 23) delineates “rhetoric of substance” in order to present a given risk as substantially as possible. DUI, guns, fighting and unprotected sex all obviously present a risk in their own

right, and, when uncovering their hidden relationships, we thus extend our conception of each individual risk's "danger zone" to cover those of all the risks together.

Hence, Hingson's (2004) study amplifies the risk of drink-driving (as well as guns, fighting and unprotected sex). Similarly, DeJong and Hingson (1998: 375) point out that people who drive under the influence are also more accustomed to other traffic infringements than drivers who never drink and drive. According to this line of thought, drink-drivers are not only dangerous because they are drink-drivers but also for other reasons.

Within epidemiology, alcoholism is often related to DUI as one of the more important signifiers of the risk that it will occur. Escobedo et al. (1995: 978) have found "age of first drink" as an indicator of the risk of a person driving while intoxicated later in life. In a review of more than hundred studies on DUI, Hingson and Winter (2003: 77) point out that alcohol-dependent people are overrepresented in crash statistics and that the age of one's first drink can predict the risk of causing an alcohol-related accident later in life. This research adds causality to the relationship between alcohol/drugs and certain kinds of unwanted behaviour by stipulating, first, that these behaviours stem from the character of the substances themselves and second, that some individuals are predisposed to act while using alcohol and drugs in pathological ways (Järvinen and Fynbo, 2011: 438).

According to DeJong and Hingson (1998: 367), who follow Bruun et al.'s (1975) "total consumption model", the general consumption of alcohol is associated with a part of the population that consumes at excessive levels and who again are a greater risk in terms of alcohol-related problems such as impaired driving. The latter finding is partly supported by Brown et al. (2008: 113) who show that DUI offenders who do not regain their licence (and whose "ratio of drink-driving occasions to kilometres driven" is thirty times higher than that of DUI offenders who regain their licence) spend twice as much on alcohol (and other drugs) and are three times as likely to have undergone alcohol misuse treatment than the DUI offenders who regain their licences.

Based on Danish data, Carstensen and Larsen (2009: 48) find that drink-drivers who are addicted to alcohol will most likely continue to drink and drive unless they are treated for addiction. Similarly, DeJong and Hingson (1998: 375) argue that future drink-driving could be combatted by installing a "system for early identification" of alcoholism and mandatory treatment of alcoholic drink-drivers.

Along this scientific reasoning, we also find a rather controversial editorial from *Addiction*, 2010 that calls attention to an anti-DUI initiative in South Dakota, USA. Here, the system demands complete sobriety of repeat offenders – as a substitute to incarceration. Although other studies have questioned the deterrence effect of sentencing repeat offenders to immediate, short-term treatment (Cavaiaola et al., 2007: 860), this American program maintains that immediate sobriety is a "viable goal for most repeat DUI offenders". This stops them from

drinking rather than driving, and it does so immediately after their conviction. The program monitors repeat DUI offenders continuously using control techniques such as “twice-daily breath testing”, “urine tests”, “sweat patches” (for drug monitoring) and “ankle bracelets” (Caulkins and Dupont, 2010: 575).

According to the majority of international research on DUI, uncontrolled alcohol consumption remains the most important cause of drink-driving and, hence, a social problem that needs to be dealt with accordingly. However, as pointed out by Speiglmán (1997: 1136) in a critical study of mandated AA attendance for recidivist drink-drivers, mandatory programs that lack evidence of effectiveness or create “collateral system damage” are “ultimately ... perceived as symbolic and patronizing”, which means that their actual effect in relation to public health is questionable.

Following, Speiglmán’s criticism, alcoholic drink-drivers call on interventions for two reasons: because they cannot control their harmful drinking and because they drink and drive. In my opinion, it is hard to argue against offering alcoholic DUI offenders a serious treatment plan as an attempt to minimise their harm. But to mandate the attendance of recidivist offenders in treatment programs is problematic.

In my study, the question of addiction to alcohol (and other drugs) and of the relation between addiction and DUI was discussed with all twenty-five interviewees as well as with the three pilot interviewees. Although the qualitative study cannot come to general and representative conclusions about addiction among Danish drink-drivers, it analyses three different perspectives of drink-drivers’ accounting of their alcohol consumption, drinking and driving, and related losses of control that they had experienced. Whether or not they can be said to perceive themselves correctly, i.e. accept that they may have lost control over alcohol, if this is in fact what they have done, it is my understanding that they generally defended themselves against the very categorical definition of being an alcoholic, and, further, that this reaction may in fact prevent them from seeing their own actions (such as DUI) as potentially harmful and wrong.

Deterrence and social policy

A study by Evans-Whipp et al. (2013) finds that adolescents who have experienced being a passenger of a drunk driver are more likely to become drink-drivers themselves. This means deterring drink-drivers will also work to prevent their passengers from becoming accustomed to DUI, according to Evans-Whipp et al.

Another study by Brown et al. (2008) finds that DUI offenders who refrain from regaining their driving licence are a far greater risk (in terms of drinking and driving) than offenders who regain their licence (2008: 113). They compare Canadian DUI offenders who participate in mandatory post-conviction programmes (equivalent to Danish A/T courses) in order to regain their driving licences with DUI offenders who do not attend these courses and, thus, do

not regain their licenses. These comparisons show that unlicensed offenders are more likely to have more than two arrests for drinking and driving and are more than ten times more likely to continue drinking and driving than licensed offenders.

Basically this means that there is an increased need for deterring DUI offenders who do not regain their driving licences, including the ones that are addicted to alcohol, rather than DUI offenders who are rehabilitated. And this is exactly how deterrence works: it constructs an image of the “perfect” offender and uses this image to deter everybody from committing offensive actions.

The deterrence of drinking and driving has regularly been criticised by social theorists. A main criticism is that important environmental factors are ignored when representing drink-drivers as deviant and derailed individuals who have lost control over alcohol.

From Ross’s sociological perspective, DUI deterrence is one of four functions of the sort of contemporary criminal law that took form in Scandinavia in the middle of the twentieth century and was adopted by many other Western countries (Ross, 1982: 7ff) shortly afterwards. Deterrence basically works together with retribution, incapacitation and rehabilitation to preserve a law-abiding and safe society through implementation and enforcement of a special kind of social control. According to Ross, this deterrence-control is foremost dependent on citizens’ “perceived certainty of punishment” if breaking the law (Ross, 1982: 105), which again depends on actual police enforcement and a certain level of convictions and punishment (Ross, 1982: 8f).

In theory, contemporary law is fundamentally democratic and deterrence therefore is not – in theory – affected by social differences. Deterrence, thus, and again in theory, will not have any social side effects but rather approach all different kinds of offenders as equals.

This assertion has been criticised by a number of social theorists. For example, in an early study Marshall and Purdy (1971–1972) argue that general deterrence (or the “impartial model”, as it is called) represents a “labelling” tendency within the police to actively seek out drivers of particular ethnic origins and low socio-economic classes.

In Marshall and Purdy’s study of lower social classes’ overrepresentation in DUI-statistics, the only significant finding that supports the main condition of deterrence – that everybody who drives under the influence risks conviction equally – was among drivers who drink and drive frequently while being very inebriated. For such drivers, race and social class did not seem to have an effect. In more “ambiguous” cases the study shows that “status factors are crucial” and the “over-representation of particular groups in conviction statistics cannot be explained by their greater deviance”. Rather, according to Marshall and Purdy, “discrimination is a factor in the over-representation of particular social categories” (Marshall and Purdy, 1971-1972: 549, 551f).

According to Ross, governance of modern societies through deterrence (including through the use of police enforcement and punishment) builds upon 19th century functionalistic and utilitarian philosophy where normal individuals are seen as goal-oriented, rationalistic and, by nature, sensible beings. In theory, writes Ross (1982: 9) about the basic condition of deterrence:

[The] greater the perceived likelihood of apprehension, prosecution, conviction, and punishment, the more severe the perceived eventual penalty, and the more swiftly it is perceived to be administered, the greater will be the deterrent effect of the threat.

This definite conception of human reason is, according to Ross, “intuitively plausible” and therefore easy to confirm in policy-oriented, econometric analysis.

However, following Ross, harm-oriented measures tend to overlook the various significances of different social contexts. Also, there probably exist “thresholds ... below which no effects can be expected” and differences between social groups’ “internalized standards of behavior” and different “attitudes toward risk, future orientation, and so forth” (Ross, 1982: 9f) will affect the ways that illicit actions such as DUI are carried out, accounted for and sometimes even attached symbolically with meaning. This means that public deterrence, however democratic in nature it is, will be perceived unequally by different individuals – such as those of different gender, age groups and socio-economic relations. Rather than actually preventing DUI, Ross argues further, deterrence tends to bolster a perception of drink-drivers that is already well known and well supported; namely that they are bad, deviant and dangerous. It is then a (symbolic) consequence with a practical effect (on drinking and driving) of public deterrence that “deterred” persons, i.e. not only their illicit actions but also them as persons, become represented as deviants – as socially unethical beings.

According to Gusfield (1981) and Ross (1982), this social effect of public deterrence has its own adverse side effect in that its overall outcome (in terms of actual drinking and driving) is negative; in that it doesn't prevent the prevalence of drinking and driving. Gusfield and Ross, therefore, do not so much question that drink-driving is impermissible and should be avoided. Instead they criticise the adverse effect that symbolic constructions of drink-drivers as immoral have in relation to actually preventing DUI.

I think their approach could be summoned up in a statement, which I also wish to support:

Yes, drink-driving is unwanted; no, to reiterate that drink-drivers are bad does not prevent them from drinking and driving.

The study

A qualitative approach

In spite of Gusfield and Ross' critiques, it is my opinion that social categorisations constitute a very central and important part of contemporary research about DUI. And although Gusfield and Ross appear correct in problematizing the effect of deterring DUI offenders categorically, including the way the symbolically constructed categories are adopted by policy makers, it is difficult not to support this fundamentally explorative approach to a somewhat specific, yet strange, social problem. That is, of course science is bound to categorise drink-drivers, study the harm they do as well as point out important conditions and circumstances (and causal relationships) that may affect the likelihood and prevalence of DUI.

As mentioned, my study uses an explorative, qualitative approach, which in my opinion constitutes a fourth leg to the (research) body on drinking and driving. Qualitative research can approach DUI as a specific, yet complex, sometimes even paradoxical social problem. It can also categorise drink-drivers by studying how they look upon their own acts and what kinds of social contexts and identities their drink-driving is related to. Qualitative research can do this by talking to the subjects in focus; not by objectifying them as general verifications of an absolute category of "deviants", but by analysing differences in the ways convicted drink-drivers relate to their own agency.

According to Alasuutari (2010: 139), contemporary qualitative research a) departs from a theoretically informed basis and b) gives attention to "the everyday reality which produces statistical relationships".

The two conditions are central to a division of qualitative research about DUI, which often takes off from a particular theoretical position in order to focus more specifically on particular sub-groups of drink-drivers. An example of this is seen in Gusfield et al.'s (1984) symbolic interactionist study of DUI as expected (normal) behaviour among bar patrons. Another, more "positivist", qualitative division uses structured qualitative interviews to clarify certain relationships among particular groups of drink-drivers. Examples of this are Carlson et al.'s (2011) study of "hardcore", repeat DUI-offenders' reasons for continuing to drink and drive after several convictions and Lapham and England-Kennedy's (2012) study of individual DUI-offenders' reactions to being arrested and punished. Both divisions of qualitative DUI-research set up studies from different theoretical basis while paying attention to everyday reality, which is also what I intend to do in the following papers.

The first of the above research divisions, especially, tends to follow Levine's (1978), Valverde's (1997) and Valverde and White-Mair's (1999) critique of the "disease theory" (as it is presented by WHO, 1951, 1954, 1957; Jellinek, 1960 and Alcoholics Anonymous, 2001) and its related moral codex that positions people with alcohol problems as unethical. In line of

this critical stance, drink-drivers can be studied without seeing them as “abnormal” (Gusfield, 1984: 46). In certain social contexts, drink-drivers can develop their own moral (or symbolic) spheres in which a certain DUI agency (to use Emirbayer and Mische’s concept) is allowed and respected. Within such social contexts, drink-driving is the norm, not a norm-break.

The interviews

In 2010, I set out to engage in conversations with 25 convicted drink-drivers about their experiences with and attitudes towards drinking and driving. My analytic perspective on the interviews was (sociologically) centred on the relationship between DUI as a categorically immoral and illegal activity and the lives and social worlds of individuals who drink and drive. In the interviews I tried to avoid moralising about, as much as condoning, the interviewees’ stories. Late in the interviews, I sometimes asked more specific questions, but up to this point the interviewees were urged to talk as “freely” as possible.

The 25 interviewees were sampled from five different A/T courses in three different locations within the same Danish region. The five Danish Regions are responsible for organising A/T courses at various locations all over the country. Courses are held in the evening at local alcohol and drug treatment centres or at health schools. They consist of one weekly session of 2–3 hours over 4 weeks (Carstensen & Larsen, 2009). Participants need to sign up for the course themselves and pay a fee of 2,000 Danish crowns. The five courses were more or less typical of the average Danish A/T course in terms of programme and demographic profile of the participants (Carstensen and Larsen, 2009). Contact was established by asking teachers to hand out a short folder about the project (appendix 2). The folder encouraged course participants to contact me personally or through the teachers in order to organise an interview. The folder also informed of anonymity. Later in the process (after having conducted the first interviews), I was allowed to visit the courses myself, present the project for the participants in situ and make arrangements with those who were interested in participating in an interview. All those who agreed to an interview were given a gift voucher to the value of 300 Danish crowns.

The interviews were carried out over a period of approximately two months in early 2010. The interviews were conducted as open-minded talks about the interviewees’ lives, particularly in relation to drinking and drink-driving, but also about issues such as control, consumption, excitement and risk. I used a semi-structured interview guide focusing on five broad themes (appendix 1): the circumstances of the participant’s current DUI arrest (and possibly previous DUI arrests), the participant’s attitudes towards and experiences with drink-driving, their alcohol habits, their work history and their family situation. To begin with, the interviewees were asked to speak about whatever they liked in relation to their drinking and driving, or, if they hesitated, about their arrest. The vast majority began talking unprompted about drinking and driving or their arrest. This means that often the interview guide was not used until the end of the interviews, where it was used as a checklist and as an “opening” to asking a last question, for example, to give an example of an important control-loss. This was

because I wanted the participants to describe their experiences as freely as possible, in their own way and in their own words. Hence, I took care to create a relaxed and informal atmosphere and to make the interview as different from an interrogation as possible.

The interviews were held either in connection with an A/T course (18 interviews), at the interviewee's home (six interviews), or in my office (one interview). The interviews lasted from 48 to 110 minutes, with an average length of about 80 minutes. All interviews were tape-recorded and later transcribed.

The average age of the 25 interviewees was 38 years. Five were women, twenty were men. One third was below thirty years, whereas the rest were spread evenly from thirty years up to almost seventy. As regards occupational status, five were carpenters, six were unskilled workers, three were students or trainees, two had retired early (one housewife, one civil engineer), two were old age pensioners and the rest of the sample consisted of one clerk (in job training), one cosmetologist, one cook, one self-employed person and three unemployed people. Thirteen of the participants were married/cohabiting, two participants were in a steady relationship but lived alone, seven were single or divorced and three were widowers.

When it comes to drink-driving, one-third of the participants had been arrested for DUI at least once before their current conviction and almost all admitted to drink-driving at least five times prior to their last arrest (with more than half of the sample admitting to regular DUI over longer time spans). About a third of the sample had caused accidents, but had only caused injury to themselves in the accidents. Driving without a licence, including while under the influence, was common and especially among the younger drivers there was a tendency to report other illicit activities than DUI. Use of drugs was more prevalent among the younger drivers (below thirty years) and they were also more likely to have been arrested more than once than the older drivers. All five women had only been arrested once.

In the analysis, important characteristics of the interviewees have been altered in order to maintain their anonymity. This means that the same interviewee may not have the same name in different articles. Her/his age and BAC level may also differ slightly. Additionally, identifiable situations, such as an accident, or personal relations, for example to siblings, parents, or neighbours, have been changed throughout the papers. Many interviewees talked about crimes that they had not been convicted of, such as driving without a licence. A few described more organized crimes, especially one interviewee who had been part of a professional gang of thieves. None of this was reported to the police or to the teachers at the A/T courses and in the papers the focus is kept as much as possible on DUI as the main offence of the interviewees.

References

- Alasuutari, P (1986) Alcoholism in its cultural context: the case of blue-collar men. *Contemporary Drug Problems* Winter: 641-686.
- Andréasson, R (1955) *Alcohol and Road Traffic Safety*. Västervik: AB C. O. Ekblad & Co – Boktryckeri.
- Andréasson, R (1959) *Alkohol och trafik* [Alcohol and traffic]. Stockholm: Natur och Kultur.
- Andréasson, R and Jones, W (1999) Alkohol och trafikbrott [Alcohol and traffic violations]. Report, Rättsmedicinalverket, Sweden, June.
- Austin, JL (1961) *Philosophical Papers*. Oxford: At the Clarendon Press.
- Bengtsson, TT (2012) Boredom and Action: Experiences from Youth Confinement. *Journal of Contemporary Ethnography* 41(5): 526-553.
- Bernhoft, IM and Behrendorff, I (2000) Alkohol og bilkørsel – effekt af ændret promillegrænse [Alcohol and driving]. Report, Technical University of Denmark, Denmark, 10/2000.
- Bernhoft, IM; Hels, T; Rendsvig, TL; and Orozova-Bekkevold, I (2007) Karakteristik af spiritusbilisten [Characteristic of the drunken driver]. Report, Technical University of Denmark, Denmark, February.
- Blomberg, RD; Peck, RC; Moskowitz, H; Burns, M; and Fiorentino, D (2005) Crash Risk of Alcohol Involved Driving: A Case-Control Study. Report, Dunlap and Associates, Inc., USA, September.
- Blomberg, RD; Peck, RC; Moskowitz, H; Burns, M; and Fiorentino, D (2007) The Long Beach/Ft. Lauderdale Relative Risk Study. Report, Dunlap and Associates, Inc., USA, August.
- Blumer, H (1970-1971) Social Problems as Collective Behavior. *Social Problems* 18: 298-306.
- Borkenstein, RF and Dale, A (1964) *The Role of the Drinking Driver in Traffic Accidents*. Bloomington: Indiana University, Department of Police Administration.
- Borkenstein, RF; Crowther, RF; Shumate, RP; Ziel, WB; and Zylman, R (1974) The role of the drinking driver in traffic accidents (The Grand Rapids Study). *Blutalkohol – Alcohol, Drugs and Behavior* 11(1): 8-131.
- Brown, TG; Ouimet, MC; Nadeau, L; Lepage, M; Tremblay, J; Dongier, M; and Ng Ying Kin, NMK (2008) *Traffic Injury Prevention* 9: 109-118.
- Bruun, K; Edwards, G; Lumio, M; Mäkelä, K; Pan, L; Popham, RE; Room, R; Schmidt, W; Skog, O-J; Sulkunen, P; and Österberg, E (1975) *Alcohol control policies in public health perspective*. Report. The Finnish Foundation for Alcohol Studies, Vol. 25, Helsinki, Finland.
- Carlson, RG; Sexton, R; Hammar, L; and Reese, TH (2011) Driving Themselves to Drink: Qualitative Perspectives From “Hardcore” DUI Repeat Offenders in Ohio. *Journal of Ethnicity in Substance Abuse* 10: 363-379.
- Carstensen, G (1978) Research on Drunken Driving in Scandinavia: Denmark. In Hauge, R (ed) *Scandinavian Studies in Criminology: Drinking-and-Driving in Scandinavia*. Oslo: Universitetsforlaget, pp. 121-124.
- Carstensen, G and Larsen, L (2009) Evaluering af kurser i alkohol og trafik (A/T-kurser) [Evaluation of alcohol and traffic safety courses (A/T-courses)]. Report, Technical University of Denmark, Denmark, May.
- Caulkins, JP and Dupont, RL (2010) Is 24/7 sobriety a good goal for repeat driving under the influence (DUI) offenders?. *Addiction* 105: 575-577.
- Christens, PF (2001) Sociale karakteristika hos trafikofre [Social characteristics of road victims]. Report, Technical University of Denmark, Denmark, 1/2001.
- Cavaiola, AA; Strohmetz, DB; and Abreo, SD (2007) Characteristics of DUI recidivists: A 12-year follow-up study of first time DUI offenders. *Addictive Behaviors* 32: 855-861.
- Chen, M-J; Grube, JW; Nygaard, P; and Miller, BA (2008) Identifying social mechanisms for the prevention of adolescent drinking and driving. *Accident Research and Analysis* 40: 576-585.
- Christiansen, I (1998) Livsstil og trafik – teori og metode [Life style and traffic – theory and method]. Report, Ministry of Transport, Denmark, 1/1998.

- Christoffersen, MN; Soothill, K; and Francis, B (2008) Risk factors for a first-time drink-driving conviction among young men: A birth cohort study of all men born in Denmark in 1966. *Journal of Substance Abuse Treatment* 34: 415-425.
- Commissioner of Police (2012) Bekendtgørelse om undervisningsplan for kursus i alkohol og trafik (A/T-kursus) [Departmental order of curriculum for alcohol and traffic (A/T) courses]. Denmark, June.
- Cruikshank, B (1999) *The Will to Empower: Democratic citizens and other subjects*. Ithaca: Cornell University Press.
- Dean, M (1994) *Critical and Effective Histories: Foucault's Methods and Historical Sociology*. London and New York: Routledge.
- Douglas, M (1992) *Risk and Blame: Essays in Cultural Theory*. London: Routledge.
- Dunaway, K; England Will, K; and Sabo, CS (2011) Alcohol-Impaired Driving. In: Porter, BE (eds.) *Handbook of Traffic Psychology*. London: Elsevier Academic Press, pp. 231-248.
- Emirbayer, M (1997) Manifesto for a Relational Sociology. *American Journal of Sociology* 103(2): 281-317.
- Emirbayer, M and Mische, A (1998) What is Agency? *American Journal of Sociology* 103(4): 962-1023.
- Escobedo, LG; Chorba, TL; and Waxweiler, R (1995) Patterns of Alcohol Use and the Risk of Drinking and Driving among US High School Students. *American Journal of Public Health* 85(7): 976-978.
- Evans-Whipp, TJ; Plenty, SM; Toubmourou, JW; Olsson, C; Rowland, B; and Hemphill, SA (2013) Adolescent exposure to drink driving as a predictor of young adults' drink driving. *Accident Analysis and Prevention* 51: 185-191.
- Fell, JC; Lacey, JH; and Voas, RB (2004) Sobriety Checkpoints: Evidence of Effectiveness Is Strong, but Use Is Limited. *Traffic Injury Prevention* 5:220-227.
- Fell, JC and Voas, RB (2006) Mothers Against Drunk Driving (MADD): The First 25 Years. *Traffic Injury Prevention* 7: 195-212.
- Foucault, M (1995) *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books.
- Foucault, M (1978) *The History of Sexuality, Volume 1: An Introduction*. New York: Pantheon Books.
- Foucault, M (2000a) The hermeneutic of the subject. In: Rabinow, P (ed.) *Michel Foucault: Ethics. Essential works of Foucault 1954-1984, Volume 1*. London and New York: Penguin Books, pp. 93-106.
- Foucault, M (2000b) Technologies of the self. In: Rabinow, P (ed.) *Michel Foucault: Ethics. Essential works of Foucault 1954-1984, Volume 1*. London and New York: Penguin Books, pp. 223-521.
- Foucault, M (2000c) On the government of the living. In: Rabinow, P (ed.) *Michel Foucault: Ethics. Essential works of Foucault 1954-1984, Volume 1*. London and New York: Penguin Books, pp. 81-85.
- Foucault, M (2000d) On the genealogy of ethics: An overview of work in progress. In: Rabinow, P (ed.) *Michel Foucault: Ethics. Essential works of Foucault 1954-1984, Volume 1*. London and New York: Penguin Books, pp. 253-280.
- Fynbo and Järvinen (2011) 'The Best Drivers in the World': Drink-Driving and Risk Assessment. *British Journal of Criminology* 51: 773-788.
- Gailey, JA (2009) "Starvation is the Most Fun a Girl Can Have": The Pro-Anna Subculture of Edgework. *Critical Criminology* 17: 93-108.
- Goldberg, L (1943) *Quantitative studies on alcohol tolerance in man: The influence of ethyl alcohol on sensory, motor, and psychological functions referred to blood alcohol in normal and habituated individuals*. Stockholm: Karolinska Institutet
- Goldberg, L; Berver, K; Linde, P; Jež, J; Rydberg, U; and Skerfving, S (1965) *Sambandet mellan olycksfallsfrekvens, alkoholskador och alkoholtillgång* [The relations between accidents, harm and attitudes towards alcohol]. Stockholm: Institutionen för teoretisk alkoholforskning, Karolinska Institutet.
- Goldberg, L and Havard, JDJ (1968) Research on the effect of alcohol and drugs on driver behaviour and their importance as a cause of road accidents. Report, OECD Research Group, Paris

- Gottlieb Hansen, A; Hvidtfeldt, UA; Grønbaek, M; Becker, U; Søgaard Nielsen, A; and Tolstrup, JS (2011) The number of persons with alcohol problems in the Danish population. *Scandinavian Journal of Public Health* 39: 128-136.
- Gubrium, JF and Holstein, JA (1995) Individual Agency, the Ordinary, and Postmodern Life. *The Sociological Quarterly* 36(3): 555-570.
- Gusfield, JR (1976) The Literary Rhetoric of Science: Comedy and Pathos in Drinking Driving Research. *American Sociological Review* 41: 16-34.
- Gusfield, JR (1981) *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*. Chicago: University of Chicago Press.
- Gusfield, JR (1985) Alcohol Problems: An Interactionist View. In: von Wartburg, J-P; Magnenat, P; Muller, R; and Wyss, S (eds.) *Currents in Alcohol Research and the Prevention of Alcohol Problems – Proceedings of an International Symposium Held in Lausanne, Switzerland, November 7-9, 1983*. Berne: Hans Huber Publishers, pp. 71-81.
- Gusfield, JR (1991) Risky Roads. *Society*: 10-16.
- Gusfield, JR (1996) *Contested Meanings: The Construction of Alcohol Problems*. Madison: The University of Wisconsin Press.
- Gusfield, JR; Rasmussen, P; and Kotarba, JA (1984) The Social Control of Drinking-Driving: An Ethnographic Study of Bar Settings. *Law & Policy* 6(1): 45-66.
- Hansen, AS and Jensen, C (2012) Risiko i trafikken 2007-2010 [Traffic risk 2007-2010]. Report, DTU Transport, Technical University of Denmark, Denmark, 3/2012.
- Hauge, R (1978a) Drinking-and-Driving: Biochemistry, Law and Morality. In: Hauge, R (ed.) *Scandinavian Studies in Criminology: Drinking-and-Driving in Scandinavia*. Oslo: Universitetsforlaget, pp. 61-68.
- Hauge, R (1978b) Drinking-and-Driving in Scandinavia – The Legal Framework: Norway. In: Hauge, R (ed.) *Scandinavian Studies in Criminology: Drinking-and-Driving in Scandinavia*. Oslo: Universitetsforlaget, pp. 19-23.
- Hingson, R (1993) Prevention of alcohol-impaired driving. *Alcohol Health & Research World* 17(1): 28-35.
- Hingson, R (1995) Prevention of drinking and driving. *Alcohol Health & Research World* 20(4): 219-227.
- Hingson, R and Winter, M (2003) Epidemiology and Consequences of Drinking and Driving. *Alcohol Research and Health* 27(1): 63-78.
- Hunt, G and Moloney, M (2011) “How Asian Am I?”: Asian American Youth Cultures, Drug Use, and Ethnic Identity Construction. *Youth & Society* 43(1): 274-304.
- Hunt, G; Moloney, M; and Evans, K (2010) *Youth, Drugs, and Nightlife: Pleasures, Risk, and Identity*. New York: Routledge.
- Hurst, PM; Harte, D; and Frith, WL (1994) The Grand Rapids Dip Revisited. *Accident Analysis and Prevention* 26(5): 647-654.
- Jacobsen, KF (2004) Befolkningens uddannelsesniveau [Level of education in the Danish population]. Report, Statistics Denmark, Denmark, October.
- Jellinek, EM (1960) *The Disease Concept of Alcoholism*. New Haven: Hillhouse Press.
- Jensen, AK; Frydkjær, T; and Fisker, L (2011) Trafiksikkerhed ifølge danskerne – 5 paradokser om sprit og fart i trafikken [Traffic safety according to the Danes]. Report, Trygfonden and Mandagmorgen, Denmark, 5/2011.
- Järvinen, M (2001) Accounting for Trouble: Identity Negotiations in Qualitative Interviews with Alcoholics. *Symbolic Interaction* 24(3): 262-284.
- Järvinen, M (2003) Negotiating Strangerhood: Interviews with Homeless Immigrants in Copenhagen. *Acta Sociologica* 46(3): 215-230.
- Järvinen, M and Fynbo, L (2011) Self-governance, control and loss of control amongst drink-drivers. *International Journal of Drug Policy* 22: 437-444.

- Järvinen, M and Mik-Meyer, N, eds. (2005) *Kvalitative metoder i et interaktionistisk perspektiv: Interview, observationer og dokumenter* [Qualitative methods in an interactionist perspective]. København: Gyldendal Akademisk Forlag.
- Katz, J (1988) *Seductions of Crime: Moral and Sensual Attractions in Doing Evil*. New York: Basic Books, Inc., Publishers.
- Lapham, S and England-Kennedy, E (2012) Convicted Drink-While-Impaired Offenders' Views on Effectiveness of Sanctions and Treatment. *Qualitative Health Research* 22(1): 17-30.
- Lenné, MG; Dietze, PM; Triggs, TJ; Walmsley, S; Murphy, B; and Redman, JR (2010) The effects of cannabis and alcohol on simulated arterial driving: Influences of driving experience and task demand. *Accident Analysis and Prevention* 42: 859-866.
- Lerner, BH (2011) *One for the Road – Drunk Driving since 1900*. Baltimore: The Johns Hopkins University Press.
- Levine, HG (1978) The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America. *Journal of Studies on Alcohol* 39(1): 143-174.
- Lindesmith, AR (1938) A Sociological Theory of Drug Addiction. *American Journal of Sociology* 43(4): 593-613.
- Lindesmith, AR (1960) Social Problems and Sociological Theory. *Social Problems* 8(2): 98-102.
- Lupton, D (1999) *Risk*. London: Routledge.
- Lyng, S (1990) Edgework: A Social Psychological Analysis of Voluntary Risk Taking. *American Journal of Sociology* 95: 851-886.
- Lyng, S (2005) Sociology at the Edge: Social Theory and Voluntary Risk Taking. In: Lyng, S (ed) *Edgework: The Sociology of Risk-Taking*. New York and London: Routledge, pp. 17-49.
- Marshall, H and Purdy, R (1971-1972) Hidden Deviance and the Labelling Approach: The Case for Drinking and Driving. *Social Problems* 19: 541-553.
- Mason, J (2002) *Qualitative Researching, 2nd edition*. London: Sage Publications Ltd.
- Maxwell, JA (1992) Understanding and Validity in Qualitative Research. *Harvard Educational Review* 62(3): 279-300.
- Moloney M and Hunt, G (2012) Consumption, Drugs, and Style: Constructing Intra-Ethnic Boundaries in Asian American Youth Cultures. *Drugs* 19(6): 462-473.
- Reinarman, C (1988) The social construction of an alcohol problem: The case of Mothers Against Drunk Drivers and social control in the 1980s. *Theory and Society* 17: 91-120.
- Reith, G (2004) Uncertain Times: The Notion of 'Risk' and the Development of Modernity. *Time & Society* 13: 383-402.
- Reith, G (2005) On the Edge: Drugs and the Consumption of Risk in Late Modernity. In: Lyng, S (ed) *Edgework: The Sociology of Risk-Taking*. New York and London: Routledge: 227-245.
- Road Traffic Act (2012). Department of Justice, Denmark, November.
- Robertson, AA; Liew, H; and Gardner, S (2011) An evaluation of the narrowing gender gap in DUI arrests. *Accident Analysis and Prevention* 43: 1414-1420.
- Romano, EO; Peck, RC; and Voas, RB (2012) Traffic environment and demographic factors affecting impaired driving and crashes. *Journal of Safety Research* 43(1): 75-82.
- Room, R (1996) Alcohol consumption and social harm – conceptual issues and historical perspectives. *Contemporary Drug Problems* 23: 373-388.
- Room, R (1997) Alcohol, the individual and society: what history teaches us. *Addiction* 92: S7-S11.
- Ross, HL (1982) *Deterring the Drinking Driver: Legal Policy and Social Control*. Lexington: LexingtonBooks.

- Rögind, S (1962) Alkohol og ulykkestilfælde [Alcohol and accidents]. In: Skyum-Nielsen (eds) *Om Alkohol: Kendsgerninger og problemstillinger* [On Alcohol: Facts and problems]. Copenhagen: Det Danske Forlag.
- Shield, KD; Gmel, G; Patra, J; and Rehm, J (2012) Global burden of injuries attributable to alcohol consumption in 2004: a novel way of calculating the burden of injuries attributable to alcohol consumption. *Population Health Metrics* 9: 1-14.
- Speiglman, R (1997) Mandated AA attendance for recidivist drinking drivers: policy issues. *Addiction* 92(9): 1133-1136.
- Statistics Denmark (2010) Færdselsuheld 2009 [Traffic accidents 2009]. Report no. 288, 24 June.
- Statistics Denmark (2012) Færdselsuheld 2011 [Traffic accidents 2011]. Report no. 359, 5 July.
- Taylor-Gooby, P and Zinn, J (2006) *Risk in Social Science*. Oxford: Oxford University Press.
- Valverde, M (1997) 'Slavery from within': the invention of alcoholism and the question of free will. *Social History* 22(3): 251-268.
- Valverde, M (1998) *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.
- Valverde, M (2002) Experience and truth-telling: Intoxicated autobiography and ethical subjectivity. *Outlines* 1: 3-18.
- Valverde, M and White-Mair, K (1999) 'One Day at a Time' and other Slogans for Everyday Life: The Ethical Practices of Alcoholics Anonymous. *Sociology* 33: 393-410.
- Voas, RB (2003) Obituary. Robert F. Borkenstein: an appreciation. *Addiction* 98: 371-372.
- Voas, RB and Fell, JC (2010) Preventing Alcohol-Related Problems Through Health Policy Research. *Alcohol Research & Health* 1-2: 18-28.
- Voas, RB and Fell, JC (2011) Preventing Impaired Driving: Opportunities and Problems. *Alcohol Research & Health* 34(2): 225-235.
- Voas, RB and Hause, JM (1987) Deterring the Drinking Driver: The Stockton Experience. *Accident Analysis and Prevention* 19(2): 81-90.
- Waaben, K (1978) Drinking-and-Driving in Scandinavia – The Legal Framework: Denmark. In: Hauge, R (ed.) *Scandinavian Studies in Criminology: Drinking-and-Driving in Scandinavia*. Oslo: Universitetsforlaget, pp. 1-10.
- Waage, N (2000) *Spritkørsel: Sager om spiritus- og promillekørsel* [Drunk driving]. Copenhagen: Forlaget Thomson A/S.
- Warren, RA and Simpson, HM (1980) Effects of Measurement Assumptions on Estimations of Risk of Collision. *Accident Analysis & Prevention* 12: 143-150.
- Weinberg, D (1997) Lindesmith on Addiction: A Critical History of a Classic Theory. *Sociological Theory* 15(2): 150-161.
- Weinberg, D (2002) On the Embodiment of Addiction. *Body and Society* 8(4): 1-19.
- Weinberg, D (2009) On the Social Construction of Social Problems and Social Problems Theory: A Contribution to the Legacy of John Kitsuse. *American Sociologist* 40(1-2): 61-78.
- WHO (1951) Expert Committee on Mental Health: Report on the First Session of the Alcoholism Subcommittee. Report no. 42, World Health Organization, Switzerland, September.
- WHO (1954) Expert Committee on Alcohol: First Report. Report no. 84, World Health Organization, Switzerland, March.
- WHO (1957) Expert Committee on Addiction-Producing Drugs: Seventh Report. Report no. 116, World Health Organization, Switzerland.

The five papers

The sequence of the papers follows the order in which they were written. The first two papers explore the sample of interviewees and create four DUI profiles along with a central DUI dimension between consumption and control. The theoretical outline of these two papers is drawn by Emirbayer's (1997) "Manifesto for a relational sociology" and Cruikshank's (1999) "The will to empower". The ground structure of a) profiling the sample and b) centring on important empirical signifiers (such as control and consumption) is continued in the following three papers while the agencies of the drink-drivers are investigated further. The third and fourth papers, thus, go into depth with young, risky drink-drivers and the question of "addiction" respectively, while exploring contemporary risk-theory centring on self-imposed, deliberate risk (cf. Lyng 1990, 2005) and symbolic interactionist theory about addiction (including its more recent materialistic turn, cf. Weinberg, 1997, 2002). The fifth paper describes the methodological implications of the entire study more specifically while using a classical symbolic interactionist theory of "accounting" (Austin, 1961) to analyse DUI offenders' self-presentations. This last paper builds on in-depth interviews with three selected and very different drink-drivers (including two women).

‘The Best Drivers in the World’: Drink-Driving and Risk-Assessment

This paper analyses drink-driving from the perspective of a relational risk concept. Risk-assessment and risk-behaviour are seen as parts of a complicated process reflecting moral values in specific socio-cultural settings and within a specific timeframe. The paper shows that the respondents’ retrospective accounts of their DUI may be interpreted as moral identity negotiations, focusing on four dimensions: drink-driving as non-voluntary behaviour, drink-driving as strategic behaviour, drink-driving and control, and drink-driving and “normalcy”. Central to these negotiations is the fact that many respondents come from social environments where drink-driving is very common, and that they therefore do not regard – or did not regard – drink-driving as deviant behaviour.

The paper, which is co-authored by Margaretha Järvinen, has been published in *British Journal of Criminology*.

‘THE BEST DRIVERS IN THE WORLD’

Drink-Driving and Risk Assessment

LARS FYNBO* and MARGARETHA JÄRVINEN

The paper analyses risk behaviour as described by a group of convicted drink-drivers. Risk assessment is seen as a part of a complicated process reflecting moral values in specific socio-cultural settings and within a specific framework of time. The respondents’ retrospective accounts of their drink-driving are interpreted as part of moral identity negotiations, focusing on four dimensions: drink-driving as non-voluntary behaviour, drink-driving as strategic behaviour, drink-driving and control, and drink-driving and ‘normalcy’. Central to these negotiations is the fact that many respondents come from social environments (be that friend groups or workmate groups) where drink-driving is common and that they therefore do not regard—or did not regard—drink-driving as deviant behaviour.

Keywords: Drink driving (DUI), risk, control, identity, qualitative method

Introduction

This paper analyses risk assessment and risk behaviour in relation to drink-driving. The theoretical starting point is a ‘relational’ risk approach, in which risk assessment and risk behaviour are seen as parts of a complicated—and often contradictory—process reflecting moral values in specific socio-cultural settings and within a specific framework of time. The data to be analysed are drawn from qualitative interviews with a group of Danish men and women convicted of drink-driving.

Driving under the influence (DUI) has severe consequences for a considerable number of people each year. According to statistics from the EU, alcohol accounts for 10,000–17,000 road deaths a year in Europe, that is, at least one-quarter of all road deaths. Around two-thirds of these are deaths of people other than the drink-drivers themselves: pedestrians, passengers and drivers of other cars (EMCDDA 2007; Anderson 2007). To this may be added a large number of non-fatal traffic accidents involving alcohol.

In Denmark, survey data indicate that at least 25 per cent of people with a driving licence have driven while under the influence of alcohol (Behrendorff and Steentoft 2003). Each year, about 10,000 Danes (out of a population of 5.4 million) are convicted of drink-driving. The group with the highest prevalence of DUI-convictions are men aged 18–24, while 25–64-year-olds account for approximately one-third of the convictions (Bernhoft *et al.* 2008). Most alcohol-related accidents in the bigger cities are registered at night, especially on Saturday nights, while, in the countryside, many DUI-related accidents also happen after closing time at workplaces, indicating that workplace drinking or drinking immediately after work is often associated with DUI (Bernhoft *et al.* 2007).

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As shown by the statistics, driving under the influence may be classified as a serious 'social harm' (Hillyard *et al.* 2004; Hillyard and Tombs 2007) in Europe, affecting the welfare and safety of a considerable number of people. Yet, DUI is an under-researched and under-theorized social phenomenon within criminology. While previous research has mostly been quantitative and focused on the prevalence of drink-driving in different populations and on the demographic characteristics of convicted drink-drivers, this paper is qualitative and inspired by risk theory. We analyse DUI as social harm by focusing on *the meaning of risk* seen from the perspective of a group of convicted drink-drivers. Which constructions of risk can be identified in the drink-drivers' accounts; how is risk related to social context and social relations; how do the drink-drivers (retrospectively) explain their DUI; and how do their explanations and possible legitimizations correspond to the 'techniques of neutralisation' described by Sykes and Matza (1957)?

Theoretical Frame

In his text 'Manifesto for a Relational Sociology', Emirbayer (1997) argues against sociological approaches, according to which 'it is entities that come first and relations among them only subsequently' and in favour of an analytical alternative that reverses this basic assumption. While the former approach takes 'substances' of various kinds (be that things or human beings) as the fundamental units of inquiry, the latter 'depicts social reality in dynamic, continuous, and processual terms' (Emirbayer 1997: 281). Substances should not be seen as 'independent beings present anterior to any relation but ... gain their whole being ... first in and with the relations which are predicated on them' (Cassirer 1953, quoted in Emirbayer 1997: 287).

Inspired by this perspective, we analyse risk behaviour as a 'transactional' process by which actors immersed in a specific social context and, to use Emirbayer's expression, situated 'in the *durée* of lived experience', engage with others in collectively organized action contexts (Emirbayer 1997: 294). This is the opposite of a risk analysis approach in which individuals are seen as 'pre-constituted', fixed entities, knowing from the start what their interests are, how to act on them and what the odds are for various favourable and unfavourable consequences. With time and social context included in the analysis, risk assessment is seen as a process that includes the person's attitudes and behaviour both before, during and after the risky act (here drink-driving) and as a process that reflects the moral values of his or her social world.

According to Douglas (1986), risk assessment is predominantly made by social groups and not by individuals: 'The social environment in which the decision-maker finds himself determines what consequences he will anticipate [and] which ones he will ignore' (Douglas 1986: 83). A person's experience of things and situations as either safe or risky is always mediated by conceptual categories fabricated in social interaction. If people ignore some manifest risks, it is often because their social network (directly or indirectly) encourages them to do so. Social networks, then, 'do a large part of the perceptual coding on risks' (Douglas 1986: 66). Risk assessments are, as Douglas (1992) points out, made in emotional environments and underpinned by assumptions of moral accountability. A person's assessment of risk is typically filled with conflicts and contradictions (Zinn 2008). Risk is a 'polyseme'—a phenomenon holding many different and often inconsistent meanings (Boholm 1996). Wilkinson (2001: 9) criticizes traditional, psychometric risk research for 'recording snapshots of risk judgments outside the specific social context in which people

live out their day-to-day lives'. Instead, individuals' perceptions of risk should be seen as embedded in processes of social discourse and as variable over time and in relation to changing social settings and experiences of life events (Wilkinson 2001: 9).

In this paper, we analyse drink-driving from the point of view of a relational risk theory, inspired by Emirbayer (1997), Douglas (1986; 1992) and others (Katz 1988; Wilkinson 2001; Lupton 1999; Lupton and Tullock 2002*b*; Reith 2005; Zinn and Taylor-Gooby 2006; Ellwanger 2007; Zinn 2008; 2009). We do this by highlighting the following aspects of our interviewees' accounts on risk and drink-driving.

First, we focus on the moral standards visible in the drink-drivers' accounts and the relationship of these standards to time. From the perspective of the interviewees, all forms of DUI are not equally 'bad'; there are some ways of driving under the influence—and some ways of relating to this behaviour afterwards—that are less reprehensible than others. When the interviewees talk about their own experiences with DUI, they clearly negotiate moral identities for themselves, such as by defining their drink-driving as a non-volitional act and by describing extenuating circumstances for their actions. In doing this, they make use of specific 'techniques of neutralisation' (Sykes and Matza 1957). According to Sykes and Matza (1957: 666), 'rationalisation' often follows deviant behaviour, protecting the individual from self-blame and the blame of others. Individuals who commit deviant acts do not necessarily hold norms and values opposed to those of mainstream society, write Sykes and Matza (1957; see also Shiner and Newburn 1997). The primary difference between deviants and others lies in the generation by the former of neutralization techniques that allow them to engage in deviant behaviour while at the same time ascribing to consensus values (Shiner and Newburn 1997: 526). Sykes and Matza (1957) identify five different neutralization techniques. People may define a deviant act as unintentional (denial of responsibility); they may claim that nobody was hurt by the act (denial of injury) or that the injured party was a wrong-doer him/herself (denial of the victim); they may question the moral right of other people to criticize them (condemnation of the condemners) and they may defend their own behaviour by according precedence to norms other than those held by mainstream society (appeal to higher loyalties). In the final part of the paper, we relate our interviewees' accounts to these techniques.

Second, and related to the question of neutralization, we focus on the 'transactional' dimensions (Emirbayer 1997; Douglas 1992; Lupton 1999; Lupton and Tulloch 2002*a*; 2002*b*; Wilkinson 2001; Zinn 2008) of the interviewees' accounts of their drink-driving. We show that many drink-drivers in our sample come from social environments (be that friend or workmate groups) that (according to the interviewees) share, or have shared, their attitudes and behaviour relating to drinking and driving. And, in fact, many interviewees actively use their social network when it comes to explaining why they have been driving under the influence of alcohol. They have done so, they say, because it is, or used to be, 'normal' behaviour in their group of significant others. This is not to say that the interviewees are still in agreement with these standards. On the contrary, many of them actively dissociate themselves from them during the interview and say that they have now changed both their risk attitudes and behaviour.

The Danish Law against Drink-Driving

In Denmark, driving with a blood alcohol concentration (BAC) level of 0.05 per cent or above is defined as DUI and subject to sanction. BACs between 0.05 and 0.2 carry

a graded fine¹ and three years' suspension or conditional suspension of the driving licence (with the BAC limit for unconditional suspension being 0.12 per cent). BACs above 0.2 per cent carry 20 days of imprisonment. Depending on the circumstances surrounding the DUI incident, unconditional suspension may be changed to suspended imprisonment with mandatory treatment for alcoholism and/or community service. In severe cases, the imprisonment most often remains unconditional and may even be extended to a maximum of 18 months. Additionally, stricter sanctions apply for younger drivers, who always get banned² from driving on conviction for DUI, and for habitual offenders, who are often sentenced to unconditional imprisonment (e.g. Waage 2007). All this basically means that the current Danish legislation corresponds to what could be called a general European standard with a lower BAC limit of 0.05 per cent and with sanctions ranging from fines to suspended and unconditional long-term imprisonment (Rocakova-Filemon and Eksler 2008; ICAP 2002; SafetyNet 2009).

A/T Courses

Since 2002, all Danish drivers who have had their licence unconditionally suspended or have been banned from driving due to DUI have had to pass a course on alcohol and traffic safety (A/T course) before being able to regain their licence. In 2005, the system was extended to include drivers with conditional suspensions. In practice, this means that, today, everyone who has been caught driving with a BAC of minimum 0.05 per cent needs to pass an A/T course if they wish to be able to legally drive a car. Participants for A/T courses have to register for the course on their own initiative as well as pay a fee of 2,000 Danish Crowns.³ An A/T course consists of a weekly two to three-hour session over four weeks (Carstensen and Larsen 2009). The course curriculum is outlined by the National Commissioner and legally authorized by a 2001 amendment to the Road Traffic Act.⁴ According to this outline, the aim of the A/T courses is to 'influence the participants to refrain from driving a motorised vehicle while under the influence of alcohol' by teaching them to know the limits of drink-driving and to pay attention to the risks DUI is associated with (National Commissioner 2002). A/T courses usually have 10–20 participants (Carstensen and Larsen 2009). No one is obliged to provide information about personal matters apart from their name and age, and nobody is referred to the course by authorities such as, for example, the Prison Service.

Data and Methods

We interviewed 25 participants—20 men and five women—of five courses in three different locations. The courses were more or less typical of the average Danish A/T course in terms of programme and the demographic profile of the participants (Carstensen

¹The graded fine is calculated as the monthly net salary multiplied by the BAC multiplied by 10. Example: a monthly net salary of 3,000 Euros and a BAC of 0.15 will carry a fine of $3,000 \times 0.15 \times 10 = 4,500$ Euros.

²A driving ban is imposed on young drivers with a blood alcohol level between 0.05 and 0.12 per cent, which, for mature drivers, would imply a conditional suspension. A driving ban is practically equivalent to an unconditional suspension of the driver's licence, though the ban will be lifted upon completion of an A/T course and the passing of a supplementary driving test. Until then, the young drivers have to deposit their licence at the local police and are not allowed to drive.

³Equivalent to approximately 275 Euros.

⁴Law no. 498 of 7 June 2001.

and Larsen 2009). Contact with the interviewees was established in the following way. To begin with, the teachers at the courses handed out a short folder about our project and asked course participants to contact us for an interview if they were interested. Later in the process (after having conducted the first interviews), we were allowed to visit the courses ourselves, present the project for the participants *in situ* and make arrangements with those who were interested in participating in an interview. All those who agreed to an interview were given a gift voucher to the value of 300 Danish crowns.⁵

The interviews were carried out over a period of approximately two months in early 2010. We used a semi-structured interview guide focusing on five broad themes: the circumstances of the participant's current DUI arrest (and possibly previous DUI arrests), the participant's attitudes towards and experiences with drink-driving, their alcohol habits, their work history and their family situation. We did not follow the interview guide strictly but rather used it as a check-list towards the end of each interview. This was because we wanted the participants to describe their experiences as freely as possible, in their own way and in their own words. We took care to create a relaxed and informal atmosphere and to make the interview as different from an interrogation as possible. The interviews lasted from 48 to 110 minutes, with an average length of about 80 minutes. All interviews were tape-recorded and later transcribed.

The average age of the participants was 38; the youngest was 20 years old and the oldest 69. As regards occupational status, five were carpenters, six were unskilled workers, three were students or trainees, two had retired early (one housewife, one civil engineer), two were old age pensioners and the rest of the sample consisted of one clerk (in job training), one cosmetologist, one cook, one self-employed person and three unemployed people. Thirteen of the participants were married/cohabiting, two participants were in a steady relationship but lived alone, seven were single or divorced and three were widowers. When it comes to drink-driving, one-third of the participants had been arrested for DUI at least once before their current conviction and almost all admitted to drink-driving at least five times prior to their last arrest (with more than half of the sample admitting to regular DUI over longer time spans). With these characteristics (gender, education, occupation and cohabitation), the participants in our sample are more or less representative of all convicted drink-drivers in Denmark and of participants at A/T courses (Carstensen and Larsen 2009). Among convicted drink-drivers in general, men are strongly over-represented (90 per cent), as are carpenters and people with no other education than mandatory primary school (Bernhoft *et al.* 2007).

When analysing the interviews for the present paper, we focused on the following questions: What (if any) risk perceptions do the participants associate with driving under the influence? What stance do they take on their own DUI—in terms of reasons, circumstances and consequences? What kind of 'subject position' (in relation to DUI) do they place themselves in during the interview *and* at the time of their drink-driving, and have their conceptions of and attitudes to DUI changed since their conviction?

Dimensions of Risk Accounting

We now present the four most important dimensions along which the drink-drivers in our sample account for their DUI. We analyse the following dimensions in turn: drink-driving

⁵Equivalent to approximately 35 Euros.

as a non-decision; drink-driving as strategic behaviour; drink-driving as controlled behaviour; and the 'normalcy' of drink-driving.

Drink-Driving as a Non-Decision

A very common expression used when the interviewees reflect upon their own drink-driving is 'I didn't think, it just happened'. The expression indicates that they do not see their own driving under the influence as following from a deliberate decision, where they, possibly after having weighed up the pros and cons of DUI, *decided* to drive. The following excerpt from the interview with Mike (39 years old), who has driven under the influence of alcohol 'time and time again', is a typical example:

Mike: I have driven when I was plastered, when I was completely gone.

Interviewer: Did you think about the consequences when you sat down behind the wheel?

Mike: No, because I was drunk. I didn't think. I was in my own small world.

Interviewer: And you thought nothing would happen?

Mike: I didn't care. I didn't think about it ... I would say that after the first three or four drinks I probably had a small dispute with myself, should I drive or should I not? But after that, no, I didn't give it a thought.

As may be seen from the quote, Mike explicitly relates his 'non-thinking' to the fact that he was drunk. According to him, and many other interviewees, alcohol consumed in larger amounts turns the drinker into a person who does not know what he/she is doing. In this perspective, drink-driving is not something the person chooses to do: it is rather the alcohol that makes the decision on their behalf. Earlier in the process, though, when Mike was not yet drunk (but had consumed a few units of alcohol), he was still a thinking subject, conscious of the risks of driving under the influence of alcohol.

Another interviewee who says he 'did not think' because he was drunk is Ib, 21 years old, who, in spite of his young age, has considerable experience with drink-driving. Reflecting upon the DUI incident that led to his arrest, Ib says 'It could have gone terribly wrong. I could have run somebody down. But that's not something you think of when you have been drinking. You just drive'. Like Mike above, Ib describes heavy drinking as incompatible with thinking. It is only before he got drunk and afterwards (e.g. in the interview situation) when looking back upon the DUI episode that Ib positions himself as a conscious subject, aware of the hazards of drink-driving.

Significantly, it is not only alcohol/drunkenness that 'explains' why a drink-driver does not think before he/she drives. Long experience of drink-driving, a 'drink-driving habit', may be assigned the same role. According to some interviewees, they 'do not think' because they have driven under the influence so many times—in some cases daily, for many years—that this has become routine behaviour. Routine behaviour is unplanned, 'automatic' behaviour and hence not behaviour based on conscious decisions. As Rhodes (1997: 217) points out, 'behaviours which are habitual do not demand risk assessment or calculation for their doing, they are simply done'. If you, for instance, are a person used to drinking at work or after work before driving home, or a person regularly using your car when you go partying/clubbing, you do not 'stop to think' each time you start your drive home. If you think at all in these situations, the practised drink-drivers say, you

think of all the times you have 'successfully' driven under the influence of alcohol and use this experience as a legitimization for repeating the act. Answering the interviewer's question 'Haven't you been worried about being stopped?', Helene, 42 years old, says 'No, almost never, I've just thought I will make it this time too. I have managed so many times before, so why should I start worrying about it now?'

Drink-Driving as Strategic Behaviour

The second dimension of risk accounting in the interviews describes drink-driving as strategic behaviour. In many ways, this characterization contrasts with the accounts presented above where DUI was associated with 'non-thinking'. Interestingly, though, the two types of accounts are often put forward by the same interviewees. By 'strategic behaviour', we mean behaviour that is carefully planned in order to manage the risks involved—typically the risk of being stopped by the police.

One central risk management strategy concerns the question of *how* you should drive in order not to attract the attention of the police. Anders, 69 years old, and a practised drink-driver, explains

I drive more carefully, but not too slowly. If you have a police car behind you and you drive too cautiously on a motorway, or elsewhere for that matter, they think something is wrong with you. . . . If you have a police car in front of you and they drive 70 where you are allowed to drive 80, for instance, I overtake calmly and quietly If you stay behind them, they think you're afraid of them. I overtake and sometimes I wave my hand at them and they wave back.

Other strategies are related to the *when* and *where* you should drive in order to minimize the risk of detection. Per, 44 years old, has driven under the influence of alcohol 'hundreds or thousands of times' and also during periods when he has lost his driving license after a DUI conviction. Per says:

I have never driven during weekends or at night . . . only in the morning and afternoon when there is a lot of traffic on the road. I have driven [drunk] behind or in front of the police many times without a licence . . . but nothing happens if you know how to behave.

Part of Per's strategy is to avoid small roads: 'If you meet the police on a small road where you're the only driver, they almost certainly stop you.' Other interviewees disagree with Per on the question of small roads and say it is safer to drive on them because the police only have the resources to control the motorways. Some of the younger drink-drivers living in the countryside, for instance, say that they always take the 'liquor road' home when they have been partying in town, referring to a carefully planned route involving small roads where they have never seen police cars. Another question surrounded by disagreement is whether the risk of detection is bigger or smaller if you drive in a work car (a car with yellow number plates). A couple of middle-aged interviewees say that the police are more focused on private cars and that they often let yellow-plated cars pass uncontrolled in traffic operations. Other interviewees say that this is a tall story or, alternatively, that things have changed and that the police are (now) especially attentive to cars with yellow number plates.⁶ Thomas, 32 years old, whose drink-driving for many

⁶Of these two alternatives, the second seems to be closer to the actual practice of the police than the first. The police tell us that they pay more attention to work cars than to private cars when it comes to stopping drivers for DUI.

years has been interwoven with his work life as a paver, says 'Never drive drunk on a Friday and never ever drive home in your work car Thursday or Friday night . . . Always use your own car. Both times I was busted I was driving in a car with yellow plates'.

Not all our interviewees describe risk management strategies when driving under the influence of alcohol. Mike, 39, says he was a daily drink-driver for many years when he commuted between his home town and his work place in a bigger city, but he never took any precautions: 'I drove long distances all times of the day, morning, noon, evening, night. I drove like a lunatic, dead drunk in a company car . . . It's incredible that they didn't stop me, incredible.' On the other hand, Liz, 20, is of the opinion that 'all people think about these things when they drive under the influence. They all get themselves a regular route where they drive when they are drunk'—Liz just believes that many people do not want to admit they use these strategies.

A very visible pattern in the interviewees' descriptions of their risk management strategies is that all of them concern the risk of being detected (typically by the police but sometimes also by the driver's partner or neighbourhood) and not the risk of getting involved in accidents. The following section touches upon some of the explanations for this imbalance in the interviewees' (reported) risk management strategies.

Drink-Driving and Control

The third dimension of risk accounting concerns the interviewees' presentation of themselves as being 'in control' of their own drink-driving. Just like the second dimension above, this dimension seems to clash with the interviewees' insistence that they 'do not think' when they drink-drive. It also conflicts with the many incidents of actual black-outs, road accidents (of varying severity) and high blood alcohol levels that the interviewees report. Nevertheless, a very typical statement among the drink-drivers in our sample is that they are also safe drivers when they are drunk and that they (almost) never lose control of the car. Thomas, 32, explains: 'I have never run somebody down or been involved in other serious accidents when I've been drunk. So my conscience is fairly clear . . . I have never driven in a rotten manner, never. I have always driven decently.' Claire, 43 years old, says the following about the incident when she was apprehended by the police: 'I didn't make mistakes or anything. I drove very nicely . . . The police actually told me I drove well. They just stopped me because I had a problem with my headlights.' And Dirk, 66, describes a specific occasion when he and his wife were on their way home in their car after a dinner party: 'We drove round the roundabout and my wife said to me "You're such a good driver even when you have been drinking" . . . I never drive poorly when I'm drunk.'

Humour and self-irony are sometimes used in these accounts about the drink-driver being in control. Kenneth, 34, says 'I am the best driver in the world, you know [laughs]. I believe that's what I thought. Now that I'm cold sober, I can ask myself what the hell I was thinking of'. Like Kenneth, many interviewees use expressions like 'the world's best driver', 'superman behind the wheel' or an 'extraordinarily good driver' to describe their self-conception at the time of the DUI. These humorous remarks indicate a certain distance between the subject position the participants place themselves in during the interview and the one they say they occupied when they committed the act of DUI. They used to think they were impeccable drivers but today they realize that this was partly self-delusion. We write 'partly' here because most interviewees still seem to regard

themselves as relatively safe drivers even when they are drunk. To the extent that they acknowledge drink-driving as risk behaviour, it is mostly with reference to *other people's* unexpected acts or foolish behaviour and not because of their own impaired driving ability when drunk. Because they are able to retain a certain degree of control over their DUI—even in situations when they were 'dead drunk' and 'did not think'—they do not really jeopardize the lives of other people, at least not in the way the average drink-driver would, they reason.

Drink-Driving and 'Normalcy'

The fourth dimension of accounting we will analyse concerns the tendency among the interviewees to 'normalize' their DUI. 'Normalize' means two things here. First, participants are often of the opinion that 'most people in Denmark' drive under the influence of alcohol now and then. The others have just been lucky enough not to be caught by the police, say the participants who know from their own experience that the probability of getting stopped for drink-driving is very low (as already mentioned, many of them have practised DUI for years without being apprehended by the police). Second, many interviewees normalize drink-driving by presenting this behaviour as exceptionally prevalent in their own social environment. In these cases, the interviewees describe—or, sometimes, excuse/legitimate—their driving under the influence by referring to a collective DUI identity in the specific part of the population they belong to.

A social identity as drink-driver may be formed and enacted together with other people, such as in the interviewees' neighbourhood, at their workplace or in their group of friends and acquaintances. In either case, the DUI identity is described as something that transcends the individual. By relating to a particular social identity, individuals become capable of acting according to the norms in their social group without necessarily feeling that they 'choose' to behave in a particular way when action is required. Furthermore, it is often, but not always, in social situations together with one's reference group that the 'decision' to drive under the influence is made. Risk taking in the form of drink-driving, then, may be seen as socially conditioned behaviour in specific settings (Lupton 1999; Wilkinson 2001; Lupton 2002; Zinn and Taylor-Gooby 2006; Pilkington 2007), such as drinking beer with one's workmates at knocking-off time, or gathering with other kids in order to drink outside the local petrol station—both examples mentioned by several of the participants.

In our interviews, two rather different kinds of social DUI identities are especially conspicuous, one relating to a specific professional group, the other to sub-cultural street life.

DUI Identity: 'We the Carpenters'

Daily beer drinking together with colleagues during working hours was, until recently, very prevalent in Denmark, especially among blue-collar workers. Jørgen, a middle-aged carpenter, explains:

Jørgen: The masons and bricklayers were the worst.

Interviewer: How about in your own working environment?

Jørgen: What do you mean?

Interviewer: I am thinking about the people *you* worked with.

Jørgen: Drinking is drinking. I don't know. We had a custom of drinking. . . . We went to work at 7.30 am. At 8.30 we had 'lunch' and a bucket full of beers would come to the table. The same happened at 10.30 when we had [another] fake lunch and again at 12 and 2.30. It has always been like this amongst construction workers.

According to Jørgen, drink-driving was a natural part of this work-related alcohol culture. Throughout the day and week, he and his colleagues had BAC levels that exceeded the legal limits for DUI and, because they used their cars both during the work day and to drive to and from work, a commitment to the identity of heavily drinking carpenter also involved repetitive drink-driving—a practice Jørgen and the others 'did not really reflect upon'.

Drinking at workplaces has diminished considerably since Jørgen entered the labour market 20–25 years ago (Järvinen 2003) and, in National Health Board surveys in 1997, 2002 and 2005 involving approximately 2,000 representative Danish companies, a steady increase is shown in the implementation of policies against alcohol consumption in the workplace. In 2005, 89 per cent of the companies reported having a policy against alcohol and the large majority of these companies claim that the rules and guidelines *are* being followed by the employees (Sundhedsstyrelsen 2002; 2005). Most of our interviewees agree with this and think that the restrictions on workplace drinking is a positive development, while a few say they miss the 'community spirit' and sociability that drinking together with their colleagues used to be associated with. Yet, the old 'we carpenters drink a lot' identity is visible also among some of our youngest interviewees. Carpenters are not *expected* to drink at work anymore but some of them still do, and many have a couple of beers with their colleagues after work, especially Friday afternoon, before driving home. For the young carpenters we have interviewed, driving under the influence of alcohol (probably with lower BACs than their predecessors, though) is still a natural part of their professional identity. Jesper, a blacksmith in his early twenties, says that his girlfriend sometimes criticizes him for drinking too much, but that 'she has to understand that me and my friends drink a lot—we are carpenters, aren't we?'. Jesper drives under the influence now and then and obviously regards an eventual apprehension by the police as a practical problem rather than a moral matter. Asked about how his employer took it when he lost his driving licence, Jesper answers 'He did not say a thing. He said it could have happened to everybody'.

DUI Identity: 'I Come from a Rough Neighbourhood'

In particular, the younger drink-drivers in our sample tend to relate hazardous driving to a 'rough neighbourhood' lifestyle that is often associated with crime, violence, extensive alcohol and drug use—and sporadic or more repetitive drink- (and drug-) driving. This pattern can be seen among participants from both rural and urban environments. The focus among these interviewees is not on drink- and drug-driving as hazardous, but more on how one can control the DUI, and the risk of getting stopped by the police, and thereby gain respect in one's social environment. Drink- and drug-driving in these cases is part of a broader repertoire of activities together with one's peers testing the

boundaries between legality and illegality, control and loss of control. The following excerpts from the interview with Freddy, 20 years old, show how DUI may be considered 'normal' behaviour in a group of friends:

Freddy: Two and a half years ago I was involved in a car accident The driver had a BAC of 0.22. I was asleep in the car when it happened, so I don't remember anything from the accident. They tell me I was four minutes from bleeding to death

Interviewer: Were you drunk too?

Freddy: Yes. I had been drinking and then I asked him [the driver, Freddy's friend] if he could take me home. He did not want to. So I said: 'I'm going in the car to get some sleep. Wake me up when we are leaving!' And the next thing I remember is the white walls at the hospital after having been in a coma for four days.

Interviewer: Can you tell me how much you have considered that driving under the influence may be dangerous?

Freddy: Well, the thought hits you every time you drive the car if you have been drinking a little

Interviewer: But you drive the car anyway?

Freddy: Yes.

Interviewer: How come?

Freddy: I actually don't think I can answer that question.

Due to his own near-death experience, Freddy knows the potentially fatal consequences of drink-driving better than many of the other young drink-drivers who have not been involved in serious accidents. But he disregards this experience and decides to drink-drive himself, because it is a common—and socially legitimate—thing to do in his social network: 'I know a lot of people who always drink-drive at the weekends. They go out, they take the car, and they get seriously pissed, and then they might just as well drive the car home.'

Ib, a young man from the countryside, was stopped by the police for speeding within city limits with a BAC of 0.1 per cent. When asked about how his friends took it, he refers to the same collective drink-drive attitudes as Freddy: 'Well, some of my friends told me that it was extremely stupid [but] they probably meant that *getting caught* was stupid.' Prior to his conviction, Ib had once written off a car when losing control on a bend while driving at 140 km/h. He was racing with a few other cars between two parties and heavily influenced by alcohol. During the interview, Ib often emphasizes the problem of risking the lives of other people by describing drink-driving as 'completely irresponsible'. But, at the same time, he is (or was) part of a social group of people who regularly drive when drinking and doing drugs, and whose behaviour he obviously still accepts. He thus lets the norms of his social group overshadow his own ambitions—as described in the interview—to 'behave decently and responsibly'.

References to a carpenter identity or living in a rough neighbourhood are not the only ways of 'normalizing' drink-driving among the participants. Some interviews also contain information about family members' convictions for DUI (fathers, brothers, uncles and brothers-in-law are mentioned), indicating that drink-driving, and often also heavy drinking, is an integrated part of the interviewee's social environment. Furthermore,

female interviewees often say that they drink and drink-drive less than their husbands or boyfriends. The impression one gets from these interviews is that it is the male partner who usually drives when the couple is out drinking and that it is only exceptionally, when the husband/boyfriend is extraordinarily drunk, that the woman is assigned the task of driving. In these cases, the female interviewees are often indignant at the DUI conviction, feeling that they were wrongfully arrested for a behaviour that is far more prevalent—in essence ‘normal’—among the male members of their social network.

Discussion

This paper has analysed four dimensions of accounting in interviews with drink-drivers. In this concluding section, we focus on the temporal and social dimensions of the participants’ reflections on drink-driving as risk behaviour. Much of the contents of the four dimensions described above may be read as attempts at self-defence and legitimizations/excuses on the part of the participants (cf. Sykes and Matza 1957). Driving under the influence of alcohol is an illegal act, and an act (at least at the higher BAC levels) surrounded by strong moral condemnation in society. The interviewees are naturally aware of this condemnation and therefore struggle to present themselves as individuals who, despite the fact that they have been convicted of drink-driving, are reasonable and responsible. As Douglas (1992: 31) points out, people relate to risks by the use of culturally constructed ‘censors’, with culture here meaning ‘a system of persons holding one another mutually accountable’. Risk taking—and retrospective talk about this risk taking—is always an ethical project where ‘a person tries to live at some level of being held accountable which is bearable and which matches the level at which that person wants to hold others accountable’ (Douglas 1992: 31).

Of Sykes and Matza’s (1957) five techniques of neutralization—denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners and appeal to higher loyalties—four are clearly visible in our interviews. The tendency of the participants to define drink-driving as a non-deliberate act corresponds to Sykes and Matza’s ‘denial of responsibility’. Sykes and Matza (1957: 667) describe the ‘billiard ball’ self-presentations of individuals who deny responsibility by pointing at ‘forces beyond their control’ as explanations of their deviant acts. In a similar way, our interviewees say they were ‘at the mercy of alcohol’ and therefore ‘did not choose’ to drive under the influence. Three interviewees even claim that they were ‘set up’ to drink-drive, that other people (e.g. a partner or friend they were on bad terms with) tricked them into driving, knowing full well that they risked being stopped by the police. Because DUI was a non-volitional act on their part, and an act other people made them commit, they appear less blameworthy than they would otherwise have been. In parallel with this description of themselves as not being in charge, however, the interviewees also claim that they were able to control their driving. Although they were drunk and ‘did not know what they were doing’, they nevertheless drove cautiously and correctly. They were therefore not really a danger to their surroundings—a claim that may be compared to Sykes and Matza’s (1957) ‘denial of injury’. Sykes and Matza talk about acts that are ‘illegal but not immoral’ and this is exactly the line of reasoning many of our interviewees use. They admit to having committed an illegal act but, because they regard themselves as skilled drivers who do not risk the lives of other people, they do not define their behaviour as immoral.

There are also elements of 'condemnation of the condemners' and 'appeal to higher loyalties' in the interviews. Some drink-drivers are of the opinion that all Danes practise DUI now and then and that people who condemn DUI are, therefore, 'hypocrites' or 'deviants in disguise', as Sykes and Matza (1957: 668) put it. A conviction of DUI is 'a matter of luck' rather than a righteous sanction that sets them apart from other people, the interviewees reason. Many of them also 'normalize' their DUI by referring to the social milieu they belong to or used to belong to. In doing this, they neutralize their behaviour, not by rejecting the norms in society at large, but by temporarily according precedence to 'other norms, held to be more pressing'—cf. Sykes and Matza's (1957: 668) description of 'appeal to higher loyalties'. The last of Sykes and Matza's techniques of neutralization, 'denial of the victim', is not really present in our interviews, apart from in one exceptional case. This is an episode in which a drink-driver collided with another car, the driver of which was also drunk. Although the interviewee admits that the accident was his fault, he shows no regret whatsoever in relation to the other driver, whom he clearly does not regard as a 'victim' but as someone who deserved what happened to him. In the rest of the interviews, the victims of alcohol-caused accidents are regarded as innocent others who certainly ought to be pitied.

Douglas (1992: 44) criticizes research approaches that assume that 'risk taking is a trait of individual personality'. Risk analyses should, according to her, take into consideration inter-subjectivity, consensus making and social influences on decisions. In risk taking and risk assessment, the self and its surroundings should be seen as reciprocal notions (Douglas 1992: 103; Lianos 2000). 'Risk', in this perspective, is not a thing, but a 'social way of thinking and a highly artificial contrivance at that' (Douglas 1992: 46). Similarly, Pilkington (2007: 373–4) analyses risk understandings as 'ambiguous, contradictory and changing' and as founded not in cognitive judgments alone, but also in 'hermeneutic judgments' (see also Zinn 2008) embodied in taste, lifestyle, leisure and sub-cultural group membership. As Emirbayer (1997: 294) points out, agency (here, risk behaviour) is always a dialogic process, by means of which actors 'enter into relationships with surrounding persons, places, meanings, and events'. Risk behaviour is not a 'self-actional notion of the human will', but a dynamic process inseparable from the unfolding dynamics of social consensus making and changing frameworks of time and place (Emirbayer 1997: 294).

That risk understandings may be 'ambiguous, contradictory and changing' (Pilkington 2007: 373–4) and that risk behaviour varies in accordance with 'the *durée* of lived experience' (Emirbayer 1997: 287) is very visible in our interviews. Contradictions show, for instance, in the participants' time-related reflections on control. On the one hand, they say they felt 'in control' of their vehicle at the time when they drove under the influence. On the other, their retrospective assessments often contain a redefinition of this condition: they *thought* they were in control but now they 'know better'. Typically, however, this redefinition is ambiguous. The participants insist that they *are* able to drive their car safely even when they are 'dead drunk', and hence that their drink-driving is not really risk behaviour. Their potential—momentary—loss of control was something they allowed themselves to do and therefore a form of 'controlled loss of control' (Measham *et al.* 2001). Contradictions also show in the participants' tendency to account for their drink-driving with reference to their social network. Many interviewees describe drink-driving as being, or having been, normal and acceptable behaviour among their friends and/or workmates. At the same time, however, they say that the norms and

practices of their social network are reprehensible and that they have now dissociated themselves from them. They do not associate with their old friends/workmates anymore and, if they do, they no longer identify with the network's (illegitimate) norms. Still, when asked to reflect upon drink-driving as potential risk behaviour, they refer to exactly these norms, indicating that drink-driving is not really dangerous if one is an experienced (drink-) driver, that DUI is sometimes 'a practical necessity' (if there is no public transport available, for instance) and that it is important to know how to 'cheat the police' when driving under the influence.

The interviews illuminate drink-driving as it is legitimated and experienced by the participants. What stands out in relation to a risk perspective is, first and foremost, that the interviewees only marginally see their own behaviour as dangerous to other people (or themselves, for that matter). That they nevertheless claim to respect the moral standard of not risking harm to innocent others is a paradox in this perspective. The 'risk management' they practise when they drink-drive is primarily focused on avoiding detection and seldom—as far as can be seen from the interviews—on strategies aimed at reducing the risk of accidents. Although most participants agree that alcohol affects road safety in a negative way, they tend to regard the risks of drink-driving as related to other people's behaviour: inexperienced and reckless (drink-) drivers or other road users' unpredictable acts in general, and not to their own impaired driving ability.

One of the central assumptions behind Sykes and Matza's (1957) theory on neutralization is that justifications and excuses do not only *follow* deviant acts, making it easier for agents to handle blame retrospectively: neutralization also *precedes* deviant acts and increases the probability that they will be committed again (Järvinen 2000; Järvinen and Demant 2011). A considerable number of the participants in our study have practised drink-driving time and time again and, very likely, some of them will continue with this behaviour.

It is our claim that the four dimensions of accounting described above have something to say about the participants' future drink-driving probability. The more the interviewees neutralize their own behaviour by saying that they did not choose to drive under the influence; that they are exceptionally good and safe drivers even when drunk; and that DUI is normal (in society at large or in their own social group), the more probable it is that they will drink-drive again. And, conversely, the more they tell us that they did have a choice; that their own DUI behaviour is as dangerous as that of other drivers; and that they no longer feel that they belong to a subgroup of heavy drinkers and routine drink-drivers, the lower is the probability that they will relapse to DUI. In essence, the less they turn to techniques of neutralization when talking about their drink-driving, the lesser is the risk of relapse. And, related to this, the more marked the difference is between the subject position of the interviewees at the time of the drink-driving and their subject position in the interview situation—as self-reflexive individuals looking *back* on their own behaviour—the better their 'prognosis' in terms of dropping their DUI practice.

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REFERENCES

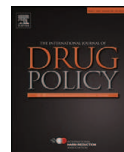
- ANDERSON, P. (2007), *Reducing Drinking and Driving in Europe*. London: Institute of Alcohol Studies.
- BEHRENSDORFF, I. and STEENTOFT, A. (2003), 'Medicinal and Illegal Drugs among Danish Car Drivers', *Accident Analysis and Prevention*, 35: 851–60.
- BERNHOF, I. M., HELS, T. and HANSEN, A. S. (2008), 'Trends in Drink Driving Accidents and Convictions in Denmark', *Traffic Injury Prevention*, 9: 395–403.
- BERNHOF, I. M., HELS, T., RENDSVIG, T. L. and OROZOVA-BEKKEVOLD, I. (2007), *Karakteristik af spiritusbilisten [Characteristics of a Drink-Driver]*. Copenhagen: Danmarks Transportforskning.
- BOHOLM, A. (1996), 'Risk Perception and Social Anthropology: Critique of Cultural Theory', *Ethnos*, 61: 64–84.
- CARSTENSEN, G. and LARSEN, L. (2009), *Evaluering af kurser i alkohol og trafik (A/T-kurser) [Evaluation of A/T-Courses]*. Lyngby: DTU Transport.
- DOUGLAS, M. (1986), *Risk Acceptability According to the Social Sciences*. London: Routledge and Kegan Paul.
- DOUGLAS, M. (1992), *Risk and Blame: Essays in Cultural Theory*. London and New York: Routledge.
- ELLWANGER, S. J. (2007), 'Strain, Attribution, and Traffic Delinquency among Young Drivers: Measuring and Testing General Strain Theory in the Context of Driving', *Crime and Delinquency*, 53: 523–51.
- EMIRBAYER, M. (1997), 'Manifesto for a Relational Sociology', *American Journal of Sociology*, 103: 281–317.
- European Monitoring Centre for Drugs and Drug Addiction (2007), *Drugs and Driving*, Selected Issue. Lisbon: EMCDDA.
- HILLYARD, P. and TOMBS, S. (2007), 'From "Crime" to Social Harm?', *Crime, Law and Social Change*, 48: 9–25.
- HILLYARD, P., PANTAZIS, C., TOMBS, S. and GORDON, D., eds (2004), *Beyond Criminology: Taking Harm Seriously*. London: Pluto Press.
- ICAP (2002), *Blood Alcohol Concentration Limits Worldwide*. ICAP Reports 11/May 2002: International Center for Alcohol Policies.
- JÄRVINEN, M. (2000), 'The Biographical Illusion: Constructing Meaning in Qualitative Interviews', *Qualitative Inquiry*, 6: 370–91.
- JÄRVINEN, M. (2003), 'Drinking Rituals and Drinking Problems in a Wet Culture', *Addiction Research and Theory*, 4: 217–33.
- JÄRVINEN, M. and DEMANT, J. (2011), 'The Normalization of Cannabis Use among Young People. Symbolic Boundary Work in Focus Groups', *Health, Risk & Society*, 13: 165–82.
- KATZ, J. (1988), *Seductions of Crime: Moral and Sensual Attractions in Doing Evil*. New York: Basic Books.
- LIANOS, M., and DOUGLAS, M. (2000), 'Dangerization and the End of Deviance: The Institutional Environment', *British Journal of Criminology*, 40: 261–78.
- LUPTON, D. (1999), *Risk*. London: Routledge.
- LUPTON, D. (2002), 'Road Rage: Drivers' Understandings and Experiences', *Journal of Sociology*, 38: 275–90.
- LUPTON, D. and TULLOCH, J. (2002 a), '"Life Would Be Pretty Dull without Risk": Voluntary Risk-Taking and Its Pleasures', *Health, Risk and Society*, 4: 113–24.

- LUPTON, D. and TULLOCH, J. (2002 b), “‘Risk Is Part of Your Life’: Risk Epistemologies among a Group of Australians’, *Sociology*, 36: 317–34.
- MEASHAM, F., ALDRIDGE, J. and PARKER, H. (2001), *Dancing on Drugs: Risk, Health and Hedonism in the British Club Scene*. London: Free Association Books.
- National Commissioner (2002), *Undervisningsplan for A/T-kursus [A/T-Curriculum]*. Copenhagen: Rigspolitichefen, 24 January.
- PILKINGTON, H. (2007), ‘Good Company: Risk, Security and Choice in Young People’s Drug Decisions’, *Sociological Review*, 55: 373–93.
- REITH, G. (2005), ‘On the Edge: Drugs and the Consumption of Risk in Late Modernity’, in S. Lyng, ed., *Edgework: The Sociology of Risk-Taking*, 227–46. New York: Routledge.
- RHODES, T. (1997), ‘Risk Theory in Epidemic Times: Sex, Drugs and the Social Organisation of “Risk Behaviour”’, *Sociology of Health and Illness*, 19: 208–27.
- ROCAKOVA-FILEMON, P. F. and EKSLER, V. (2008), ‘Evaluation of the 0.0 BAC Limit for Drivers of Road Vehicles in Czech Republic, Slovakia, Hungary and Croatia’, *Police Enforcement Policy and Programmes on European Roads: Working Paper 41*.
- SafetyNet (2009), *Alcohol*, available online at http://ec.europa.eu/transport/road_safety/specialist/knowledge/pdf/alcohol.pdf.
- SHINER, M. and NEWBURN, T. (1997), ‘Definitely, Maybe Not? The Normalization of Recreational Drug Use amongst Young People’, *Sociology*, 31: 511–29.
- Sundhedsstyrelsen [National Board of Health] (2002), *Undersøgelse af sundhedsfremme på arbejdspladser 2002 [Investigation of Health Improvements at Danish Work-Places]*. Copenhagen: Sundhedsstyrelsen.
- Sundhedsstyrelsen [National Board of Health] (2005), *Sundhedsfremmeordninger på arbejdspladser 2005 [Health Improvement Arrangements at Danish Work-Places]*. Copenhagen: Sundhedsstyrelsen.
- SYKES, G. M. and MATZA, D. (1957), ‘Techniques of Neutralization’, *American Sociological Review*, 22: 664–70.
- WAAGE, N. (2007), *Spirituskørsel mv. [Drink-Driving etc.]*. Copenhagen: Forlaget Thomsen A/S.
- WILKINSON, I. (2001), ‘Social Theories of Risk Perception: At Once Indispensable and Insufficient’, *Current Sociology*, 49: 1–22.
- ZINN, J. (2008), ‘Heading into the Unknown: Everyday Strategies for Managing Risk and Uncertainty’, *Health, Risk and Society*, 10: 439–50.
- ZINN, J. (2009), ‘The Sociology of Risk and Uncertainty: A Response to Judith Green’s “Is It Time for the Sociology of Health to Abandon Risk?”’, *Health, Risk and Society*, 11: 509–26.
- ZINN, J. and TAYLOR-GOOPY, P., eds (2006), *Risk in Social Science*. Oxford: Oxford University Press.

Self-governance, control and loss of control amongst drink-drivers

This paper analyses driving under the influence of alcohol and drugs from a governmentality perspective. Four drink-driver profiles are identified: regular heavy drinkers who regard themselves as addicted; regular drinkers who claim they are in control of both their alcohol use and their drink-driving; occasional multi-substance users who associate their DUI with strong feelings of control loss; and occasional drinkers or drug users with limited experience of drink-driving. The paper analyses drink-driving as a form of “failed self-governance” and shows how some of the convicted drink-drivers negotiate guilt and blame by either justifying their DUI (they were “in full control” and hence did not risk other people's lives) or excusing it (they had “lost control” over their alcohol and/or drug intake and therefore did not engage in DUI of their own free will).

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Research paper

Self-governance, control and loss of control amongst drink-drivers

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ABSTRACT

This paper analyses driving under the influence of alcohol and drugs (DUI) from a governmentality perspective. The paper is based on qualitative interviews with 25 persons, convicted of drink-driving and at the time of the interviews participating in Alcohol/Traffic courses in Denmark (mandatory courses for DUI-convicted people). Four drink-driver profiles are identified: regular heavy drinkers who regard themselves as addicted; regular drinkers who claim they are in control of both their alcohol use and their drink-driving; occasional multi-substance users who associate their DUI with strong feelings of control loss; and occasional drinkers or drug users with limited experience of drink-driving. The paper analyses drink-driving as a form of “failed self-governance” and shows how some of the convicted drink-drivers negotiate guilt and blame by either justifying their DUI (they were “in full control” and hence did not risk other people’s lives) or excusing it (they had “lost control” over their alcohol and/or drug intake and therefore did not engage in DUI of their own free will).

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Introduction

Set within a framework of governmentality theory (Cruikshank, 1999; Foucault, 1991; Rose, 1989), this paper analyses driving under the influence of alcohol and drugs (DUI), control and loss of control, as experienced by a group of convicted drink-drivers in Denmark. We focus on the conflict between drink-driving and late modern ideals of rational and responsible “self-governance” (Cruikshank, 1999; Rose, 1989). Drink-drivers not only risk their own safety and well-being, which in and of itself is a break with the norms concerning ideal self-governance; they also risk the safety and well-being of other road users. Their behaviour therefore provokes the question as to whether they engage in DUI of their own free will, or whether their position as sovereign subjects has somehow been overthrown by an “enslaving force” conceptualised as addiction (Weinberg, 2002). In the present paper, we focus on a group of drink-drivers’ answers to this question, analysing their accounts as part of a struggle for legitimate self-representation.

In Denmark, driving with a blood alcohol concentration (BAC) level of 0.05% or above is defined as DUI and subject to sanction. BACs between 0.05 and 0.2 carry a graded fine and 3 years suspension or conditional suspension of the driving licence, whilst BACs above 0.25 carry 20 days of imprisonment. Since 2002 all Danish

drivers who have had their licence unconditionally suspended or have been banned from driving due to DUI have had to pass a course on alcohol and traffic safety (A/T course) before being able to regain their licence. In 2005 the system was extended to include drivers with conditional suspensions. In practice, this means that today everyone who has been caught driving with a BAC of minimum 0.05% needs to pass an A/T course if they wish to be able to legally drive a car. The aim of the A/T courses is to “influence the participants to refrain from driving a motorised vehicle whilst under the influence of alcohol” by teaching them to know the limits of drink-driving and to pay attention to the risks DUI is associated with (National Commissioner, 2002).

The paper is based on qualitative interviews with 25 people, convicted of DUI and contacted at A/T courses. In line with the theoretical approach mentioned above we regard the A/T courses as an institutional response to “unsuccessful self-governance” on part of the convicted drink-drivers and as an attempt to turn the participants into responsible risk-managers. However neutrally the aim of the A/T courses is defined, the interviewees have been convicted of an offence that the population at large define as a serious crime (Mandag Morgen, 2011). According to Danish population surveys, the attitudes towards drink-driving have become increasingly negative in recent years and today two thirds of the population are of the opinion that “the sanctions for DUI should be harshened” (Mandag Morgen, 2011). In this perspective, a conviction of drink-driving, and mandatory participation in an A/T course, may be seen as a threat to a person’s identity as ethical subject. The paper addresses the interviewees’ attempts to come to terms with this threat.

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Theoretical frame

In late modern times, individuals have to constantly work on themselves in order to accomplish self-discipline and demonstrate that they lead rationally regulated lives (Foucault, 1991; Rose, 1989). Binkley (2009: 88) analyses self-governance as work “performed by a cognitive rationality on the stubborn stuff embodied in the un-thought categories of habit and everyday practice”. Self-governance is an “application of rational programmes to embodied sensibilities” and a dynamism operating between reflexive action and the pre-reflexive dispositions of the individual (Binkley, 2009: 88). Self-governance is an ethical project in which individual actors go to work on some part of themselves “whose movement is deemed to be contrary to some other desired purpose” (Binkley, 2009: 90). Binkley uses Bourdieu's concept of *habitus* to analyse the pre-reflexive disposition of the body which the reflexive, self-governing subject works on. *Habitus* is, according to Bourdieu (1990) the source of practical action embodied in individuals as the result of their position in society as well as their relationship to significant others, rather than an entity determined by physiological and mental preconditions. Individual habits, such as drinking or driving habits, are within this perspective seen as socially anchored habits, i.e. they refer to relationships that exceed the individual actor as a singular entity, situating him or her as a social being performing in accordance with individually embodied but socially conditioned dispositions (Bourdieu, 1977, 1990). *Habitus* contains the pre-cognitivist dimensions of action, shaped by the individual's social history, and is a “layer of embodied experience that is not immediately amenable to self-fashioning” (Binkley, 2009: 99; McNay, 1999: 102). *Habitus* is the un-thought which must be corrected and made reflexive in order for the individual to be a successful self-governor.

Alcohol and drugs may be seen as exceptionally interesting phenomena when it comes to ideals of self-governance. Habitual alcohol and drug use has traditionally been conceptualised through a medical model defining it as an individual pathology. According to this model, alcohol and drugs may trigger a deterministic process which compels some users to behave in particular, uncontrolled ways (Levine, 1978; May, 1997; Valverde, 1998, 2002). The medical model adds causality to the relationship between alcohol/drugs and certain kinds of unwanted behaviour by stipulating, first, that these behaviours stem from the character of the substances themselves and second, that some individuals are predisposed to act upon alcohol and drugs in pathological ways. Addicts lose control because of the drugs they use but for individual reasons should have stayed away from. In this perspective, alcohol and drugs are seen as substances capable of destroying the users' rationality and free will, the most valued underpinnings of human dignity in the western world (Sulkunen & Warpenius, 2000).

In late modern societies, “addiction” (to a broad range of substances and practises) may be seen as an even greater challenge to the ideal ways of being and becoming in the world. Freedom is no longer a coveted condition but rather an obligation for everybody; it is through the exercise of freedom that individuals become individuals, capable of realizing themselves (Reith, 2004). Self-governance through freedom – including the work to attain and preserve good health, and a sensible and responsible lifestyle in general – has become the primary programme of governance. Self-governance is perceived as a moral accomplishment and people who fail to live up to the standards are often seen as lacking both self-efficiency and social responsibility (Lupton, 2000; Rhodes, 1997).

In parallel with this development, consumption has become an increasingly important sphere of people's daily lives, a sphere that also contains an invitation for the individual to strive for pleasure and self-fulfilment. The consumerist ethic of late modern society pays tribute to hedonism – yet disordered consumption

and addiction (to whatever goods or practises) are seen as more problematic than ever. As Reith (2004: 286) points out, addiction is reprehensible, because it “turns the sovereign consumer on its head, transforming freedom into determinism and desire into need”. Addicts destabilise the stipulated hierarchy of mind and body, allowing their consumption to be steered by craving and uncontrolled repetition. Hence, disordered consumption (of alcohol, for instance) signals a loss of rationality and a problematic “privileging of the body over the soul” (Lupton, 2000: 216). The body of the addicted individual is seen as the direct antithesis of the self-contained and healthy body that is the ideal of western societies (Lupton, 2000: 214). And people suffering from addiction are seen as subjects not living up to their duties as sovereign citizens, who ought to continuously reflect on their strengths and weaknesses in order to improve the former and repair the latter.

This ethical dilemma becomes even more conspicuous in cases where one individual's problematic consumption tangibly threatens the well-being or safety of other individuals, as in the case of drink-driving. Here, unsuccessful self-governance is not only linked to the social status (or loss of social status) of one individual but also to the status of fellow citizens, including “conscientious” individuals leading rational and responsible lives. Hence, drink-drivers may be seen as occupying an extremely problematic position in relation to other people by being identified as (1) disordered consumers, who (2) do not keep their consumption from potentially affecting others in a negative way, and who therefore (3) are met with the question as to whether they deliberately chose this behaviour or were steered into it by forces they cannot control.

Methods and data

Data collection

The paper is based on qualitative interviews with 25 convicted drink-drivers in Denmark – 20 men and five women – contacted whilst they attended courses in Alcohol and Traffic safety (A/T courses) in 2010. The five Danish Regions are responsible for organising A/T courses at various locations all over the country. Courses are held in the evening at local alcohol and drug treatment centres or at health schools. They consist of one weekly session of 2–3 h over 4 weeks (Carstensen & Larsen, 2009). Participants need to sign up for the course themselves and pay a fee of 2,000 Danish crowns (approx. 270 Euro).

Teachers at three different A/T courses helped us recruit interviewees by handing out a short folder about our research project and asking those who were interested to contact us. It was made clear that participation in the project was voluntary and that it had nothing to do with participants passing the course. All interviewees received a gift voucher to the value of approx. 40 Euro. The interviews were carried out either in close proximity to the A/T course, e.g. in a neighbouring classroom (18 interviews), in the participants' homes (six interviews), or at our workplace (one interview). They lasted from 48 to 110 min, with an average length of about 80 min. All interviews were recorded and later transcribed.

We used a semi-structured interview guide, which focused on five broad themes: the circumstances of the participant's current DUI arrest (and possibly previous DUI arrests), the participants' attitudes towards and experiences with drink-driving, their alcohol use and possible experience with illegal drugs, their work history, and their family situation. We did not follow the interview guide strictly but rather used it as a check-list towards the end of each interview. This was because we wanted the participants to describe their experiences as freely as possible, in their own way and in their own words. We took care to create a relaxed and informal

atmosphere and to make the interview as different from an interrogation as possible.

Sample

The average age of the interviewees was 38; the youngest was 20 years old and the oldest 69. As regards occupational status, five were carpenters, six were unskilled workers, three were students or trainees, two had retired early (one housewife, one civil engineer), two were old age pensioners, and the rest of the sample consisted of one clerk (in job training), one cosmetologist, one cook, one self-employed person and three unemployed people. About half of the sample (13 people) were married/cohabiting, two were in a steady relationship but lived alone, seven were single or divorced, and three were widowers. The sample reported a high rate of repetitive DUI: one-third of the participants had been arrested for DUI at least once before their current conviction, and almost all admitted to having driven whilst drunk at least five times prior to their last arrest (with more than half of the sample admitting to regular DUI over longer time spans). Many interviewees, especially the younger ones, said they have experience with driving under the influence of both alcohol and drugs. Because none of them had been convicted of drug-driving whilst all had been convicted of drink-driving, we refer to all interviewees as “drink-drivers”.

Data analysis

As mentioned in the introduction, the question of control vs. loss of control is central to the negotiations of risk and blame in relation to drink-driving. It is also a crucial ingredient in our participants' narratives of self and in their attempts to come to terms with the ethical dilemma of a DUI-conviction. There is considerable variation in how the interviewees describe their own relationship to alcohol (and for the younger interviewees: drugs) and how they account for their DUI. Some see themselves as addicted to alcohol or drugs and their DUI as a consequence of their lack of control over these substances. In this, they also explain their drink-driving with reference to a force (their “addiction”) they cannot or could not control, hence indicating that they did not engage in DUI on their own free will. Other interviewees say that they drink “a lot” but that they are in full control of their behaviour, including their DUI. Seen from a self-governance perspective this is a claim that positions the participants as active drinkers and drink-drivers but nevertheless as accountable persons who, because they are “in control” of their driving even when they are drunk, “do not risk other people's safety”.

Based on these preliminary empirical insights we classified all interviewees into two broad categories in accordance with their self-presentations as people who either are in control or have lost control. In the analysis we focused on all accounts in the interviews that directly or indirectly had something to say about the participants' “subject positions” in relation to alcohol, drugs and DUI: whether they saw themselves as “normal” drinkers, “heavy drinkers”, “addicted”, “dependent” etc. and how they depicted the relationship between their alcohol (and drug) consumption and the DUI-episode they have been convicted of (as well as other potential DUI-episodes). We soon noticed another dimension cutting across this categorisation, however – a dimension related to their self-narrated status as regular vs. occasional alcohol and drug users. Accounts of control vs. loss of control amongst regular, and often middle-aged or older, heavy drinkers were often different from the accounts of occasional episodes of drinking, drug use and DUI (whether described in terms of control loss or control) amongst younger interviewees.

We therefore categorised the participants in the study into four different groups, according to two dimensions: whether they

describe themselves as regular or occasional drinkers and/or drug users and whether or not they report a loss of control over their substance use. It is important to note that these classifications are based on the interviewees' own accounts, presented in a specific setting (the context of an A/T course in which the participants are obliged to participate after having been convicted of a morally condemned act) – we will return to the question of context, blame and accountability in the discussion.

Findings

Fig. 1 shows the distribution of the 25 interviewees in relation to the two dimensions introduced above.

The first dimension classifies all interviewees on a scale ranging from daily drinking (or in a few cases, drug use) to occasional drinking or drug use. None of the interviewees aged 40 or older reported any kind of illegal drug use, whereas this was common amongst our younger participants (aged 20–35). Most drug users described their drinking as a sporadic activity that often but not always accompanied their use of illegal drugs. Only a few of the interviewees, all with more profound histories of “addiction”, reported regular heavy drinking and drug use as an everyday occurrence.

The second dimension places the interviewees on a continuum ranging from uncontrolled consumption (including self-identified addiction, dependence or alcoholism) to controlled, recreational consumption – either occasional or regular. The categorisation of the interviewees in relation to control vs. loss of control was more complicated than the categorisation along the first dimension. Some would start by claiming full control over their substance use whilst later on, albeit at different levels of distinctness, unveiling experiences of control loss. Others alternated between describing control and control loss throughout the interview and are therefore placed along the middle horizontal line in the figure. Also in relation to the dimension of control vs. loss of control, we note some differences between age groups. The youngest participants typically saw themselves as being in control of their drinking and drug use. Some young adults, on the other hand, depicted very profound experiences of control loss, and sometimes addiction, to either alcohol or (more often) illegal drugs. Amongst participants aged 40 or older, about half identified themselves as alcoholics or addicted, whilst the rest maintained that their alcohol consumption – also in cases when they drank daily and heavily – was recreational and had no harmful physical and social consequences. All women in our sample described their drinking (or drug use) as controlled.

On the following pages we analyse the four categories in turn: (1) participants who describe themselves as daily drinkers or drug users and say that they have lost control over their substance use, and that their DUI is a consequence of this; (2) participants who say they are in control despite their regular heavy drinking; (3) participants who report loss of control in relation to their periodic “over-consumption” of alcohol and drugs, and (4) participants who identify themselves as occasional drinkers and/or drug users and say they are in control of their substance use.

Regular drinkers: “loss of control”

Per, a 44-year-old construction worker, is an example of interviewees in the first category. Per began to see himself as an “alcoholic” about 10 years ago, when he realised he “didn't dare to go to bed in the evening unless he had six bottles of Tuborg beer in the fridge for the next morning”. Per says he has consumed alcohol at most of his workplaces: “I have always worked for building contractors, and we usually started with our first beer at 5 am”. About drink-driving, he says: “You know, the last 6 years before I lost my driving licence, and also after that, they could have taken me around the clock. When you start drinking first thing in the morning and

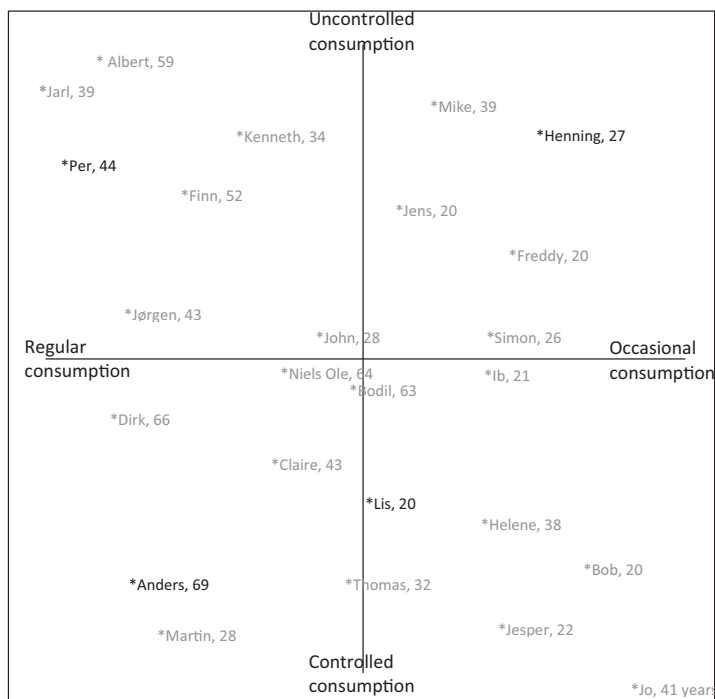


Fig. 1. Positions of interviewees in relation to regular vs. occasional substance use and control vs. lack of control.

continue until you go to bed again you have alcohol in your blood all the time". For many years, Per tried to control his drinking by setting up specific rules for himself. For one thing, he never drank spirits: "I have always promised myself that I wouldn't start drinking strong spirits". This promise obviously reflects the type of workplace culture he has been part of, a culture of hard physical work where beer (also in large quantities) is seen as a thirst quencher rather than an intoxicant. Yet Per has this ironical remark on his beverage preferences: "I restricted myself to beer, yes, but that's not much of an accomplishment when your daily ration is 25 beers". Per says that he never drove drunk when he had his wife and children in the car: "I kept it down if I knew I was to drive the children somewhere [...] I may have had a beer too much but I was never drunk". Today, after having been through a divorce (that had "nothing to do with alcohol"), a severe depression (that had "everything to do with alcohol") and addiction treatment, Per has realised that he cannot control his drinking. At the time of the interview, he had been teetotal for six months: "And I am mortally afraid of falling in again, because then I know I lose my house and my job" (Interview with Per, 44).

Common to many interviewees in this category is that their drinking patterns have been formed in accordance with alcohol norms and practises at their workplaces where drinking during working hours was permitted. Common to most of them also is that they have been active drivers, using their car to go to and from work, and often also during the workday, and hence that they have driven under the influence "hundreds or thousands of times", as one of them put it. Jarl, a 39-year-old mechanic, relates: "We drank in the morning and at lunch hour and we always had 4–5 beers in the afternoon before driving home. This was very normal and some of us also visited the local grocer on our way home. We drove the

same 'spirits route' every day and this went on for years" (Interview with Jarl, 39).

At one point or other the interviewees in this category have come to realise that they drink too much, typically because they experienced a conflict between their family and/or work-related tasks and duties and their alcohol use. They have tried different forms of "responsibilizing conduct" – cf. Binkley's (2009: 94) analysis of self-governance – without being able to change their alcohol habits. Today, some of them have decided to stop drinking altogether (with varying degrees of success), and a couple of them have been in addiction treatment. As regards drink-driving, the interviewees in this group typically condemn their own behaviour and say that they no longer drive after consuming alcohol, if they consume alcohol at all. They hold positive attitudes towards the A/T courses, finding the information provided "useful" and sometimes stating that it would have been good if they "had been nabbed before and brought to their senses" (quote from interview). They seem very preoccupied with the ethical aspects of their DUI, pointing out (like Per above) that they kept on struggling against "the forces of addiction" and tried to act as responsibly as possible under the circumstances. Some of the interviewees in this category, and especially those who have been in treatment, describe their relationship to alcohol in accordance with the medical model of addiction. That is, they regard their drinking as compulsory, and they see their DUI as a more or less inevitable consequence of their dependence (Levine, 1978; May, 1997; Valverde, 1998).

Regular drinkers: "in control"

Just like the group described above, this is a category consisting of regular drinkers – and also often experienced drink-drivers. Most

men in the group have driven under the influence of alcohol on a regular basis for years, whilst the women seem to be more occasional drink-drivers. In contrast to the category described above, the interviewees in this group do not relate attempts to restrict their drinking or to relieve its consequences. All the men say that they drink “a lot” and by all accounts the people in their surroundings do not always approve of their drinking. Yet they do not seem to be disposed towards self-governance at all – rather, they tend to express resistance to the ideals of self-restriction, moderate alcohol consumption and healthy life practises in general.

Anders, a 69-year-old pensioner is an example from this group of interviewees. Anders describes himself as a “social drinker”: “I never, and this is not to glorify myself, but I never drink alone”. His drinking has been bound up with his work life as a road-worker: “We drank beer of course, but the asphalt was 300–360 degrees hot [...] so we sweated it all out again”. The teacher at the A/T course has told Anders that alcohol does not disappear from the body in this way – “When you watch cowboy movies where John Wayne drinks a whole bottle of alcohol and then a cup of coffee in order to sober up, they say it's all bogus [...] The alcohol is still in the body”. But Anders is not convinced. He does not feel drunk if he combines beer drinking with hard physical work and he does not regard his (often work-related) drink-driving as a problem. Anders' wife does not agree though, he says, and she sometimes hides the car keys in order to prevent him from driving whilst drunk. There is no need for this, according to Anders, because he is in full control of his own behaviour when drunk. And he is “not an alcoholic”: “An alcoholic needs something to drink all the time. Some even have to get up in the middle of the night in order to have a beer. I never do that”. He is unhappy about his conviction for drink-driving and has not told his wife about it – “I just told her that I was stopped for crossing at a red light”. Anders thinks it is “embarrassing to be convicted of drink-driving at such a ripe age”. He is ambivalent to the A/T course and obviously does not want to talk about it, stating “Well, we all know what this is about [...] these things happen... and I try to get the best out of it. And now I have stopped drinking”, when the interviewer asks him about the course. “Stopped drinking” means, as Anders explains elsewhere in the interview, that he does not drink as much as he used to do. The teacher at the course has informed the participants that “already after three beers, your reaction speed is reduced” and Anders thinks this is good information “because there are so many lunatic drivers out there hurting other people”. Yet Anders also says that “a big, strong man [like himself] can easily take it, all these things are individual” (Interview with Anders, 69).

As pointed out by many scholars, people respond to the demands of self-governance and healthy, safe lifestyles in a range of different ways, depending on their life trajectory, outlook on life, social background, attachments to cultural subgroups, etc. (Lupton & Tulloch, 2002; Pilkington, 2007; Wilkinson, 2001). Also, a person's relationship to risk behaviour is often contradictory and ambivalent, consisting of cognitive as well as affective elements (Zinn, 2009). Risk is seldom viewed as an objective category but rather as something to be negotiated in specific cultural contexts and in relation to prevailing social standards and individual characteristics and experiences (Rhodes, 1997, 2002; Wilkinson, 2001). Some studies indicate, for instance, that people are typically aware of health and lifestyle risks at a general level, without necessarily relating these risks to their own behaviour (Wilkinson, 2001). Some of the interviewees in our study (one of them is Anders above) give utterance to this logic. They regard heavy drinking and drink-driving – in general – as potentially hazardous, yet define their own practice of these behaviours as unproblematic. They drink a lot, they say, but because they are people who “can take much more alcohol than others”, they do not get drunk and they do not “behave in inappropriate ways – neglecting one's duties, getting sick, being nasty

or violent” (quotes from interviews). Similarly, they drive with a high blood alcohol level (“sometimes” or “often”), but because they are “competent and considerate drivers” they define themselves as “far less of a traffic hazard than the average driver – drunk or sober” (quote from interview).

The difference between this group and the interviewees analysed above, who defined themselves as having lost control, is not a general difference in drinking patterns. Both groups describe regular, more or less heavy drinking which has typically developed through participation in work-related and other drinking networks. The difference concerns their self-identification as individuals in control vs. individuals lacking control, and the concomitant definition of their alcohol-related behaviour as unproblematic vs. problematic. Hence, the regular drinkers described earlier condemn their DUI, seeing it as a deplorable consequence of their addiction. The regular drinkers in the present section, however, obviously do not regret their drink-driving, but rather the fact that they were caught by the police. They usually “take precautions” when they drive after drinking, they say, but this specific time they failed. They drove through lights at red, they did not fasten their seat belt or they used their mobile phone when driving, and therefore, and not because of an impaired driving capacity, they caught the attention of the police (see Fynbo and Järvinen, 2011). In the perspective of the interviewees in this group, heavy drinking and DUI are not unambiguously objectionable behaviours. If drinkers (like themselves) can retain control whilst under the influence of alcohol, certain behaviours, like DUI, may be both rational and responsible.

Occasional drinkers and drug users: “loss of control”

Of the four groups of interviewees, this category of occasional drinkers and drug users are most preoccupied with their loss of control of their substance use and DUI. They are the ones describing the most danger-seeking lifestyles, with drug use and DUI being a part of a larger complex of (often) illegal behaviours. Paradoxically though, they are also the interviewees in our sample who are most focused on living up to the standards of responsible self-governance in relation to drinking, drug use and driving. Their accounts contain a large number of statements describing an “inner monologue” (Cruikshank, 1993: 342), in which one part of the self – in line with the ideals of self-governance – seems to work on another part “whose movement is deemed to be contrary to some desired purpose” (Binkley, 2009: 90). They are also the ones who seem most interested in discussing the A/T courses, reflecting on the information provided, relating it to their own drinking and driving patterns, reporting details from classes, etc.

The interviewees in this group are typically younger than the regular drinkers described above and many of them have small children. The most common substance use pattern in the category is one of combining heavy episodic drinking with the use of illegal drugs (cannabis, cocaine, amphetamine and/or ecstasy). And consequently, the typical DUI behaviour of the interviewees is occasional driving under the influence of both alcohol and drugs. Their DUI activity is not regular, like their older counterparts, and it is more often bound to party weekends and eventual driving around at night than it is to driving to and from work.

Henning, 27 years old, used to be a self-employed trader but now receives unemployment assistance. He is married, with two children. Henning has been convicted of drink-driving five times, the first time a few days after obtaining his driving licence at the age of 18, the last time with a blood alcohol level of almost 0.3% after he had driven on a pedestrian street. Henning often experiences a complete loss of control when he drinks: “For my part, when I get enough [alcohol] onboard, I more or less turn into a psychopath up in my head [...] I fall asleep but I am still awake [...] I myself am not there anymore, but yet I continue”. Henning's interview is

filled with contempt and condemnation, directed at “the demon” he feels possessed by. “Dependence is when you have this continuous dialogue with yourself. It’s as if you consist of two parts, one good and one bad [...] And although I try to take responsibility, I really struggle with this, the demon keeps on saying ‘let’s get going’”. This is why Henning, “contrary to his own will”, goes on the binge now and then, “drinking his brains out” and then continues with cocaine, amphetamine and ecstasy until he is “half-dead”. Henning says it is “loathsome” that he plays with his own life in this way: “And I let my family down, completely. The kids keep on asking where I am, and their mum says ‘I don’t know, daddy has turned off his phone’”. He says he really “fights with himself” in order to stop this behaviour and that he has finally succeeded in this, because both his drinking and drug use have diminished (Interview with Henning, 27).

Mike, a 39-year-old cook, also describes loss of control in relation to heavy drinking and occasional drug use “Once the booze and the drugs took hold of me, I started to mutate and became an absolutely hopeless person [...] I didn’t think about the consequences, I didn’t care... I was able to rationalize all the things I did”. Mike used to party with his friends who also “drank heavily” and took drugs but in contrast to them he says he could not stop again: “We were out having a good time and then in the morning the others wouldn’t drive a car whereas I was reeling and just took the car and drove, I didn’t care”. Mike lost his driving licence but continued to drive under the influence of alcohol and drugs for many years. He says he was “steered by alcohol” and that he wasn’t himself, and that he now, a couple of years later, “almost cannot stand to think about [his] own recklessness and the danger [he] has been to other people” (Interview with Mike, 39).

Characteristic of Henning and Mike and the other interviewees in this category is that they describe much stronger experiences of (temporary) control loss than the other interviewees in our sample. They relate episodes of driving under the influence where they have had “total blackouts”, driving “insanely”, being involved in accidents or “not knowing that [they] drove home at night before [they] saw the car in the entrance the next morning”. They fully seem to identify with the idea that disordered consumption is a form of compulsory behaviour that “turns desire into need” (Reith, 2004: 286). For them, alcohol and drug use triggers a process where the conscious subject more or less disappears, automatic behavioural responses (for instance DUI) take over, and self-governance is impossible. However, this referral to control loss does not imply that the interviewees deny responsibility for their DUI. Quite the contrary, many of them seem to be painfully aware of their failure to live up to their duties as self-governing citizens (and often: spouses/parents) who look after their nearest relations and do not jeopardise the safety of other people and themselves. The contrast between this group of interviewees and the second group above, who resisted the ideals of self-governance, is striking.

Occasional drinkers and drug users: “in control”

The final group of DUI profiles is characterised by a lower level of alcohol and drug use than the group above. Four of the interviewees in this group are 20–22 years old and three are women. A couple of the young men have been involved in life-threatening accidents and have experience with occasional heavy drug intake, but the majority report that they do not have a problematic alcohol or drug use pattern; that they do not drive under the influence of alcohol or drugs on a regular basis, and in fact that the time they were caught was either a once-in-a-lifetime occurrence of DUI or something they have tried just a few times. They do not condemn their DUI as strongly as the interviewees who have “lost control” but nevertheless some of them state that they will never drink-drive again. One of the female interviewees put it this way:

“It was a terrible experience for me, but also worthwhile. I would never ever again consider getting behind the wheel whilst drunk, not even if I felt that I was in control of the situation” (Helene, 38).

Generally, drinking and drug use within this group seems to be more moderate than in the other three groups, and most interviewees say they lead “ordinary” lives (going to school or holding down a job, drinking moderately). This does not mean, however, that the younger interviewees in the group have not experienced alcohol-related harm. Significantly, many of them describe alcohol problems amongst family members (typically their father) and say that these problems have made them extraordinarily focused on maintaining control over their own substance use.

Liz, 20 years, who grew up with an alcoholic father, may be used as an example of the interviewees in this group. She left her childhood home a year ago and moved to a big city where she has now started on an education, but she is not comfortable with “adjusting to the education system’s demands”. She has a history of risk-seeking behaviour, including an early debut with cannabis, which caused her 2 months’ suspension from boarding school when she was 15. As a young teenager, Liz was part of a local group consisting of adolescents and young adults who introduced her to car racing, alcohol and drugs, but she did not participate in criminal activities, apart from “blowing up some mailboxes”. Drinking and drug use have never been important to her, she says: “I think that drugs and alcohol are just fine. If that’s what you want to do you should just do it. For me it was more the social aspect that was important. To have a good time with my friends and get away from the nothingness at home”.

The DUI arrest happened when Liz was on her way to pick up her younger brother in another town. She had been partying, drinking around ten drinks, and was not expecting to go anywhere by car, she tells us, but then suddenly her brother called and said he could not get home to their parents and that he was standing out in the cold. Liz decided to drive, but only after she had consumed “large amounts of food and water” and after she had “danced a lot in order to sober up”. When she was halfway to the other town she was stopped by the police, not because she was “wobbling or anything” but because they saw her talking on her mobile phone. Liz had never been stopped by the police before and says this was a real shock to her: “I was so nervous and I think the police sensed this, and they would probably have tested me anyway, even if I hadn’t been drinking, because of my strange behaviour”. The DUI arrest was a “harrowing experience” and Liz says she will never drink-drive again because this really was a lesson to her.

Liz tells us she drinks moderately and uses “hard drugs” very seldom; cannabis, though, she smokes relatively often. Towards the end of the interview she mentions that she has begun to see her cannabis use as a form of “abuse”, because she has started to smoke it on her own and because it has “become a part of her”. However, Liz does not relate this to a loss of control, given that she “can stop if she really makes up her mind to do so”.

Discussion

As Reith (2004) points out, the values of freedom and choice in affluent western societies are accompanied by an oppositional discourse concerned with a lack of freedom and choice, and characterised by the expansion of a “myriad of so-called addictive states” (p. 283–284). The preoccupation with disordered consumption in late modern societies is a logical consequence of the fact that “governance through freedom” is carried out largely through a consumerist ethic (Reith, 2004; Rose, 1999). Reith (2004: 288) talks about the “relation between powerful substances and weak individuals” as the main idea behind the concepts of disordered consumption and addiction. Some substances are simply thought to

have the power to turn human subjects into non-subjects, unable to make rational and responsible decisions, and some individuals are regarded as being predisposed to this kind of control loss. The ideal of self-governance therefore is bound to an individualist conception of responsible risk-management (Rhodes, 1997, 2002).

This paper analysed four drink-driver profiles defined in accordance with the dimensions of (1) regular vs. occasional alcohol and drug use and (2) control vs. loss of control, as described by the interviewees. Of our four DUI-groups, two (the first and the third) consist of individuals who more or less explicitly use the frame of disordered consumption when depicting their relationship to alcohol, drugs and driving under the influence. Both groups relate their DUI to experiences of loss of control, either prolonged or occasional. They typically embrace the idea of addiction or dependence and a couple of them identify with the medical model of alcohol and drug addiction as a disease. Many interviewees in these groups, and especially those who use both alcohol and illegal drugs, describe their problematic relationship to these substances in terms of an inner conflict between two different parts of themselves: one part that is rational and responsible and another part that is, or used to be, a slave to alcohol and drugs.

The two other DUI groups consist of interviewees who say they are in control of their substance use, whether this use is regular (the second group) or occasional (the fourth group). The second group is reminiscent of the category of “deniers” in the medical discourse on addiction, i.e. people who do not want to admit that they are “ill” although their substance use has had adverse consequences for themselves and others (Järvinen, 2001; Brissett, 1988). In this paper, however, we are more interested in the drink-drivers’ self-governance, conceptualised as the work committed by the self on the self, regardless of whether the “cognitive rationality” of the former defines the latter as suffering from an illness or not (Binkley, 2009: 88). Seen from this perspective, it is evident that the interviewees’ “resistance” not only concerns their (potentially) problematic relationship to alcohol, but the whole “imperative to be vigilant, to regulate behaviour, to guard against risk and keep watch on subjective states” (as Reith, 2004: 296 describes the late modern project of self-governance). The interviewees in this group do not regard themselves as unsuccessful self-governors, as their counterparts in the two groups described above tend to do. They rather define contemporary ideals of self-discipline and “ordered” alcohol (and other) consumption as unnecessary and/or meaningless, stating that the risks of drinking and DUI are dependent on a broad variety of other factors: the ability to “take alcohol”, practice, the DUI context and so on.

According to the ideals of self-governance, individuals present themselves as true subjects as long as they are capable of regulating the pleasures related to the consumption of alcohol (for example) in accordance with prescribed standards, whereas they risk losing their status as legitimate subjects if they cannot retain control over their consumption, not least if their disordered consumption has adverse consequences for other people. When use becomes misuse, controlled pleasure is converted into uncontrolled suffering and potential misdeeds, and in this process the sovereignty and morality of the disordered consumer is questioned.

The interviews – and the self-identification of the participants as being in control or having lost control – may be regarded as accounts in negotiations of guilt and blame. According to Scott and Lyman (1968) accounting occurs in situations when a person’s status or actions are perceived as untoward, and when he/she in some way or other is blamed and held responsible. In Scott and Lyman’s (1968: 46) words, the function of accounts is “to shore up the timbers of fractured sociation, to throw bridges between the promised and the performed, to repair the broken and restore the estranged”. Austin (1970) distinguishes between two types of accounts: justifications and excuses. Justification means that the

narrator accepts responsibility for his/her actions but defines them as less problematic than others think they are. The logic of excuses, on the other hand, is that the narrator accepts the negative significance of his/her actions but puts forward aspects that lessen his/her responsibility for them (see also Järvinen, 2000, 2003).

Applied to the accounts in our study, one may say that participants (especially those in the second group) who claim full control of their DUI use “justifications”. They do not deny responsibility for their drink-driving but claim that they – because they are experienced drivers, because they “can take much alcohol”, because they always “drive decently” – do not really jeopardise the safety of other road users or themselves. They say they drink a lot and have considerable experience with drink-driving but indicate that they are not to blame in the same way as the “lunatic drivers out there hurting other people” (cf. interview with Anders). It is also the irresponsible “other drivers” who need the advice and information provided by the A/T courses, these interviewees reason. What seems to be at play here is (amongst many other things) that the interviewees define their DUI as a legal offence – they all admit that they have broken the law – but not as a moral offence.

Second, the accounts of some interviewees who say they have lost control over their substance use may (partly, at least) be read as excuses. Contrary to the drink-drivers “in control”, these participants tend to describe their DUI as unanimously problematic and unacceptable and as something they regret. By stressing their loss of control over their (regular or occasional) substance use, they simultaneously excuse their behaviour, creating a distance between themselves as ethical subjects and the non-subjects they used to be when they were “steered” by alcohol and drugs. In this, they make use of a well-known strategy in addiction narratives: They retroactively alienate themselves from the “pathological and unenlightened beings” they used to be when they were active “addicts”, at the same time demonstrating that they are now capable of self-monitoring and self-discipline (Keane, 2000: 328). This is not to say that they deny responsibility for their DUI. Quite the contrary: most interviewees in the two categories of drink-drivers who say they have lost control appear conscience-stricken and time and time again state that they deserve their punishment. But their descriptions of non-voluntariness in the past, and conscientious self-reflection and self-critique in the present may nevertheless make the blame associated with DUI easier to handle (Järvinen, 2004; Valverde, 2002).

Self-governance means, as Binkley (2009: 90) puts it, that “one must be vigilant and on guard against the tendency to [...] act out of habit or impulse, with no regard for the consequences of one’s actions”. Successful self-control and self-presentation (in the interviews and elsewhere) is not any form of self-control and self-presentation but work on the self and problematisation of the self that matches the standards established by society. Government through freedom aims at “moving people into an ethical relationship to society as a whole, making them want to serve society by protecting it from themselves, i.e. from the risks they pose to society if they do not act as responsible selves” (Lessenich, 2011: 315, italics in original). Hence, the axiom of self-governance means that we, all of us, should be responsible citizens “evaluating and acting upon ourselves so that the police, the guards and the doctors do not have to” (Cruikshank, 1993: 330).

It is this that the Danish A/T courses, in a modest and pragmatic form, attempt to do with their participants: teaching them to become responsible road users who govern their own drinking and driving behaviour on their own initiative and without the continual intervention of the authorities. Our analysis indicates that some of the participants are more receptive to this message than others. The regular heavy drinkers who keep on driving under the influence of alcohol, defining themselves as being in control, seem to be the participants most difficult to “reform”. It is not legitimate,

seen from a governmentality point of view, to claim that you are a safe drink-driver because you have been practising DUI for years or decades. Nor is it legitimate to state that your drinking is unproblematic because you never drink alone or because you can take a lot of alcohol. Another group in our sample that does not quite live up to the demands of self-governance – although they “rightfully” condemn their own DUI – is the group of occasional users who feel they have lost control. From the perspective of governmentality, condemnation of your own untoward behaviour is good but not sufficient. If you time and time again have proved that you cannot control your own substance use, you should work hard to regain self-efficiency and if necessary (as the traditional disease model of addiction stipulates) give up alcohol and drugs altogether.

The A/T prognosis for the two remaining groups seems to be somewhat more positive. The group of middle-aged regular drinkers who regard themselves as addicted are obviously in a process of changing their DUI behaviour. They typically describe “turning points” (e.g. physical or mental health problems or a threat of divorce) that have forced them to reconsider their relationship to alcohol and hence also to DUI. As for the last group of occasional alcohol and drug users “in control”, some will probably mature out of their risk behaviour whilst others seem to be a younger version of the alcohol and drug users in group three, positioned at the start of a substance use career that most likely will attract the attention of the authorities again in the future.

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References

- Austin, J. L. (1970). A plea for excuse. In J. O. Urmsen, & G. J. Warnock (Eds.), *Philosophical papers* (pp. 175–204). Oxford: Oxford University Press.
- Binkley, S. (2009). Governmentality, temporality and practice: From the individualization of risk to the ‘contradictory movements of the soul’. *Time & Society*, 18(1), 86–105.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- Bourdieu, P. (1990). *The logic of practice*. Cambridge: Polity Press.
- Brissett, D. (1988). Denial in alcoholism. A sociological interpretation. *Journal of Drug Issues*, 18(3), 385–402.
- Carstensen, G., & Larsen, G. (2009). *Evaluering af kurser i alkohol og trafik (A/T-kurser)* (Evaluation of Alcohol/Traffic Courses). Copenhagen: DTU, Report 1.2009.
- Cruikshank, B. (1993). Revolutions within: Self-government and self-esteem. *Economy and Society*, 22(3), 327–344.
- Cruikshank, B. (1999). *The will to empower. Democratic citizens and other subjects*. Ithaca/London: Cornell University Press.
- Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon, & P. Miller (Eds.), *The Foucault effect. Studies in governmentality* (pp. 87–104). Hemel Hempstead: Harvester Wheatsheaf.
- Fynbo, L. & Järvinen, M. (2011). “The Best Drivers in the World” Drink-driving and Risk Assessment. *British Journal of Criminology*, 51(5), 773–788.
- Järvinen, M. (2000). The biographical illusion: Constructing meaning in qualitative interviews. *Qualitative Inquiry*, 6, 370–391.
- Järvinen, M. (2001). Accounting for trouble: Identity negotiations in qualitative interviews with alcoholics. *Symbolic Interaction*, 24(3), 263–284.
- Järvinen, M. (2003). Negotiating strangerhood: Interviews with homeless immigrants in Copenhagen. *Acta Sociologica*, 46, 215–230.
- Järvinen, M. (2004). Life histories and the perspective of the present. *Narrative Inquiry*, 14(1), 45–68.
- Keane, H. (2000). Setting yourself free: Techniques of recovery. *Health*, 4, 324–346.
- Lessenich, S. (2011). Constructing the socialized self: Mobilization and control in the “active society”. In U. Bröckling, S. Krasemann, & T. Lemke (Eds.), *Governmentality. Current issues and future challenges* (pp. 304–320). New York: Routledge.
- Levine, H. (1978). The discovery of addiction. Changing conceptions of habitual drunkenness in America. *Journal of Studies on Alcohol*, 39(1), 143–174.
- Lupton, D. (2000). Food, risk and subjectivity. In S. J. Williams, J. Gabe, & M. Calnan (Eds.), *Health, medicine and society – Key theories and future agendas* (pp. 205–218). London: Routledge.
- Lupton, D. & Tulloch, J. (2002). *Risk and everyday life*. London: Sage.
- Mandag Morgen. (2011). *(Traffic safety according to the Danish population) Trafik-sikkerhed ifølge danskerne*. København: Trygfonden og Mandag Morgen.
- May, C. (1997). Habitual drunkards and the invention of alcoholism: Susceptibility and culpability in nineteenth century medicine. *Addiction Research and Theory*, 5(2), 169–187.
- McNay, L. (1999). Gender, habitus and the field. *Theory, Culture and Society*, 16(1), 95–117.
- National Commissioner (2002) *Undervisningsplan for A/T-kursus [A/T Curriculum]*. Copenhagen: Rigspolitichefen, 24 January.
- Pilkington, H. (2007). In good company: Risk, security and choice in young people’s drug decisions. *The Sociological Review*, 55(2), 373–393.
- Reith, G. (2004). Consumption and its discontents: Addiction, identity and the problem of freedom. *British Journal of Sociology*, 55(2), 283–300.
- Rhodes, T. (1997). Risk theory in epidemic times: Sex, drugs and the social organisation of “risk behaviour”. *Sociology of Health and Illness*, 19(2), 208–227.
- Rhodes, T. (2002). The “risk environment”: A framework for understanding and reducing drug-related harm. *International Journal of Drug Policy*, 13(2), 85–94.
- Rose, N. (1989). *Governing the soul: The shaping of the private self*. London: Routledge.
- Rose, N. (1999). *Governing the soul. The shaping of the private self*. London: Free Association Books.
- Scott, M. B. & Lyman, S. M. (1968). Accounts. *American Sociological Review*, 33(1), 46–62.
- Sulkunen, P. & Warpenius, K. (2000). Reforming the self and the other: The temperance movement and the duality of modern subjectivity. *Critical Public Health*, 10(4), 423–438.
- Valverde, M. (1998). *Diseases of the will: Alcohol and the dilemmas of freedom*. Cambridge: Cambridge University Press.
- Valverde, M. (2002). Experience and truth-telling: Intoxicated autobiography and ethical subjectivity. *Outlines. Critical Practice Studies*, 4, 3–18.
- Weinberg, D. (2002). On the embodiment of addiction. *Body & Society*, 8(4), 1–19.
- Wilkinson, I. (2001). Social theories of risk perception: At once indispensable and insufficient. *Current Sociology*, 49(1), 1–20.
- Zinn, J. (2009). The sociology of risk and uncertainty: A response to Judith Green’s ‘Is it time for the sociology of health to abandon risk’. *Health, Risk & Society*, 11(6), 509–526.

Edgework and risk-management amongst young drink-drivers

The paper explores how young drink- (and drug-) drivers relate to the risk of driving under the influence. Theoretically, the paper follows the concept of “edgework” as volitional risk-taking that enables an increased sensation of self. The paper focuses on three variants of accounting for DUI. In the first variant, a DUI arrest is conceived as loss of control and a reminder of the risk of driving under the influence. In the second, DUI is put forth as a reaction to demanding social surroundings. Being arrested is overlooked as a consequence of one’s own action and instead it’s related to the same social surroundings that DUI was a reaction to. The third variant follows the accounts of DUI offenders who have been in life-threatening accidents. In this group, the loss of control is sometimes seen as an ultimate way of claiming control over one’s life. Together, the accounts of the interviewed DUI offenders display attempts to negotiate a relationship between control and consequences and between self and society.

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Introduction

In keeping with the modern science of probability and statistics, risk is often presented as ‘a means of calculating the norm and identifying deviations from the norm’ (Lupton 1999, p. 6). The techno-scientific approach implies that ‘rationalized counting and ordering [can] bring disorder under control’ (ibid). Moreover, when individuals cause disorder, ‘it can be demanded that their decisions be opposed so as to obviate danger’ (ibid, p. 12). In other words, individuals who produce risk by deviating from norms must be corrected.

The techno-scientific paradigm’s ‘professional hegemony over risk definitions’ (Zinn 2005, p. 2) has been criticized by social scientists for a number of reasons. The critiques point out three problems: 1) the problem of relying too heavily on methodological individualism and rational choice theory (Douglas 1992); 2) too little attention to the relations between the identification of risk and the social structures and discourses of specific socio-cultural and historical contexts (Lupton 1999); and 3) a failure to understand and account for the element of uncertainty in risk (Taylor-Gooby and Zinn 2006). Critics of the techno-scientific paradigm suggest that we let go of the idea of risk as something ‘real’ that can be deciphered and accounted for and instead ‘look at the ways in which [...] risk operates [...], and its implications for how we think about our selves [and] others’ (Lupton 1999, p. 14).

The concept of ‘edgework’ challenges the techno-scientific approach to risk by focusing on ‘volitional’ risk and the fact that risk can be experienced as a positive expression of individuality (for example Lyng 1990). Edgework, traditionally related to dangerous leisure-sports and/or subcultures, but also associated with illicit drug use, crime and self-starvation, refers to complex relations between the edgeworker and society. Traditionally, edgework has been associated with a sensation of individuality, on the one hand, propelled by modern societies denying individuals ‘an opportunity for creative, skilful, self-determining action’, on the other hand, ‘ultimately determined’ by ‘instinct’ and ‘individual survival skills’ (ibid). Newer studies have revealed that edgeworkers also need to consider outsiders’ attempts to control and police their risk-activities (Laurendeau and Van Brunschot 2006). Recent research has also pointed out that edgework should be related to contradictions in modern day societies, especially the complicated relationship between control and consumption (Reith 2005).

Most edgeworkers challenge norms and social orders and, by doing so, present a risk to society. Following this, they elicit a mixture of public responses including social and punitive control. There are differences between different kinds of edgework, though. Activities such as skydiving and motorcycle riding (traditional examples of edgework) are not causing the same level of public concern as for example drug addiction. Hence, the experience of various kinds of risk taking may be understood in terms of edgework, but the implications of particular kinds of edgework (including public conceptions and control mechanisms) differ accordingly.

Driving under the influence (DUI) presents a risk that is often conceived of categorically as a sign of bad individual judgement, irresponsibility and/or individual deficiency (for example

Lapham *et al.* 2006). Young drink drivers are seen as especially careless and indifferent to the risk they present and, accordingly, they are exposed to stricter policies than older drink drivers. The present paper explores the risk perceptions and risk management of a group of young DUI-offenders. DUI is studied within an edgework framework. The aim of the paper is to explain how DUI represents the social affiliations of the young offenders and how it relates to their conception and management of self.

Drink-driving may be many different things. It may be regular behaviour, which the drink driver tries to hide from other people, for example when drinking in solitude and driving to and from work every day. Or it can be integral to a more comprehensive risk-seeking lifestyle where social belonging, friendships, and peer influences 'further increase the risk introduced by alcohol' (Krüger and Vollrath 2004, p. 125) and where drink-driving is a visible part of socialization. It follows that drink drivers may experience diverse sensations when driving under the influence. Some drivers regard DUI as normal and safe. Others fear being arrested or harming others. Others again experience excitement and relate DUI to having fun. Further, when accounting for DUI in an interview, drivers reflect differently on the incident. They may be offended by the fact that they were arrested, they may express remorse and embarrassment, or they may disregard the risk related to their doings. Alongside this, symbolic values of drinking and driving vary between age groups, genders and social networks? This paper analyses some of these varying ways of relating to drink-driving – with the concept of edgework as analytical perspective.

Liberating edgework

Since Lyng and Snow introduced it as an analytical concept in 1986, 'edgework' has been used frequently in social science to analyse and understand various kinds of high-risk activities. Edgeworkers are said to distrust and feel disconnected from society. They use volitional risk as a means of being in control. Most research focuses on the action's impact on the individual and traditionally there has been a tendency to understand edgework as a liberating activity. In this perspective, edgework is presented both as an individual's critical stand against society and as action that enables and strengthens experiences of individuality (Lyng 1990).

Edgework is also said to supply the individual with a feeling of 'sudden being'. This is a bodily sensation, described as 'the most 'private' level of individual experience', which produces a sense of 'self-realization', 'self-actualization' and 'self-determination' (Lyng 1990, Laurendeau 2006). In the moment of action, edgeworkers become 'oblivious to extraneous environmental factors'. They also lose their sense of time. They enter into a 'hyperreality' where all that matters is their 'innate ability' to 'maintain control over a situation that verges on complete chaos' (Lyng 1990, p. 858ff). According to the theory, edgeworkers take action against society by (re-)claiming individuality that is constrained by society's demand for control. Hence, society may be making the sensation of 'sudden being' redundant but it is regained individually when edgeworkers negotiate their personal edges (Laurendeau 2006, p. 584). This

means that edgework relates individuals to society through a risk that also releases them from society.

Even though edgework in this perspective is seen as a reaction to the order of society, i.e. relates directly to something external to the action, Lyng (2004) argues that the meaning of edgework is situated in the action itself. Edgeworkers are said to become ‘seduced’ by the ‘character of the experience itself’ (Ferrell *et al.* 2001, p. 178). According to Lyng, edgework theory follows a classical Hegelian structure where a particular state of being (*thesis*), imposed by concrete action (*antithesis*), evolves in the development of ‘new’ being (*synthesis*). In Lyng *et al.*’s perspective, this structure is analysed as the relationship between the exceedingly hard social demands of society for rationality and order (*thesis*), the (subversive) edgework-activity (*antithesis*) and the contribution of edgework to the feeling of living and (constructive) experience of individuality (*synthesis*). Accordingly, one could almost say that Lyng and followers present edgeworkers as today’s revolutionaries (for example Ferrell 2005). When risking their lives deliberately they push through the fog of alienation that modern society has forced down from above and, if only in the moment of action, they become true individuals.

Illicit edgework

Skydiving, BASE-jumping, and motorcycle riding are all classic examples of edgework where risks are reflected upon by the individuals performing the action. The intentions to deliberately negotiate the edge between life and death may indeed be an important embodiment of the pleasure. The nature of the threat is different when gambling on the stock exchange and requires a different form of reflection and a different containment of the risk of the action (Zaloom 2004, Zwick 2006). And when fighting (Bengtsson 2012a), starving (Gailey 2009), doing drugs (Reith 2005) or plunging into crime (Hayward and Young 2004), yet other feelings and forms of reflection relate the danger of the action to the importance of maintaining control.

The ability to look through the risk and control the edge, dependent both on ‘embodied knowledge’ and ‘contextually-based abilities’, enables edgeworkers to ‘calibrate the balance’ between life and death (Rajah 2007, p. 201). However, edgeworkers are not only balancing the ‘fine line’ of life and they are not always focused on the outcome of action. Their deliberate negotiations of the edge also challenge the delicate line between ‘normal and abnormal’ behaviour in contemporary consumerist cultures (Ferrell 2011). Edgework, thus, touches upon a contemporary characteristic of Western societies: ‘Risk’ is more and more ‘being constructed so as to saturate contemporary social and political life’, writes Ferrell, but ‘this saturation embodies a significant social and cultural contradiction’ (ibid, p. 218). On the one hand, neo-liberal state bureaucracies construct risk as something that needs to be controlled. On the other hand, ‘the very ethos of [...] neo-liberal order [...] embraces risk as a motor force of entrepreneurial innovation and a pathway to pleasurable self-actualization’ (ibid).

Following Ferrell's description of risk as an innate neo-liberal contradiction, one might conclude that anti-authoritarian skydivers and BASE-jumpers present a challenge to the contradictory social and political order. They evade the universal risk management and instead use risk to focus on individual redemption. 'Risk reaps reward', writes Zaloom (2004), but Ferrell (2011), in line with classical critical theory, holds that risk has been adopted by the cultural industry 'now [selling] the *illusion* of risk' (p. 209). Today, a long range of risky adventures can be purchased when bored individuals want to spice up life and feel free from the social constraint of a risk-managing society. Edgework has become a commodity for the masses.

And yet, the contradiction between 'a politics of risk-management and a culture of risk-taking' (Ferrell 2011, p. 218), between 'ideological forces that caution [individuals] to consume moderately' and 'a contrary force [that] encourages individuals to "let go", and take risks' (Reith 2005, p. 228) also conditions a type of edgework that does not represent (the illusion of) revolutionary liberty. Drug use (Reith 2004, 2005), road rage (Vaaranen 2004), violence (Bengtsson 2012a, b), crime and anorexia (Gailey 2007) are examples of 'illicit' edgework (Ferrell 2011, p. 220) that may be said to represent the 'underlying contradictions of late-modern consumer societies' (Reith 2005). Reith (2005) understands drug users' play with control through drug consumption as a 'dramatic' kind of edgework (p. 235). She does not, however, assume that drug users are especially reflective about reacting to particular contradictions in society – such as the alcohol industry's and national health boards' joint recommendation to 'enjoy responsibly'. Hayward and Young (2004, p. 268) show that illicit risk-taking erases the boundary between control and loss of control, and that, ultimately, the only way of maintaining control is by losing it. Rajah (2007) studies the way female drug abusers in violent relationships resist their partners (and survive) by mastering their social contexts as edgework. To these women, 'edgework' is a way of staying alive rather than feeling free. 'For marginalized individuals edgework is construed in a different context' and 'socially marginalized individuals must negotiate a space away from the edge as part of their everyday life', writes Gailey (2009, p. 96). In line with this Bengtsson (2012a) shows how edgework among young criminal offenders is inseparably connected to the experience of advanced marginality in everyday life. Additionally, Miller (1991), in a critical comment to Lyng's conceptualisation of 'edgework' in terms of the study of 'white men with attachment to the labor force', suggests that in the 'world of the underclass ... [people] may engage in edgework to an extent that far exceeds that of working- and middle-class white men'. A common theme in illicit edgework is the seemingly lack of individual liberty. Instead of freedom, 'outlaw risk-taking' (Ferrell, 2011) is more prone to achieving social consequences such as public condemnation, penalties and imprisonment.

Punitive social consequences and public condemnation are relevant for drink drivers. Additionally, drink drivers always say that they consider harm to others as a 'worst-case-scenario'. They are typically aware of the risks associated with drink-driving but, like traditional edgeworkers, they tend to rely on their experience and skills to master the context in which they drink and drive. The perception that drink-driving rarely causes negative consequences is also

used more creatively to legitimize DUI – as one of the interviewees, Mick (28 years old), put it: ‘my conscience is fairly clear, because I’ve never harmed others’.

Method and data

The analysis follows a qualitative approach in which the accounts of the interviewees are held up against a theoretical risk framework centred in Lyng’s (1990) concept of ‘edgework’. The theoretical elaborations and discussions are exemplified and structured by highlighting parts of the interviewees’ accounts. This means that some interviewees are given more focus than others. Accordingly, the paper does not claim to be representative for drink drivers as such. The focus is on offenders with high risk profiles.

The interviewees for this study were contacted in Denmark in 2010 while they attended courses in ‘Alcohol and Traffic Safety’. These courses are mandatory for people convicted of drink-driving. Teachers at three different course locations invited the participating DUI-offenders to contact me for an interview about their DUI-experiences. Those who agreed to participate were given a gift voucher to the value of €40. The interviews were conducted at the interviewees’ home, at my office or in an empty classroom separate to the course location. A semi-structured interview guide was used for all interviews. The guide focused on risk assessment, drinking habits, retrospective accounts of DUI and relations to family, friends and work. The setting was kept as informal as possible and the interview guide was not followed meticulously but rather used as a checklist towards the end of each session. The average duration of the interviews was 80 minutes.

The age of the youngest participant was 20 and the oldest was 69. The average age of all interviewees was 38. Six of the interviewees were young adults 20-25 years old, six were somewhat older, 25-35 years, and thirteen were mature adults older than 35. One third of the sample had been arrested for DUI at least once before the current conviction, and all except two agreed that they had been drinking and driving at least five times prior to or following the arrest. More than half of the sample reported regular DUI over long time spans.

In terms of gender, Miller (1991) criticizes Lyng for assuming that edgework is a male phenomenon. Celsi *et al.* (1993), Lois (2003), Rajah (2007), Laurendeau (2008), Gailey (2009) and Newmahr (2011), to name but a few, have since expanded the scope for edgework to also include women. Unfortunately, my sample is too small to engage in discussing the gender of edgework. Only five interviewees were female, and only one of them below 35. The middle-aged women did not relate drink-driving to edgework. The young woman did, however, resemble her young male counterparts in some ways and, if nothing more, indicated that edgework within DUI is not entirely a male phenomenon. However, more qualitative data with female offenders is needed in order to study gender performances of DUI.

A preliminary examination of the 25 interviewees divides the sample into two age-specific profiles (Table 1). The large majority of both age groups were repetitive DUI-offenders, but

six times as many of the younger (50%) than the older drivers (8%) had been arrested for DUI more than once. This difference is even more notable when considering that the older drivers had been licensed drivers for a lot longer than the younger ones, and that they more often accounted for long-term daily DUI (Anon 2011). Younger drivers, on the other hand, mostly accounted for occasional DUI, particularly on weekends.

[Table 1]

Eight out of the 12 younger drink drivers were experienced cannabis, amphetamine and/or cocaine users and 11 (including all eight illicit drug users) accounted for multiple incidents of DUI. Seven also described participation in other crimes. Six in the young group had been arrested more than once, and five had been involved in severe accidents (four as drivers, and one as passenger to a drunk driver).

That young people have a more expressive risk profile is not unusual in studies of high-risk activities. 'As many commonsense observers of young people are aware, adolescents often harbor an abiding sense of their own immortality', writes Lyng (1990, p. 872), and 'if the illusion of control allows edgework to appear less threatening than it actually is, then young adults are good candidates for edgework since they are particularly susceptible to this illusion'. Older risk-takers, on the other hand, tend to perceive of risk more as something that should be avoided. Carocci (2009, p. 160), in a study over adult Italian skydivers, argues that middle-aged skydivers think of the risk related to skydiving in terms of an 'anti-value'. The same has been argued for older repetitive drink drivers who tend to drive 'strategically' while under the influence in order to minimize the risk of causing accidents and/or getting pulled over by police (Anon 2010).

This, however, was not the case for the young interviewees in this study. They had a higher prevalence of multiple convictions, and along with their high frequency of illicit drug and crime experiences, they supported Lyng's (1990) assertion that adolescents are more likely to perform edgework than older adults. The analysis will therefore focus on the younger part of the sample. I will discuss three variations of edgework (and three kinds of responses to convictions of edgework) within DUI. All three relate to control and consequence – though in rather different ways. Together they point towards internal contradictions in the way individuals relate to risk and society. I will argue that the individual outcome of edgework is dependent on edgeworkers' social background and circumstances for action, and that the individual sensations of edgework vary accordingly from liberating feelings to social constrain and marginalization.

Edge control

The first of three variants of edgework within DUI is characterized by an urge towards control and a heightened sensation of self. This variant resembles the type of edgework initially studied by Lyng. However, it also differs from Lyng's studies in that the interviewees acknowledge accidental loss of control, for instance when arrested. Interviewees in this category mostly drive under the influence on weekends when they commute between friends and

parties. Sometimes they also drive on weekdays with friends. Weekday-DUI was sometimes described in terms of 'bag excursions' ('bag' referring to a bag of beers). These were drives where two or three friends drove to a spot somewhere in or close to their hometown and then sat in the car drinking beer and talking. Interviewees described these excursions as nice and 'comforting' and as 'a time where you can tell fellows about your problems without needing to come up with particular explanations' (Theo, 32). As mentioned, though, DUI mostly occurred during weekends, as in the following examples.

Tim (22) lost his license when he was 19 after driving a car full of friends from a weekend party at the local high school to a discotheque in the nearest town. On the trip, he had a BAC of 0.20 per cent. Lisa (20) was arrested when driving from a party where she had 'probably been drinking about ten drinks'. She knew that she 'was over the limit' but still chose to drive. Tommy (20) was arrested while speeding within city limits. He was 'out drinking with the boys' on a Friday night.

Each of these interviewees told that they had been part of loosely connected social groups where drinking and driving were common. They had been going on bag excursions after school or work as well as driving between parties on weekends together with friends who were also drink drivers. Tim described the fellowship like this: 'Usually, we just sat in the car and talked. Sometimes we would drive to the sports centre and work out. And after that, we met up with the rest of the group ... Then we drove around a bit, but most of the time we just sat in the car and talked ... about work and what we had been up to in the weekend – about ordinary stuff.' Lisa said that in her social group, consisting of 'all kinds of people', it was common to drink, smoke cannabis and drive cars and motor cycles. She mostly drove off the main roads and 'never when heavily intoxicated'. 'Obviously, I was part of the group because I found it exciting', she said, 'I liked cars and drinking with friends.' Tommy said that he was going out every weekend and always 'ended up drinking more than [he] would like to'. Sometimes he drove under the influence with his friends. 'It's difficult to refrain from because of the culture you are part of when you socialize with drinkers', he said.

Tim said that he met with a group of people at a local petrol station after work. Here, they 'hung out' and drank beers. Sometimes they drove around in pairs and talked. On weekends, they often proceeded to private parties or to the nearest towns to visit bars and discotheques. At the petrol station and especially for the parties, some of the older people would bring cannabis, amphetamines, cocaine or ecstasy, and over time, the younger participants learned about illicit drugs and were integrated in a culture characterised by drug use and DUI. This way of becoming accustomed to drugs was also described by other interviewees. For instance, Julius (20) told that he was part of a group that 'consisted of older persons who were mostly either criminals or drug users'. 'When they are taking drugs', he said, 'you also want to try, and then you are hooked, and then you want to try a little more and a little more and ...'

Practically, the young people's DUI activities were rooted in their relations to a social environment with alcohol, illicit drugs and cars. The social environments functioned as communicative spaces where young people shared ideas and thoughts, and where they spent time together, sometimes because they felt they did not have other things to do. Alongside this, the social groups shared a general urge for excitement, which was intensified by the use of alcohol and other drugs. Lisa said that from she was about 14-15 years old, 'friends with scooters, cars or motor cycles often passed by to pick [her] up'. Her parents rarely allowed her to go, but she went anyway – 'for the sake of the company'. She said, 'after 7th grade we began smoking cannabis ... Lots of people would drink and there were different drugs ... We drove around, and sometimes we drove cross on the fields, I did that too'.

The young people's drink-driving was related to a drive for excitement. Lisa talked about running away from her parents and from the dullness at home and then driving under the influence. Tommy said that he would go drinking with his friends 'every weekend' and sometimes road race 'for the fun of it' while under the influence. Tim described how he could get drunk merely because he was looking for excitement. He associated drinking with doing risky things such as climbing high buildings, sailing at night – and drink-driving. He was indeed aware of risky behaviour as the potential and even sought-for outcome of drinking: 'I actually think that you are looking for these kinds of things. You wish for something crazy to happen when you get drunk ... Sometimes something really cool happens. I think that this is what you are searching for when you go drinking'. When asked about the potential danger related to the action, he stated that the danger was indeed part of it: 'Now when I think about it, I do think that I seek the danger ... It just comes to me to try to see if I can do it ... I just think that it would be really, really funny to jump from there [the top of a fishing stake]. Sometimes, it just comes to me'.

Lisa said that she was aware of the potential danger of her actions.

Lisa: 'A lot of things could go wrong and things could end badly.'

Interviewer: Did you think about this?

Lisa: 'It's just like every time you act you know that there are consequences, no matter what.'

Interviewer: But what if the consequences are that it can end badly?

Lisa: 'That is something that you think about. You make the choice ... But if you don't do it you'll miss out on the experience.'

Interviewer: Do you think that it is exciting because it can go wrong?

Lisa: 'No risk, no fun ... To some extent, I think so.'

These young drink drivers often related to risky action as if it was a test of their individual 'limits'. Lisa explicitly said that she considered the potential outcome of volitional risk activities to be important because they were motivating her towards defining her 'personal limits'. Similarly, Tim experienced excitement when he controlled risk, and he liked the effect it had

on his reputation with friends. 'I think that you can batten on such an experience for a long time', he said.

However, to this group of young people, the arrest formed a challenge to their continuing negotiations of edge. It signified an unwanted loss of control within their search for excitement and self-development. It predicted potential social problems and evoked uncomfortable feelings of vulnerability. The interviewees said they were ashamed and unhappy about being arrested because they had lost control, and they all claimed that they had refrained from DUI after being arrested.

Edge without consequences

The next variant of edgework within DUI is similar to the one just discussed in the sense that it is characterized by a strong focus on the immediacy of the action. However, where the young drivers in the former category were affected by their conception of having lost control, drivers in this second category tended to regard their arrests as insignificant and to somewhat avoid considering the consequences of DUI. These young adults, often from the countryside or small towns, generally regarded their home-towns as 'boring', 'run-down' or 'rigid'. DUI was a means of obtaining a rush of excitement and a feeling of self. The interviewees in this group accounted for multiple DUI-incidents alongside a good deal of drinking and use of other drugs. In general they seemed somewhat more set on a path towards social marginalization than the first group.

The aspect of having one's 'own will' submitted to a 'dullness' of social and geographical surroundings, or being subjected to a 'nothingness' and patchy mediocrity of life in small towns, was often touched upon by these interviewees. They felt socially constrained by the nature of their surroundings and by their humdrum everyday lives. Mick (28) said that DUI grew out of a pronounced lack of things to do. He began drinking as a teenager, and over a period of about ten years he frequently drank and used other drugs. His alcohol and drug use often entailed driving and he accounted for 'hundreds and hundreds' incidents of DUI – simply 'for the sake of the excitement'. Mick described his small provincial hometown like this: 'There is nothing at all. It is a paltry little town where nothing ever takes place at all [and] when all you do is work and sleep, you miss a little excitement.' David (26) explained that he 'was born in the countryside where there is a lack of things to do'. From his teenage years onwards, he frequently visited the nearest city where he was part of a group with other adolescents and young adults. They drank, took drugs and drove cars. Another of the interviewees, Michael (37) who was brought up in a middle-class family in a provincial town, told of another kind of feeling of constraint, which enhanced his 'urge for alcohol and drug use and DUI'. In his home, he could not openly talk about his alcohol and drug habits. He said that 'within my social class it is taboo to talk about drugs'. The taboo was described as a way of social control: 'It's like you try to hold your class together ... If somebody first begins to talk then we don't know what can happen. It might set off an avalanche of events. Then everybody will begin defying each other'. Michael said that part of his drug use was rooted in a resent-

ment of such provincial prudishness. ‘I had to get myself dirty and go ... to places where it couldn’t get filthier. I ended up at the worst places, I’d go all the way down the drain’, he explained.

Hence, when the drink drivers in this group talked about their upbringing, they generally pointed towards feelings of constraint. They explained how they tackled this volitionally with excessive alcohol and drug use and DUI. They seldom talked about the potential consequences of DUI. Mick’s story is an example of this. He was first arrested at the age of 19 with a BAC of 0.26 per cent. The second arrest came shortly before the end of his first driving ban. This time he was 22 and drove with a BAC of 0.25 per cent. At the time of the interview, Mick was 28 years and had been banned from driving for seven-and-a-half years. He did not seem very annoyed or concerned about this, although it affected his working-life – for instance, he said that he hadn’t been able to advance in work because he had no driving license: ‘What’s done is done. You have to take it as an experience,’ he said, and continued: ‘There is nothing to be done about it. It’s really just the risk that you’re taking when you’re young and rebellious.’

Mick described the incident that led to his first arrest like this:

‘Some friends and I had been having a good time and had been drinking a little. Everything was nice and easy. But then all of a sudden, it just became too boring and something had to happen. We thought that it would be fun to steal a bus. I knew that at the company where I had been working, the busses were always parked with the keys in the ignition. Everything went well. It was very easy. Then we were driving around for some time, but after a while, they realized that the bus had gone missing because they were going to use it. And of course, they reported it stolen ... The busses have a GPS device installed and therefore the police could track us down easily ... They found us pretty fast. Suddenly 12 police cars surrounded us. We couldn’t say a word.’

The lack of attentiveness to the obvious consequences of stealing a GPS-equipped bus from your former employer and taking it for a drunken drive in the middle of the night is manifested even more when Mick talked about his second arrest three years later – when he stole another bus from the same company.

Interviewer: You must have known that you would be caught when you stole the second bus?

Mick: ‘Yes, somehow, I probably knew it but I did not think much of it.’

Interviewer: Not even after having been through an almost identical situation some years before?

Mick: ‘No.’

Interviewer: You even knew that the bus had a GPS device.

Mick: ‘Sure!’

Interviewer: You must have known that you would be stopped.

Mick: '... Maybe we just didn't care.'

Mick and other young drink drivers clearly related the meaning of action to the action itself rather than considering its consequences. Laurendeau (2006) have pointed towards a similar lack of focus on negative consequences among skydivers. When skydivers were hurt, the consequences were said to belong to another realm. In the same way, Mick and some of the other interviewees in my sample showed a marked disinterest in the problems their DUI had caused them (sentences, loss of driving license for long periods, etc.), or at least they did not have much to say about these consequences in the interview. The main logic of their accounts was that everyday life is boring and that their surroundings, or society in general are unreasonably demanding and do not allow them to pursue the life-style they prefer. Their actions related to drinking and drug use were depicted as a way of fighting these restrictions. In this group the claims of being in control were often maintained throughout the descriptions of situations that otherwise resembled loss of control (such as drink-driving in a stolen bus twice). Action and consequences were perceived and experienced as belonging to two different modes of time and space, two modes that did not connect. To these drink drivers, acting in time and space, it seemed to be the action itself, which separated their individuality from the particular social circumstances that did not allow for their self-realization. This means that during action the potential consequences of DUI were either disregarded completely or perceived as resemblances of the 'nothingness' of the social surroundings – the surroundings that the interviewees tried to dissociate themselves from in the first place.

Over the edge

Traffic accidents signify a particular loss of control as well as a serious consequence of DUI. Nine of the 25 interviewees in this study had been in severe accidents. Five were younger drivers below 35 years and four were older. Three of the four older drivers had taken the accident as a direct stepping stone to stop drinking and driving. Diana (68) described her accident as an 'eye opener'. Paul (52) saw it as a signal that 'things had gotten out of hand'. Fox (39) said the accident was a 'relief touching on delight' as he had been living 'behind a steel plate for too long' and 'needed an opportunity to stop it'. The fourth older driver, Peter (44), had wrecked two cars when he was 18 and 20 but had continued DUI until half a year prior to the interview. After this he had begun treatment. The younger interviewees who had been involved in accidents were very different from this pattern. They all continued drinking and driving after recuperating from the accidents.

Ian (21) was experienced with alcohol and drug use and road racing. He crashed his car a few weeks after his 18th birthday while racing between two parties. He was drunk at the time. He made a total wreck of the car and said he was lucky to come out alive. He managed to escape prosecution because a parent of one of his friends owned a tow truck and came to pick up his car without reporting the accident to the police. Ian said that 'something could have gone really wrong. I could have hit somebody. But you just don't think that far when you have been

drinking ... You become a kind of Superman.' Less than a year after the accident, he was stopped for speeding within city limits. This time he was breath-tested and arrested with a BAC of 0.11 per cent. Ian talked about these accidents in a matter of fact way. He did not depict them as crucial but rather as things that 'may happen' when you are young. Julius (20) said that he had been using illicit drugs frequently from he was about 16 years old and until approximately one year prior to the interview. Since then, he had tried to refrain from ecstasy and cocaine and to limit his substance use to alcohol and cannabis. Before he lost his driving license, he was involved in a serious car crash as passenger of an adolescent drink driver. He was 'minutes from bleeding to death', he told, 'and comatose for four days'. Half a year after the accident, he was arrested for DUI while speeding on his own. When asked why he drove knowing from his own experience that it could end badly, Julius replied: 'Well, I don't think that you consider the consequences when you drink and drive. You only think about the consequences afterwards. And then you do it again the following weekend.' Jonathan (20) reported 'an endless array' of DUI. His DUI often included cannabis, cocaine and/or amphetamine. He knew of 'a few guys' who had been 'badly hurt' while driving under the influence and he had lost a close friend in a DUI-accident. Less than a month after he first obtained his driving license, at the age of 18, he was arrested for DUI on his way to a party. Two weeks later, he crashed his car under the influence of alcohol, cannabis and amphetamine. He was arrested again, this time with a BAC of 0.13 per cent. He had continued his alcohol and drug use as well as frequent drink-driving though maintaining that 'every time you have been drinking, you know that it can go really wrong and bad things can happen'.

These three young drivers exemplified a lack of personal consideration of the risks of driving under the influence. They had been in accidents and lost friends to DUI. Hence, they were personally aware of injury and death as potential outcomes of DUI. They all said that they *know* that DUI is dangerous. At the same time, they seemed to resist acknowledging or considering the connection between DUI and the risk of accidents. Jonathan described it like this:

'Well, yes, of course you always know ... that it can end badly ... But on the other hand, you don't think seriously about it ... I have driven home dead drunk so many times. I wake up in the morning remembering nothing, and then I look out of the window and see that the car is there ... And then you just do it again without giving it much thought. Nothing happens.'

According to Jonathan, one of the main reasons for continuing to drink and drive is that once you have gained some 'experience' you just keep building on that – and continue drinking and driving 'as long as nothing happens'. However, following this logic, a change of direction is expected upon the occurrence of an accident, which – for an outsider – looks like a loss of control. For these young drink drivers, however, the experience of DUI and DUI-related accidents seems to have transgressed a boundary between control and loss of control. By ignoring incidents that could be defined as control losses and focusing on all the times they had been successful in managing actions 'on the edge' (DUI that did not lead to accidents or arrests),

these interviewees maintained a sensation of personal control. This sensation seemed to be so fundamental to their identity that they time and time again sought to get it confirmed. Thus, instead of focusing on the accidents they had been involved in, and taking them as grounds for change, they focussed on all the myriad times they had been drink- and drug-driving ‘successfully’, that is, without negative consequences.

The difference between this group and the second group of interviewees analysed above is, that this group had demonstrably been involved in edgework that (looked upon from the outside) implied severe control-losses: They had been in life-threatening accidents. Where participants in the second group could claim that the negative consequence of their DUI (the arrest and punishment) was somehow related to society’s unreasonable demands/responses, the third group represented a different line of reasoning. At first hand, they did take responsibility for the accidents they had caused (and they typically did not regard the arrests as unreasonable) but they treated them as somewhat insignificant episodes and rather than examples of control-loss. This relationship to DUI may be conceptualised as radical edgework, based on the interviewees’ demolition rather than control of the boundary between control and loss of control.

Conclusion

To sum up, DUI is associated with similar risks as traditional edgework-activities; namely the risk of getting injured or dying and the risk of losing friends. It embodies similar structures between the action, the individual and society: an innate ability to master the risk, a sensation of control, a subversive attitude to the image of society, and a heightened perception of self. But DUI also differs from traditional edgework. It is illegal and risks the lives of others. Drink drivers are therefore also subjected to the risk of hurting others, getting arrested and punished, and they are more exposed to public condemnation than traditional edgeworkers. DUI thus becomes an example of edgework at the edge of society.

The life stories of the young drink drivers for this study, as they were put forth in the interviews, pointed towards a general feeling of having one’s agency restricted by the demands and expectation of one’s surroundings or society at large. Such experiences were especially characteristic of interviewees in the second group, but they were also found in the two other groups. The interviewees’ self-conceptions were based on a perception of society as unreasonably demanding and yet unsupportive when it came to the young people’s possibilities to realize themselves. Following this, to protect their selves, the interviewees were drawn towards activities on the very border – or edge – of society. To the persons in the first category, this led to an immediate and positive sensation of self. However, the feeling of losing control when arrested was conceived as a challenge to their sensation of self and they all claimed to have stopped with drinking and driving after their arrests. The young persons in the second category tended to disregard the arrest for DUI and to regard it as associated with society rather than their own agency. Following, they continued drinking and driving after having been arrested. They mixed driving with alcohol and other drugs and described this as an attempt to escape from their social surroundings. The urge to ‘get away’ was not halted when they were

arrested but rather enhanced. The young DUI-offenders in the third category were following the same path as the second category. However, the manner in which they disregarded the risk of DUI was tied more radically to their lives. They had been in life-threatening accidents and lost friends but continued mixing alcohol and drugs with driving. They did not blame others for their accidents (or their convictions) but rather saw both as a natural and somewhat insignificant part of DUI – and life as such. They were used to taking risks and to feeling socially excluded. If anything, they focused on the many times their DUI had not lead to accidents and arrests and presented this as proof of their ability to balance on the edge. Hence, in these interviews the boundary between control and loss of control was challenged more categorically or even broken down.

Young DUI-offenders are an eyesore in contemporary society where self-management and individual responsibility are highly esteemed values. On behalf of the study, I would argue that young drink drivers regard drink driving in a rather different light than those who condemn their behaviour. They respond to the demands of society by urging themselves towards a way of living in which risk is a positive and self-enhancing phenomenon and where the consequences of risk-taking are (at least partly) separated from the individual and his/her acts. The paper shows that when young people practice DUI, they may regard the consequence of DUI in many different ways: as an indication or proof of a control-loss (the first group), as unrelated to their own agency (the second group) or, somewhat paradoxically, as proof of their self-control (the third group). The more constrained young people feel in relation to society, the more likely it is that negative experiences related to DUI, such as being caught by the police or wrecking your vehicle, will be excluded from the action itself or used to prove that despite accidents and arrests, one is in control. In all three groups, young drink drivers sought to create excitement and an enhanced sense of individuality by resisting social demands and testing their own limits. To some, this means that life becomes a way of surviving by constantly putting it at risk – and to sustain control ultimately becomes a matter of losing it.

References

- Bengtsson, T.T. 2012a. 'It's what you have to do!': Exploring the role of high-risk edgework and advanced marginality in a young man's motivation for crime. *Criminology and Criminal Justice* published online 13 June 2012. DOI: 10.1177/1748895812447084.
- Bengtsson, T.T. 2012b. Boredom and Action – Experiences from Youth Confinement. *Journal of Contemporary Ethnography*, 41 (5), 526-553.
- Carocci, A. 2009. *The Real Issue is Flying, not Death. Dealing with Risk in the Subculture of Italian Gliding*. Doctoral Thesis, University College London.
- Celsi, R.L., Rose, R.L., and Leigh, T.W. 1993. An Exploration of High-Risk Leisure Consumption Through Skydiving. *Journal of Consumer Research*, 20 (1), 1-23.
- Douglas, M., 1992. *Risk and Blame – Essays in Cultural Theory*. London: Routledge.
- Ferrell, J. 2005. The Only Possible Adventure: Edgework and Anarchy. In S. Lyng, ed. *Edgework: The Sociology of Risk-Taking*. New York: Taylor & Francis Group, 75-88.
- Ferrell, J. 2011. The Risks of Risk. *Theoretical Criminology*, 15 (2), 217-221.

- Ferrell, J., Milovanovic, D., and Lyng, S. 2001. Edgework, Media Practices, and the Elongation of Meaning: A Theoretical Ethnography of the Bridge Day Event. *Theoretical Criminology*, 5 (2), 177-202.
- Gailey, J.A. 2009. 'Starvation Is the Most Fun a Girl Can Have': The Pro-Ana Subculture of Edgework. *Critical Criminology*, 17, 93-108.
- Hayward, K. J. and Young, J. 2004. Cultural Criminology: Some Notes on the Script. *Theoretical Criminology*, 8, 259-273.
- Krüger, H.-P. and Vollrath, M. 2004. The alcohol-related accident risk in Germany: procedure, methods and results. *Accident Analysis and Prevention*, 36, 125-133.
- Lapham, S.C., Baca, J.C., McMillian, G.P., and Lapidus, J. 2006 Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Journal of Studies on Alcohol*, 9, 707-713.
- Laurendeau, J. 2006. 'He didn't Go in Doing a Skydive': Sustaining the Illusion of Control in an Edgework Activity. *Sociological Perspectives*, 49 (4), 583-605.
- Laurendeau, J. 2008. 'Gendered Risk Regimes': A Theoretical Consideration of Edgework and Gender. *Sociology of Sport Journal*, 25, 293-309.
- Laurendeau, J. and Van Brunschot, E.G. 2006. Policing the edge: risk and social control in skydiving. *Deviant Behavior*, 27, 173-201.
- Lois, J., 2003. *Heroic Efforts – The Emotional Culture of Search and Rescue Volunteers*. New York and London: New York University Press.
- Lupton, D., 1999. *Risk*. London: Routledge.
- Lyng, S. 1990. Edgework – A Social Psychological Analysis of Voluntary Risk Taking. *American Journal of Sociology*, 95 (4), 851-886.
- Lyng, S. 2004. Crime, edgework and corporal transaction. *Theoretical Criminology*, 8 (3), 359-375.
- Newmahr, S. 2011. Chaos, Order, and Collaboration: Toward a Feminist Conceptualization of Edgework. *Journal of Contemporary Ethnography*, 40 (6), 682-712.
- Miller, E.M. 1991. Assessing the risk of inattention to class, race/ethnicity, and gender: A comment to Lyng. *American Journal of Sociology*, 96 (6), 1530-1534.
- Rajah, V. 2007. Resistance as edgework in violent intimate relationships of drug-involved women. *British Journal of Criminology*, 47, 196-213.
- Reith, G. 2004. Uncertain Times: The Notion of 'Risk' and the Development of Modernity. *Time & Society*, 13, 383-402.
- Reith, G. 2005. On the Edge: Drugs and the Consumption of Risk in Late Modernity. In S. Lyng, ed. *Edgework: The Sociology of Risk-Taking*. New York: Taylor & Francis Group, 227-245.
- Taylor-Gooby, P. and Zinn, J.O., 2006. *Risk in Social Science*. Oxford: Oxford University Press.
- Vaaranen, H. 2004. The Emotional Experience of Class: Interpreting Working-Class Kids' Street Racing in Helsinki. *Annals of the American Academy of Political and Social Science*, 595, 91-107.
- Zaloom, C. 2004. The Productive Life of Risk. *Cultural Anthropology*, 19(3), 365-391.

- Zinn, J.O. 2005. The biographical approach: A better way to understand behaviour in health and illness. *Health, Risk & Society*, 7 (1), 1-9.
- Zwick, D. 2006. Where the Action Is: Internet Stock Trading as Edgework. *Journal of Computer-Mediated Communication*, 11, 22-43.

Immoral, deviant or just normal: Drink-drivers' accounts of the relationship between drinking and drink-driving

This paper focuses on the concept of “addiction”. In medical debates, addiction is seen as a distinct disease that causes individuals to lose control, and social problems are treated as individual violations of mainstream social norms. The paper draws on the work of social theorists such as Room, Sedgwick and Weinberg to study the relationship between drinking (including uncontrolled consumption) and DUI. Three different types of relationships between drinking and drink-driving are explored. In the first, drink-drivers have lost control over alcohol, they see themselves as alcoholics and will continue to drink and drive unless there is an intervention. In the second, drink-drivers belong to sub-cultural groups; they frequently use drugs and alcohol and often drive under the influence. In the third, alcohol consumption is seen as “normal” and socially important while DUI is considered as incidental and harmless. While drivers who saw themselves as belonging in the first two categories comply with popular conceptions of DUI as related to alcohol addiction and social deviance, interviewees who described their behaviour as belonging in the third category reacted to and dissociated themselves from those in the other two. The paper, thus, concludes that where some drink-drivers subject themselves to public condemnation of DUI, others distance themselves from these conceptions in order to present themselves as “normal”.

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Introduction

This paper analyses convicted drink-drivers' accounts of the relationship between drinking and driving under the influence (DUI). Building on qualitative interviews with 25 drink-drivers, the paper shows that some drivers relate their drink-driving to alcoholism or social deviance while others explicitly dissociate themselves from such interpretations. The aim of the paper is to show that whichever approach the interviewees chose, they can be said to negotiate the borders of their 'civilized' selves (Lupton, 2002:277).

In the World Health Organization's early reports on addiction from the 1950s, alcoholism is defined as an extreme individual compulsion for intoxication and continuous 'increase [of] the dose' (WHO, 1957:9f). This definition accords with a more general 'medical seizure' of social problems as individual deficiencies (Lindesmith and Levin, 1937:669). Alcoholism is seen as a distinct disease that causes individuals to lose control of their will. Levine (1978) points out that most major work touches upon these two premises: (a) that addiction is a distinct disease and that (b) it implies individual loss of control. Room (2005:150), in an article relating stigmas to social inequalities, describes the conception of addiction as a 'disease of the will' that causes the infested individual to '[lose] control ... over the substance use and over ... life'.

Meyer (1996) sums up the last two centuries' medical debates over the disease concept of alcoholism by pointing out that these two premises have been constant ever since Benjamin Rush's early descriptions of habitual drunkards. Meyer sees the two premises highlighted in Jellinek's 'defining work on the disease concept of alcoholism' in the 1960s, and in the 1990s collaboration between the National Council on Alcoholism and Drug Dependence and the American Society of Addiction Medicine. The latter categorises alcoholism clinically as 'impaired control'. Goodman (1990:1407), acknowledging that addiction also produces pleasure and 'provide[s] escape from internal discomfort', characterises addiction by 'failure to control' and 'powerlessness' alongside progressive consumption despite one's knowledge of 'significant negative consequences'. In a review of 52 studies, Sussman and Sussman (2011:4029f) include 'loss of control' as one of five constituents of addiction. And in a comment on the American Society of Addiction Medicine's attempt to define food, sex, shopping and gambling as addictive, along with alcohol and other drugs, Smith (2012:1,3) emphasises that addiction is a chronic disease that 'cannot be cured' and which is characterised by 'impaired control' and 'dysfunctional' emotions. Alcoholics Anonymous (AA), in its primary step of the 12-steps programme towards recovery, simply requires that addicts must admit that they are 'powerless' (Alcoholics Anonymous, 2001:59).

Drinking and drink-driving

When addiction is treated as a distinctive loss of control, addicts become individual representations of the absence or lack of control. They become signifiers of 'control-loss' or 'control negatives'. In addition, drink-drivers, who make up a particular group of drinkers that are said to have lost control over alcohol, break the law and risk harming themselves and others. Au-

thor (20XX) argues that drink-drivers, accordingly, face strong public condemnation – especially if they are arrested.

Although drink-drivers are not necessarily regarded as addicts, research often singles out excessive drinking as the cause of DUI and the ‘target in the resolution of the problem’ (Gusfield, 1981:3). Timko et al. (2011) relate DUI specifically to addiction and Lapham et al. (2006) to psychiatric disorders. According to this line of reasoning, DUI is regarded as a ‘deviation from routine behavior’ (Gusfield et al., 1984:47) that occurs when individuals cannot control their drinking.

Yet, not all research posits excessive drinking as the main cause of DUI or presumes that drink-drivers deviate from the norms of their local social surroundings. For example, Gusfield et al. (1984:47) argue that DUI in certain groups and in specific social settings may be seen as ‘normal, expected behavior’. Furthermore, driving under the influence is more widespread in some parts of the population than in others. For example, Christoffersen et al. (2008), in a longitudinal analysis of a 1966 cohort of Danish males, conclude that DUI offenders tend to emerge out of socially vulnerable groups (such as low-income families) and/or live in rural areas. This analysis shifts the focus away from psychological problems as causes of DUI. A qualitative study by Carlson et al. (2011) also shows that socially vulnerable groups account for a relatively high proportion of DUI. Bishop (2011), agreeing that substance abuse is an important predictor of DUI, concludes that both male and female DUI recidivism is most likely to occur in the US among single Caucasians with low education. Other studies again have revealed factors other than alcohol, including traffic logistics, social geography and ‘social heritage’, as central to the occurrence of DUI (for example Gusfield, 1991; Lee, 1997; Christoffersen et al., 2008; Maldonado-Molina et al., 2011).

In the following paragraphs, I analyse how drink-drivers account for the relationship between drinking and drink-driving, and more specifically, how they relate to conceptions of alcoholism and deviance. I focus on DUI offenders who report heavy alcohol consumption, regardless of whether they regard their drinking habits as problematic or not. I will illustrate and discuss three variants in the way they characterise their drink-driving. The first variant depicts drink-driving as related to alcoholism, and regards alcoholism and its consequences as an individual moral problem. The second variant describes drink-driving as a form of social deviance characteristic of certain sub-groups in society and (rightly or wrongly) associated with stigmatisation. The third variant relates drink-driving to heavy drinking without associating it with alcoholic loss-of-control or social deviance. Drink-driving and heavy alcohol consumption in this last category is conceptualised as being within the limits of ‘normality’. Although the third variant at first glance may seem different from the former two, I will show that it somewhat paradoxically incorporates, as well as is a reaction to, the addiction and deviance perspectives on drink-driving. The paper, thus, argues that where some drink-drivers relate their DUI to alcoholism or social deviance, others distance themselves from these assertions and by doing so manage to overlook their own DUI while presenting themselves as ‘normal’.

Method and data

I contacted the 25 convicted DUI offenders for this study in early 2010 while they were attending courses in alcohol and traffic safety. In Denmark, as in many other countries, such courses are mandatory when DUI offenders seek to regain their driving licence after a DUI conviction (Danish National Police, 2012). The courses focus on how and why people develop unsafe alcohol habits, how excessive drinking affects one's individual judgement and how drinking reduces one's driving skills. The courses are held at a number of different locations in each of the five Danish regions. Participants at three different locations within one region were asked to take part in an interview about DUI and attitudes towards drinking. Each interviewee received a gift voucher to the value of €40. Most interviews were held in an empty classroom separate from the course location, a few were conducted at the interviewee's home, and one was conducted at my office. I used a semi-structured interview guide for the interviews covering, among other things, the interviewees' attitudes towards addiction. I kept the interview setting informal and did not ask a series of pre-formulated questions. The interviewees were encouraged to tell narratives from their lives, including in relation to DUI, and as the interview progressed, the focus was narrowed to the topics of drinking habits, circumstances for drinking and personal experiences with heavy consumption (see Lupton, 2002:278). At the end of each interview, the interview guide was used as a 'check-list' to ensure that all topics had been covered.

In the following analysis, I turn to contemporary social theories of addiction in order to analyse the interviewees' accounts of three variants of the relationship between drinking and drink-driving.

Drink-driving as an individual, moral problem

Sedgwick (1994:130) argues that modern science conceives of addicts as having 'pathologized ... identities' and as suffering from compulsions that violate general modern imperatives for purity of the body and for freedom. Sedgwick's argument critiques a view within the medical sciences that was formalised in the 1940s and 1950s. The view, namely 'that the problem of alcohol was not to be located in alcohol itself, but rather in the souls ... of that minority of drinkers who could not control their drinking' (Valverde and White-Mair, 1999:396), was adopted by the newly founded World Health Organization and the recently established Alcoholics Anonymous. Both organisations associated alcoholics with 'inhibiting, blocking, encapsulating effect[s] of neurotic, reaction pattern[s]' that over time cause infected individuals to lose control over their life (Maxwell, 1950/1951:444; cf. Alcoholics Anonymous, 2001:59).

Sedgwick (1994) and Valverde and White-Mair (1999) see the development of addiction as a functional 'negative' arising out of the elaboration of the abstract imperative of 'free will'. 'So long as "free will" has been hypostatized and charged with ethical value, for just as long has an equally hypostatized "compulsion" had to be available as a counterstructure always in-

ternal to it', writes Sedgwick (1994:132). Room (1997:S10) argues that the emphasis on identifying alcohol problems with defective individuals rather than dilemmas in social policy has become a 'rationale for applying the doctrine of consumer sovereignty to alcohol'. In this light, the expansion of the treatment system and its focus on alcoholism as a distinct individual loss of control can be seen as 'a kind of cultural alibi for the normalization of drinking and the relaxation of control' (ibid). According to Room (2005:150, quoting Lemert, 1954), alcoholism is 'one of the most vivid and isolating distinctions which can be made in a culture which attributes morality, success, and respectability to the power of a disciplined will' and alcoholics are therefore conceived as immoral.

Five of the interviewed DUI offenders in this study, all male, had been treated for alcoholism. Their average age was 44 years. Three of the five were AA members. All five described themselves as former 'daily' and 'solitary' drinkers and recounted many incidents of complete loss of control, including blackouts. They also described more enduring, long-lasting periods of alcohol abuse. For two of the five interviewees there had been an intervention by work colleagues (Per, 44) and family (Jarl, 39) who had urged them to go into treatment. At the time of the interview, four said they were abstaining completely from drinking, whereas the fifth, Finn (52), said he was an AA member but 'enjoyed sharing a half bottle of red wine with his wife on Saturday nights'. During periods of excessive drinking, all five interviewees recounted numerous DUI incidents. Three had caused traffic accidents; another, Albert (59), had twice been banned from driving for life. None of them said they had used other drugs than alcohol or that they had been criminally active – apart from driving under the influence.

Jarl described himself as a 'true alcoholic' who had been drinking heavily for more than ten years. Albert began the interview by stating that he 'had been drinking like a hole in the ground' for twenty-five years. Per went into treatment half a year prior to the interview. He said that for more than ten years, he could have been arrested for drinking and driving 'around the clock'. John (28) said that his drinking had been 'rampant'. He could 'easily drink more than 30 beers at a time' and always experienced blackouts when he was drinking.

Jarl said alcoholics belonged to a special race that he described as a 'fellow species'. He explained that people belonging to this species 'go around drinking like me'. 'We crowd together to support each other's drinking', he said, and continued that he 'almost automatically' could spot other alcoholics by their behaviour. 'If you don't see it directly, you are sure to notice when they start talking ... about the location of the nearest grocery where they can buy alcohol', he said. Behaviours such as 'bringing along beer for meetings', 'going to get a couple of beers if there is a pause in a conversation', 'buying a couple of beers ... for a buddy ... when shopping for oneself' were provided as examples of how to recognise alcoholics. Jarl also described how he, together with fellow alcoholics, shut down attempts from outsiders to moderate the active drinking culture at work. 'The only thing that works is a fast attack. That goes for all situations ... All that matters is to strike fast if people try to hinder you from drinking', he said. Before Jarl wrecked his car and chose to sober up and go into treatment, he

said that everything else was obscured by a constant craving for alcohol. 'It doesn't matter if your eyes are open or closed ... all the time you think about drinking', he said. He described his drinking as 'very goal-oriented' and 'determined' but 'completely drained of emotions'. He said, 'I didn't feel anything. It was just something that I had to do ... It was only the thought of needing to do it so I could have more wine ... before going to bed'.

Finn said that most of his drinking was 'social drinking' but that he also drank alone in his 'hide-out' in the garage. He was part of an informal social group of 'fellow scoundrels' who met daily to drink beer. However, he also made sure that he always had alcohol available just for himself. He described that he was 'shocked' by the appearance of his garage after he had begun treatment and faced his home life from a sober perspective. 'There were bottles everywhere', he said, 'behind cardboard boxes and tools, under the ceiling ... everywhere'.

The five DUI offenders in this group described the development of addiction as a combination of personal factors such as 'lack of backbone' (Per) and social circumstances that enabled and often encouraged heavy consumption. In other words, they mostly drank with others, but if they had to they also drank alone. Per said, 'I'm not sure how you become an alcoholic, statistics cannot tell this, it's a personal thing, and at some point you just start drinking for real, no matter what.' John said, that to him, an alcoholic was a person 'who must have alcohol to hang together'. He explained, 'When you start drinking you like the taste, but after a while you drink because you want the effect, and then all of a sudden your body must have alcohol. That's how it was for me'. Finn thought that his alcohol abuse might have its roots in his childhood home, where his father had been a heavy drinker. Over the two decades leading up to a traffic accident five years prior to the interview, the alcohol had 'fastened on', he said, and 'while you are in the situation it is impossible to stop drinking'. At the time of the interview, Finn described himself as an 'ex-alcoholic'. He defined an alcoholic as 'one who cannot control his alcohol consumption, one who all the time needs a drink to hold onto ... one who cannot fill time without having a beer'. 'Suddenly, I always needed a beer, then another one, and then one more. One, two, three, four, five, six, seven and then it easily becomes eight,' he said.

Albert had been arrested for DUI several times over the last three decades. He said that to begin with, he was mostly drinking with 'drinking buddies' at bars, but at the time of the first arrest, his life had begun 'turning on him'. His wife was taken ill and they were divorced. Financial troubles began piling up and his business failed. He could not take care of his children and eventually they were removed and put into foster care. Albert explained:

I became more of a loner. Before, I had been very outgoing and able to entertain a whole party. All this stopped. I changed. ... At some point, I moved to a new place closer to where my children lived. I quit the bars and all the other stuff. But then I just began drinking at home instead. ... It all seemed so far away ... the driving license, work, everything. The marriage also went down the drain. Then ... I just didn't care.

Three of the interviewees took the medication Antabuse (Disulfiram) as a treatment for their alcohol dependence. Per, Jarl and John described it as a means for keeping their craving for alcohol under control. Jarl willingly accepted the medication as a necessity. He said it had become part of a 'small ceremony' that he celebrated with his wife every morning after breakfast. John, on the other hand, wished he could do without Antabuse and, as he put it, 'just rely on my own will'. Where Jarl had accepted himself as an 'alcoholic', John (still) longed for a 'self-control that would enable [him] to live freely without succumbing to drunkenness and blackouts'. He said, 'I need to learn to say: no thanks. ... I would really like to be in control ... over alcohol. ... But I have to learn to be steadfast and maintain my no [sic] rather than just saying: well, never mind, just give me that beer'.

All interviewees in this group touched upon problems with partners, other family members and friends. Two had divorced during their times of alcohol abuse. Financially, they had 'lost everything' (Albert), been 'one step from losing everything' (Per) or felt that 'everything was collapsing' (Finn). They had been mentally 'worn out' and 'depressed' (Albert), 'nervous' and 'insecure' (Finn), 'uncomfortable', 'embarrassed' and 'morally hung-over' (John) and 'dishonest' (Jarl). Still, they had not been able to refrain from drinking. Somehow they had entered a vicious circle in which the immediate effect of drinking was an urge to drink more. Finn said that he drank when he felt 'insecure' and that drinking 'made [him] feel more insecure'. He said, 'I tried to defy reality' and 'if I couldn't pay the bills I just had three beers instead'. Jarl said it had been crucial to conceal as much of the drinking as possible and to 'lie about the rest'. He said that he was 'well organised' and 'cunning', but he also emphasised that the continuous dishonesty was mentally demanding and 'wearing him out' and how this made him drink more. In the end, said Jarl, 'the abuse was so uncontrolled that everything was about getting alcohol'. When he finally crashed his car into a public bus stop he was on his way home from work with a blood alcohol content (BAC) of 0.31 per cent.

What separates these five interviewees from the rest of the sample is that they believed their alcohol abuse had dominated their whole life and behaviour. Retrospectively, they saw themselves as immoral drinkers. Up until a certain point they had managed to drink heavily and still maintain control of their life (including work and family) and with DUI as a part of their daily life. But eventually alcohol had taken over. From that point onwards they had been left essentially with two possibilities: to seek treatment or to give up drinking alcohol completely. Jørgen (43), who did not identify himself as an 'alcoholic but nevertheless had much in common with the five interviewees in this group, described the feeling of being at a crossroads: 'One night, I had two possibilities. One was to contact a friend who is a social worker. The other was to shoot myself. I sat for a while thinking it over. Then I chose to call my friend'.

Drink-driving as sub-cultural deviance

Blume (2002:3) discusses the 'costs' associated with being or becoming deviant as divided between 'individual' and 'social' costs. The individual costs affect the individual who is stig-

matished by being publicly condemned and sometimes arrested and punished. The social costs of stigmas relate to attitudes and behaviours of entire groups (rather than individuals). Such collective stigmas are more complex than individual stigmas. They are assigned to particular categorical behaviours such as tax fraud, smoking and drink-driving. On the one hand, they imply a kind of internal coherence among the persons who are being stigmatised as a group. On the other hand, collective stigmas exclude the stigmatised group from mainstream society.

According to Blume's econometric analysis, the relations between stigma and cost suggest that the stigmatising of individuals and smaller groups are more efficient than that of larger groups or general behaviours – and therefore more likely to happen. This means that it can be relatively cost-effective to stigmatise (individual) alcoholism but not large-scale drinking (in general); or to stigmatise convicted drink-drivers rather than drink-driving in general. Blume concludes that convicted drink-drivers, consisting of a relatively small group and exposed as deviant control-losers, are 'cost-efficient targets for public stigmas' (Blume, 2002:19).

The interviewees who most clearly associated their drink-driving with 'social deviance' were eight young males with an average age of 27. They all described use of other drugs than alcohol, including when driving. Six had multiple DUI convictions and many had caused traffic accidents. Some had been arrested for violence, and most had been selling drugs and/or had taken part in burglaries. The interviewees in this group described many incidents of excessive drinking, drug use and drink- and drug-driving, but they did not regard themselves as addicts; some even presented themselves as 'below average' drinkers. Five said that they would 'never think of drinking' if they were alone (for example, Freddy, 20) and that 'to drink alone' was 'a sign of addiction' (Simon, 26). Instead, to 'lose control' and commit illegal acts, for instance, drink- or drug-driving, was seen as an ordinary element of life and as a means of obtaining status in one's social group.

When I asked the interviewees about their attitudes towards DUI they often started out by condemning their own involvement in DUI. They referred to themselves, for example, as conducting 'young and wild road rage' (Simon, 26) and 'adolescent horseplay' (Jens, 20) or as belonging to 'a group of brain-dead youngsters' (Henning, 27). They, thus, concurred with Blume's (2002) analysis by accounting for DUI as deviant behaviour related to small groups or specific life stages. Often, their accounts turned away from individual deficiencies and more towards wider social circumstances that DUI overlapped with, for example, drugs, fighting and other crimes. Hence, their accounts also concurred with Christoffersen et al.'s (2008) and Carlson's (2011) findings that DUI tends to co-exist with other forms of social deviance.

Young (1971:44ff) argues that the stigmatisation of deviance causes social isolation of deviants through two mutually enforcing processes. On the one hand, Young points out that persons who conduct deviant acts may feel obliged to segregate from the wider society to protect themselves, for example, against arrests or public condemnation. The 'policies of separation'

enable stigmatised individuals to obtain social status locally by augmenting their deviant performances (Schwartz and Skolnic, 1964:104; Moore, 1992:473f). The other process of isolating deviants, described by Young (1971), depends on the behaviour of members of mainstream society. 'Non-deviants', according to Young (1971: 45), need to maintain proper 'definitions of reality' and will therefore avoid associating with deviants. Young defines the dual process as 'amplified marginalization' and emphasises that the 'exclusion of the deviant by society' will call on 'the deviant himself [to] cooperate in the policy of separation' (ibid).

Among the 'deviant' young adults in my sample, Simon agreed that mutual 'protection' and 'respect' were two main reasons for staying in a criminal community. He said, 'I wanted to try everything. So I soon became popular. ... I have never ever been addicted to anything, but everything had to be tried ... alcohol, cannabis, drugs' and 'I soon learned that I could gain respect from beating people up'. However, Simon also described how he, with time, began feeling more and more 'exploited' by the older members of the group:

I considered myself to be tough because the older guys esteemed me. I was special. Then I realised that in fact ... they had just been using me. ... They used the youngsters. They fooled us. ... It became more and more obvious that they weren't friends at all. To them, it was just about money and protection. ... They had just been manipulating me.

Simon and the other interviewees in this category explained their drink-driving with reference to a 'deviant' network. In accordance with this, they also felt they had to leave this network if they wanted to stop heavy drinking, drug use, drink-driving and other criminal activities. For instance Henning, with multiple arrests for DUI and violence, said he moved to another part of the country 'to get away' and 'stop drinking and using drugs'. Ib (21) said he had had to move away from his friends and acquaintances when he was 18 because he needed to 'give his life a new beginning' and 'start all over':

If I hadn't gotten away I would have ended like them. ... Some of them are younger than I am. They have kids everywhere. They have lost their driving licences and been banned from driving for many years to come. They don't work, but drink and do lots of drugs. ... They just don't seem to be having a life.

Simon said that his 'biggest problem' might have been 'the other kids that [he] was playing with', who 'mostly came from families with alcoholic parents'. He was sent away to boarding school when he was fourteen years old because he got into too much trouble at school. He said that when he was sent away, he 'realised that there was more to life than [his] old friends and circle'. However, when he came back to his home town after two years at boarding school, he soon became part of the old social group again: 'It didn't take long ... I could see that I had gotten on with my life whereas they were still the same ... but my girlfriend was gone and I had moved away from home ... and didn't have anybody else to turn to. I soon fell back again ... to drugs and drinking.'

Mike (39) said he ‘had been forced’ to abandon his group in order to regain control of his life, ‘stay out of prison’ and stop a ‘heavy abuse of alcohol and drugs’:

I had to get away. ... Some of my friends ended in prison ... for many years. ... Then they wanted me to take drugs, all kinds of shit, into the prison. Then I said that I was getting out of it ... I backed out.

The interviewees in this group accounted for many episodes of drink- and drug-driving. Some of them said that they had ‘harmed others’ and that they ‘represented a risk’ to themselves, their friends and families. Others said that they were ‘safe drivers’ even after drinking and taking drugs, and emphasised that they had ‘never caused harm to others when driving’. Most interviewees in the group associated their alcohol and drug use with regular losses of control. However, contrary to the drink-drivers in the first group, they did not talk about addiction, nor did they morally condemn their own behaviour in the distinct way the first group did. They presented drink- and drug-driving as ‘normal’ within their respective social groups. At the same time, they questioned the sub-cultural norms that entailed heavy consumption and various risks, feeling that they had to get away from their social network in order to get control of their lives again.

Some of the female drink-drivers in the sample also described themselves as ‘deviants’ but in a completely different way from the male interviewees. Female interviewees more often said that other people classified and treated them as social outcasts because they had been arrested for drink-driving (cf. the second process of social isolation described by Young [1971]). Lisa (20) said that it was impossible for her to ‘comprehend that she had been arrested’ even though she was ‘in the back of a police car’. She felt ‘offended’ and the whole event was ‘terrible’. Jo (41) described the arrest as ‘a catastrophe’, ‘the worst experience of my life’, and ‘traumatising’. At the police station, she had to ‘ask an officer for a cuddle in order to calm down’ and after coming home, she was ‘completely paralysed for days’. Jo also told how over the four years from the arrest to the time of the interview, she had felt ‘watched’ by everybody in her home town. She said that because she had lost her driving licence people saw her as an ‘irresponsible outcast’ and a ‘complete idiot’. None of the male offenders talked about this kind of resentment from their local communities. This may reflect the fact that convictions for drink-driving are less common among women than among men. Women make up less than 10 per cent of the total DUI arrests in Denmark (Statistics Denmark, 2012) and, according to Blume (2002), female drink-drivers are therefore likely to feel more stigmatised than male offenders if they are convicted of DUI.

Drink-driving and ‘normal’ social drinking

Lindesmith and Levin (1937) hold that social circumstances are more important for the risk of developing drinking problems than individual pathologies (see Weinberg, 1997:150). Lindesmith and several proponents oppose the disease model’s scientific grasp of alcoholism

as a progressive, individual disease (Peele, 1985:34) as well as medical science's 'moralistic' judgements of addicts as 'abnormal' beings (Lindesmith, 1940:919f). In a study of problem drinking among adult men, based on national US surveys from 1964-65 and 1967, Cahalan and Room (1972:1482) conclude that 'environmental factors predominate among the correlates of problem drinking'. In a qualitative case study of Finnish blue-collar alcoholics, Alasuutari (1986) argues that heavy drinking and alcohol problems develop to form part of individuals' 'collective subjectivity'. He understands 'collective subjectivity' to emerge partly from each individual's social surroundings (including family and work), partly from her/his subjective wavering between 'own desires' and compulsions and 'future-oriented, purposive rationality'. Central to Alasuutari's approach is the significance of the drinker's social life and its impact on her/his consumption habits.

Twelve of the interviewees in the sample more explicitly described their alcohol consumption and drink-driving as 'normal' – rather than immoral and/or deviant – behaviour. The interviewees in this group did not regard themselves as exceptional and as having committed immoral acts, as did the drink-drivers in the first category; nor did they describe their social network as 'deviant', as did the interviewees in the second category. They saw themselves and their social surroundings as 'ordinary' – and their drink-driving as a) a relatively harmless incident or b) an unfortunate exception to an otherwise decent lifestyle. Two interviewees, Lisa (20) and Helene (38), touched upon cannabis use, but the rest 'only' described drinking and drink-driving. The average age of this part of the sample was 43 years, significantly higher than the group of deviant drinkers (27 years) and similar to the alcoholic drinkers (44 years). Five of the twelve were women. Seven of the twelve said they often drank when they were alone, whereas one (Anders, 69) insisted that he never drank by himself. 'I must have company', he said. Nine (including Anders) described themselves as daily drinkers.

Claire (43) and Mary (63) related most of their drinking experiences to activities and occasions with families or friends. Mary also explained that lately she had been drinking more on her own. They both said that they had often driven after drinking, for example, when coming home from family functions or dinners. Mary described herself as an 'experienced' driver who 'wouldn't think twice before taking the car after a party'. She said the following about her drinking and driving at/after parties:

I have a welcoming drink, two glasses of wine to each of the three courses, maybe a beer afterwards and some more wine, but no cognac. ... Then ... before driving home ... at 2 am ... for one hour, I only drink water. ... I've never been heavily intoxicated but when driving home from parties I've always been drinking too much to drive.

Thomas (32) was introduced to alcohol as a young teenager when the family got together at summer time for harvesting. His first beers had been with neighbouring farmers after he had brought them cereals or farming implements with his family's tractor. He described how, at the age of 15, he had associated these beers with 'pride' and 'independence': 'Suddenly, I was

the one to come in for a beer because it was me who had brought the grains. ... It always made me feel very good', he said. Later, Thomas strongly identified his heavy consumption of alcohol with being a carpenter and socialising with friends 'at the back of the garden'. He said that he often drove after 'a handful of beers' but never when heavily intoxicated, and he reproached his partner for not being able to accept alcohol as a 'natural part of [his] life'.

Jørgen (43) said that he first and foremost had learned to drink at work with fellow carpenters. Additionally, he shared an active alcohol consumption culture with neighbours and friends, and he also drank on his own. He spoke of several personal problems that to the interviewer inferred that they were related to his drinking. But when asked about this, he mostly repudiated any connection between heavy consumption and the problems he had experienced, including drink-driving. He saw alcohol consumption as 'a natural part of the day' and episodes of heavy consumption were, he emphasised, always a reaction to particular unfortunate financial and social circumstances. He also said that more recently he had cut down considerably on his drinking and drink-driving after he had begun seeing a new partner, explaining that 'this woman that I've met supports me through all of my hard knocks and adversities and I've promised myself to respect that'.

Dirk (66), one of the few interviewees who mentioned negative physical effects of drinking, said that he stopped drinking at work when he was around 30 years old. From then on, 'work and alcohol have always been kept apart', he said. Instead he drank with friends during the week, with his wife on weekends – and by himself in the evenings. 'I like to sit in the evening and drink three glasses of red wine. This is not [being an] alcoholic. ... Sometimes I drink a whole bottle', he said.

Anders insisted that he never drank when he was alone. To him, drinking was social, and he was, as he said, 'a very social person'. Like many men of his generation, he had learned to drink during his conscription to the army, and since then alcohol had been a natural part of his social and daily life. 'To have a good time with your friends and drink ... moderately ... is fun and good', he said. Anders also described how his home was organised so that he could drink alcohol with his friends in the garage while his wife, who did not drink, had tea with her friends in the living room. Like Dirk, he was a frequent drink-driver but only regarded his conviction for drink-driving as a problem, not the drink-driving itself.

Some interviewees in this category (for example, Claire, Dirk and Anders) accounted for high levels of consumption without seeing it as especially problematic. Claire, who '... looking back upon things ... [had] been drinking and driving rather a lot', was more concerned about the drinking habits of her teenage son. Dirk and Anders, both daily drinkers and regular drink-drivers, did not believe that their alcohol consumption or their drink-driving represented a risk at all. 'Not to glorify myself, but when I come home, for instance from drinking at my friend's place, I am always in a good mood and I am never violent', said Anders. Dirk answered the interviewer's questions about his drinking in the following way:

Dirk: On a normal day ... I don't really drink beer. As a matter of fact, I only drink three or four beers. Sometimes ... maybe ... I drink five. Then, in the evening, I open a bottle of red wine. And then you could say ... if I am just by myself ... I just finish it off before going to bed.

Interviewer: While your wife is there with you?

Dirk: Yes.

Interviewer: What if she is not there?

Dirk: Then I just drink it anyway. It's nothing. She never drinks during the week anyway. But, me, when I'm sitting there, in my nice and comfortable armchair, and there is only a little bit left from the night before ... I tell my wife: I'm out of wine. How can that be? ... Then she opens a new bottle. ... We think it is funny. We have an awesome time. We are not alcoholics.

The other interviewees in this category described their alcohol consumption in general as moderate but related their drink-driving to periods or isolated episodes of heavy consumption. Mary said that she was mostly in control and that she never got 'senselessly intoxicated'. At the time of her DUI arrest, however, she said that her daily drinking had 'probably been on the increase'. She explained that she had begun drinking about ten years prior to the interview. She had been divorced and was depressed. She said, 'it's worst when I am alone; ... the worst thing is to drink in your own company ... when you are sad'. Five years after the divorce, she described her drinking as being 'at its highest'. At that time, she was drinking wine daily from a 'bag-in-a-box' carton. She estimated her daily consumption to be somewhere around five glasses per day but she could not say for sure – 'one of the benefits of a wine carton is that you never really know how much you drink'. Family members had begun questioning her habit as well as her ability to drive, including when she picked up her grandchildren from school. She said she was often drinking and driving, but until when 'half-drunk' she drove her car straight into a bus she 'did not think much of it'.

Jørgen described his drinking habit as 'normal' and 'common' and emphasised that he 'always kept within [his] limit'. He drank with friends, at work and by himself. He said that he had been able to control it, but when he was divorced ('because of infidelity') and the business collapsed ('because of bad luck'), he 'just couldn't see an end to it'. Life became 'like a black hole', he said, and eventually he had moved into a cabin in the country to 'find [his] feet again'. At the time of the interview, he had lived in the cabin for some years, struggling to fulfil a job as a freelance taxi driver while consuming a couple of bottles of wine a day. 'It was too far out ... the bankruptcy ... my wife cheating on me ... I just didn't care after that', he said in explaining why he had begun drinking so much. Nevertheless, he did not relate his frequent drink-driving to his daily heavy consumption of alcohol. He said that he had been arrested by a police officer who 'had a grudge against [him]' and 'because [his] car had missed out on an MOT-test'.

The interviewees in this group recounted different sorts of heavy consumption and some of them touched upon experiences of loss of control. Nevertheless, they mostly considered their own drinking to be 'normal' (Mary and Thomas), 'pretty average' (Claire and Jørgen) or simply 'harmless' (Anders and Dirk). Nobody had received treatment or been arrested more than once. In some ways they resembled the drink-drivers in the first category. They were middle-aged, they were often daily drinkers and they generally refrained from other drugs. But, contrary to the first group, they insisted that they were controlling their consumption of alcohol rather than being controlled by it. Traffic accidents, DUI arrests and financial troubles were conceived as 'mistakes' (Claire), 'unfortunate accidents' (Anders) or related to external, uncontrollable circumstances (for example, Jørgen). Anxious family members were seen as 'sulky' and 'unreasonable' (Thomas). So, unlike the first category, the drinkers in this group did not consider their consumption as excessive or abusive; nor did they regard their involvement in drink-driving as a moral problem. In some ways they also resembled the second category. They strongly related their drinking to social circumstances but, unlike the young male drink-drivers of the second category, they did not describe themselves as belonging to particular (sub-cultural) groups and they certainly did not regard themselves as deviants. Instead, they complied with a characteristic term from a 1981 *Washington Post* columnist who wrote: 'Most of the people who slide boozily behind their steering wheels are not criminal types ... but nice middle-class folks, just like you and me' (Lerner, 2011:4). They regarded themselves as ordinary people who consume alcohol like everybody else within the mainstream Danish (alcohol) culture. And – like everybody else – they rather opposed alcoholics with excessive habits and young deviants who deliberately endanger other peoples' lives.

Conclusion

The paper discussed three variants of drink-driver accounts of drinking and drink-driving. Cutting across age differences and different types of social relations, the interviewees in the first two groups complied with two predominantly 'negative' conceptions related to DUI: The first group identified themselves with addiction as immoral and the second group with DUI as deviant. During the interviews, the first group of interviewees appeared to be morally ashamed about their drinking and felt guilty about what it had led them to do. The second group of interviewees knew that DUI violated mainstream social norms and that it was risky and carried fines and punishment. Their identities as well as consumption habits were tied to sub-cultural norms, but they also felt a need to 'straighten up' and 'move on' with their lives. Male and female drink-drivers reacted differently when considering themselves to be deviants – with the female drink-drivers experiencing significantly stronger feelings of social sanctioning and stigmatisation.

The third group of interviewees did not see themselves as alcoholics or deviants. Contrary to the two other groups, interviewees in this third group explained their DUI as accidental (rather than related to addiction) and normal (rather than deviant). Their explanations were partly bound to an explicit opposition towards the two former categories. Following the accounts of this third group, drink-driving is conceived as something that occurs when 'normal' drinkers

need to drive. This conception is based on two mutual assertions related to the everyday life of the drink-drivers: a) that their drinking habits are not excessive or out of control and b) that their DUI is harmless, incidental and not to be worried about. Some were offended with the police for pulling them over when they were arrested; others did not believe that their BAC had been illegal at the time of driving. The drinking, the DUI and the arrest were all conceived as accidents, and to suggest that there existed a relationship between their drinking and DUI was seen as a wrongful accusation against their 'normalcy'.

Weinberg (1998, 2002) argues that 'problems' with alcohol and/or drugs emerge when the consumption is perceived as having negative consequences; i.e. when a link is created between alcohol intake and certain unwanted behaviours or states of mind. He further implies that a) the 'problem potential' already exists within the social circumstances for consumption and b) for an existing consumption practice to become 'problematic' the consumer must change (or 'transition') his or her self-conception from, for example, 'user' to 'abuser' – or maybe from drinker and driver to drink-driver. In modern Western societies, individuals are bound to present themselves as civilised by claiming autonomy, containment and control (Lupton, 2002). In line with the arguments of Sedgwick and Valverde and White-Mair, modern individuals need to maintain the borders of the 'civilized' self strictly to contain the inevitable – 'grotesque' – elements of loss of self-control that are released by 'modern urban living and competing pressures of home and work, as well as ... the more immediate factors of driving' (Lupton, 2002:277f).

In this perspective, a DUI arrest is 'grotesque'. It is an example of poor management of the borders of the civilised self. This means that drink-drivers resemble a 'deviant Other', and that they represent loss of freedom and distracted containments of everyday pressures. But this approach has two major disadvantages. Firstly, it only matches the experiences of some drink-drivers. Secondly, and more importantly, the popular image of DUI threatens the self-conceptions of those drink-drivers who like to think of themselves as civilised.

Thus, the analysis shows that some drink-drivers agree with or surrender to the dominant images of DUI, and identify themselves as immoral or deviant. They may even try to develop a 'new' self either by stopping drinking completely or by abandoning their (deviant) social surroundings. By doing so they react to the transition from 'normal' to immoral or deviant, acknowledging that they need to change in order to become 'civilised citizens' again. Other drink-drivers, however, do not accept letting go of their self-conception or undergoing a transition from user to abuser, normal to deviant or drinker and driver to drink-driver. To them an arrest for DUI signifies something alien; an unjust interference in their 'normal' lives. They admit to heavy consumption and frequent DUI, but still argue that their drinking is controlled and their DUI arrest was a mistake. These 'normal' drink-drivers appear to be reacting more to the popular conceptions of DUI than in accordance with an assessment of their own behaviour. They refuse to see their own alcohol consumption and drink-driving as problematic precisely because they do not regard themselves as alcoholics, and because they do not see them-

selves as leading a life of seclusion in a deviant subculture. This means that, though they appear to be more bound to mainstream society than the two other groups, they are probably more likely to continue drinking and driving.

References

- Alasuutari, P (1986) Alcoholism in its cultural context: the case of blue-collar men. *Contemporary Drug Problems* 13: 641-685.
- Alcoholics Anonymous (2001) *Alcoholics Anonymous*. New York City: Alcoholics Anonymous World Services, Inc.
- Bishop, N (2011) Predicting Multiple DUI Offenders Using the Florida DRI. *Substance Use & Misuse* 46: 696-703.
- Blume, L (2002) *Stigma and Social Control*. Report for The Institute for Advanced Studies. Report no. 119, July. Vienna: IHS.
- Cahalan, D and Room, R (1972) Problem Drinking Among American Men Aged 21-59. *American Journal of Public Health* 62(11): 1473-1482.
- Carlson, RG; Sexton, R; Hammar, L and Reese, TH (2011) Driving Themselves to Drink: Qualitative Perspectives From "Hardcore" DUI Repeat Offenders in Ohio. *Journal of Ethnicity in Substance Abuse* 10: 363-379.
- Christoffersen, MN; Soothill, K and Francis, B (2008) Risk factors for a first-time drink-driving conviction among young men: A birth cohort study of all men born in Denmark in 1966. *Journal of Substance Abuse Treatment* 34: 415-425.
- Danish National Police (2012) *Bekendtgørelse om undervisningsplan for kursus i alkohol og trafik (A/T-kursus)* [Executive order for the curriculum of alcohol and traffic safety courses]. Order no. 520, 1 June 2012.
- Goodman, A (1990) Addiction: definition and implications (Commentary). *British Journal of Addiction* 85: 1403-1408.
- Gusfield, JR (1981) *The Culture of Public Problems: Drinking-Driving and the Symbolic Order*. Chicago and London: The University of Chicago Press.
- Gusfield, JR (1991) Risky Roads. *Society* March/April: 10-16.
- Gusfield, JR; Rasmussen, P and Kotarba, JA (1984) The Social Control of Drinking-Driving: An Ethnographic Study of Bar Settings. *Law & Policy* 6(1): 45-66.
- Lapham, SC; Baca, JC; McMillian, GP and Lapidus, J (2006) Prevalence of psychiatric disorders among persons convicted of driving while impaired. *Journal of Studies on Alcohol* 9: 707-713.
- Lee, LW (1997) The socioeconomics of drunk driving. *Journal of Socioeconomics* 26: 95-106.
- Lerner, BH (2011) *One for the Road: Drunk Driving Since 1900*. Baltimore: Johns Hopkins University Press.
- Levine, H (1978) The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America. *Journal of Studies of Alcohol* 15: 493-506.
- Lindesmith, AR (1940) The Drug Addict as a Psychopath. *American Sociological Review* 5(6): 914-920.

- Lindesmith, A and Levin, Y (1937) The Lombrosian Myth in Criminology. *American Journal of Sociology* 42(5): 653-671.
- Lupton, D (2002) Road rage: drivers' understandings and experiences. *Journal of Sociology* 38(3): 275-290.
- Maldonado-Molina, MM; Reingle, JM; Delcher, C and Branchini, J (2011) The role of parental alcohol consumption on driving under the influence of alcohol: Results from a longitudinal, national representative sample. *Accident Analysis and Prevention* 43: 2182-2187.
- Maxwell, MA (1950/1951) Interpersonal Forces in the Genesis and Treatment of Alcohol Addiction. *Social Forces* 29(1/4): 443-448.
- Meyer, RE (1996) The disease called addiction: emerging evidence in a 200-year debate. *The Lancet* 347(Jan 20): 162-166.
- Moore, D (1992) Deconstructing "dependence": an ethnographic critique of an influential concept. *Contemporary Drug Policy* 19(3): 459-490.
- Peele, S (1985) *The Meaning of Addiction: An Unconventional View*. San Francisco: Jossey-Bass.
- Room, R (1997) Alcohol, the individual and society: what history teaches us. *Addiction* 92(Supplement 1): S1-S11.
- Room, R (2005) Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review* 24: 143-155.
- Schwartz, RD and Skolnick, JH (1964) Two Studies of Legal Stigma. In: Becker, HS (eds) *The Other Side – Perspectives on Deviance*. London: The Free Press of Glencoe Collier-MacMillan Limited, pp. 103-117.
- Sedgwick, EK (1994) *Tendencies*. London: Routledge.
- Smith, DE (2012) The Process Addictions and the New ASAM Definition of Addiction (Editor's Note). *Journal of Psychoactive Drugs* 44(1): 1-4.
- Statistics Denmark (2012) STRAF 45: Decisions by region, type of offence, type of decision, age and sex. Available at: <http://www.statistikbanken.dk> (accessed October 2012).
- Sussman, S and Sussman, AN (2011) Considering the Definition of Addiction (Editorial). *International Journal of Environmental Research and Public Health* 8: 4025-4038.
- Timko, C; Desai, A; Blonigen, DM; Moos, BS and Moos, RH (2011) Driving While Intoxicated Among Individuals Initially Untreated for Alcohol Use Disorders: One- and Sixteen-Year Follow-Ups. *Journal of Studies of Alcohol and Drugs* 3: 173-184.
- Valverde, M and White-Mair, K (1999) 'One day at a time' and other slogans for everyday life: The ethical practices of Alcoholics Anonymous. *Sociology* 33(2): 393-410.
- Weinberg, D (1997) Lindesmith on Addiction: A Critical History of a Classic Theory. *Sociological Theory* 15(2): 150-161.
- Weinberg, D (1998) Praxis and Addiction: A Reply to Galliher. *Sociological Theory* 16(2): 207-208.
- Weinberg, D (2002) On the Embodiment of Addiction. *Body & Society* 8(4): 1-19.
- WHO (1957) *Expert Committee on Addiction-Producing Drugs: Seventh Report*. Report for the World Health Organization. Report no. 116. Geneva: Palais des Nations.

Young, J (1971) The Role of the Police as Amplifiers of Deviancy, Negotiators of Reality and Translators of Fantasy: Some consequences of our present system of drug control as seen in Notting Hill. In: Cohen, S (eds) *Images of Deviance*. Harmondsworth: Penguin Books Ltd, pp. 27-61.

The uncommon ground: Drink-drivers' self-presentations and accounting of drinking and driving

The paper considers the methodological conditions of the data generation process by analysing self-presentations and accounting of DUI among three socially diverse DUI-offenders, two women and one man. The interviewees' accounts of their DUI-conviction and eventual drinking and driving are conceived of as "accounting", i.e., symbolic interpretations of their former actions constructed in interaction with the interviewer in a specific interview setting. One 28-year-old interviewee uses the interview to close-in on his long-term problem with alcohol consumption. Another interviewee presents herself as a very responsible woman and struggles with admitting that she has been drinking and driving frequently over many years. The third interviewee refuses to conceive herself as a drink-driver and rather than taking responsibility for the fact that she has been convicted of DUI she tries to "free" herself in the interview by blaming her social surroundings.

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Introduction

The most popular style of doing qualitative research is, “without any doubt, ... to *interview* a number of individuals” (ten Have, 2004: 5). In this paper, I focus on semi-structured interviewing, which, speaking metaphorically, is the “workhorse” of qualitative research (Packer, 2011: 43). More specifically, the paper aims at using qualitative data, generated in in-depth, semi-structured interviews with convicted driving under the influence (DUI) offenders, to analyse the relationship between drink-drivers’ self-presentations and accountings of drinking and driving.

To interview people is not just a matter of getting answers to questions. Interviewing is an “interactional event” and standardised questions are too “fragile” and “technical” to be viable (Suchman and Jordan, 1990: 241). Semi-structured qualitative interviews are, writes Mason (2002:65), “social interactions” and “it is inappropriate to see social interaction as ‘bias’ which can potentially be eradicated”. Inckle (2010: 31) describes an interview as an inter-relational “appropriation of intimate experiences” consisting of complex and unpredictable interactions between interviewer and interviewee. This does not mean that an interview situation is identical to an everyday conversation between two friends (Packer, 2011: 45ff). Two people who know little more than each other’s name and age, and who come together because of a research project requiring that one interviews the other about particular experiences, are not likely to engage in everyday talk effortlessly. Further, relationships between different agendas and intentions are often asymmetrically structured during the interview itself, for example, by the interviewer’s more instrumental approach and the interviewee’s more cautious attitude.

At its broadest level, we can conceive the asymmetry of an interview by two general premises. One is the difference between the agendas of interviewer and interviewee, who come from different backgrounds and have different expectations of the interview. Therefore, an interview does not automatically provide interviewers (and interviewees) with a common communicative ground where information is shared uninhibitedly. The other premise is that there will be spontaneous enacting of intuitions and moods during the interview. “Impulsive” tempers, as much as “intentional” expressions, add a complex and sometimes very unpredictable character to qualitative interviews (Austin, 1961: 143).

Within classic symbolic interactionism, social interaction is not conceived foremost as a representation of inner conditions, motives etc. of interacting individuals or simply as a social representation of an outer cultural order. Rather, argues Blumer (1936: 518ff), symbolic interaction is a creative process based, on the one hand, upon on-going “interpretations” and, on the other hand, upon “spontaneous and direct” responses. Central to Blumer’s interpretation of social interaction is that meaning is generated in the interaction as a process, it does not exist objectively within each interacting individual. Hence, according to symbolic interactionism (Blumer, 1936; Austin, 1961), it is impossible to approach interviewees neutrally and objectively and, parallel hereto, interviewees are unlikely to react identically in similar situations.

Austin (1961: 131) somewhat rhetorically points out that a qualitative interview cannot be standardised but is complex and unpredictable: “Do we all say the same, and only the same, things in the same situation? Don’t usage differ? And, why should what we all ordinarily say be the only or the best or final way of putting it? Why should it even be true?”. According to Austin, the same person in the same interview is likely to give different answers to the same question. Nilssen (2012: 25) adds that it is an “ontological premise” of qualitative research to conceive “reality” as “complex, ever changing and constructed by every individual who is involved in a research situation”. She, thus, agrees that interviews should be approached as complex and ever-changing “meetings” in which “knowledge is constructed” during unpredictable and relatively uncontrolled interaction between interviewer and interviewee.

Symbolic interactionism, thus, conceives of a qualitative interview as a complex process consisting both of an “affective” side of composite and uncontrolled perceptions and spontaneous reactions, as well as more symbolically structured, yet unpredictable reflections and interpretations (Blumer 1936: 522f). This implies that the “interactional exchange of dialogue” situated within an interview is intricate and, therefore, knowledge is not automatically shared out of a common ground but rather “generated” through uncommon interaction (Mason, 2002: 62). Whatever its purpose, writes ten Have (2004: 58), “the interview format tends to be based on an asymmetrical distribution of interactional jobs”. Accordingly, even in interviews where interviewer and interviewee develop an even allocation of these tasks, this is easily shaken, for example, by sudden differences in the on-going interpretation of the topics discussed, by the interviewer attempting to overly control the interview, the interviewee gaining too much influence over the way the interview proceeds, or simply by spontaneous and unprepared-for remarks.

Self-interpretation and accounting

Interviews conceived as “joint productions” between interviewer and interviewee (Packer, 2012: 56) allow interviewees to present themselves by “accounting” their narratives through “presentations of their preferred interpretations of the actions” (Järvinen, 2001: 263).

This implies that an interviewer must be ready to face a number of challenges such as how to position oneself in relation to the interviewee; how to cope with the physical setting of the interview; how to keep focus on the relevant parameters of what is discussed in the interview; how to respond to different self-presentations; and how to interpret the interviewee’s accounting.

According to Inckle (2012: 28f), interviews about behaviours that are viewed as infringements of mainstream social norms are particularly susceptible to asymmetrical power relations and shifting self-presentations. Within an interactionist perspective (Austin, 1961; Scott and Lyman, 1968), Järvinen (2003: 216), it has been argued that socially stigmatised and marginalised individuals often “defend” and/or “legitimate” themselves in an interview situation, for instance, by dissociating their accounting of their actions from those who have acted in similar ways. People turn to accounting when “the situation is one where someone is *ac-*

cused of having done something, or [...] where someone is *said* to have done something which is bad, wrong, inept, unwelcome, or in some other of the numerous possible ways untoward” (Austin, 1961: 123f). And, “to examine excuses is to examine cases where there has been some abnormality or failure” (Austin, 1961: 127f). Järvinen (2003: 217) continues that interviews about “troubled identities” can be seen as presentations of the interviewees’ “preferred interpretations of their present and past situations”. This means that interviews, which touch upon the potential stigmatisation of the experiences shared during the interview, cannot be regarded as “neutral data-gathering incidents” (Austin, 1961: 123). On the contrary, writes Järvinen (2003: 217), “interviewers are actively involved in the processes that turn experience into narratives”.

Turning experience into narratives is seen, for example, when interviewees react to innate accusations within the interview situation itself (that is, not actual accusations of the interviewer): “Faced with the possibility of being positioned as a [negative figure], a person may turn to identity negotiations and ‘accounting’” for example through neutralisations, by holding back sensitive information or attempting to “redefine” the interview setting (Järvinen, 2003: 218). This means that the relation between what is asked of the interviewee (by the interviewer) and what is known and told by the interviewee (to the interviewer) do not transmit knowledge neutrally but are influenced by the interviewee’s “temptation” to manage her/his self-presentation (Austin, 1961: 132). For instance, a single term that describes an action, for example, as unintentional, fully controlled, necessary, etc. may be used to describe similar, recurring actions, which may not have been as unintentional, controlled or unavoidable (Austin, 1961: 149). Järvinen (2001: 280) concludes that the accountings of socially stigmatised interview subjects are best understood in light of their relationship to “real or imagined accusations”. In other words, in interviews with people who think that other people (including the interviewer) might define their behaviour as illegitimate, qualitative researchers need to incorporate an understanding of the interviewees’ feelings of being under accusation.

Another study by Järvinen (2000:386) points out that interviewees account “in greater or lesser agreement with recognizable cultural scripts” and that the “degree of resonance [between the accounting of the interviewee and the cultural scripts represented by the interviewer] can be read from the interaction between the interviewee and the interviewer”. In line with this, Sandberg (2013: 80) argues that identities are always negotiated in different contexts and that interviewees, therefore, shift spontaneously between different, sometimes conflicting self-narratives. Today, driving under the influence of alcohol is widely condemned with two-thirds of the Danish population in favour of stricter punishment of drink-drivers (Mandagmorgen 2011: 14). In response, convicted drink-drivers may feel inclined to justify drinking and driving through neutralisations such as “denial of responsibility” and “denial of injury” (Sykes and Matza, 1957: 667). During a qualitative interview, they are apt to “forget” about some incidents or argue that at the time of the act it was “a permissible thing to do”. When given circumstantial “reason” for doing something, which otherwise would be considered illicit, the action is “justified” as a necessary exception (Austin, 1961: 124). Pestello (1991: 41) unambiguously states that “problematic behavior does not need to be explained to outsiders [if]

outsiders never see it". Following the same line of reasoning, a DUI arrest can be "excused", for example, as a once-in-a-lifetime incident or as an incident of the past (as opposed to the present). According to Austin (1961: 124), to present an offence as an "unintentional slip" is to argue that the offence does not need to be answered for.

Data

The data for this study was generated in interviews with 25 convicted drink-drivers in Denmark. The same interviewer (the author) carried out all interviews over a period of three months in 2010. The interviewees were participants at mandatory alcohol and traffic safety courses for DUI offenders (Danish National Police, 2012). The first contact was established through teachers at different course locations within the same Danish region handing out a pamphlet about the study. The pamphlet described the research project in broad terms, including its purpose of exploring drinking and driving from drink-drivers' perspectives as well as guaranteeing anonymity and offering a gift voucher of 40 Euros to each person who participated in an interview.

The first interviews were conducted at the same time as alcohol and traffic safety classes were held in adjacent classrooms. The interviewer was then able to ask other course participants to volunteer to be interviewed. The interviews were conducted in classrooms, at the interviewees' homes or in the interviewer's office. Prior to the interviews, only the age and gender of the interview subjects was known. A semi-structured interview guide was used for all interviews. The guide focused on risk behaviour, social life, self-conceptions, attitudes towards drinking and driving, and drinking (and drug use) in general. The interviews were loosely shaped as "open" narrative interviews (Riis, 2005: 106f) in which the interviewees were encouraged to recount their stories, particularly those to do with drinking and driving.

The age of the interviewees spanned from 19 to 68 years with an average of 38 years. Five interviewees were female and 20 were male. None of the interviewees were serving a prison sentence at the time of the interview although some did admit to criminal histories that extended beyond "just" driving under the influence, including six persons who had been imprisoned for violence and/or selling illegal drugs. Seven interviewees had caused traffic accidents while under the influence but none of these had inflicted harm on others.

Self-presentation and accounting of drinking and driving

In the following, I will focus on two main challenges encountered in the interviews: 1) the interviewees' attempts at redefining the interview's physical setting and parameters through self-constructions that challenge and sometimes dichotomise a "DUI identity", and 2) the accounting of their drinking and driving by the interviewees. The two challenges are exemplified by three interviews, in particular. In the first of these, Charlie, 31 used the interview setting to present two respectable selves that enabled him to reframe the interview around his personal troubles of emerging addiction. The second of these interviews, with Marianne, 61,

contains discrepancies between her self-presentation, the description of her drinking habits and her accounting of drinking and driving.

Lastly, the interview with Joanna, 40, illustrates her attempt to redefine the interview's parameters through insistent self-presentations that included an almost paradoxical form of accounting.

CHARLIE'S TROUBLES

Charlie, 31 lived alone in a traditional 1970s housing complex. The whole area looked neglected and was littered with old rusty cars, abandoned shopping trolleys and worn out trams. I counted four houses with nationalistic emblems in the windows calling for support of "white pride" and National Socialism, and many had their blinds down. Charlie opened the main entrance door accompanied by two cats and a dog. He was big, about two metres tall, muscular, and, judging by his size, over 100 kg. He was bald with a pointed goatee beard and tattoos on both arms and around his neck. At first, he held back the dog, an illegal American bulldog, but then let it go when I told him that I was not afraid of dogs. In the living room, Charlie had a modern hunting bow on a shelf next to a couple of pornographic posters. When we began the interview, Charlie and I were sitting on a sofa in front of a coffee table. The dog quickly jumped to my end of the sofa, putting its head close to my face. Charlie said that it was playful and gentle, but also that it would do whatever he commanded.

Given these circumstances, I felt that the interview began as a play of positioning or dominance. In order to begin asking this young man questions about his drinking habits and DUI experience, I was forced to go through an unexpected and somewhat threatening opening phase. I was on his home ground – an apartment in a lower class, white neighbourhood, with weapons on the shelf and an illegal combat dog in my lap. However, looking at the situation retrospectively, I do not think that Charlie intended to threaten me, and during the interview he did not present himself as a person with a taste for violence and power, but rather as a conscientious citizen with a preference for dogs and art.

Interviewer [first question]: Are these dogs not illegal?

Charlie: Yes, since July.

Interviewer: But why has it not been put down then?

Charlie: Well, if it had been born after 17 March, then it should have been destroyed.

Interviewer: But was it not born after this date?

Charlie: No, it was born on 5 March.

Interviewer: That's close.

Charlie: Yes it is.

Interviewer: So, it is allowed to be here.

Charlie: Yes, he is. But he is not allowed to mate. He cannot make new pups.

Interviewer: No. Well, I guess that all dogs just need to be brought up well.

Charlie: Yes, nothing more.

Interviewer: But this one is really well behaved. That's easy to see.

Charlie: Yes, yes. It's a family dog, not a power thing.

In the interview, it turned out that Charlie was struggling with mixed feelings about himself. On the one hand, he explained that he wished to be in complete control of his behaviour, his drinking included. On the other hand, he said he struggled with an "innate craving" for binge drinking. "Drinking", he said, made him "lose control" and he feared that he could be "in the middle of actively developing addiction". Obviously it was not easy for Charlie to talk about his drinking problems and emerging addiction. This meant that we had to make space, so to speak, in order for him to explore his feelings about drinking and control. One way of doing this was to encourage accounting of experiences and themes largely irrelevant for the study of DUI but which might create a "safe ground" for the interviewee. Charlie's combat dog represented such a theme and during the interview we would come back to the dog several times. The tattoos – and his general interest in art – represented another, yet similar topic.

Charlie said he had disliked school and that he had left it as quickly as possible. In this tale, he indirectly asked for acceptance of his "own" interests.

Charlie: I never liked school. I thought it was a waste of time to sit still.

Interviewer: To sit still, why?

Charlie: Well, I don't know. I guess that it just never really made me comfortable. It was too boring. I did my homework and knew my stuff but I never liked it. I preferred to do something more creative.

Interviewer: What would you rather do?

Charlie: I liked art. I like to draw. And, generally, I just like to use my hands and body rather than sit still.

Interviewer: ... But Danish schools don't teach lots of art.

Charlie: No, but when we did have it, I felt that I could relax more and use my thoughts creatively. [A lot more talk about art.] ...

Interviewer: Today, what do you draw?

Charlie: Mostly tattoos. You know, like ... Well, I guess that you could say that I appear to have a liking for tattoos.

Interviewer: Can I see some of your tattoos? Did you design them yourself?

Charlie: Yes, the one on my upper arm, I drew myself.

Interviewer: OK. It is sort of like a mixture of different styles.

Charlie: Yes. Sometimes life is not that simple. Sometimes you have to mix it up a bit.

Interviewer: And the guy in the tattoo himself has a tattoo. That's neat.

Charlie: Yes, yes.

Interviewer: Well, just to return to the drinking and driving –

Charlie: – well, you know, I continued drinking. I got drunk in the weekends, but then it became too much. I lost control again ...

In the interview, Charlie, whose first appearance was that of a rough biker or skinhead, somewhat unexpectedly chose to present himself as a dog-lover and artist. In the meeting with an interviewer who also appeared to like dogs and who showed an interest in tattooing too, Charlie seemed to prefer these more respectful and legitimate identities. This may have given him a feeling of safety and self-confidence that, as the interview proceeded, enabled him to talk about drinking and driving and, especially, his tendency to binge drink. During the interview, Charlie the dog-owner and artist, in interaction with the interviewer, reflected upon the troubles of Charlie the drink-driver who tended to lose control over alcohol. And maybe this is the closest we get to a “fuller” picture of Charlie as a “divided” individual: someone who was torn between ideals and practices and whose self-presentation therefore dichotomised between two “opposite” types of selves: the controlled dog-owner and artist on the one side and the uncontrolled binge drinker and drink-driver on the other side. Rather than accounting for the DUI as a mistake, something harmless etc., Charlie dichotomised between two opposite selves, which were obviously equally important for him in the interview situation.

MARIANNE'S ACCOUNTING

Marianne, 61, presented herself as a busy and hard-working daughter, wife and mother respectively, who had had to face a number of rather demanding conflicts throughout her life. As a teenager, she had cared for her father who, although he was sick, refused to receive social security. Because of this, Marianne did not get the education that she desired, but, instead, had to help support her family financially. Later, her father started drinking and her then-husband began cheating on her. Later, she had to help her mother manage her relationship with Marianne's father as well as cope with her own disintegrating marriage. After her divorce, Marianne had to take full responsibility of her children, including making sure that they received a proper education. At the time of the interview she had recently retired. When asked about her present life situation, she answered by complaining that her house had become too big and expensive for her to live in. The house, it turned out, played an important part in her accounting of drinking and driving. In presenting her life story, Marianne, like Charlie, included descriptions of heavy consumption of alcohol. But, unlike Charlie, Marianne also expressed a rather relaxed attitude towards drinking and driving. She described drinking both as part of her social life and as something she did when seeking relief from stress and daily worries over conflicts at work or in the family. Until she was arrested, when she lost control of her car, Marianne had mostly considered drink-driving as a practical necessity, that is, she was forced to do because she was a single person who always had to drive herself home from social functions.

When asked about drinking and driving, Marianne “defended” herself through different types of accounting. At first, she claimed that throughout her life, there had been “only two episodes” of drinking and driving, including the one when she had been arrested. Later in the interview, she said that she had been drinking and driving regularly over many years, including after “lots and lots” of social functions and dinners. Through different accountings, Marianne presented a narrative that, during the interview, became more and more self-critical.

Initially Marianne downplayed her drink-driving by saying that she “had not harmed anybody” – and that, after the arrest, she had “ceased drinking and driving completely”.

Marianne: ... the worst thing would have been if I had hurt other people. ... But I did not. ... I did drink and drive once before, when I had been picking up something from my friend’s place. ... It is not because I have an alcohol problem. It has happened once before ... but I will never do it again. Never.

Secondly, while relating specifically to the incident that led to her arrest, Marianne described a chain of events, which she felt she was not responsible for.

Marianne: ... I put the house up for sale and thought that the kitchen needed some polishing up and repainting. I had been living alone in the house for nine years and could no longer afford it. ... Unfortunately some of the carpentry had to be done on a specific Sunday morning, when I also had an invitation from some family later at twelve. But I was just happy, you know, that I had managed to find a cheap carpenter and so I agreed to do it all in the same day. The carpenter arrives early and at eight we have a beer. At that time, I have already been coating the worktop with some very strong paint. ... So, we have a beer at eight, and at nine we drink some red wine. But we use beer glasses. Of course not a half-litre beer glass, but still rather big glasses for wine. ... After he leaves, I feel that I am running a little late. You know, it always takes more time than anticipated to get out of the door. I also had to bring some vegetables from the garden, a small present and flowers. Anyway, I am running a little late and start getting a little stressed, so I drink another big glass of red wine just before leaving. By then, the clock would have been around eleven.

Interviewer: Just to relax?

Marianne: Yes, and again, it is a big beer glass.

Marianne then brought up another factor that she could not be responsible for: the weather. “It had been raining,” she said, and together with the stress and/or the effect of the paintwork, but not the drinking, this caused her to lose control of the car.

Marianne: Then the road is a little slippery, you know, because of the rain. ... At one point, I feel that I have been drinking. You know I felt a little dizzy or something. But it may just as well have been the stress, and afterwards I have also considered that it was due to the strong vapours that I had been inhaling. I think that this [the stress and the paint] must have caused it [the accident] though I did leave the window open while I was painting.

Asked to consider the possible effect of the beer and wine that she had been drinking before driving, Marianne resumed holding on to the paint vapours as the primary cause:

Marianne: ... while driving, I did feel slightly drunk, but it is hard to say whether this was perhaps caused by all the strong vapours that I had been working in for some hours.

She also returned to her (legitimate) status as a responsible family person: “I had to drive, because I had promised that I would come to the family lunch.” And, as many other convicted drink-drivers, she questioned the measure of her blood alcohol concentration (BAC) level:

Marianne: When they make me blow the breathalyser, it shows 0.05 per cent ... but then, when they take a blood test, it shows 0.091. But this is two hours after the arrest and I have read on a website that the BAC is at its highest two hours after your last drink. This means that it has accelerated since I was stopped. ... Also, it was slippery. Not because of snow but because of rain. I didn’t consider that I couldn’t drive. I drank at seven, at nine and eleven, but of course the glasses were bigger, you know. ... I have no idea why it went wrong like it did. The car was in good condition and all.

Thirdly, late in the interview and after Marianne had been reflecting further upon her drinking habits and prior incidents of drinking and driving, she turned to personal experience and a special technique of moderating the intoxication before driving as excuses for drinking and driving. She, thus, claimed to remain in control of driving, even after drinking, because she knew how to handle drinking as well as driving.

Marianne: ... You know, I am the kind of person who would drive home after a party. It is because I am single. But I usually stop drinking an hour before leaving. By then, I have had a ‘welcome drink’, wine for each of the three courses, maybe some beer, more wine, but no cognac! I probably drink two glasses of everything else and then I take the car home after midnight. But before driving, I always sit for an hour without drinking. ... I have never caused accidents before and I have never been insanely intoxicated.

As we can see, Marianne divided her accountings into three main parts. One that generally referred to a “timely” distinction between a former (immoral) self and a present (moral) self; one that related to the particular incident that led to her arrest, which she was not responsible for; and – after a while – one that referred to her life as a drink-driver, which she felt she was not responsible for either. Firstly, she said that the arrest had been an “eye opener” and, thus, excused past ignorance with present reason. Secondly, she described the specific situation that led to her arrest through a line of independently innocent events setting out from her house, including being stressed and affected by paint vapour rather than intoxicated by the alcohol she had been drinking. This logic was also used to argue against trusting her BAC measure. Thirdly, she looked upon her many past incidents of drinking and driving, which had been going on for many years without causing any arrests, as something that was “probably wrong” and “somewhat irresponsible” but that “had never caused any harm”. Additionally, she used her status as single woman to explain how she always had to be the driver when going home from family functions and dinners. Whereas couples can negotiate a designated driver, she

was alone and therefore always had to be the driver. Besides, as she reasoned, her drinking and driving had always been “controlled” – that is, until the time when she did in fact lose control.

JOANNA'S STRUGGLES

Out of the 25 interviews, the one with Joanna, 40 was the most difficult to control. It was very hard for her to accept that she had been arrested for drinking and driving and she repeatedly turned to accounting that removed drink-driving from her self-presentation. Joanna lived in a market town in the provinces. Her house was big, overlooking a forest and located in what appeared to be the nicer part of a small and generally well-kept town. At the same time, her house showed odd signs of neglect – the entrance way was unfinished, the ceiling in one of the children's rooms had a large hole and one of the bathrooms didn't work because the plumbing had never been connected. When Joanna was giving the interviewer a tour of the house (before the interview), she complained about these and other things that different, “irresponsible” workmen had left unfinished over the years. During the interview, she also complained about her partner, including his drinking habits and attempts at “restricting [her] personal freedom”. She repeatedly distinguished herself from “people of petty-minded market town identity”, “dull neighbours” and “boring in-laws”, as well as from her partner's “lack of sensuality and romance”. Instead, she presented herself as fulfilling a number of different roles, including as a “sensual” and “strong-minded woman”.

Joanna was arrested after a private dinner with her then-husband. She said that at the time, about three years prior to the interview, their relationship had been critically challenged by the husband's relationship with another woman. She described the dinner as the culmination of a stressful period in which she had been “struggling” with the husband's “ignorance” as well as not being able to “fulfil [her] own desires”. The dinner, as well as its preceding troubles, she offered – and described – as “the causes” of the arrest:

Joanna: ... the fight itself was the real reason why I was arrested. ... [My husband] felt threatened when I told him that he had to move out of our home. [His new girlfriend] had been pulling him from one side and I had been pulling from the other. But, just then, I stopped pulling and told him to get out of my life. ... Then he is leaving, and I tell him that he cannot drive because he has been drinking too much. He doesn't listen, so I have to get into my own car and follow him. ... Then I ring him up from the car, because I feel that something is wrong, and he tells me that he has called the police and asked them to stop me. ... He was trying to steal my power and I had to get it back. At any cost whatsoever. ... Even if I need to take a car and drive fast, risking the lives of other people as well as my own. I will do it because I need to be in control. ... When I am angry because I am not being seen, not heard or understood correctly, then that is all that matters, nothing else. And then I have to do what I have to do to get back in control. ... The arrest was a necessary evil to get rid of a lot of anger over my partner's attempts at controlling me.

According to Joanna, her DUI arrest was set up by her then-husband, but at the same time it also served as a way for her to regain power in an on-going marital conflict. In the interview, the presentation of this power struggle became an expression of Joanna's positioning of herself as a sensual and strong-minded woman in the middle of a romantic drama, which further served to disengage her from being a drink-driver. She said that she was "really furious" with the police for pulling her over. "How could they pull me over?", she asked, "Why didn't they stop him, who had been drinking a lot more than I had? It was pure provocation."

When asked why she did not just let her partner go, she again pointed towards the power struggle and, eventually, engaged in a more detailed description of the drink-driving:

Interviewer: Did you not realise that you had been drinking and that driving might be [dangerous] –

Joanna [cutting short]: – Oh, no! No, no, no, no, no, no! We were only focusing on who was in charge of the situation, and who was in front of the other [while driving]. ... We did not have time to think about being drunk. Besides, we were not that drunk, you know, not too intoxicated to ... know ... Well ... What can I say? Of course we were sufficiently clear-sighted to know that we had been drinking more than allowed when driving. But, nobody would find out that we were drink-driving, because we were not *that* drunk, and nobody would think that we were drunk from the way we were driving. After all, it is also just a short drive [about twenty kilometres]. ... I was driving right behind him and he could not get away from me even though he had a faster car.

Interviewer: You were racing?

Joanna [pausing]: I think we were. Yes. I think it was something about him being surprised by my ability to keep up with him. And I was very angry. I gambled and tried to overtake him in a curve by forcing the oncoming traffic to move away, into the verge next to the side of the road. I raced past him on the opposite side of the road. ... Then he got so scared that he had to call the police. That is the reason I was arrested.

After the arrest, Joanna tried to reverse the conviction. She claimed that the BAC level was wrong and suspected that something could be wrong with her liver:

Joanna: First [the BAC] was 0.14 per cent, but then the blood sample showed 0.17. I don't believe it. Even the first BAC was too high, and how can the blood sample be even higher? ... At the scene, the police convinced me that the blood sample would not be higher than the breathalyser, which it turned out to be nevertheless. I tried to have a lot of lawyers look into this.

Interviewer: Into what?

Joanna: If something could be done. What about my liver? I get drunk really fast, so something could be wrong with my liver, or maybe with something else. I went through several tests. I just cannot believe how I could have such a high BAC level. [My husband's] would

have been a lot higher and he wasn't even pulled over! There is something cunning about the whole situation.

When relating to the arrest, Joanna refused to consider the fact that she had actually been drinking. Rather, she chose to focus on the aftermath of the arrest in which she struggled partly with authorities over the conviction and partly with practitioners over examinations of her body.

Interviewer [continued from above]: Maybe. But do you remember, just roughly, how much you had actually been drinking?

Joanna: Not at all!

Interviewer: Still, you believe that the BAC is not correct?

Joanna: I am sure that it is incorrect and should have been lower. ... I also tried to appeal the conviction. You know, they needed to take uncertainty related to the test procedure into account. Blood tests are not exact. But the complaints were rejected. ... When you get slapped in the face like this you need to understand exactly what is going on. First you suspect that it was because of a high BAC ... and because you went driving. Okay? You understand this, right? But then we need to look into the body, you know, at the way the inner organs transform alcohol. The liver does this, right? So, then you need to examine the body to see if there is actually a liver there.

Interviewer: Did you get such an examination?

Joanna: Yes, I did. There was nothing wrong with my liver.

Probably out of a combination of surprise that she had been drinking more than anticipated and irritation over the fact that she was arrested, Joanna, in the interview situation, directed her scepticism towards the BAC measure and the authorities behind it. Questioning the accuracy of their BAC, is not unusual among convicted drink-drivers. But to take the scepticism as far as to engage lawyers and to undertake clinical examinations is exceptional and, therefore, gave her accounting a rather "insisting" character.

Joanna's third type of accounting follows the same pattern of disengaging herself from drink-driving:

Joanna: ... Try to consider living with the kind of people that I do. ... My new partner and most of his friends are drinking and driving several times a week, whereas I hardly ever drink. ... My real friends, not the ones who live here, were shocked when I told them that I had lost my licence. They were dumbfounded, but also had to laugh. They thought it was hilarious that I of all people had lost my licence. It is completely unnatural for me to do something like this. So I had been drinking a little, yes, but to lose my licence? Come on! ... The people that I live with now drink and drive three to four times a week and never lose their licences. I do it once and immediately I am arrested.

Here, Joanna reluctantly acknowledged that she probably had been drinking and driving. But, more fundamentally, she did this by distancing herself from social circumstances that she, at the same time, strongly associated with drinking and driving. Joanna, thus, used the interview situation as an attempt to transmit an activity (drinking and driving), which was unnatural for her, into social circumstances where it would have been more normal. At the same time, she then dissociated herself from these very circumstances and their inherent drinking and driving. She, thus, used a double dichotomisation (her normal behaviour against DUI behaviour and her individual position against her social surroundings), which not only attempted to separate her from the blame of her DUI incident but also, and more radically, from drinking and driving altogether.

The mutual relationship between self-presentation and accounting

In the interviews about drinking and driving, the interviewees both rejected and admitted to frequent drinking and driving. A gradual acknowledgement of drinking and driving as unsound – along with problematic drinking habits in general – was present in the interviews with Charlie and Marianne, whereas Joanna consistently refused to consider her drinking and driving as problematic. Self-presentations were equally important for all three interviewees, but the relationship between their self-presentations and accountings differed. Charlie used self-presentations to create a safe ground that enabled him to be self-critical and go into more details about his conflicting personas and fear of developing alcoholism. Marianne used self-presentations particularly to neutralise the moral harm inflicted by her DUI arrest but also as more general explanations of her personal experience with drinking and driving. Joanna used self-presentations more insistently to disengage from her social circumstances and, through this disengagement, from drinking and driving as such.

The interviews produced extended, and not entirely coherent, self-presentations. Charlie, the youngest of the three, was actively troubled by his behaviour because it challenged his self-control. Marianne, who was entering her senior years, presented herself through a consistent life story, which also included personal disappointments and self-criticism, including when – retrospectively – considering her alcohol habits and DUI experience. The middle-aged Joanna appeared very sure about herself and how to conceive her place in the world – although she did this “negatively” by criticising the way she was being misconceived by others; especially her partner and present social circumstances, but also authorities and practitioners in the aftermath of the DUI arrest.

The three interviewees, thus, positioned themselves differently in the interview situations and further used their positions differently when accounting of their DUI convictions. Charlie set out from his physical presence in his own house accompanied by his dog. He reduced the social distance within the interview situation (between interviewer and interviewee) by offering self-presentations that the interviewer was equally happy to accept. Whether or not this actually gave Charlie a feeling of being socially accepted in the interview situation, his (positive) self-presentations were followed by more detailed reflections over his “darker” side, particu-

larly his lack of control over alcohol. Marianne based her self-presentation more fundamentally on her life story, in which she played the role of the respectable, hard-working – and somewhat suffering – woman. She struggled with the fact that she had crashed her car while driving under the influence of alcohol, and only when explicitly separating her past from her present did she conceive herself as a (former) drink-driver. She did not present this self-conception by referring to her physique, nor by using images of something that she wished to be, but rather by committing herself explicitly to certain social obligations (e.g. the obligation to look after one's house or visit one's family), which caused her to drink and drive. Joanna did the opposite when describing herself as having certain attributes (among them sensuality and strong-mindedness), which characterised her as an uninhibited, progressive and strongly emancipated woman who, naturally, did not drink and drive. Through her self-presentation, in which she disengaged from her social circumstances and, in an aside, also questioned the physical constitution of her body, she positioned herself as someone who could not be made responsible for the drink-driving for which she had been convicted. Joanna's accounting of DUI was, thus, tied entirely to her self-presentations as someone who definitely could not be identified as a drink-driver.

Conclusion

Rather than agreeing on drinking and driving as a set of actions objectively defined that constitutes an act of an “intrinsically harmful and malignant nature” to society (Blumer, 1970-71: 298), the three interviewees in this paper related to drinking and driving through manifold accountings and self-presentations. The moral offence of drinking and driving, which largely correlated with the general public concern, was neutralised during the interviews through accountings based in particular self-presentations. Each self-presentation (dog-lover, artist, hard-working, single mother, strong-minded woman) symbolised a legitimate social position in a contemporary society where DUI represents an illegitimate and moral offense. The interviewees, in other words, used intelligible, normative social roles as symbolic backgrounds to their accountings of drinking and driving. The interviews, thus, represented symbolic interactions in their own right in which meaning was produced by referring each participants' ongoing interpretations of the interaction to a common (symbolic) social sphere.

Within this symbolic interaction, Charlie, more than the other two interviewees, included a self-understanding that more fundamentally challenged himself as a person. Marianne supported her accountings of drinking and driving symbolically through presenting herself as a legitimate and normal person. To do so, she had to neutralise the moral stigma that she felt the arrest had imposed on her, for example, by pointing towards certain (legitimate) circumstances and factors other than alcohol as causes of her DUI arrest. On top of her accountings, and only in retrospect, she was still able to consider herself as a drink-driver without undermining her self-respect. Joanna, on the other hand, did not see herself as a drink-driver and used the interview to argue against the fact that she had actually been drink-driving when arrested. Although Joanna had been arrested with the highest BAC level of the three, her accounting tended to exclude drink-driving completely, even as a mistake. In her self-presentation she

seemed to evade the fact that she was a person who had been arrested for drinking and driving. She appeared to prefer to be someone other than a DUI-offender in an interview about drinking and driving, an interview that she, for whatever reason, had agreed to participate in.

To sum up, the interview situation constituted a timely, asymmetrical meeting between two strangers, which allowed the interviewees to account for drinking and driving through self-presentations. This combination of self-presentation and accounting did not lead to a given outcome but rather defined a fluctuation or even a dichotomy between self-criticism and self-defence. Whether a given interview turned towards one or the other was unpredictable and depended on a number of circumstances, including the interviewer's responsiveness to spontaneous challenges in the interview situation, the agendas of the interviewees, their life histories and, often multiple and contradictory, enactments of self. The interviews thus suggest that drink-drivers will defend themselves against a categorical DUI identity in order to maintain a legitimate self-conception. Whether this defence is something that needs to be "broken down" in order to prevent continuing drinking or driving, or the defence is rather an opportunity for DUI offenders to accept themselves as human beings and, as such, enable them to stop drinking and driving is hard to say. In relation to this dilemma, the paper points towards two opposites: the legitimate self-presentation appeared to be a progressive tool for two of the three interviewees, enabling them to critically consider their drinking and driving habits as challenges in their lives that had to be dealt with, whereas the third interviewee insisted on defending herself completely against drinking and driving as something of relevance to her.

References

- Austin, JL (1961) A Plea for Excuses. In: Urmson JO and Warnock GJ (eds) *J. L. Austin: Philosophical Papers*. Oxford: At The Clarendon Press.
- Blumer H (1936) Social Attitudes and Nonsymbolic Interaction. *Journal of Educational Sociology* 9(9), 515-523.
- Blumer H (1970-1971) Social Problems as Collective Behavior. *Social Problems* 18, 298-306.
- Danish National Police (2012) Bekendtgørelse om undervisningsplan for kursus i alkohol og trafik (A/T-kursus) [Executive order for the curriculum of alcohol and traffic safety courses]. Order no. 520, 1 June 2012.
- Inckle K (2010) Telling tales? Using ethnographic fictions to speak embodied 'truth'. *Qualitative Research* 10(1), 27-47.
- Järvinen M (2000) The Biographical Illusion: Constructing Meaning in Qualitative Interviews. *Qualitative Inquiry* 6(3), 370-390.
- Järvinen M (2001) Accounting for Trouble: Identity Negotiations in Qualitative Interviews with Alcoholics. *Symbolic Interaction* 24(3), 263-284.
- Järvinen M (2003) Negotiating Strangerhood: Interviews with Homeless Immigrants in Copenhagen. *Acta Sociologica* 46(3), 215-230.
- Mandagmorgen (2011) Trafiksikkerhed ifølge danskerne: 5 paradokser om sprit og fart i trafikken [Traffic safety according to the Danes: 5 paradoxes about drinking and speeding while driving]. Report, Trygfonden and Mandagmorgen, Denmark, May.

- Mason J (2002) *Qualitative Researching*, 2nd edition. London: SAGE Publications Ltd.
- Maxwell JA (2002) Understanding and Validity in Qualitative Research. In: Huberman AM and Miles MB (eds) *The Qualitative Researcher's Companion*. Thousand Oaks: Sage Publications, pp. 37-64.
- Nilssen V (2012) *Analyse i kvalitative studier: Den skrivende forskeren* [Qualitative analysis: The creative writer]. Oslo: Universitetsforlaget.
- Packer M (2011) *The Science of Qualitative Research*. New York: Cambridge University Press.
- Pestello FP (1991) DISCOUNTING. *Journal of Contemporary Ethnography* 20(1), 26-46.
- Sandberg S (2013) Are self-narratives strategic or determined, unified or fragmented? Reading Breivik's Manifesto in light of narrative criminology. *Acta Sociologica* 56(1), 69-83.
- Scott MB and Lyman SM (1968) Accounts. *American Sociological Review* 33, 46-62.
- Suchman L and Jordan B (1990) Interactional troubles in face-to-face survey interviews. *Journal of the American Statistical Association* 85, 232-241.
- Sykes GM and Matza D (1957) Techniques of neutralization: A theory of delinquency. *American Sociological Review* 22(6), 664-670.

Summaries and appendixes

English summary

The PhD project is about driving under the influence (DUI) of alcohol and other drugs. It is based on qualitative interviews with 25 convicted drink-drivers and three pilot interviews with a relative to a recently deceased drink-driver, a traffic police officer and a state professional in the field of rehabilitating DUI-offenders.

The study consists of an introductory overview of contemporary DUI-studies in Denmark and internationally, a theoretically informed positioning within symbolic interactionism and relational sociology, and five papers that analyse different aspects of drinking and driving:

- drink-drivers' social position and interpersonal relations
- the connections between individual drink-drivers' social position, their alcohol consumption habits and control strategies
- younger drink-drivers' risk awareness and lack of control strategies
- pathways between alcohol addiction and drink-driving and the significance of addiction as a concept to the lives of individual drink-drivers
- drink-drivers' self-conception and ways of relating to alcohol consumption and DUI.

The succession of the five papers follows the order in which they were written. The first two papers explore the sample of interviewees and create four DUI-profiles along with a central DUI-dimension between consumption and control. The theoretical outline of these two papers is drawn by Emirbayer's (1997) "Manifesto for a relational sociology" and Cruikshank's (1999) "The will to empower".

This ground structure of a) profiling the sample and b) centring on important empirical signifiers (such as control and consumption), which is also found in most contemporary research about DUI, including epidemiological research, is continued in the next three papers where the theoretical framework is investigated further.

The third and fourth papers, thus, go into depth with young, risky drink-drivers and the question of 'addiction' respectively. These two papers use contemporary risk theory (centring on self-imposed, deliberate risk) by referring to Lyng's (1990, 2005) "edgework"-concept and symbolic interactionist theory about addiction (in the line of Lindesmith, 1938, 1960, but also including a more recent materialistic turn towards "embodiment" of addiction, cf. Weinberg, 1997, 2002).

The fifth paper accounts more specifically of the methodological implications of the entire study while using classical symbolic interactionist theory of “accounting” (Austin, 1961) to analyse DUI-offenders’ self-presentations. This last paper builds on in-depth interviews with three selected and very different drink-drivers (including two women).

The international research field engaged in studying DUI has for many years been dominated by epidemiological studies focusing on uncontrolled alcohol consumption as its cause and social harm as its outcome. The thesis contributes to this field with qualitative knowledge about drinking and driving in contemporary society. But rather than stating specific “truths” about DUI the thesis explores some of its more complex and often paradoxical sides.

Danish summary

Ph.d.-afhandlingen beskæftiger sig med spiritus- og (i mindre grad) stofbilisme (DUI). Analyserne er baseret på kvalitative interview med 25 dømte spiritusbilister og tre pilot interviews med en pårørende til en nyligt afdød spiritusbilist (som døde af en alkoholforgiftning), en dansk trafikbetjent og en regionskoordinator af de danske kurser i alkohol og trafikssikkerhed (A/T).

Studiet består af en introduktion, som positionerer analyserne teoretisk mellem symbolsk interaktionisme og relationel sociologi, en redegørelse for forskningsfeltet omkring spiritusbilisme i Danmark og internationalt, samt fem artikler, der hver især analyserer forskellige aspekter vedrørende spiritusbilisme:

- spiritusbilisters sociale position og interpersonelle relationer
- forbindelserne mellem individuelle spiritusbilisters sociale position og deres alkoholvaner og kontrolstrategier
- yngre spiritusbilisters risikobevidsthed og (mangelfulde) kontrolstrategier
- forbindelseslinjer mellem alkoholafhængighed og spiritusbilisme og betydningen af afhængighed [*addiction*] som begreb for individuelle spiritusbilisters livsførelse
- spiritusbilisters selverkendelser og måder at relatere sig til alkoholforbrug og spiritusbilisme

Artiklerne indgår i afhandlingen i samme rækkefølge som den de er skrevet i. De første to artikler undersøger *samplet* af interviewpersoner og konstruerer fire DUI-profiler sammen med en central dimensionering af DUI imellem ”konsumtion” og ”kontrol”. Det teoretiske omrids, som konstrueres i disse to artikler, trækker især på Emirbayers (1997) ”Manifesto for a relational sociology” og Cruikshanks (1999) ”The will to empower”.

Denne grundstruktur, som 1) profilerer samplet kvalitativt, 2) fokuserer på bestemte empiriske *signifiers* (så som kontrol og konsumtion), og som genfindes i det meste moderne forskning om spiritusbilisme, anvendes også i de efterfølgende tre *papers*, der desuden udforsker den teoretiske ramme yderligere.

Således går det tredje og det fjerde *paper* i dybden med henholdsvis yngre, risikovillige spiritusbilister og alkoholafhængighed i forhold til spiritusbilisme. De første af disse to *papers* anvender Lyngs (1990, 2005) risikoteori, som fokuserer på selvforskyldt/overlagt risikoadfærd ud fra et begreb om såkaldt ”edgework”. Det næste *paper* anvender symbolsk interaktionistisk teori om afhængighed [*addiction*], dvs. i linjen fra Lindesmith (1938, 1960) til og med en nyere materialistisk drejning imod ”embodiment of addiction” (jf. Weinberg, 1997, 2002).

I det femte *paper* redegøres der for undersøgelsens og datagenereringsprocessens metodologiske implikationer, mens der anvendes klassisk symbolsk interaktionistisk teori om ”accounting” til at analysere tre spiritusbilisters selv-fremstillinger. *Paperet* bygger på dybdegående interview med tre udvalgte og meget forskellige spiritusbilister (inkl. to kvinder).

Det internationale forskningsfelt, som beskæftiger sig med spiritusbilisme har i mange år været domineret af epidemiologiske studier, der fokuserer på ukontrolleret alkoholkonsumtion som årsag til spiritusbilisme og sociale skadevirkninger [*social harm*] som udfald på spiritusbilisme. Det er mit håb, at denne afhandling vil bidrage til denne eksisterende forskning med kvalitativ viden om spiritusbilisme i et moderne samfund som det danske. I stedet for at frembringe specifikke sandheder om spiritusbilisme forsøger afhandlingen imidlertid at udforske nogle af de mere komplekse og til tider endda paradoksale sider ved vor tids spiritusbilisme.

Appendix 1: Interview guide (In Danish)

Husk at indlede med kort at fortælle om forskningsprojektet (som IKKE fokuserer på alkoholikere, men på personer, som drikker lidt meget) og forsikre tydeligt om anonymitet.

Risikoadfærd

Først skal vi tale lidt om risikoen ved at drikke.

Er det farligt at drikke/drikke meget?

Giv eksempler.

Hvordan undgår man at komme til skade, når man drikker meget?

Har du nogensinde overset faren?

Var du bevidst om det?

Usårbarhed/uovervindelighed/"grænsegang"

Nu skal vi tale lidt om følelsen af at være usårlig og bevæge sig "på grænsen"..

Kan du give eksempler på, at man gør noget som egentligt kunne gå galt?

Kender du selv følelsen af at være usårlig?

Kan du give eksempler fra dit eget liv på, at du har gjort noget, som kunne have gået galt?

Hvorfor gjorde du det, når det kunne gå galt?

Betyder det noget, at andre kan komme til skade?

Betyder det mere at andre kan komme til skade end at du selv kan komme til skade?

Kender du til at bevæge dig "på grænsen"?

Kender du til den oplevelse af spænding, som man får, når man "bevæger sig på grænsen"?

Kender du til grænsen mellem *at drikke* og *at drikke meget*?

Har du været tæt på den?

Er du bevidst om farerne og klar over hvor tæt du er på at gå ud over kanten, når du drikker?

Synes du, det kan være spændende at drikke?

Når du drikker, er du så nogen gange nervøs for at blive opdaget?

Alkohol og trafik

Kan du fortælle, hvordan det foregik da du mistede dit kørekort?

Har du flere gange prøvet at køre efter at have drukket?

Hvordan har du undgået at blive ”taget”?

Din relation til alkohol

Resten af interviewet vil handle om din relation til alkohol. I denne del af interviewet er du meget velkommen til at sige tingene ”lige ud”, altså ikke pakke dem ind. Tit rummer de lidt pludselige indfald en masse brugbar viden, så hold dig ikke tilbage!

Baggrund Hvorfor begyndte du at drikke?

Hvornår/hvordan?

Hvorfor fortsatte du med at drikke, da du var blevet voksen?

Kontroltab Hvorfor tror du, at man mister kontrollen over drikkeriet?

Hvornår tror du, at du selv mistede kontrollen (og blev taget af politiet)?

Konsum Hvor meget drikker du selv? Og hvor ofte drikker du?

Vil du betegne dit eget forbrug som normalt, stort eller alkoholisme?

Forklar!

Brug/misbrug Er der en (klar) grænse mellem ”brug” og ”misbrug” for dig?

Beskriv den! [Evt.: Mængde, hyppighed – overindividuelle (positivistiske) mål som +14/21 genstande om ugen – nære omgivelser holdning – egen oplevelse.]

Er du bevidst om hvor meget du drikker?

Hvordan er du bevidst om det?

Erkendelse Hvad kan føre til, at man erkender at man drikker for meget?

Giv eksempler på konkrete situationer, som kan medføre/har medført erkendelse.

Har du erkendt dit storforbrug?

Hvornår?

Hvad betyder dine nære omgivelser for hvordan du selv ser på dit alkoholforbrug?

”For meget” Kan du give eksempler fra dit eget liv på at du har drukket for meget?

Hvorfor mener du, at du drak for meget i disse situationer?

Tabu Er det at drikke for meget belagt med et tabu i Danmark?

Hvis ja: uddyb/beskriv dette tabu.

Skjult Drikker du både alene og sammen med andre?

Er der forskel på at drikke åbenlyst eller i det skjulte?

Har du nogensinde være nervøs for at blive ”opdaget”?

Hvordan kan der være op imod en halv million danskere, som skjuler at de drikker for meget?

Hvorfor siger vi ikke noget?

Legitimt Hvornår er det i orden at drikke?

Passiv druk Oplever du nogen gange at du bliver ”inviteret”/presset til at drikke uden at du selv ønsker det?

Inviterer du selv andre til at drikke?

Giv eksempler på situationer, hvor det vil være utænkeligt *ikke* at drikke?

Hvorfor er det ikke muligt at lade være med at drikke i disse situationer?

Hvordan foregår det, når du drikker sammen med andre?

Hvem tager initiativet til at der skal drikkes?

Strategi Hvornår drikker du?
Hvordan planlægger du, når du skal drikke?
Kan du give et eksempel på et drikke-ritual?

Hvis familie:

Drikker du sammen med din familie?

Hvordan fungerer familielivet sammen med alkohol?

Hvad gør du, hvis fx familien er utilfreds med at du drikker?

Hvis arbejde:

Drikker du når du arbejder?

Har du prøvet at lægge dig syg, fordi du havde været på druk?

Konsekvens Hvad risikerer man, når man drikker for meget? [Forfølg IPs umiddelbare forslag.]

Hvilke risici kender du fra dine erfaringer med storforbrug?

Kunne risiciene være minimeret – og hvordan skulle dette være foregået?

EKSTRA SPØRGSMÅL – HVIS DER ER TID ...

Til slut har jeg et par (mere generelle – og lidt teoretiske) spørgsmål, som jeg også har diskuteret med andre personer og som du måske kan hjælpe med at uddybe.

Intervention

Til slut vil jeg kort tale om, hvad der skal til for at ændre ens alkoholvaner

Spiller ens netværk en betydning, hvis man vil ændre/begrænse sit alkoholforbrug?

Hvordan?

Hvilken form for opbakning er vigtig, hvis man vil begrænse sit alkoholforbrug?

Og hvilken form for ”opbakning” har man ikke brug for?

Er vi forpligtede på at gøre noget, hvis en nær bekendt drikker?

Hvem skal gøre noget?

Ekstra: **”Frihed”**

Bestemmer du selv, hvor meget og hvornår du vil drikke?

Kunne du forestille dig, at lade være med at gå til et arrangement, hvis det betød at du ikke kunne komme til at drikke?

Er ”frihed” vigtig for dig?

Appendix 2: Call for interviewees (In Danish)

Kontakt

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Projektforsker
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Interviewpersoner søges

Til

Forskningsprojekt om
Aktuelle Danske Alkoholvaner og
Holdninger til at Drikke



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Kære kursist

På Københavns Universitet er vi i øjeblikket i gang med at studere aktuelle danske alkoholvaner og holdningerne til at drikke. Vi ser bl.a. på, hvordan danskerne drikker alkohol, og hvilke holdninger de har til at drikke i forskellige sammenhænge, på forskellige tidspunkter og i forskellige mængder.

Vort fokus ligger på den del af den voksne befolkning, som drikker mere alkohol end Sundhedsstyrelsen anbefaler (14/21 genstande om ugen for kvinder/mænd), men som IKKE er alkoholikere eller i behandling for alkoholmisbrug.

Vi vil gerne forstå, hvordan nogle mennesker kan drikke meget uden at få problemer med det, mens andre oplever forskellige problemer i forbindelse med deres alkoholforbrug. Og vi er særligt interesserede i at tale med personer, som har oplevet, at alkoholforbruget har haft alvorlige konsekvenser; fx i form af en frakendelse af kørekortet.

Vores viden skal hjælpe med at forebygge alkoholrelaterede problemer, som for mange har alvorlige konsekvenser.

Vi håber derfor på, at du vil være interesseret i at deltage i et personligt interview med Lars Fynbo, som er projektforsker og ansat ved Sociologisk Institut ved Københavns Universitet.

Interviewet vil blive afholdt der, hvor du ønsker det (fx i dit hjem eller på Lars' kontor), og det vil naturligvis være **100 % anonymt** at deltage. Det eneste du skal gøre er at henvende dig til Lars ved at ringe på 32 41 17 eller sende en mail til lf@soc.ku.dk. Så aftaler vi nærmere om, hvor og hvornår vi afholder interviewet.

Vi tilbyder en godtgørelse på 300 kr. i form af et gavekort til alle personer, som deltager i et interview.

På forhånd tak!

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LARS FYNBO
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