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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 quilt 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).

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

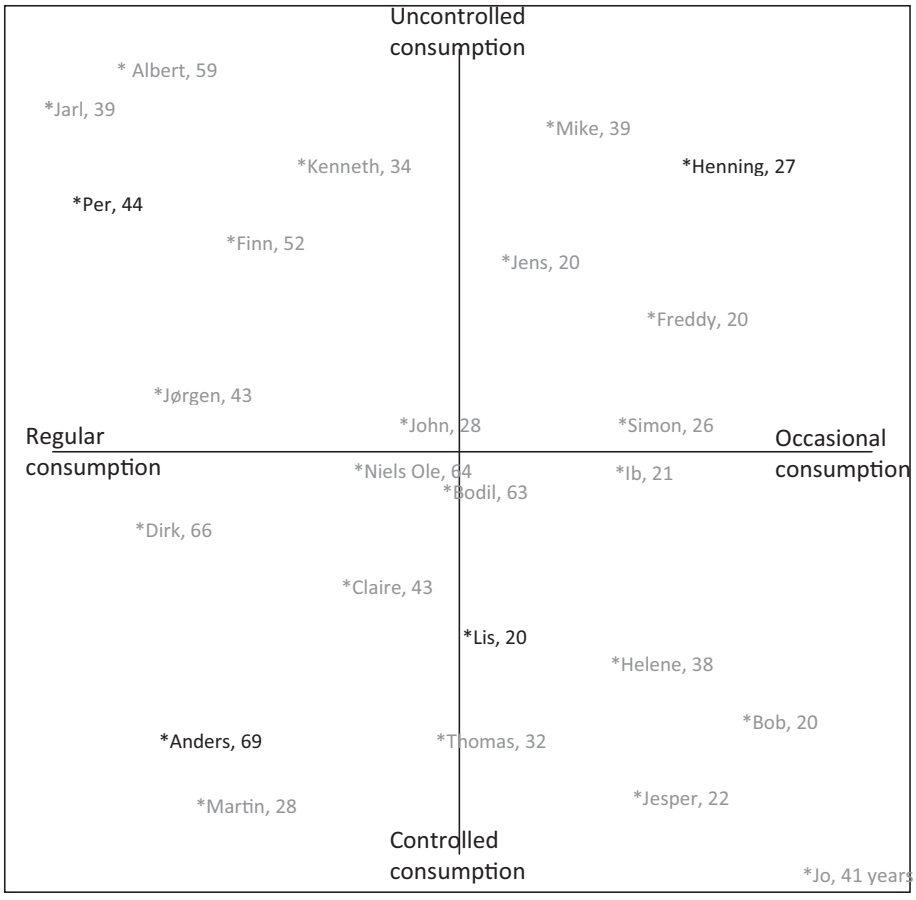

Fig. 1. Positions of interviewees in relation to regular vs. occasional substance use and control vs. lack of control.

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 began 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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