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### Peer conversation about substance use

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**Peer conversation about substance (mis)use**

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## ABSTRACT

What happens when a friend starts talking about her own substance use and misuse? This article provides the first investigation of how substance use is spontaneously topicalized in naturally occurring conversation. It presents a detailed analysis of a rare video-recorded interaction showing American English-speaking university students talking about their own substance (mis)use in a residential setting. During this conversation, several substance (mis)use informings are disclosed about one participant, and this study elucidates what *occasions* each disclosure, and how participants *respond* to each disclosure. This research shows how participants use casual conversation to offer important substance (mis)use information to their friends and cohabitants, tacitly recruiting their surveillance. Analysis also uncovers how an emerging adult peer group enacts informal social control, locally (re-)constituting taken-for-granted social norms, and the participants' social relationships, to on the one hand *promote* alcohol use while, on the other hand endeavoring to *prevent* one member from engaging in continued pain medication misuse. This article thus illuminates ordinary peer conversation as an important site for continued sociological research on substance (mis)use and prevention.

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### **Peer conversation about substance (mis)use**

Social relationships have significant effects on health. Our social ties influence our health behaviors through informal social control by monitoring, and enacting norms inhibiting and/or facilitating health habits, including our use of substances (Umberson and Montez 2010; Mawia Musyoka et al. 2020). Engaging in substance misuse—including heavy alcohol consumption and drug abuse—clearly undermines health, and sociological research has established that understanding an individual’s substance (mis)use requires examining factors that are not only psychological and physiological but also social (e.g., Becker 1953; Duff 2011). These studies implicate one’s social ecology—particularly friends and cohabitants—in the onset of substance (mis)use, showing that relationships with risk-taking peers can work as a social contagion of negative health behavior (Thombs et al. 1997; Umberson and Montez 2010).

While there is ample literature on substance use disorder and prevention, extant empirical work tends to use surveys and interviews to elicit individual self-reports, attitudes, and substance use practices (Burns and Klawunn 1997). But no prior study has examined how people talk about their own substance (mis)use in ordinary conversation—naturally occurring, real-time interaction in which participants locally-manage their talk (without external direction or manipulation; i.e., their talk is spontaneous and not elicited, scripted, rehearsed, or redone). Prior interactional research related to substance use has thus far only investigated institutional encounters, including primary care physicians’ routine substance use queries to patients (Bergen and Stivers 2013; Denvir 2012) and addiction recovery program meetings (Pollner and Stein 1996) and group therapy sessions (Arminen and Halonen 2007). And though a growing body of research on naturally occurring conversation demonstrates that social relationships are (re)constituted through interaction (e.g., Pillet-Shore 2012, 2018b; Pomerantz and Mandelbaum 2005; Schegloff

1986), this work has not yet explored how interactants engaged in casual conversation can perform and parlay their relationships to promote or prevent substance use.

This article starts to fill this gap. Responding to the need to broaden the scope of health research beyond illness care settings to include casual and home environments (Rootman and Hershfield 1994), this study provides the first investigation of how substances and substance use are spontaneously discussed in residential interaction between friends. Since emerging adults (Arnett 2005) are particularly susceptible to developing problematic substance use associated with peer normative influence (Davis et al. 2012; Hansen 1997), this article makes an important contribution by examining conversation about substance (mis)use among 21-year-old college students.

After describing this study's Method and Data, this article presents a detailed analysis of a video-recorded conversation episode showing how friends talk about their own substance (mis)use. Illuminating how several substance (mis)use informings are disclosed about one participant, the Analysis section explicates what *occasions* each disclosure, and how participants *respond* to each disclosure. This investigation uncovers answers to the larger research question: How do people use conversation to enact informal social control, locally (re-)constituting taken-for-granted social norms, and the participants' social relationships, to *promote* or *prevent* substance use? Using key findings from this single case analysis, this article concludes by elucidating empirically warranted recommendations for future research.

### **Method and Data**

This study uses the procedures, framework, and body of literature associated with the interdisciplinary field of conversation analysis (CA). CA is a data-driven methodology utilizing direct observation of naturally situated conduct preserved in audio/video recordings, which

facilitate precise standards of evidence grounded in the displayed orientations of interactional participants (Clayman and Gill 2004). Analysis begins and proceeds with repeated examination of recordings and the making of detailed transcripts that enable analysts to discover and represent in graphic form fleeting details of participants' visible and audible social actions (thereby forestalling averaging and idealization; Heritage 1984a). Recordings also allow other researchers direct access to data for independent verification of findings.

### ***Data collection***

With approval of the University Institutional Review Board (IRB) for the Protection of Human Subjects in Research, data were collected as part of undergraduate students' coursework in 17 different seminar courses occurring between the years 2008 and 2020. To gain hands-on experience analysing a sample conversation exemplifying their own everyday social lives, students conducted individual empirical research projects. After completing IRB training, students invited members of their own social networks (e.g., friends, roommates, family) to participate, obtaining voluntary informed consent to allow an interaction to be video-recorded. Students selected a setting in which they could video-record a naturally occurring in-person interaction—one that was spontaneous and locally-managed by the participants themselves (i.e., participants chose conversation topics, and order/duration of speakership; there was no exogenous direction or manipulation of participant behavior, and the talk was in no way elicited, scripted, rehearsed, or redone). Students were appointed as designees to set cameras to passively record on a tripod or shelf so it was visible but out of the way, and to start and stop their own video-recordings. Consistent with prior CA work, participants' sensitivity to being recorded receded into the background as they became enmeshed in the practical demands of managing their real-time, unfolding interaction (Clayman and Gill 2004). All participants were advised

that: (i) they could stop recording at any time; (ii) their names would be kept confidential via assignment of pseudonyms; and (iii) after students concluded their coursework, the author would retain these data indefinitely for research purposes. Over 12 years, a total of 291 students contributed at least one video-recording to a data corpus comprised of ~24.92 hours of undergraduate college students' naturally occurring interactions.

### ***Data analysis***

Reviewing these data, the author identified this article's focal episode showing a sustained focused conversation on the topic of substance (mis)use. Finding no prior study examining how people talk about their own substance (mis)use in casual conversation, the author transcribed<sup>1</sup> and closely analysed this episode. In addition, the author searched through the larger data corpus for other cases showing participants discussing substance use, finding 9 other episodes during which participants topicalise *alcohol* use. This article's focal episode is distinctive, however, in showing a sustained conversation in which the participants spontaneously mention *several substances*, including not only alcohol but also opioids/pain relievers, a sedative, and a muscle relaxant. Thus, this article takes a single case analysis approach, bringing decades of collections-based CA findings to bear upon its focal conversation episode to illuminate the orderly ways in which the participants jointly produce and demonstrably make sense of one another's interactional conduct (Schegloff 1987; Whalen et al. 1988). Prior CA research has demonstrated that a detailed analysis of a single interactional episode can generate important insights by pinpointing specific phenomena warranting subsequent collection, providing an empirically-grounded analytic foundation upon which future research can build.

This article focuses on a continuous 6m08s-episode of video-recorded, naturally occurring copresent conversation between American English-speaking peers in a residential

setting. This episode originates from the start of a longer, 55m10s source video-recording showing a spate of sustained ordinary conversation between four 21-year-old female undergraduate students at a university in the United States. All participants gave written informed consent to participate in this research. Participant names are pseudonyms, and all potentially identifying place references have been changed to maintain anonymity.

### **Analysis**

What would you do if a friend started talking to you about her own substance use and misuse? What if she disclosed that her most recent alcohol consumption experience involved taking “seven shots” because her back pain medications are not effective, and she is “addicted to ibuprofen” and is storing the opioid oxycodone in her residence after experiencing its addictive effects? This section elucidates how one group of friends manages this situation in real-time.

The focal conversation episode, which occurs in the living room of a shared university campus residence, involves participants Gale (G), Hannah (H), Cathy (C) and Ana (A). Gale is visiting her friend Hannah in the residence she shares with copresent roommates Cathy and Ana. This episode shows participants mentioning several substances including: alcohol (“beer,” “liquor,” “shots”), pain relievers (“pain medications,” “Advil,” “ibuprofen,” “oxy” [oxycodone], “Vicodin” [hydrocodone/acetaminophen]), the sedative “Xanax” (benzodiazepine) and the muscle relaxant “Flexeril” (cyclobenzaprine). Cathy initiates all sequences referring to substances other than alcohol. Over the course of this episode Cathy conveys that she has not only been exposed to addictive drugs during later adolescence into emerging adulthood—the periods of greatest vulnerability for developing a substance use disorder (Davis et al. 2012), but also that she has current access to unused oxycodone and Vicodin.

This section answers two important research questions about the focal conversation episode: What *occasions* each substance use disclosure? and How do participants *respond* to each substance use disclosure? By examining the local, turn-by-turn sequential environment of each substance use disclosure (cf. Whalen et al. 1988:341–2), this section elucidates the details of how it is produced and—perhaps most importantly for its prevention implications—responded to sensitive to participants’ prior actions in the unfolding interaction.

### *Expressing gratitude for “last weekend”*

Excerpt 1 starts with Ana opening an encounter with Gale (Pillet-Shore 2008; 2018a). At line 32, Gale launches a new topic/sequence by delivering an expression of gratitude addressed to Ana that “bridges time” (Pillet-Shore 2018a:226) between the present occasion and their most recent encounter. Among these participants (and college students generally), “last weekend” indexes a regular, socially-acceptable occasion to consume alcohol, which becomes explicit over the course of subsequent talk.

#### **Excerpt 1**

020 A: [Do I hear Gale? ((A enters from adj room))  
 021 (.)/((G turns around to face A))  
 022 H: .hh She-  
 023 G: Hello:::=[Hi:::, ((smiling))  
 024 H: [hah hah hah  
 025 A: [How are you.  
 026 G: I’m go:od,=How are you my dear.  
 027 A: Go:od,...  
 ... ((4 lines omitted))  
 032 G: Um (.) Thank you fer: b:eing s:o nice to m:e last  
 033 week[end.



- 034 A: [You are s:o::uh we:lcome¿[hheh
- 035 H: [hhh
- 036 G: I really apprec[iate it.
- 037 A: [I wouldn't have had it any other way.=
- 038 H: =hhih [hih
- 039 G: [I was uh: >piece uh< trash:.
- 040 (.)
- 041 G: Real[ly-
- 042 A: [How did you feel when you woke u::p.=
- 043 G: =U::m, °I felt° fine hone:stly.=[I:- It wasn't=
- 044 A: [↑Really?
- 045 G: =so: (.) >bad when I woke up,<=Yeah, It was:
- 046 (.) It was just-? (0.4) God, I've never been that
- 047 bad in my ent*i*:re life.=Like I've been pretty bad.
- 048 H: ptch! ((opens mouth, smiling; lateral headshake))
- 049 G: Pretty bad.=There's some night[s. But .hh=
- 050 H: [hih hih
- 051 G: =that was: (0.3) like, the lowest of the low.
- 052 A: hih hAw:[::
- 053 G: [That was really really [awful.
- 054 A: [Yeah,=>Hannah was
- 055 like< (0.5) She's a C.A.,=like (.) she's=
- 056 A: =always taking care of every:[o:ne.
- 057 H: [Yeah, (I-)=
- 058 G: [hhh
- 059 H: =THAT'S WHY I WASN'T WORRIED.=[I was like- (.)
- 060 G: [ah hah hah hah
- 061 H: I was like oh Gale, she's probably taking care of
- 062 H: somebody [else.=Like I thought you: were o:ff doin'='

063 G: [Mm: ((lateral head shake))

064 H: =yer thi:ng,=Takin' care uh you.

At line 39, Gale expands on the “last weekend” topic in a way that self-deprecates and accounts for why she just thanked Ana. Rather than dis/agreeing with Gale’s self-assessment (Pomerantz 1984), Ana asks a question at line 42. During Gale’s response, her “honestly” (line 43) and subsequent musing on how “bad” her personal state had been (lines 45–9, 51, 53), coupled with Ana’s continuative “↑Really?” at line 44 (a newsmark that encourages further elaboration; Heritage 1984b), implies that Gale’s level of intoxication and/or severity of symptoms had been extraordinary relative to her own past alcohol consumption experiences. At lines 47-50, Gale rushes to do “owning up” by inserting an acknowledgement of her being “pretty bad” on “some nights” apparently to preempt her closest friend Hannah from challenging her claim that “last weekend” was special. Responding at line 48 and 50 with visible commentary on Gale’s acknowledgement, Hannah smiles as she does a lateral headshake, embodying a claim of epistemic access to Gale’s past drinking experiences. Gale then moves to close this topic/sequence at line 51 by producing an idiomatic expression and assessment which garners an empathic response (Pillet-Shore 2018b) from Ana. Thus from lines 32–53, Gale *assesses without describing* her personal state “last weekend” (cf. Pillet-Shore 2018b), eliding mention of intoxication symptoms and thereby treating her state/symptoms as delicate (cf. Lerner 2013).

With her next contribution at lines 54–6, Ana expands the in-progress topic/sequence by citing copresent Hannah’s reported speech, thereby deferring to Hannah’s epistemic primacy and closer relationship with Gale, and prompting Hannah to talk next. Ana’s contribution also juxtaposes Gale’s state last weekend with her membership in the category “C.A.” or “Community Assistant”—a university housing live-in position (whose job description mentions

that the conduct and lifestyle of its incumbent should serve as a role model for residents), duties of which include “taking care” of others. At line 57 Hannah immediately enters the talk to not only confirm Ana’s comment, but also to provide an account (lines 59–64) for why *she was not* the person to serve as Gale’s caregiver last weekend. Hannah thus demonstrates her orientation to herself as having the closest social relationship with Gale, and treats her negligence as accountable, thereby enacting/maintaining their more intimate relationship. Throughout Excerpt 1, the participants manifest their orientation to one another as a social support network that the substance use prevention literature terms a nonfamilial natural “web of caring” (Burns and Klawunn 1997:49; cf. Petosa and Smith 2014), holding themselves accountable for looking out for—and taking care of—one another during occasions of substance use/intoxication.

***Bidding for inclusion, enacting informal social control***

Though up to line 96 Cathy is continually displaying attentiveness to each of the other three participants’ contributions (through her gaze and appropriately-timed laughter), she has not otherwise contributed to the talk for the past 1m52s. Line 96 thus constitutes an interactional fulcrum, the point after which most of the talk centers on Cathy. And with her first substantive contribution, Cathy starts to reveal why she has not been talking: she lacks epistemic access, since she was not included as a participant in the others’ recent social drinking experience.

While the prior talk had been retrospective, Cathy’s utterance at line 96 is prospective, making a proposal explicating what had been implied (yet clearly understood) in the preceding talk: that Gale’s (“>piece uh< trash:”-line 39) personal state “last weekend” resulted from going to the local bar(s) and getting drunk. Though Hannah and Gale immediately and positively respond to Cathy’s proposal—Hannah accepts it at line 97 while Gale displays approval of it through a prosodically celebratory “Woo:::” and concurrent “V” gesture at line 98 (cf. Pillet-

Shore 2012; 2018b)—Cathy does reiterating at line 99, emphasizing “A:ll” while doing a circling hand gesture. Cathy thereby underscores that she is bidding for social inclusion in the others’ substance use experiences.

**Excerpt 2**

096 C: =We A:ll need tih go tih thuh BAr:, and get Dru:nk.

097 H: [Yes we do::

098 G: [Woo::: ((gesturing with two fists upward in “V”))

099 C: Yeah.=W- [A:ll. ((circling hand gesture))

100 G: [Ye::s Cathy, ye[s:.

101 H: [She’s never been to Murphy’s.

102 [Or Kam’s,=

103 G: [Cath:y,

104 H: =or the R[iv, Or anything like that.

105 C: [I:- I: am not good in so:cial situations?

106 A: [hah hah

107 G: [Ok[a::y,

108 C: [Epecially wh(h)en I’m dru:nk?

109 G: But like-

110 C: The last time I got drunk I took seven sho:ts,

111 I did the worm right there, ((pointing to ground))

112 G: Cath[y- ((rt. palm display to C))

113 C: [Woke up at 4 A.M. and screaming.

114 G: [Seven shots is where you made your first=

115 C: [hih hih hih

116 G: =mis[take.[=That is <inhuman.>=What,

117 C: [hih h[ih heh

118 H: [Well no- Okay.=I started it=I take full

119 responsibili[ty.=Like=

120 G: [((cough))

- 121 H: =>I [ws like-< She was like <I'm in pa:in.>
- 122 C: [heh heh
- 123 H: My back is °fucking° killing me.
- 124 .hh So I was li:ke [(.) And she was like- She was=
- 125 G: ((grimace)) [Take some shots
- 126 H: =like my pain medications aren't working.
- 127 G: [Oo:h. ((gazes empathetically to C))
- 128 C: [Mm ((drinks water; shallow/quick nod to G))
- 129 H: So I was like here.=\*Take <#one shot.> (.) And then I-
- 130 And then I said two: because [I was like maybe two=
- 131 C: ((\*starts to smile at H)) [hih hih
- 132 H: =needs- it-
- 133 G: Y:e[ah (.) Give yourself a little sum'n.
- 134 H: [Needs ta: (.) get the juices flowin'
- 135 C: [Seven shots lat-
- 136 A: [Y'know ne:xt time maybe you
- 137 just take an A:dvil.=[hah hah
- 138 C: [haha I- No.=I di:d.
- 139 H: [Well it- she- she was like
- 140 poppin' them like <fricke::n:> (.) dz:=-
- 141 C =It was candy.=
- 142 H: =Candy.=Yeah=[I was gonna say Xanax.
- 143 C: [Yeah
- 144 A: [Why am I not surpris[ed,
- 145 H: [°I was like that's
- 146 not r[ight°
- 147 G: [Do(h)n't [(pop/prob'ly)
- 148 H: [Don't [pop Xanax.

At line 100, Gale responds to Cathy's reiteration, addressing her by name in between two confirmation/acceptance tokens, thereby doing "speaking sincerely" or "from the heart" (Clayman 2010). Hannah then offers an informing account about Cathy (in third person) while gazing toward Gale, explaining that Cathy has "never been" to the college town's three bars (using the pseudonymised recognitional place formulations "Murphy's. Or Kam's,=or the Riv"). Gale's response to Hannah's in-progress informing at line 103 is telling: she gazes at Cathy as she again addresses her by name, prosodically conveying both disbelief and a gentle *scolding*. This is a moment of informal social control, showing Gale and Hannah locally (re-)producing and "talking into being" (cf. Heritage 1984a) expected activities/experiences—constituting social norms—for 21-year-old college students by treating Cathy's lack of local bar drinking experiences as a breach.

Displaying her own orientation to having not conformed with her peer group's social norms around bar drinking, Cathy delivers a disclosure (starting at line 105) that self-deprecates and accounts for her lack of social drinking experience. As Gale starts to produce a rebuttal (line 109), Cathy substantiates her previous claim by formulating her most recent "drunk" experience (110–1, 113), and her "seven sh<sub>o</sub>:ts" disclosure occasions a marked reaction from Gale. During line 111, Gale starts displaying an admonishing stance toward Cathy's "seven sh<sub>o</sub>:ts" using multiple modalities: visibly she widens her eyes as she does a right-hand "stop" palm display gesture to Cathy, and audibly she (again) addresses Cathy by name with worried prosody (line 112) to summon her gaze and embody concern for her welfare. As Cathy produces post-completion laughter (line 115), Gale explicates the target of her concern and disapproval at lines 114 and 116.

At line 118, Hannah enters as a story consociate (Lerner 1992), launching her turn with a “well”-preface (Heritage 2015) to do “owning up,” claiming “responsibility” and providing additional antecedent details to account for how it was she came to advise Cathy to take “sho:ts.” Hannah uses reported speech to quote Cathy: “<I’m in pa:in.>” (line 121), “My back is °fucking° killing me” (line 123), and “my pain medications aren’t working” (line 126). Hannah’s contributions thereby inform the others of Cathy’s back pain, and her pain medications’ lack of efficacy, establishing her consumption of “seven sho:ts” as responsive to pain. Hannah’s entry also enacts a shift in the tenor of this interaction: whereas from lines 103–17 Cathy and Gale smile—thereby co-constructing a playful, nonserious interactional frame (cf. Goffman 1974), when Hannah mentions “pa:in” at line 121 the participants shift to a serious frame, embodied by Gale’s grimace (line 125) and empathic “Oo:h” at line 127.

As Hannah quotes herself directing Cathy to “Take <#one shot.>” at line 129, she gazes at Cathy and does a re-enacting gesture (of offering a shot glass). This occasions Cathy to start smiling expansively and produce troubles-resistant laughter (Jefferson 1984) at line 131, inviting the others back into a nonserious frame. Into this environment, Ana does a dismissive tease (lines 136–7), offering prospectively-oriented unsolicited advice to Cathy. Ana is not only physically detached (standing several feet away from the other participants’ participation framework as she prepares herself food in the adjacent kitchen area); through this utterance she also embodies a socially detached ‘voice of reason’ that makes light of and minimises Cathy’s pain.

After initially joining Ana’s post-completion laughter, Cathy does a “joke to serious ‘no’” (Schegloff 2001) at line 138 to rebut Ana’s advice with “I di:d.” And Hannah’s line 139–40 counters Ana’s prior turn by describing Cathy’s use of Advil via simile, a figure of speech word search that Cathy solves (line 141) with “It was candy.” But rather than backing down by

treating lines 138–41 as an informing, Ana doubles down on her dismissive stance, claiming prior knowledge of Cathy’s copious consumption of Advil at line 144.

### *Disclosing “I’m addicted to ibuprofen”*

Breathing new life into the broader topic of her own substance use, Cathy registers (Pillet-Shore 2018a; 2020) a sticky note affixed to the wall between herself and Gale starting at line 149. This action is apparently triggered by Ana’s mention of “A:dvil” (an over-the-counter name-brand drug containing the active ingredient ibuprofen; line 137) and utterance at line 144 (since Cathy and Ana are roommates and the yellow sticky notes have been posted on their residence’s walls for some time). Whereas the prior sequence (lines 110–41) had been largely retrospective, Cathy’s disclosure “That one sa:ys, (um/I’m-) I’m addicted to ibuprofen” is in the present tense. Though she smiles to mitigate the seriousness of this disclosure, Cathy’s selection of the term “ibuprofen” (relative to Ana’s more colloquial “A:dvil”) displays her identity as knowledgeable of the more precise substance term (Kitzinger and Mandelbaum 2013).

#### **Excerpt 3**

149 C: [Um:, Well let’s see.=\*That one  
 150 C: sa:ys, (um/I’m-) I’m addicted to fibuprofen,  
 151 ((\*C points to sticky note on wall))  
 152 C: ‡There’s one up there that says my body’s ninety  
 153 fi[ve percent pizza huh huh  
 154 H: [My DAD’s fifty two [and he:’s addicted=  
 155 G: [hah hah heh  
 156 H: =to ibuprofen,=You’re what.=Twenny one?  
 157 [°You ↓shouldn’t be doin’ that.°=[khhh! hih hih=  
 158 C: [Yeah. [N(h)ah  
 159 C: =Proibly not.



Though Cathy works to further mitigate the seriousness of her line 150 disclosure by using listing prosody and moving on at line 152 to register another (self-disclosing) sticky note, Hannah intervenes at line 154 with an interjacent overlap, isolating Cathy's "I'm addicted to ibuprofen" disclosure to admonish her for her boastful disclosure. Juxtaposing her 52-year-old dad with Cathy, Hannah works to (once again) enact a shift from the nonserious stance Cathy has been displaying (through her visible/audible smiling and flippant delivery at lines 149–53) to a stance that is more serious. Hannah's invocation of her own father also enables her to display her credentials (i.e., her epistemic authority and entitlement to admonish Cathy, based on immediate family experience) to issue such a warning, thereby showing a familial level of concern for Cathy. After she explicitly contrasts her dad's age with Cathy's, Hannah says, "°You ↓shouldn't be doin' that.°", using sotto voce delivery (Lerner 2013:96). This, coupled with her post-completion laughter (at line 157) continues to display Hannah's orientation to what she has just said/done as interactionally delicate. Thus Excerpt 3 shows another clear moment of informal social control, with Hannah enacting the micro-level moral order (cf. Stivers et al. 2011) by displaying an admonishing, disapproving stance toward Cathy's disclosure and endeavoring to peer-pressure Cathy into renouncing her claim and/or refraining from continued substance misuse. And at lines 158–9, Cathy concedes Hannah's point through a combination of lexical, prosodic and visually embodied resources (albeit with downgraded certainty; cf. Cathy's "Proibly not" to Hannah's "shouldn't").

### ***Disclosing "I DO like my Oxy though"***

In the immediate wake of appearing to do 'backing down' (lines 158–9), Cathy delivers an utterance at lines 161–2 that fellow participants treat as a bombshell of a sequence-initiating

action. Announcing “I DO like my Oxy [oxycodone] though,” Cathy (once again) resuscitates the broader topic of her own substance use by contrasting the content of this turn with the prior sequence.

**Excerpt 4**

160 G: hih! [Probably no:t  
 161 C: [I DO like my Oxy though.=I’m saving that for a  
 162 #real good ti[me.  
 163 H: [Oxys are- ((H does eyebrow raise))  
 164 ((H does finger point to C))  
 165 C: (h)I’m j(h)ust [kidding(h)hah hah hah  
 166 A: [You a[re-  
 167 G: [°Oh my god°  
 168 A: [uhWaho ho ho  
 169 C: [hah hah hah  
 170 H: [hah hah hah hah Ah- hahow ((H bumps head))  
 171 G: ↑hoh hoh hoh A(h)re y(h)ou ok(h)ay? ((to H))  
 172 C: .hh [.hh  
 173 A: [Too fa::r,  
 174 C: Nuh nah. .hh It makes me sleep.=If I  
 175 [was-  
 176 A: [Never repeat those- Never repeat those words  
 177 in a social [situation  
 178 H: [You know how many people that I know-  
 179 G: [hah hah hah hah ((A leaving room))  
 180 C: [hah hah I know hah hah hah  
 181 G: [fI’m saving this fer a go(h)od t(h)ime.  
 182 H: [You know how many people I know with <opioid>  
 183 like addic[tions,

184 C: [.hhh heh heh

185 H: .hh [#In rehab,

186 C: [(I don't-) That's why I put 'em in the drawer.=

187 C: ='Cause I- like- after I took 'em like two da:ys

188 I was like <I wa:nt 'em.>=I want 'em

189 [re(h)al ba(h)d. ((H doing lateral headshaking))

190 G: [hah hah hah hah .hh

191 H: [huh huh <#You're a part of thee opioid crisis.>

192 C: [S(h)o they're in m(h)y d(h)esk dr(h)awer ( )

193 (°I°) That's >why<=They made me fill out a surve:y.

194 >It was li(h)ke-< how likely are you to be addicted.=

195 C: =And (.) I- my score was a four, but (.) it sh(h)ould

196 have be(h)en like a tw(h)enny.=

197 =[heh heh hih

198 G: [heh hih [hih hih

199 H: [hih hih .hh!

200 C: hih heh [.hh Yeah=

201 G: [Oh my go:d.

202 C: =That's why they only give you like two weeks' worth

203 instead of like a month no[w=( 'cause of the crisis)

204 H: [#Oh yeah,

205 C: >I was like ((snap)) Dammit.=I [coulda been set fer=

206 G: [huh huh huh

207 C: =a long time.=

208 G: =huh huh h[ih ((H doing lateral headshaking))

Selecting the term “Oxy” (at line 161), Cathy displays her identity as knowledgeable about this substance (cf. Kitzinger and Mandelbaum 2013). By rushing to add “I’m saving that for a #real

good time,” Cathy compounds the provocativeness of her disclosure by establishing she is currently in possession of this opioid and suggesting she has strategised when she will use it.

At line 163 Hannah starts to respond to Cathy’s disclosure with a straight face, gazing at and pointing her index finger to Cathy as she does an eyebrow raise. Hannah’s visible and audible responses (again) reprimand Cathy, occasioning her to do a disavowal (Haugh 2016) with interpolated laughter to claim non-serious intent (line 165). Meanwhile, Gale widens her eyes, triangulates her brows and opens her mouth to do “being shocked” and show concern (line 167). And Ana’s “Too fa::r” response assesses Cathy’s most recent provocative disclosure as an escalation with which her fellow interlocutors will not affiliate (cf. Drew and Walker 2009). While Cathy delivers a “joke to serious” “Nuh nah” (Schegloff 2001) at line 174, the others continue responding to Cathy’s lines 161–162. With her directive “Never repeat those words in a social situation,” Ana warns Cathy as protective action: though these participants are currently in “a social situation” involving *ingroup* members, Ana is aiming to prevent Cathy from exposing herself (and making herself vulnerable) via such sensitive disclosures among *outgroup* members.

Hannah persists in overlap (at lines 178, and 182–5) to deliver a rhetorical question addressed to Cathy: “You know how many people I know with <opioid> like addictions, #In rehab”. Ostensibly in response to this, Cathy makes three “That’s why”-prefaced disclosures. In her first, she cites Hannah’s mention of opioid addiction as the reason she “put ‘em [her oxycodone] in the drawer” (line 186). Through this part of her turn, Cathy informs her friends/roommates of her current opioid storage location—a fact she tellingly reiterates at line 192 with her “so”-prefaced upshot, “S(h)o they’re in m(h)y d(h)esk dr(h)awer.” Her reiteration is likely no accident, as this informing may constitute a tacit request for her roommates to surveil her access to these opioids. Moreover, Cathy continues her turn (lines 187–9) to disclose a

“medical misdeed,” revealing personal information participants treat as risking negative recipient judgment (Bergen and Stivers 2013:223) by confessing that she was starting to experience the drug’s addictive effects. And this is what occasions Hannah (at line 191) to categorise Cathy as part of a contemporaneous social problem: “<#You’re a part of thee opioid crisis.>”<sup>2</sup>

Rather than resisting Hannah’s categorization, Cathy contributes to it with her second and third “That’s why”-prefaced disclosures. At lines 193–6, Cathy informs her friends/roommates that “They” (presumably medical staff) “made me fill out a surve:y” on “how likely are you to be addicted.” Cathy then announces that she should have scored higher (i.e., she is actually *more* likely to be addicted than her score suggested) with interpolated laughter, which shows her orientation to this as another misdeed disclosure as it confesses to both having a propensity toward addiction (a stigmatised substance use disorder; Chang et al. 2015) and providing unreliable/deceptive information to her clinician (cf. Palmieri and Stern 2009). After Gale and Hannah respond to this with laughter, Cathy delivers her third “That’s why”-prefaced turn (lines 202–7), which she uses to convey (playful) disappointment that she was given “only” “two weeks’ worth” (instead of a month’s worth) of oxycodone.

Throughout Excerpt 4, all participants use laughter (from lines 165–208) to mitigate the rather serious import of their utterances. Cathy’s laughter around her own misdeed disclosures displays a stance of “troubles-resistance” (Jefferson 1984) or “laughing off the troubles” (cf. Arminen and Halonen 2007), showing that she is managing and still in control. And Cathy’s friends’ laughter enables them to perform informal social control in subtle, face-saving ways such that they walk an interactional tightrope: On the one hand, they admonish and reprimand Cathy to convey concern for her welfare, peer-pressuring her to avoid risky, dangerous substance-use behaviors (*without* invoking any official third-party [Emerson 2011] such as their

university's psychological counseling services or the police). On the other hand, they also embody affiliation with her, displaying acceptance and making clear they are laughing *with* (not at) her (Glenn 1995).

### *Owning prescription substance (mis)use*

Just as the prior opioid topic/sequence is decaying, Cathy resuscitates it by announcing (at line 209) a family member's illegal and immoral recommendation—one that, if acted upon would contribute to the “opioid crisis.” While Gale responds at line 211 by (once again) doing “being shocked,” Hannah notably does not receipt Cathy's announcement as a surprising informing, instead seconding Cathy's telling and thereby affiliating with her. Thus, both Cathy and Hannah expand the opioid topic, with Cathy adding the striking admission, “I'm jus' gonna keep 'em< [oxycodone] for myself” as Hannah starts delivering her own disclosures at line 213.

#### **Excerpt 5**

209 C: [My aunt told me tuh keep 'em and sell 'em.  
 210 (.)  
 211 G: <Oh [my go:d>  
 212 C: [>I'm jus' gonna keep 'em< [for myself  
 213 H: [That's what my aunt.=  
 214 G: =[hih hih hih  
 215 H: =[Suggested.=<I still have so(h)mehh>  
 216 C: Yeah=  
 217 H: =I have like Vicodin left. From like- er whatever,=  
 218 =They're n#ot as good.=  
 219 G: =hih [heh heh  
 220 C: [Oh I liked it.=If you mix it wit[h Flexerfal.  
 221 G: [heh hih

222 (.)/((C visibly smiles))  
 223 C: heh! .hh ((C does lateral hand gesture))  
 224 (1.0)/((H head toss upward, mouth open/smiling,  
 225 head down into sofa; G does two hand palm up gesture))  
 226 G: hhih! .hh fJ(h)ust dr(h)-[DRUGS.=All of thuh drugs.=  
 227 H: [fTra::sh You're (a ) t\_rahsh,  
 228 G: =How do yo(h)u kn(h)ow these thi:ngs?=  
 229 C: =Well=I got into a car accident um a few years ago,=An'  
 230 they gave me Vicodin and Flexeral? But I didn't know  
 231 you wer(h)en't su(h)pp(h)osed tuh take 'em at the  
 232 s[(h)ame t(h)ime,  
 233 G: [Ah:::  
 234 C: An' I did. An' I woke up in the middle of the night, .h  
 235 screaming... [STORY]

Referring to her own possession of unused prescription opioids, Hannah says “so(h)mehh” at line 215 with interpolated laughter, displaying her orientation to this as a misdeed (posing serious health risks, in light of the aforementioned “opioid crisis”). She then disambiguates which opioid she has (“Vicodin”), assessing it as “n#ot as good” to defer to the supremacy of Cathy’s oxycodone (lines 217–8).

Cathy responds at line 220 by delivering an “oh”-prefaced second assessment (“Oh I liked it”) to enact her epistemic independence and primacy (Heritage 2002), conveying she has previously formed a different opinion about Vicodin. Cathy then rushes to add, “If you mix it with Flexerfal,” deploying a specialist term without recipient-designing it to enable/check understanding (Kitzinger and Mandelbaum 2013). Flexeril (cyclobenzaprine) is a muscle relaxant that has “major” interactions with Vicodin (acetaminophen/hydrocodone); the Drug Interaction Classification system warns, “Avoid combinations” as using narcotic pain

medications together with other medications also causing central nervous system depression can lead to serious side effects, including respiratory distress, coma, and even death. Though Cathy's recipients likely do not know that Flexeril and Vicodin increase one another's toxicity, both Hannah (at lines 224–5, 227) and Gale (at lines 225–6, 228) treat Cathy's line 220 as a provocative statement through their marked multimodal reactions, making clear that they *do* understand that Cathy's turn is constructing her social identity (*ibid*) as the ranking prescription substance use expert.

As Hannah negatively assesses Cathy as “tra:sh” while smiling expansively (line 227), Gale manifests her orientation to Cathy's substance vocabulary as having transcended the normal/everyday lexicon. Recalibrating the granularity (Schegloff 2000) of recent substance terms, Gale moves from the more precise/“zoomed in” referents (e.g., Oxy, Vicodin, Flexerfal) to the “zoomed out” colloquial category “DRUGS.” Then asking, “How do yo(h)u kn(h)ow these thi:ngs?”, Gale explicitly seeks Cathy's “practical epistemology” (Whalen and Zimmerman 1990) for her substance expertise. Starting at line 229, Cathy reveals she has earned her expertise courtesy of a “car accident” from which she suffered injury causing recurring pain. (This links back to Excerpt 2, which shows Hannah informing others of Cathy's back pain and her pain medications' lack of efficacy, using reported speech to quote Cathy: “<I'm in pa:in.>” [line 121], “My back is °fucking° killing me” [line 123], and “my pain medications aren't working” [line 126].) Cathy's disclosure at lines 230–4 indexes ineffective physician communication about contraindications and adverse effects (some of which she recounts experiencing during her omitted story-telling after line 235). Since personal and social identities are “formed from what persons have experienced and can lay claim to have access to and to know” (Heritage 2013:371),



Cathy's talk throughout this episode constitutes her identity as *owning* prescription substance (mis)use.

### Concluding Discussion

This article has brought state-of-the-art conversation analytic findings to bear on an episode of video-recorded, naturally occurring conversation between four college students to closely examine how friends talk about their own substance (mis)use. Analysis illuminated how one particular participant, Cathy, transitions from scarcely contributing to the talk to delivering a series of disclosures about her own substance use and misuse, moving to stay *included* in the conversation by sustaining the talk's focus on her prescription substance experiences. Cathy's disclosures suggest she is at significant risk for substance use disorder or addiction: four years after a car accident injury, she is still in recurring pain for which she has been prescribed opioids, and she is currently storing unused oxycodone in her shared residence. Though these factors constitute a serious personal and public health risk, there is a silver lining: Cathy uses this conversation to offer important information to her roommates and friends, turning to them and tacitly recruiting their help, surveillance and social support. This peer group actively manifests their orientation to one another as a nonfamilial natural "web of caring" (Burns and Klawunn 1997; cf. Petosa and Smith 2014), holding themselves accountable for looking out for and taking care of one another during occasions of substance use/intoxication.

Analysis also revealed specific ways that these participants enacted informal social control in the form of "peer pressure" to either *promote* or *prevent* substance use. On the one hand, Cathy's interlocutors *promote* alcohol use by locally (re-)producing social norms/expectations for 21-year-old college students. On the other hand, they endeavor to *prevent* Cathy from engaging in pain medication misuse, admonishing her for playfully and boastfully

disclosing “I’m addicted to ibuprofen” and “I DO like my Oxy though.” Moreover, this investigation showed how interactants oscillate between serious and nonserious/play frames, using smiling and laughter to mitigate the delicate matters of both delivering misdeed disclosures and admonishing those disclosures. While Cathy’s laughter around her own misdeed disclosures displays a stance of “troubles-resistance” showing she is managing and still in control (Jefferson 1984), Cathy’s friends’ laughter around their warning/reprimanding actions enables them to convey concern for her welfare in subtle, face-saving ways, peer-pressuring her to avoid risky, dangerous substance-use behaviors while also embodying affiliation with her.

Key findings from the foregoing single case analysis empirically warrant two specific recommendations for future research. First, this article’s focal episode yielded multiple exemplifications of people enacting informal social control in the form of peer pressure to either prevent or promote substance use. Recall a case of the latter, when Gale responds to the informing that Cathy has never been to the college town’s three bars (lines 101-4), conveying both disbelief and a gentle scolding, thereby treating Cathy’s lack of bar drinking experiences as a breach of social norms for 21-year-old college students. To address the present study’s limitation of having analysed such cases of informal social control gleaned from just one setting involving only female participants, we need future research to collect and analyse more cases from settings showing diverse participants (in terms of, e.g., gender, age, socioeconomic status, etc.) indexing and locally (re-)producing their peer group’s social norms for present and/or planned substance use-related behavior and activities.

Second, this article’s focal episode also yielded several exemplifications of people recounting past heavy substance use experiences. These “intoxication war stories” constitute sequences of interaction in which both tellers and recipients unavoidably display stances toward

those experiences. Critically, recipients' conveyed stances confer approval or disapproval of the teller's past substance use. Recall one case, when Gale invokes her most recent heavy alcohol consumption experience (lines 32-53) by assessing it negatively (e.g., "That was really really awful") without describing her intoxication symptoms, thereby treating them as indelicate and/or embarrassing (cf. Lerner 2013). Gale's recounting creates the interactional environment into which Cathy unabashedly recounts her own intoxication war stories (first at lines 110-3; and later at lines 229-235), the first of which occasions her recipients to display a disapproving stance. To address the present study's limitation of having analysed cases of people recounting heavy substance use experiences gleaned from just one setting, we need future research to assemble and systematically examine a collection of cases from several settings showing when/how a diversity of participants engaged in naturally occurring casual conversation produce such "intoxication war stories," as these constitute a regular interactional site when people manifest approval (e.g., by mirroring) or disapproval (e.g., by admonishing) of one another's substance use.

Extant literature identifies a variety of social factors implicated in the onset of substance (mis)use, mentioning both "peer normative influence" and "social isolation and the need to belong." This work suggests that one's "social ecology"—particularly constituted by one's friends/cohabitants—is "the strongest influence in all social groups, including student groups" (Hansen 1997:161), with its "informal rules (norms) about alcohol and drug use, rather than formal ones (policies), most profoundly" influencing students' substance use behaviors (ibid:168). While "norm-based prevention programs" have been used among emerging adults attending universities/colleges—including "descriptive norms (e.g., telling students about the quantity and frequency of drinking of other university students), and injunctive norms (e.g., telling students that they ought to stay under the safe drinking guidelines)" (Dingle et al. 2015)—

these programs may be missing the trees for the forest by focusing on an aggregate social problem. To inform and improve their interventions, these norm-based prevention programs could incorporate examinations of ordinary peer conversation. Since interventions aimed at prevention are considered the most effective ways of reducing substance use disorders—including opioid misuse and addiction—then this article’s analysis demonstrates the power and urgency of studying everyday conversations to gain insight into how people respond to a friend’s substance misuse disclosures with *local interventions aimed at prevention*, thereby enacting peer pressure to avoid further substance (mis)use. All prevention is, in a very real sense, local.

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**Notes**

<sup>1</sup> For conversation analytic transcript conventions, see <http://ca-tutorials.lboro.ac.uk/notation.htm> The complete transcript that supports the findings of this study, though not publicly available due to privacy or ethical restrictions, is available on request from the corresponding author.

<sup>2</sup> Hannah is referring to the contemporaneous “opioid crisis” plaguing their state and much of North America. In the two years preceding the time of this recording, the state in which the participants reside had one of the highest rates of opioid drug overdose-related deaths in the United States, and also had one of the highest rates of substance use disorder among emerging adults.

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