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Reducing Adolescent Drug Abuse: Sociological Strategies for Community Practice

W. David Watts
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ABSTRACT

Strategies for community-based sociological practice are discussed. The role of the sociologist in helping communities to recognize a social problem is analyzed in the context of social construction of reality theory. Once a community accepts that it has a problem with adolescent drug abuse, control and peer association theories can guide sociologists who wish to join with community leaders to combat drug abuse. By strengthening bonds among community organizations, parents, and other groups, the community tolerance for drug abuse is reduced and support for peer prevention is built.

This paper discusses the role of the sociologist in defining drug abuse as a problem and in mobilizing community resources to deal with it. Based on an on-going intervention project, strategies are introduced for practicing sociologists, who wish to assist communities in the prevention of and intervention with adolescent drug abuse. Grounded in social construction of reality, social control, and peer association theory, the model may be generalizable to other forms of social deviance of concern to communities.

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Responses to the Drug Problem

Strategies for responding to the drug problem can be categorized into three types at three levels with prevention as the shared, intended outcome. Education, enforcement, and treatment are strategies that can be applied at the individual, community, and societal or national levels as shown in Table 1. On a national level, public opinion polls show drug abuse to be a major domestic problem. The most recent national response is the passage of the Omnibus Drug Initiative of 1988, which has increased resources for enforcement, education, and treatment. On an individual or micro-level of analysis, drug abuse education materials are presented in many schools as early as pre-kindergarten and continue through high school. The recent redirection of enforcement efforts to the user also illustrates the effort at demand reduction, while increased penalties, including death, exemplify an increased emphasis on supply reduction. For treatment, resources have increased for both assistance programs and inpatient and outpatient treatment programs.

Table 1. Strategies and Levels of Response to Drug Abuse

<i>Strategies</i>	<i>Levels</i>		
	Individual	Community	National/Society
Education	Classroom and Family	Organizations	National Media & Law
Enforcement	Arrest and Prosecution	Local Enforcement	Federal Enforcement
Treatment	Inpatient Outpatient	Assistant Programs	Funding

At the national level, sociologists can and have taken an active role in intervention. Lindesmith (1968), Becker (1963), and Inciardi (1987) have explained the addiction process, the social context of drug use, and the policy-implications of drug use and control. While sociologists (Yablonsky, 1965) have been involved in the evaluation and management (Hoffman, 1987) of treatment programs, they have not been as active as other professionals in actual drug treatment. Although sociologists have developed an interorganizational model of community intervention (Anderson, 1986) and a community level strategy for serving victims of spouse abuse (Sengstock, 1987), little, if any, application of a community approach to drug abuse has been reported by sociologists.

Community and Sociological Intervention

Sociologists have intervened with drug abuse at the national and individual levels, but a neglected setting for sociological interventions with drug abuse is the community. Writing as an urban and community sociologist, Lyon (1987:241) comments that "the potential for meaningful change and improvement that exists at the community level" is greater than at the societal or individual levels. Lyon describes the community as a mid-range alternative to analysis and change at the individual or societal levels. While change at the macro-level can affect all levels of social life (e.g., the civil rights movement), community change can also directly affect a problem (Alinsky, 1984).

Fritz (1985) and Glassner and Freedman (1979) suggest that sociological intervention should help communities accomplish change in the direction of social justice. Fritz (1985) identifies community development as action on the part of some group to improve economic, social, or environmental conditions. Drug abuse affects a community's living conditions and economy, its youth, and the environment for crime. The practicing sociologist has an important role in defining drug abuse as a problem, identifying resources, and facilitating goal-setting for communities which suffer from drug abuse.

What is a community? Park's definition of a community as people who share a common space or area, who share common ties, and who interact with one another, is widely used in the literature (Fritz, 1985). Communities consist of the reciprocal obligations and interactions that bind individuals together in a web of institutions and relationships. Within most geographic communities, there are common organizations and more or less loose-knit associations. Schools, law enforcement, and social service agencies are three examples of formal organizations within the community that are of particular relevance to drug abuse. Parent and student organizations, varying in degrees of formality and common to most communities, can play an important role in the prevention of drug abuse. Of course, there is an extensive network of other formal organizations and associations such as businesses, churches, media, medical facilities, government agencies, service organizations, and voluntary associations that are critical to the existence of community. Through interaction with one another, members of community groups and organizations create, define, and work to solve social problems.

Social problems, including drugs, are topics of interaction that focus concerns and about which communities develop shared patterns of action. As a result, social problems can be said to contribute to the binding together of community members. Following Horton and Leslie (1955), a social problem is a condition that effects a significant number of people, is considered to be undesirable, and about which something should be done through collective action. Practicing sociologists, along with other professionals, have an opportunity to assist

communities in developing lines of action to deal with social problems such as drug abuse. Sociologists are guided in this activity by theory.

Community Intervention and Sociological Theory

Control Theory, Peers, and Community Intervention

One of the purposes of sociological theory should be to articulate a model for the description and explanation of social behavior at the societal, institutional, and group levels of analysis and upon which interventions in society can be guided. A number of theoretical models exist in sociology that can be used to accomplish this goal. For the purposes of this paper, three interrelated models will be used: control theory, peer association, and social construction of reality theory.

The focus of control theory is to explain the nature of the ties that exist between the individual and the community. Hirschi (1969) has developed a widely adopted articulation of control theory, which asks not why youth commit delinquent acts but why they conform to community expectations. Control theory does not assume that all youth are immoral but that commitment to morality is variable. The bonds that hold youth to the community are attachment, commitment, involvement, and belief. The strength of each of these bonds between community organizations and youth is measured with greater delinquency being associated with weaker bonds.

In a retrospective examination of control theory, Hirschi (1969:320) acknowledges that the theory underestimates the importance of peer associations in predicting delinquency and drug use. Elliott et al. (1985), among others (Conger, 1980; Linden, 1978) have found evidence for delinquent youth being committed to delinquent youth groups. Kandel (1973, 1974, 1975, 1978, 1982) found that the strongest predictor of adolescent drug use is the number of friends the respondent reports who use drugs. Elliott et al. (1985) have included involvement with delinquent peers as one of the key predictive variables in their integrated theory of delinquency.

Peer association theory has roots in a number of sociological perspectives. Cohen (1955), Cloward and Ohlin (1960), and Cohen and Short (1958) have described the process and types of youth subcultures. Drug abuse has been recognized as one type of youth adaptation to perceived lack of legitimate and illegitimate opportunity and strain. Cloward and Ohlin (1960) have suggested that increasing legitimate opportunities for youth is one type of societal or community response to delinquency. Peer approval for, and encouragement of, delinquency, including drug abuse, as adaptive behavior occurs within the context of existing adult society. The cohesiveness of peer association and delinquent activity varies with the cohesiveness of the community's institutions and leaders. The strength of delinquent bonding is apparently inversely related to

the strength of community bonds to youth and the strength of institutional bonds within the community to one another. Communities may consciously work together to create a community environment that is supportive of youth, cohesively organized against drug abuse, and, consequently, undermining peer associations that support drug abuse.

From the sociological practitioner's point of view, analysis of the peer/individual bond can be supplemented with an analysis of the community/individual bond. Bond strength can vary due to factors that are unique to the individual, unique to the community, or a combination of both. As individuals vary in their commitment to community, communities may vary in their commitment to individuals and youth. Drug abuse can be addressed by focusing on the strength of an individual's attachment to community and the community's attachment to the individual. Therefore, one focus for sociological intervention is with the community, where the sociologist works to strengthen organizational knowledge and commitment to combat drug abuse. In order to strengthen the adolescent's bonds to the community, it may first be necessary to strengthen the community.

It is a sociological truism that deviance and control have structural roots in the community. Sociological intervention with the community can weaken factors contributing to drug abuse and strengthen community forces that deter drug abuse. Instead of the individual or the society as the focus for sociological intervention, the community can be the key point of emphasis. Here the sociologist intervenes with the community by focusing community attention on drug abuse as a condition which harms a significant number of people but which may not be seen as undesirable or requiring action. In other words, drug abuse may not be defined by the community as a social problem. The sociologist has special theoretical and research skills which enable him or her to gather qualitative and quantitative data on the drug problem or other matters of concern. Information which is systematic, yet personal and emotionally powerful, can alter the definition of the situation and mobilize a community of action.

Social Construction of Reality and Community Intervention

A restatement of W. E. Thomas's (1967) famous proposition that situations that are defined as real are real in their consequences might be that situations that are never defined as real do not exist. Before a community can act to solve a social problem, the problem must be recognized and defined. Fritz (1985) suggests that this is one role for the sociologist: helping the community to realize that a problem exists. A second role for the sociological practitioner is to identify community resources and assist the community in exploring and developing courses of action to solve the problem. This process mirrors what Berger and Luckmann (1966:62) identify as the fundamental dialectic of society, where knowledge, on the one hand, is a direct function of social reality and, on the

other, creates it. Knowledge is both a social product and a factor in social change. While the sociologist is an actor in the social change process, the principal levers that the sociologist brings to intervention are research skills and theoretical applications.

In this sense, the sociologist assists in the social construction of reality. As Straus (1984) has suggested, sociologists can intervene at different social levels ranging from personal to world, and use a variety of techniques to alter the operational definition of the situation. Embedded in the symbolic universe of the community in which they are practicing, sociologists can work to alter the social context and definition of drug use. Because of the special sources of information they collect and have access to, sociologists can join with others to alter the community's perception about drug use.

The sociologist can help to alter community beliefs that contribute to an environment that tolerates drug abuse. Bachman et al. (1988) have found that a key factor in reducing drug use is perceived risk that is reported by users. Over time, as the perceived risks associated with drug use have increased, drug use itself has declined. Perceived risks and social disapproval have increased substantially in recent years and are associated with a decline in marijuana use (Bachman et al., 1988). Systematically collected and properly applied, self-reports of drug use gathered over time can be effective in helping to reduce drug abuse. Adapting Berger and Luckmann's terms, the sociologist can contribute to the delegitimization and deinstitutionalization of drug use.

Role of the Sociologist in Community Intervention

Private Troubles, Public Issues: Sociologist as Change Agent

Sociology has no shortage of critical thinking on the question of the role of values and action for the sociologist. For almost thirty years (Gouldner, 1962), sociologists have examined questions of values, objectivity, and social action. Gross (1965) discusses the responsibility of sociologists to recognize the dependence of facts on social values and social values on facts. He concludes that the facts and values used to identify social problems may be scientifically prescribed. Becker (1967) believes that sociologists should be on the side of subordinates when studying social deviance, while Gouldner (1968) responds that sociologists are only on their own side. Glassner and Freedman (1979) suggest that the clinical sociologist, unlike the activist, works with clients to resolve problem situations.

Mills (1959) believes that the promise of sociology is turning private troubles into social issues. While Mills focuses on such examples as unemployment and war, drug abuse is a similar issue. Although some argue that drug abuse is a victimless crime (Schur, 1965), the social and economic costs associated with

the use of drugs are becoming more widely recognized and accepted (White House Conference, 1988). Community members who experience drug abuse as a private trouble include sociologists and other social scientists. For example, sociologists are parents whose children attend school and are likely to be exposed to drug abuse. As taxpayers, sociologists, like other citizens, support the schools and rely on the next generation to work and lead society. Not only are children possibly exposed to drug abuse, all family members share some risk. If spouses or parents have an alcohol or drug abuse problem, sociologists, too, experience this problem as a private trouble. As community members and as citizens, sociologists share responsibility for norms and behaviors that exist in families and communities. As Mills suggests, the promise of sociology and the sociological imagination is to make private troubles public issues. Drug abuse in the community is a public issue, and sociologists can play a role in creating community awareness and prevention efforts.

In his essay discussing the history of marijuana control, Becker (1963) identifies moral entrepreneurs as symbolic crusaders who initiate rules that confront some evil and that serve some humanitarian purpose. Rule enforcers, a type of moral entrepreneur who enforce rules, are not interested in the wrong per se that the rule is designed to stop, but rather in the performance of a job or profession. Sociologists, if they make private troubles public issues, become moral entrepreneurs, whether confronting the problems of the homeless, those exploited by economic forces, or people victimized by drugs. Indeed, sociological practitioners have an obligation to be moral entrepreneurs when a form of behavior violates fundamental cultural values and does not reflect change for the better.

In the following section some techniques are developed that sociologists can adopt if they choose to intervene or are invited to consult on a community's drug abuse problem. In each case, these techniques illustrate how the sociologist can make private troubles into public issues, using selected theories and methods of the discipline.

Techniques for Community Mobilization and Intervention against Drug Abuse

Sociological Research and Community Mobilization

The sociologist is in a unique position to affect the community's definition of drug abuse. As an applied theorist and researcher, the sociologist seeks to overcome community resistance and denial to recognize drug use as a problem that affects the community. Because drug abuse can be thought of as a problem that affects only other people, it is difficult to identify and treat. Because it may be doubted that drug abuse is really that harmful and, in some instances, because

drug abuse is so widespread, communities may be slow in acknowledging drug abuse as an important problem. Using qualitative and quantitative research skills, sociologists can produce a steady stream of information to awaken a community to action.

Since what is successfully defined as real is real, the process of knowledge creation and dissemination inherent in the researcher role provides sociologists and other social scientists with an active position for intervention. Rich in detail, the personal histories of drug users (Hughes, 1963; Pope, 1971; Rettig et al., 1977) can be compelling in their force and meaning. Locally, through observation and in-depth interviews, details can be gathered about drug use which can mobilize a community to concern and action. Interviews with children who use drugs, information about their family patterns of use and abuse, where, with whom, and when they use drugs, as well as subjective information about the effects of drugs and motivations to drug use, can be a powerful force for community mobilization. For example, interviews with high school students and their friends who drink and drug themselves into unconsciousness in cars in the school parking lot can have a galvanizing effect on communities. Information from law enforcement personnel can be terrifying—for example, when the dealer is a school security guard. A parent's story of the death of a child due to drinking and driving can have an awakening effect, as can the confessions of a recovering drug abuser. The sociologist can gather qualitative data and communicate it to assist a community to recognize, plan and take steps to solve a drug abuse problem.

While qualitative data about drug use can have a tremendous emotional impact, they are limited in generalizability. Survey research can show what proportion of children are affected and involved in drug use, increasing the awareness of the extent of the problem. Drug abuse is not just someone else's private trouble, but a public issue shared by the community. The sociologist with good data can facilitate that awareness.

Neff (1965) distinguishes between survey research for the production of knowledge and the application of survey data to improve the organization and community. He identifies three phases in improvement using survey data: acceptance of the validity of the data, accepting responsibility, and solving problems. The sociologist who adopts this role clearly is involved in intervention in the community definition of drugs as a social problem and what can be done about them.

Surveys of self-reports of delinquency and drug use have long been used by sociologists and others to supplement official statistics (Short and Nye, 1957; Gold, 1966; Elliott et al., 1985; Johnston et al., 1986). Questions regarding validity and reliability of data gathered by self-reports of delinquency and drug abuse have been answered by a number of authors. While Gold (1970) has pointed out that delinquency self-reports have focused on minor delinquency,

later surveys by Elliott et al. (1985) have addressed these shortcomings and include a full range of delinquency and drug use measures. Hindelang and Hirschi (1979) have shown that self-reports and official statistics measure different levels of crime and delinquency. They report that official and self-report measures are not inconsistent but complement one another.

Self-report surveys of drug use have been conducted on a national basis since 1973 by the Monitoring the Future Project of the Institute for Social Research. High reliability of responses over a three to four year period by subjects, as well as high consistency among related measures in the same questionnaire (Johnston et al., 1986) suggest that responses are consistently linked together with certain behaviors and attitudes. These annual surveys of high school seniors provide a useful measure of national and regional rates of drug abuse by adolescents. Involving over 16,000 seniors from more than sixty-five high schools throughout the country, the senior surveys are the best source of comparative data on a national basis for adolescents and young adults. In addition to the senior survey, data are collected every four years by the National Household Survey of Drug Abuse. Some states also conduct frequent surveys of drug use in schools to keep track of changes in rates of drug abuse. These data can help communities determine if their drug abuse problem is normal or pathological (Durkheim, 1964).

Local Data and Community Mobilization

Based on this writer's professional experience with a community intervention, survey data on drug abuse are useful for problem definition. Over a period of two years, data have been collected in a small city in the southwest. The community has a single school district with approximately 12,000 students, 1,500 of whom attend high school. Invited by the school district superintendent to answer speculations as to the amount and severity of drug abuse in the high school, I designed a survey to gather data relevant to this community in order to challenge community denial about drug abuse. The drug use measures were adapted from the questionnaires developed by the Monitoring the Future Project to enhance comparison of local to national rates of use. Reflecting the theoretical perspectives discussed earlier, data on values, demographic characteristics, attitudes toward family, family controls, and delinquency were collected. The drug use and delinquency items were measured with a five-point scale, while items measuring family attitudes and controls, adopted from Hirschi (1969), and values used a three-to five-point scale. The number of the respondents' friends who used each of the twelve drugs was also gathered and combined into a single variable for analytic purposes. Three measures of multiple drug use were created by combining all drug use measures for lifetime, within the last year, and within the last thirty days. Within each time period use could vary from no use of any

drug to almost daily use of all drugs. While frequency rates for individual drugs have been analyzed, the multiple drug use frequency and prevalence data are broader and more useful. Some behaviors, such as delinquency and grades, were examined as dependent variables in addition to multiple drug use.

Respondents were informed about the general purposes of the survey by an intervention team member who was not associated with the school district. They were told both orally and in writing that their answers were absolutely confidential, that no single individual would be identified, and that they could choose not to participate. Respondents were given a questionnaire booklet, separate from the electronically readable answer sheets which were fed into a computer for analysis.

Approximately 50 percent of the high school population answered the questionnaire one day during their social studies period. While 754 students participated in the survey (only three students failed to fully cooperate), findings for only the 207 seniors are reported here in order to maximize comparison with the national sample of seniors. All data have been used for the actual community intervention.

Table 2 displays the percentage of high school seniors participating in the survey who report lifetime drug use, use within the past month, past year, and the proportion of youth who have never used. The display of recency and prevalence rates can help a community identify the proportion of its youth who are involved with drugs. Almost 53 percent of the respondents report using marijuana in their lifetimes; 98.4 percent have used alcohol. High rates of stimulants, cocaine, inhalants, LSD, and other drugs are reported. Particularly high rates of drug use in the last month for alcohol, marijuana, stimulants, and cocaine may be observed in Table 2.

Adapting the drug abuse measures from the Monitoring the Future Study permits comparison between local and national drug use trends. The data displayed in Table 3 compare the drug use rate of this community's high school seniors with the most current national data for seniors. The cells in Table 3 with positive signs indicate higher local use than the national data show. In particular, examination of the column labeled "Past Month" shows that this high school had a higher rate of drug use of every drug except hallucinogens, suggesting that a drug use subculture is entrenched in the school and needs community attention.

Continued gathering of drug abuse data serves as a means to monitor the rate of drug abuse by adolescents in the schools as well as a preventive measure (Johnston et al., 1986:225). Teenagers who are exposed to drugs sometimes feel as if everyone uses drugs. The fact is that a majority of adolescents do not use drugs, and that only a small minority regularly uses them. Survey data can show high school youth that drug use is not common and that the problem is isolated to a small number of youth.

Another preventive use to which local drug abuse data can be put includes calculating and analyzing the correlates of drug abuse. For example, Table 4 shows the bi-variate correlations between multi-drug abuse and other self-reported delinquent behaviors. The correlations suggest that multiple drug abuse is closely related to serious delinquency. The fact that drug abuse and serious delinquency are highly correlated can be useful in mobilizing community support to oppose drug abuse. Some community members may believe that drug use is not really harmful or a problem but they oppose delinquency and its correlates.

Another example of the use of local survey data to show that drug abuse is associated with undesirable behavior is displayed in Table 5. Very clearly, adolescents who report no drug use in the last month or year are more than twice as likely to report making "A's and a third less likely to make C's." Although no survey data are available on dropouts, school officials believe that dropouts are among the heaviest drug users. Correlation analysis of local survey data can help to demonstrate to the community that there are many problems associated with drug abuse.

Mobilization of community awareness can be supplemented with other data

Table 2. Prevalence and Recency of Local Drug Use (n = 205)

Drugs Reported Used	Ever Used	Past Month	Past Year not Past Month	Not Past Year	Never Used
Alcohol	98.2	78.8	14.0	5.4	1.8
Marijuana	59.1	26.3	19.3	13.5	40.9
Stimulants	28.3	10.3	12.6	5.4	71.7
Cocaine	22.1	9.8	10.1	2.2	77.9
Inhalants	18.2	5.9	6.8	5.5	81.9
LSD	13.7	6.9	4.8	2.0	86.3
Barbiturates	10.8	3.5	5.3	2.0	89.2
Sopors	9.3	3.5	3.9	1.9	90.7
Tranquilizers	6.4	3.0	1.4	2.0	93.6
Hallucinogens	5.4	3.0	1.4	1.0	94.6
Other Narcotics	5.4	3.5	1.4	0.5	94.6
Heroin	3.0	1.5	1.0	0.5	97.1

Table 3. Local High School and National Data: Percentage Difference from U.S. Sample*

Drugs Reported Used	Ever Used	Past Month	Past Year not Past Month	Not Past Year	Never Used
Alcohol	+5.6	+11.6	+13.4	-2.2	-5.9
Marijuana	+4.2	+1.1	+5.5	-1.4	-4.2
Stimulants	+0.4	+2.0	+3.2	-4.8	-0.4
Cocaine	+6.0	+4.0	-3.6	-3.3	-6.0
Inhalants	-0.8	+3.2	+0.3	-5.6	-0.9
LSD	+5.7	+5.4	+1.6	-1.3	-5.7
Barbiturates	-0.9	+1.8	-1.2	-3.0	-0.9
Sopors	+1.0	+2.4	-1.2	-2.6	-1.0
Tranquilizers	-6.0	+0.9	-2.0	-4.3	+6.0
Hallucinogens	-7.9	-0.6	-3.3	-4.4	+7.9
Other Narcotics	-4.3	+1.7	-2.9	-4.0	+4.3
Heroin	+1.7	+1.2	+0.3	-0.3	-1.6

* *Use of Licit and Illicit Drugs by American High School Students 1975-1984*, Lloyd Johnson *et al.*, NIDA, 1985.

+ Indicates local drug use higher than national sample.

- Indicates local drug use lower than national sample.

sources. Nonobtrusive measures, such as the rate of DWI offenses in the community, police perceptions of the relationship of drugs and crime, and the number of juvenile drug-related offenses can supplement qualitative and survey data in the process of community recognition of drug abuse as a social problem.

Sociological Research and Community Intervention

Survey data can also be used to help a community identify the most promising places to intervene to reduce drug abuse. During this intervention the sociological practitioner, guided by control and peer association theories, constructed survey instruments and conducted interviews to guide community interventions with drug abuse. For example, as shown in Table 6, when the quality of family relations, friends' drug use, and family control measures were entered into a multiple regression equation predicting multiple drug abuse over a lifetime, past year, and past month, the single most important predictor was friends' drug

Table 4. Multidrug Abuse Correlates with Delinquency Measures*

	Seniors (n = 205)
Selling drugs	.54
Gang fights	.41
Serious assault	.44
Sexual assault	.33
Armed robbery	.19
Theft	.36
Vandalism	.43
Shoplifting	.39
Cutting school	.26

*Correlations significant at .01 level.

use, followed by the parents knowing where their children are. These findings suggest that the most effective points of intervention with drug abuse in this community would be with parental control and peer groups. Instead of a broad-side approach that included the quality of family interaction, the drug abuse education curriculum, the school security system, and other measures, I recommended a focused program for intervention based on measurements of concepts operationalized from control and peer association theories.

**Table 5. Local High School Grades and Drug Use:^a
Lifetime, Year, and Month**

Grades	Lifetime ^a		Year ^b		Month ^c	
	No Drug	Drug Use	No Drug	Drug Use	No Drug	Drug Use
A	28.3	11.0	23.6	10.9	20.5	10.8
B	51.1	57.1	56.1	52.9	55.6	52.7
C	19.6	29.2	19.5	33.9	22.8	33.8
D	0.0	1.9	0.8	1.7	0.6	2.7

*Does not include alcohol.

^a $\chi^2 = 14.06$, $p < .01$

^b $\chi^2 = 10.60$, $p < .01$

^c n.s.

Table 6. Bivariate and Multiple Regression Coefficients for Lifetime, Annual and Monthly Multiple Drug Abuse.

Independent Variables	Multi – Drug Use Lifetime		Multi – Drug Use Annual		Multi – Drug Use Month	
	r	B	r	B	r	B
Parents understand	.21*	.08	.18*	.06	.14**	.05
Parents know where	.21*	.14**	.31*	.18*	.29*	.20*
Parents know who with	.29*	.03	.20*	.01	.17*	.00
Share with parents	.10	– .06	.07	– .09	.02	– .13
Parents hit	– .07	.03	– .09	– .03	– .10	– .04
Friends' drug use	.64*	.60*	.64	.60*	.53	.49*
Multiple r	.66*		.67*		.57	
Multiple r ²	.44		.45		.33	

*p < .01

**p < .05

Peer-based prevention (Tobler, 1986; Perry, 1987) is the only drug prevention program that significantly reduces drug use as well as changes knowledge and attitudes. Peer prevention programs capitalize on core sociological concepts and processes, such as the proposition that peer groups form the values, norms, and behaviors of their members. Peer programs have been successful in changing the attitudes and behaviors of delinquents (Vorrath and Brendtro, 1985) as well as in assisting drug and alcohol addicts with recovery. The use of peer-based prevention can take a number of forms within a community. Schools can organize non-drug use clubs, preferably for younger students; service clubs can support peer groups both in and out of school. Churches and other organizations working with youth can offer drug-free support and alternatives. Older, drug-free youth can be trained by school counselors or other drug prevention specialists to teach younger children about drugs. Surveys can monitor the success of peer prevention and provide useful information from mid-stream program adjustments.

The finding that youth believe that their parents do not know where they are or who they are with when they are away from home suggests a need for increased parental control. Consistent with and derived from control theory is the fact that the more youth believe that their parents neither know who they are with nor where they are when away from home, the less youth feel attached to their parents. The less attached they are, the greater the likelihood of drug use. For the sociologist working with a community, this information can be used to

work with parents. For example, parent workshops in our project are being organized through the PTA. Other organizations, e.g., civic groups, PRIDE (Parents' Resource Institute for Drug Education), or the National Federation of Parents—can be used to train parents in techniques to improve monitoring of their adolescents' whereabouts and behavior. Sociologists, working with other professionals in the community and school, can offer practical training for parents to help them guide their adolescents away from drugs and other problem behavior. These parent workshops should be grounded in theory, using data specific to the community being trained.

Control theory proposes that youth will be more likely to engage in delinquent and drug-using behavior with lower levels of attachment, involvement, commitment, and belief. These data suggest that community attachments are weak for adolescents who use drugs and that peer involvement is all-important. As a counter to the power of peer relations, community attachments need to be strengthened. How can the sociologist facilitate strengthening of community bonds? First, help others to be aware of the relative weakness of community bonds and the strength of peer attachments. Second, suggest techniques for peers to increase their involvement and commitment to the conventional community. For example, schools could establish youth internships in the community, serving in city hall, old age homes, refugee center, fire and police stations, and schools themselves. Third, sociologists can set the stage for community leaders to network among themselves to initiate and maintain opportunities for youth to develop a stake in the community.

Community Leadership Mobilization

No matter how elegant the research design or how valid the data gathered and analyzed, if the community's leaders are not engaged with the problem of drug abuse the sociologist will not be successful in assisting a community to confront and overcome its drug abuse problem. The community consists of a variety of institutions, each led by respected community members. Through the interactions of these leaders with one another, problems, issues, and their solutions are defined. Based on my experience, participation of community leaders is essential to effectively control drug abuse. What techniques can the sociologist use to mobilize and channel community leader involvement?

Communities confront drug abuse in two stages: (1) definition and recognition, and (2) action. In the definition and recognition stage, a number of techniques are useful. Working with either school district, law enforcement, or local government officials, the sociologist can facilitate the formation and operation of a task force or similar study group. The charge to the task force should be to define the parameter of the problem, outline strategies, and make recommendations. The data from this survey were the initial stimulus for the formation of a

task force of teachers, administrators, students, and parents. The task force was charged to identify the nature of the drug abuse problem and to develop solutions. The survey data became not only the basis for the task force formulation, but helped to form the recommendations of the task force. Task forces can define what and where the drug problem is, what is to be done, and who should be involved. The sociologist can actively serve on the task force or act as a consultant. The latter approach is recommended since the more widely the responsibility is shared among community leaders for task force findings and recommendations, the greater the opportunity for success.

Task force membership should be broadly representative of the key institutions in the community, including law enforcement, religious organizations, parent groups, business, and media. Publicity about the functions of the task force prepare the community for the problems that it will be dealing with regarding drug abuse. The task force reflects in miniature the leadership of the community-wide intervention and prevention program to be acted on, following adoption of task force recommendations. Membership on the task force must be constructed in such a way that community leaders outside the task force will facilitate and support the recommendations for action.

The action stage requires involvement of leaders from the key intervention and prevention institutions identified in the task force report. If schools are prime intervention and prevention targets, the responsibility for that intervention must be clearly accepted by school officials, parents, and law enforcement personnel. If community bonds among institutions are to be strengthened and more effectively extended to adolescent drug abusers, then coordination and communication between institutional participants is critical to effective operation.

For schools, drug abuse prevention and intervention may become an additional burden and responsibility on top of other tasks. Of course, drug abuse is not limited to adolescents in school; patterns of drinking and drug use in the home by siblings or parents can affect youth drug use. Similarly, workplace drinking and drug use is related to school use. Recognizing and acting on the system-wide nature of drug abuse requires greater focus and coordinated effort than what specialized institutions and leaders can provide. When an action plan is developed, communities may find themselves stymied by fragmented, uncoordinated efforts conducted by individuals within their institutional division of labor on an overload basis. When confronting a problem of the scope of drug abuse, additional resources need to be obtained.

Resource Acquisition

The sociologist is in a key position to facilitate resource acquisition. Through theoretically-grounded data collection and analysis, through work with

community leaders in problem definition and in the development of an action plan, the sociologist is uniquely placed to help the community acquire resources. At the local level the sociologist as community organizer/activist is in a position to network with service organizations, local foundations, and other donors to obtain financial and other resources. Private donors, such as pharmaceutical companies, have a special interest in publicly combatting illegal drug use. Working in cooperation with other fundraisers in the community to ameliorate competition for funds, the sociologist can either lead or assist in the effort. Again, because of the special research skills sociologists bring, they can educate private donors about the extent of the problem. Finally, because of a systematic knowledge of the drug problem in the community, the sociologist can initiate, coordinate, and assist with the application for federal and state funds.

Money, in and of itself, is not a goal for the sociologist but rather a means to facilitate the goal of an enhanced, self-aware community working in a coordinated way to reduce drug abuse. Acquisition of funds can provide for staff positions with the responsibility to coordinate, develop, and lead a community effort to control drug abuse. In large, complex communities a position charged with the responsibility for mobilizing, leading, and initiating community prevention efforts is critical to success.

Control theory suggests that stronger community attachments, involvements, commitments, and beliefs will contribute to reduced drug use and delinquency among adolescents. A sociologist, knowledgeable about control theory and skilled in tasks of community organization, is well qualified to fill this position. Building and rebuilding community networks, initiating community efforts to strengthen youth commitment and involvement, and developing and operating peer prevention programs are examples of activities that can best be undertaken by professional staff. Sociologists can assist both with resource acquisition and community organization functions.

With regard to the community intervention reported in this paper, additional resources were needed to advance the effort to reduce adolescent drug and alcohol abuse. Based on the recommendations by the community task force and the responses of the school administration, it was clear that insufficient local resources would be available to initiate action. As the next stage of sociological intervention, a series of proposals were written to appropriate funding agencies. The availability of these funds has permitted initiation of a course of interventions which are in progress and beyond the scope of this paper.

Conclusion

The sociologist can facilitate intervention with drug abuse at the community level. Guided by social construction of reality, control, and peer association theories, the sociologist can facilitate overcoming community denial of drug

abuse. By helping to make private troubles into public issues, the sociologist can work with community leaders in developing and carrying out strategies for preventing and intervening with drug abuse. Using both qualitative and quantitative methodologies, the sociologist provides information for both community mobilization and action. As researcher and data analyst, the sociologist can identify points of community intervention, catalyze community leadership, and facilitate acquisition of financial and other resources to reduce drug abuse. Control theory, augmented by peer theory and social construction of reality theory, provides a practical, conceptual road map for the sociologist working in the community to prevent drug abuse. As sociologists continue to be involved as community activists with other social problems, the techniques discussed here may be generalizable.

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