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THE SOCIOLOGY OF DRUG USE

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Pharmacologists refer to substances that have an impact on thinking, feeling, mood, and perception as *psychoactive.* Humans have always ingested psychoactive substances. Higher organisms are neurologically hardwired to derive pleasure from the action of certain chemical substances. Psychoactive drugs, some powerfully so, activate pleasure centers of the brain, thereby potentiating continuing drug-taking behavior. People take drugs to experience the effects that come with their mind-active properties.

The neurological/pharmacological factor addresses how and why drug-taking behavior got started, but it does not address the most sociologically relevant issues: differences in drug-taking behavior between and among societies, social categories, and individuals in the population, as well as among drug types. In addition, the predisposition to use is a *necessary but not sufficient* explanation of use. Use also presupposes the *availability* or supply of, or opportunity to take, a given drug. Without a predisposition to use, drug use will not take place; without availability, it cannot take place.

Moreover, substances are defined as "drugs" in a variety of ways. Indeed, most substances referred to as drugs do not influence the mind at all—that is, they are not psychoactive. Many have medicinal or therapeutic value: Antibiotics, antacids, and antitussives offer ready examples. Why people take such drugs can be answered by addressing medical motives. Other drugs influence perception, mood, cognitive processes, and emotion. Alcohol clearly qualifies in this respect, as do methamphetamine and PCP. Hence, the recreational motive—getting high—factors into the explanatory equation. Still other substances, such as LSD, marijuana, and heroin, are illegal or illicit—their possession and sale are controlled by law. Hence, their legal status is implicated in why—or, more accurately, why not—some people use them. The medical, psychoactive, and illegal categories overlap: LSD is both psychoactive and a controlled substance, and morphine is both psychoactive and used as medicine, as well as illegal for nonmedical or recreational purposes.

Medical sociologists are interested in the use of drugs in therapy. Criminologists study drugs as illegal substances. Economists look at drugs as an exchange commodity, bought, sold, and distributed according to patterns both similar to and different from those of legal products. Anthropologists conduct research on the consumption of psychoactive plant products by tribal and agrarian peoples; here, cultural factors in drug use predominate. Policy analysts examine the feasibility of specific drug policies. Pharmacologists consider the effects of drug substances on the physical organism; psychologists and psychopharmacologists study their effects on the brain—that is, the mind. In this chapter, I will focus on the use of drugs that are both psychoactive and illicit. In fact, drugs that strongly influence the mind tend to become criminalized. In the United States, aside from tobacco, which generates a "low-key" high, and alcohol, the only psychoactive substances that are not illegal for recreational purposes are those that are not widely used and have not yet become publicized as recreational drugs.

The task of sociologists has always been and remains establishing a distinctive voice in the din of competing perspectives and disciplines investigating drug use. Their focus is on what makes drug use a specifically *social* activity, how socialization, culture, social interaction,

social inequality, deviance, and group membership play a central role in the use of psychoactive substances; what people do under the influence; and what societies do about the control of—or why they tolerate or accept—drug use and distribution.

EARLY SOCIOLOGICAL RESEARCH ON DRUG USE

People have been writing about psychoactive drug use and drug effects for at least 6,000 years, but it was not until little more than a century ago that the pathological or harmful side of substance abuse proved to be the major theme in texts on drug use. Surveys on rates of and dependence on medical opium and morphine were conducted in the United States as early as 1877 (Courtwright 1982:10). During a brief period following 1884, the medical profession dubbed cocaine "a miracle of modern science" (Spillane 2000:7–24), but within a decade, physicians began recognizing danger lurking in the unregulated use of the drug, specifically for causing overdoses, or what was then referred to as "cocaine poisoning," and dependence, or developing the "cocaine habit" (pp. 25–42). With respect to drugs, the second half of the nineteenth century witnessed a shift from a completely tolerant, laissez-faire or "hands off" legal policy to one that favored increasingly strict controls over their distribution and sale. By 1900, the unregulated medical consumption of drugs was drawing to a close, while users who sought recreation and intoxication loomed increasingly larger in the drug picture. By the 1920s, the intellectual context that surrounded drug use was saturated with the view that medical use is often, and recreational use is by its very nature, dangerous, harmful, and pathological.

Hence, most of the early sociological researchers found themselves challenging the dominant, conventional view. None of them questioned the idea that nonmedical drug use *could be* or *was often* harmful; the view they challenged was that such harm was *intrinsic* to the activity itself and was *unmediated* by social forces or factors. Moreover, these early sociologists suggested that the cure for the drug problem, namely, the drug laws and their enforcement, may be more harmful than drug use itself.

The first systematic sociological research on the subject of drug use grew out of the research on deviance, delinquency, and crime that was conducted in the 1920s by the faculty and graduate students of the Department of Sociology at the University of Chicago. These early Chicago sociologists located the cause of such untoward behavior in the social disorganization of certain neighborhoods, which they characterized by high residence density, poverty, transience, and dilapidation, conditions that generate moral cynicism among residents, increased opportunities for crime and deviance, and diminished social control.

During the 1920s, intellectuals, along with society's more enlightened wealthier citizens, abandoned the idea of a laissez-faire program of letting problems take care of themselves and began to see their role as one of progressive stewardship—that is, they saw themselves as having "a moral obligation to further the betterment of society." The early Chicago sociologists saw themselves as part of this emerging liberal, enlightened, reformist perspective, seeking solutions to "such social problems as crime, mental disorders, family breakdown, and alcoholism" (Pfohl 1994:184–85). It was out of this sociohistorical context that the sociology department's focus on social disorganization and the problematic behaviors it spawned was born.

Bingham Dai

The first systematic, full-scale sociological study of drug addiction in the Chicago tradition was conducted in the 1930s by Bingham Dai (1937) and was published as *Opium Addiction in Chicago.* While a tradition of medical and legal writings existed when he began his research, Dai argued that the sociological approach represented a contribution because the addict is "a member of society and a carrier of culture" (p. v). Moreover, sociology attempts to trace out the etiological or causal factors related to addiction. Dai examined data on 2,500 addicts from a psychiatric hospital, more than 300 nonaddict drug dealers, and 118 female addicts, for the period from 1928 to 1934. In addition, he conducted interviews and summarized 25 of them as "case studies" in his book.

The lives of these addicts, nearly all above the age of 20, were marked by irregular employment, poverty, weak or nonexistent family ties, and high rates of property crime after they became addicted. Dai (1937) characterized the neighborhoods in which his sample lived by a low level of community spirit and weak or absent "primary group associations" among residents, a high percentage of unattached males, many transients, physical deterioration, and cheap rental units. His drug addicts, he said, lived in an environment of high levels of "family disorganization, crime, vice, alcoholism, insanity and suicide" (p. 189). Such neighborhoods tolerated, gave license to, or encouraged deviant and criminal behavior—and drug addiction fit comfortably within this constellation of social problems.

Dai (1937) did, however, stress that opiate addicts were psychologically normal, did not commit crime prior to their addiction, and tended to commit property crimes rather than crimes of violence and, most important, that opiates did not have a medically harmful or "deteriorating effect" on the body (p. 72). Moreover, Dai's social disorganization approach emphasized an important truth that can be found in much sociological writing: Aside from their "unfortunate spatial location in the natural ecology of a changing society," the perspective "asks us to imagine" that drug addicts, like deviants in general, "are people like ourselves" (Pfohl 1994:209). In short, in most respects, Dai challenged the pathology orientation of the writings on drug use that were current at that time.

Alfred Lindesmith

Alfred Lindesmith also studied drug addiction, but unlike Dai, whose work fit squarely within the social disorganization tradition, made very little use of the Chicago School's focus on communities and neighborhoods. Lindesmith's dissertation devised and tested a microinteractionist theory of opiate addiction. In *Opiate Addiction,* Lindesmith (1947, 1968) argued that in the initial stage of narcotic use, pleasure dominates as a motivating force. Because of the body's growing tolerance to narcotics, the user, to continue receiving pleasure, is forced to increase the dose of the drug—eventually to a point at which a physical dependence takes place. If use is discontinued because of arrest, disrupted supply, insufficient funds, or attempts at abstinence—or for any reason whatever—painful withdrawal symptoms wrack the addict's body. When the addict administers a dose of a narcotic and recognizes that it alleviates the anguish of withdrawal, an intense *craving* is generated for the drug. Hence, the addict does not become addicted voluntarily "but is rather trapped 'against his [or her] will' by the hook of withdrawal" (Lindesmith 1968:9). Lindesmith saw addicts as basically normal people ensnared in a compulsive habit over which they have no control. The crimes they commit are strictly to maintain their habits. Moreover, he argued, addicts derive no pleasure from opiates. Interestingly, Lindesmith's formulation begs the question of what it was that led the addict to experiment with opiates initially.

The political and policy implications of Lindesmith's (1965) conclusions were profound, conclusions that he developed in considerable detail in *The Addict and the Law.* If addiction is a direct consequence of the conjunction of a biophysical mechanism (withdrawal distress) and a cognitive process (recognizing that a dose of an opiate relieves withdrawal), then the addict cannot be held responsible for his or her condition. Like Dai's addicts, who were caught up in the tangle of community disruption, Lindesmith's addicts were innocents caught up in the uncontrollable impulse to avoid a relentless pharmacological process. Consequently, he reasoned, addiction should not be a crime, and addicts should not be locked up for attempting to relieve what is in effect a medical condition. Moreover, Lindesmith emphasized, the effects of the opiates are not medically harmful, adding further fuel to the fire of his criticism of the drug laws. As a consequence of his findings, Lindesmith became a staunch critic of American drug policy. Indeed, from the 1930s until the early 1960s, Lindesmith was one of the few critical voices speaking out against the government's war on drugs. Lindesmith's impact on the sociology of drug use has been enormous.

Howard S. Becker

Howard S. Becker earned his way through graduate school by playing the piano for jazz bands. His musical experience led to acquaintances with other musicians, most of whom used one or another illicit, controlled substance, mainly marijuana. Just as Lindesmith had raised the question of how someone becomes an opiate addict, Becker's research posed the issue of how one becomes a marijuana smoker. The intersection of the physiology of marijuana's effects and three social/cognitive processes—namely, learning how to use it, learning to perceive its effects, and learning to enjoy its effects—provides the mechanism that accounts for its use. Once one enjoys the effects of marijuana, to continue using it, one needs to nullify the forces of social control that conventional society exercises to prohibit this behavior—namely, maintain a supply of the drug, ensure a measure of secrecy about its use, and reorganize the sense of morality so that definitions of the deviance of use are neutralized. Becker's (1953, 1955) two articles on marijuana use, published in the 1950s, were later incorporated as chapters into his treatise, *Outsiders: Studies in the Sociology of Deviance* (Becker 1963).

Becker's analysis departed even more radically than did Dai's and Lindesmith's from the dominant "pathology" perspective: Dai's addicts were a product of a negative condition (community disruption), and Lindesmith regarded addiction as a medical condition, much like an illness, in need of treatment. But Becker's marijuana smokers—and his depiction of marijuana use—were normal in every imaginable way. Users had no pathological characteristics that impelled them to take the drug. There is no hint that the effects of marijuana are harmful. Even more striking, Becker's intellectual problem is not how users stop their use of this drug, it is precisely the reverse: He asks how people manage to *continue* using marijuana. And like Dai and Lindesmith, Becker staked out the distinctively sociological factors that influence the lineaments of drug use.

Edwin Schur

Edwin Schur (1962) compared the British policy of narcotic control versus the American policy. Since 1914, when the Harrison Narcotic Act was passed, and especially during the 1920s, when it came to be enforced, the dominant stance toward drug use in the United States has been *punitive.* And in the United States, Schur explained, because of this punitive policy, narcotics are extremely expensive and can be purchased regularly only if the user resorts to a life of crime. Hence, the connection between drug use and crime is extremely intimate: Nearly all addicts engage in money-making crimes. A large and vigorous addict subculture flourishes that serves to continually entice fresh, young recruits into the world of addiction. And the population of addicts in the United States is enormous—in the late 1950s, as many as a million, according to the estimate of "some authorities" (Schur 1962:44). Clearly, the punitive drug policy that prevailed in the 1950s—and still prevails today—has failed to curb drug addiction.

In contrast, the British system in the 1950s regarded narcotic addiction as a disease in need of treatment. Drugs were not then—and are not now—"legalized" in the United Kingdom. The dispensation of narcotics for recreational purposes was a crime, punishable by a prison sentence. Physicians could use narcotics for "ministering to the strictly medical" needs of their patients. But what this includes was fairly broadly construed. It included administering narcotics in the following situations: in diminishing doses for the purpose of gradual withdrawal; where it is medically unsafe to withdraw the patient from narcotics because of the severity of withdrawal; and when the patient leads a normal life maintained on narcotics but is incapable of doing so when withdrawn. There was the recognition "that in some cases prolonged prescribing of drugs may be necessary" (Schur 1962:205). In short, during the 1950s, the policy that prevailed in the United Kingdom was *medical* rather than punitive. Law enforcement did not interfere with a medical judgment that maintaining an addict on narcotics may be necessary. Under the British program, Schur argues, doses of narcotics were very cheap, addicts engaged in little criminal behavior, there was no addict subculture, there was no recruitment of novices by addicts, there was almost no diversion of drugs into the black market, there were very few addict-sellers, and the number of narcotic addicts in the United Kingdom was extremely low (fewer than 500 registered addicts). In sum, concluded Schur (1962), this "medically oriented approach seems to work very well" (p. 205).

Schur was interested in the contrasts between the British medical approach and the American punitive approach to addiction for both policy and theoretical reasons. From a policy standpoint, he wanted to convince authorities in the United States that their war on drugs was a failure and that the British system was a "humane and workable" program that had much to teach them about how to deal with the problem of addiction. Of theoretical interest, Schur critiqued the view that drug effects alone, or the predisposition to engage in deviance alone, could account for engaging in deviant behavior. In Britain, he explained, addicts—a population customarily thought of as highly predisposed to engage in crime and deviance—were taking narcotics, a behavior associated elsewhere with engaging in crime and deviance, but engaging in *very little* deviance and crime. Clearly, addiction per se does not generate high rates of crime and deviance.

To explain the low rates of deviant behavior in the United Kingdom, Schur employed the work of the early deviance theorists Edwin Lemert (1951) and Cloward and Ohlin (1960). Addicts in Britain were not labeled as deviants, Schur explained, and hence, neither developed a deviant identity nor became "secondary" deviants—that is, their lives did not revolve around their addiction, as Lemert's theory would predict, had they been stigmatized. And widespread illicit drug trafficking did not exist in the United Kingdom because no social structure of illicit drug distribution existed there, supporting Cloward and Ohlin's insights on the importance of opportunity in criminal behavior.

However, beginning in the late 1960s, recreational drug use *exploded* in Britain, as it did elsewhere in the Western world. According to a BBC broadcast (March 24, 2002), there are 540 times as many registered narcotic addicts in the early twenty-first century in the United Kingdom as there were in the 1960s. There exists a huge black market there in heroin, as well as in all other illicit drugs, in addition to a vigorous, vibrant drug subculture. According to surveys conducted in Britain (Ramsay et al. 2001) and the European Union (European Monitoring Centre for Drugs and Drug Addiction 2004), the recreational use of illicit drugs, heroin included, in the United Kingdom is at the high end of use of other Western European countries and is only slightly below that of the United States. Moreover, in some ways, the drug policy in the United States is less punitive than it was in the late 1950s. For instance, there are 150,000 addicts in methadone maintenance programs here, and most first- or second-time nonviolent drug offenders end up in treatment programs, through the drug courts, rather than jail or prison. Hence, Schur's analysis is no longer as applicable today as it was in the late 1950s. The implications of these developments are now being debated by researchers and other observers.

IMPLICATIONS OF EARLY SOCIOLOGICAL INSIGHTS

These early sociologists of drug use imparted their distinctively sociological vision to the behavior they studied. The perspective on drug addiction, abuse, and consumption that prevailed at the time they wrote were overwhelmingly pathology oriented: Either the drug created out of whole cloth a new and fearsome creature, impelling the user against his or her will to engage in behavior totally alien and uncharacteristic, or users were psychopaths, their consumption of psychoactive substances a manifestation of their abnormal personalities. Sociologists challenged both versions of this pathology perspective, arguing that the social structure in which users interacted mediated and shaped their drug-taking and the impact that drugs had on their behavior. Neighborhood, cognitive processes, culture and subculture, laws and politics, all played a role in shaping why drugs are used and what impact they have on the lives of users as well as the society at large. The early research on drug use carved out a specialty where none had previously existed and placed its distinctive mark on future research.

If a single theme could be isolated out of the work of the pioneers of drug use, it would be that illicit drug use, abuse, and addiction are normative violations—that is, a form of deviance. Dai recognized that his drug addicts lived in disorganized neighborhoods, in which crime, delinquency, mental disorder, and suicide prevailed—drug addiction was in fact yet another variety of the deviant

behavior that so abundantly thrived in such communities. Lindesmith's research was dedicated to the proposition that his addicts were not mentally ill, not inherently or intrinsically mentally aberrant or criminal, but that their criminality was a function of their legal status and their addiction, their association with the world of crime, the deviant and criminal label *imposed* on them and their inevitable, forced, subsequent subcultural associations. Becker's marijuana smokers struggled to neutralize the exercise of social control. Indeed, his work on drugs fit so neatly into the deviance paradigm that it provided chapters and case studies in a treatise on the sociology of deviance (Becker 1963). And Schur compared the impact of defining drug addiction as a crime and a form of deviance (as it was in the United States) with defining it as an illness (as it was in the United Kingdom) and found that criminalizing and stigmatizing the user here exacerbated the social and medical problems associated with addiction, while not doing so there minimized them. In short, these early researchers positioned the field of illicit drug use squarely within the context of the emerging field of the sociology of deviance.

THEORIES OF DRUG USE

The field of drug use studies has devised a substantial number of theories to explain or account for drug use. Most address predisposition only; very few attempt to explain availability or supply. In this section, I summarize a few of the more sociologically relevant theories of drug use. None of these theories is sufficient in itself to account for all drug use; instead, each argues that the condition or factor it focuses on makes drug use *more likely* than would be the case without it. Moreover, the validity of one of these theories should not imply that any of the others is false; for the most part, each of these theories complements rather than invalidates the others.

As with the efforts of the pioneers, current sociological theories depict illicit drug use as a subtype of deviant, nonnormative, and criminal behavior—that is, current theories account for the consumption of psychoactive substances with the same theory used to explain the violation of society's laws and norms. As the authors of the "general theory of crime" point out (Gottfredson and Hirschi 1990), nearly all theories of crime and deviance—and the same applies to theories of drug use—are theories of motivation or *predisposition.* But a predisposition to behave a certain way is not a complete explanation. When it comes to drug use, predisposition alone is incomplete. Opportunity has not been fully incorporated into theories of drug use. The availability of a disposable income for the age cohort most likely to use drugs, a development that did not begin until well into the twentieth century, and the globalization of drug distribution, which did not begin in earnest until the 1970s, must be counted among those structural factors that expanded opportunities for persons so disposed to use drugs. A full exposition of the role of opportunity in illicit drug use awaits later research.

Social Control

Social control theory assumes that violations of society's norms are natural, understandable, and not in need of an explanation. What needs to be explained, its proponents argue, is why people conform to society's norms. If left to our own devices, we would all break the law and indulge in any manner of criminal behavior and normative violations. And what *explains* law-abiding behavior and conformity to society's norms, they say, is attachment (or "bonds") to conventional people, beliefs, institutions, and activities (Hirschi 1969). To the extent that we are bonded to our parents, to an education, to marriage and children, to a legal job and career, and to mainstream religion, we do not want to threaten or undermine our "investment" in them by engaging in deviant or criminal behavior—and that includes recreational, especially illicit, drug use. Hence, we see the patterning in drug use discussed in the following; that is, adolescents with college plans or persons who are religious, married, and/or have children are less likely to use drugs, while those with no college plans or who are irreligious, unmarried, and/or childless are more likely to do so. Drug use is "contained" by bonds with or adherence to conventional people, institutions, activities, and beliefs. To social control theorists, it is the *attachment* of people to conventionality that explains abstention from drugs; it is the *absence* or *weakness* of such attachments that explains drug use.

In support of social control theory, it is clear that criminal offending, illicit drug use included, varies enormously by involvement with conventional institutions and conventional others, *independent* of any stable, underlying traits or characteristics. For instance, men are less likely to commit crime, all other factors being held constant, when they are stably married and living with a wife. The same applies when persons are attending school. Both are independently related to the consumption of illegal psychoactive substances, and drug use, independent of any other factors, is related to criminal behavior (Horney, Osgood, and Marshall 1995). In short, "meaningful short-term change in involvement in crime"—and substance abuse as well—"is strongly related to variation in life circumstances" (p. 655). Marriage and school constitute social bonds that "contain" or inhibit deviant and criminal behavior, illicit drug use included.

Self-Control

Self-control theory agrees that it is conformity that needs to be explained, not normative violations or illegal behavior. But its explanation is very different, pushing its key factor, as it does, back to childhood. The factor that accounts for deviance and crime—drug use included—self-control theory argues, is low self-control. And its

answer to the question of what accounts for low self-control is poor, inadequate parenting. Children who grow up in a household in which their parents are unable or unwilling to monitor and control their untoward behavior early on will develop a pattern of engaging in uncontrolled, impulsive, hedonistic, high-risk, and, ultimately, short-term, rewarding behavior that includes crime and drug use. People who lack self-control tend to be insensitive, self-centered, reckless, careless, short-sighted, nonverbal, inconsiderate, intolerant of frustration, and pleasure oriented. They are grabbers, cheats, liars, thieves, and exploiters. They act with no concern for the long-range consequences of their actions.

Drug use is simply one of many manifestations of their orientation to life, and that is to do whatever you want, whatever feels good, regardless of whether that causes harm to others or even, in the long run, to oneself. There is no need to explain the connection between drug use and crime, self-control theorists argue, because they are the same behavior, two sides of exactly the same low self-control behavior. The usual controls that keep most individuals in check are inoperative in the lives of drug users. And according to the proponents of this theory, low self-control can be traced back to bad parenting (Gottfredson and Hirschi 1990). The impulse to use drugs does *not* have to be learned, this perspective argues; hence, all learning theories of drug use—as well as all learning theories of crime and deviance—are in error. It is *abstention* from drugs that needs to be explained.

The "strong relationship" between criminal behavior and the use of psychoactive drugs has been shown to hold "regardless of age, race, gender, or country" (Uihlein 1994:149). Self-control theory argues that "they are consequences of common causal factors," that the age curve for both follows the same trajectory, that both drug use and delinquency are relatively stable over time, that drug use, like delinquency and crime, is versatile rather than specialized, that "drug use" and "crime" variables "appear indistinguishable from one another" (Uihlein 1994:151, 153–54), and that both can be traced to poor, inadequate parenting. Since the "logical structure" of drug use and that of criminal behavior are identical—both being the "manifestations of an underlying tendency to pursue short-term, immediate pleasure"—it follows that "crime and drug use are the same thing" and that research "designed to determine the causal relationship" between them "is a waste of time and money" (Gottfredson and Hirschi 1990:42, 93, 233–34).

Social Learning

Social learning theory emphatically disagrees with the control theories, arguing that people are not "naturally" predisposed to committing crimes or using drugs; instead, they have to specifically *learn* the positive value of nonnormative behaviors. The earliest sociological version of learning theory applies specifically to crime and is referred to as the theory of differential association (Sutherland 1939).

Learning theory argues that youngsters associate differentially with certain groups or social circles that provide "social environments for exposure" to definitions of correct or incorrect behavior, models of behavior to imitate, and opportunities to engage in certain kinds of behavior. These environments may discourage or encourage drug use. Family definitions, models, and opportunity are important in defining drug use one way or the other, but of course, they tend to discourage rather than encourage use. Additional agents of learning or socialization include other family members, neighbors, religious figures, teachers, and the mass media, each of whom has "varying degrees of effect on use and abstinence." Typically, however, peers are most influential, the family is a distant second, and the other socializing agents trail far behind (Akers 1998:171–72).

Learning theory argues that the probability of the use of psychoactive substances increases to the extent that someone (a) is exposed to persons, especially peers, who use rather than abstain from drugs; (b) hears definitions favorable rather than unfavorable to use; and (c) finds such use pleasurable rather than neutral or unpleasant. In addition, use escalates to the extent that a person associates with heavier users and with parties who define heavier use in positive terms and who develop a pattern of heavy use that is reinforcing or pleasurable (Akers 1998:175–76).

Conflict

Conflict theory argues that *inequality* is the root cause of drug use, at least the heavy, chronic abuse of and dependence on "hard" drugs such as crack cocaine and heroin. Such abuse, proponents of this theory argue, is strongly related to social class, income, power, and neighborhood. A significantly higher proportion of lower- and working-class inner-city residents abuse the hard drugs than is true of more affluent members of the society. More important, this is the case because of the impact of a number of key structural conditions that have their origin in economics and politics (Hamid 1990; Levine 1991; Bourgeois 1995).

The conflict perspective argues that drug dealing is more likely to take root and flourish in poor, powerless, socially disorganized communities than in more affluent, powerful, organized communities. Where residents cannot mobilize the relevant political forces to act against undesirable activities in their midst, open, organized, and widespread drug dealing is extremely likely. In addition, in communities in which poverty is entrenched, the economic structure has never developed or has decayed and collapsed, and a feeling of hopelessness, depression, and anomie is likely to take hold, making drug abuse especially appealing and attractive, providing a means of "escaping from a dreadful condition into one that seems, temporarily at least, more pleasant" (Levine 1991:4). For some, getting high—and getting high frequently—has become an oasis

of excitement, pleasure, and fantasy in lives that would otherwise feel psychically impoverished and alienated. Most of the residents of deteriorated communities resist such blandishments. But sufficient numbers succumb to drug abuse to make the lives of the majority unpredictable, insecure, and dangerous. A drug subculture flourishes in response to what some residents have come to see as the hopelessness and despair of the reality of their everyday lives. And it is poverty that generates these feelings. In the words of Harry Gene Levine (1991), "The three most important things to understand about the sources of long-term crack and heroin abuse are: poverty, poverty, poverty" (p. 3).

A crucial assumption of the conflict approach to drug abuse is that there are two overlapping but conceptually distinct forms or varieties of drug use. The first, which makes up the vast majority of illegal users, is "casual" or "recreational" use. It is engaged in by a broad spectrum of the class structure, the middle and upper-middle class included. This type of use ranges from experimental and episodic to regular but controlled use. Such users rarely become a problem for the society except insofar as they are regarded as a problem by others. "Middle class status," says Harry Gene Levine (1991), "with its benefits and stability, tends to immunize people *not against drug use, but against long-term, hard drug use*" (p. 4).

The second type of drug use is abuse—compulsive, chronic, or heavy use—drug use that often escalates to dependence and addiction. It is typically accompanied by social and personal harm. Chronic abuse is motivated by despair, alienation, poverty, and community disintegration. Experts argue that moving from the first type of drug use (recreational) to the second (abuse) is more likely to take place among the impoverished than among the affluent and to be indulged in by residents of disorganized rather than intact communities (Levine 1991).

PATTERNS IN DRUG USE

Two of the largest, most nationally representative, and most valid drug use surveys are conducted in the United States: the National Survey on Drug Use and Health, based on a sample of the population as a whole (SAMHSA 2004), and the Monitoring the Future surveys, based on eighth, tenth, and twelfth graders, college students, and adults not in college of age 19 to 45. The results of these two yearly surveys, verified by others conducted in other countries, support the following generalizations or patterns in drug use.

The first pattern is that for all illicit drugs, *experimental use is the rule.* Most of the people who try a given illicit drug do not use it regularly; most in fact discontinue its use. The circle circumscribed by the universe of everyone who has ever taken a given drug at least once in their lives is much larger than the circle circumscribed by everyone who has taken it during the previous month.

The second pattern is that for all illicit drugs, *irregular, episodic, occasional use is more common than heavy, chronic, compulsive abuse.* The circle circumscribed by everyone who has used a given drug, say, less frequently than once a week in the past year is larger than the circle circumscribed by everyone who has used that drug more than 20 times a month—that is, more than 240 times in the past year.

The third pattern is that *the use of the legal drugs,* alcohol and tobacco, *is vastly greater than the use of the illegal drugs.* According to the most recent (2003) National Survey on Drug Use and Health, half of all Americans had consumed at least one alcoholic drink in the past month (50.1 percent) and a quarter had smoked one or more tobacco cigarettes (25.4 percent). But only 8 percent had used marijuana in the past 30 days, and just over one-half of 1 percent had used cocaine (0.6 percent).

Moreover—and this is the fourth pattern—the "loyalty" rate, the rate at which onetime users continue to use a drug, and use it regularly, is much greater for the legal drugs than for the illegal drugs. Six persons in 10 who ever drank alcohol (60.2 percent) had done so in the past month, and a third of persons who ever smoked a tobacco cigarette had done so in the past month (37.0 percent). But only one person in seven who had used marijuana at least one time in their lives (15.2 percent), and only 6.5 percent of those who had used cocaine one or more times in their lives did so in the past month. The comparable figures for PCP (0.8 percent) and LSD (0.5 percent) were much lower (SAMHSA 2004:188, 202). The more illicit the drug, the lower the continuance or loyalty rate it attracts among users.

The fifth pattern is that *the correlation between the use of legal and illegal drugs is extremely strong.* People who use alcohol and tobacco are much more likely to use any and all illicit drugs than people who do not do so. Moreover, the *more* they use the legal drugs, the *greater* is the likelihood that they use illegal drugs. Youths ages 12 to 17 who are both smokers and heavy drinkers are 20 times more likely to have used one or more illicit drugs (72.4 percent) than are youths who neither drink nor smoke (3.7 percent). Youths who drink heavily are 100 times more likely to have used cocaine in the past month (10.6 percent) than are nondrinkers (0.1 percent). The same generalizations prevail for all age groups, all drugs, legal and illegal, and all levels of use. The impulse to alter one's consciousness with one substance—whether legal or illegal—is strongly related to altering it with other substances.

The sixth pattern is this: *The use of psychoactive substances is strongly related to a person's age.* Drug use rises sharply from age 12 (the age at which most surveys begin asking respondents such questions) through adolescence, reaches a peak at about age 20, and then declines, year by year, after that. According to the 2003 National Survey on Drug Use and Health, only 2.7 percent of 12-year-olds say that they have used any illegal drug (excepting alcohol) in the past month. This rises to 24 percent for 20-year-olds

and declines throughout the 20s and subsequently. It is 13.4 percent for persons in their late 20s (26–29); 8.4 percent for those in their late 30s (35–39); 6.8 percent for those in their late 40s (45–49); and only 2 percent for those in their late 50s. Only 0.6 percent of persons aged 65 or more said that they had used an illicit drug in the past month. For alcohol consumption, this curve is much flatter; the peak in consumption is reached between ages 21 and 22; use declines very slowly until age 60, and drops off more precipitously after that (SAMHSA 2004:193, 207).

The remaining patterns are the following. In addition to the young, and persons who use alcohol and smoke cigarettes, the categories in the population who have significantly higher-than-average likelihoods of using psychoactive substances include males (SAMHSA 2004:194); the unmarried, especially persons who cohabit without being married (Bachman et al. 2002:211–12); adolescents whose plans for the future do not include college (Johnston et al. 2004:452); and the unemployed (SAMHSA 2004:197). The categories in the population whose use of psychoactive substances is lower than the average include females (SAMHSA 2004:194); the married; women who are pregnant and couples with children; and persons who consider religion important in their lives and who frequently attend religious services. Persons who perceive great risks in drug use are more likely to disapprove of it and are less likely to indulge in drug use than are persons who do not perceive great risks in use (Bachman et al. 2002:121–55, 208–209, 211–12, 214–15).

These patterns, taken together, draw a consistent, coherent picture that provides a small number of generalizations about drug use as a form of behavior.

First generalization: Most people tend to be fairly cautious and temperate about their consumption of psychoactive substances. Heavy use is the exception, moderate use is the rule. This moderation extends to the relative avoidance of illicit drugs. Whether it is fear of arrest, the stigma of illegality, its deviant status, the inability to locate a dealer, or fear of physical harm, compared with alcohol and tobacco, the use of illegal drugs is relatively unpopular. And the more "illegal" and more *deviant* the use of the drug, the rarer its use is, and the less "loyal" users are to its use. The least stigmatized, the least deviant—and the least "criminal"—of the illicit drugs, marijuana, is *by far* the most popular, and the one users are most likely to "stick with" the longest. For the great majority of Americans—the same applies to the residents of the other countries in which drug surveys have been conducted—illicit drugs have less seductive appeal than do licit drugs.

And the second and closely related generalization: Unconventionality explains much of what we want to know about drug use. (An obvious but crucial point: Unconventionality is a matter of degree; it can be plotted along a continuum.) Unconventionality includes a broad range of associated and cognate characteristics, including experience and sensation seeking, low self-control, impulsivity, and the tendency to take risks. Most people do not take serious risks; hence, most people do not use illicit drugs that are perceived to be dangerous and harmful, and even fewer use them regularly. The minority who do so tend to be more unconventional than the majority who do not. Drug use is an aspect or manifestation of unconventionality. The dimension of unconventionality begs the question of causal origin; unconventionality has a variety of origins, and indeed, stressing its importance is consistent with all the theories spelled out in the foregoing. Certain social statuses foster or engender unconventionality. Their members have relatively few responsibilities, weak ties to conventional society, and few agents of social control monitoring and controlling their behavior, and hence there are relatively few harmful social consequences to the negative aspects of risk-taking. Hence, they are more likely to engage in unconventional, high-risk behavior than are persons in statuses or positions encumbered by stronger conventional social bonds. And people relatively slipped from the bonds of conventionality tend to congregate, thereby increasing the likelihood that they will violate the norms of society.

The late teens to the early 20s represents the peak years of drug use; it is the exact point of the trajectory combining diminished levels of parental supervision and as-yet low levels of adult responsibilities. Males are more likely to have been socialized to take greater risks and to violate the conventional norms of the society; hence, it should come as no surprise that they exhibit consistently higher levels of illicit drug use and heavy alcohol consumption. The unmarried tend to be less bonded to responsibility and convention than the married, and when children appear in the lives of the married, this difference widens—hence, the differences we observe in their illicit drug use. And persons who live together are already more unconventional compared with persons who are legally married; this unconventionality manifests itself in their higher rates of drug use. Adolescents with no college plans have less to lose through risky behavior than do those with plans to attend college—thus, their higher rates of drug use (although this difference decreases the closer the youngster is to actually attending college). The college experience itself generates a large, dense congregation of young people, and thus, college students have similar, or even slightly higher, rates of drug use than do young people who do not attend college, even though the former are more invested in the future than the latter. The more alienated people are from traditional religion, the greater the likelihood is that they use drugs; the more they attend religious services and say that religion is very important in their lives, the lower that likelihood is. Again, unconventionality rears its head in the drug picture. And last, perceived risk is not only a measure of rationality but of unconventionality as well: People who see greater risk in specific activities tend to be more unconventional than those who see less. And the perception of risk—or the lack thereof—is *strongly* related to drug use.

CONTEMPORARY ISSUES AND CONCERNS

The study by sociologists of drug use has become a substantial scholarly endeavor. More broadly, drug use constitutes a large conceptual and topical umbrella that attracts a collection of researchers with extremely diverse interests and concerns. The study of drug use is one of the more diffuse and incoherent fields in existence. Most of its researchers are not sociologists or even social scientists, and much of its data collection was not conducted for theoretical purposes. Drug-use surveys are extremely expensive to conduct, and hence, policy rather than theory tends to guide their direction. Many sociologists currently conducting research on drug use are members of a team made up of specialists working in other fields. Usually, sociologists offer methodological rigor to clinically oriented specialists. Even sociologists working on their own depend on the findings of research conducted by a scattering of nonsociological fields to a degree perhaps unprecedented in any subfield of sociology—these fields include pharmacology and psychopharmacology, medicine, psychiatry, epidemiology, the policy sciences, political science, history, anthropology, criminology, economics, cultural studies, and journalism. Sociologists are in a distinct minority among drug-use researchers. Many of the issues and questions that preoccupy contemporary sociologists of drug use are shaped outside their parent field.

In 2005, I mailed a questionnaire to the 120 members of the Society for the Study of Social Problems (SSSP), the majority of whom are sociologists, who list Drinking and Drugs as one of their division specialties, asking them about the topics that sociologists of drug use are most likely to investigate. Exactly half (60 members or 50 percent) responded. The topics respondents checked as most commonly investigated include the following.

Policy and Legal Issues

More than half of the respondents of the survey said that policy-related issues are among the most frequently studied topics among sociologists of drug use. This finding is consistent with the work of MacCoun and Reuter (2001), who address much of the research on policy and legal issues. These issues include the consequences of imprisoning drug users and sellers; what other countries are doing about the drug problem; alternatives to strict prohibition; whether and to what extent the "war on drugs" is working, prohibition is causing more problems than it solves, some form of legalization can work; policy alternatives; whether strict prohibition is the best way of dealing with the problems posed by drug abuse; and learning about how to deal with suppressing drug abuse (MacCoun and Reuter 2001). More than half of the respondents (32 out of 60) said that policy-related issues are among the most frequently studied topics among sociologists of drug use.

Epidemiology and Etiology

At least from as far back as the 1930s, the causes of drug use and the distribution of drug use in the population have been a mainstay of sociological research on the abuse of psychoactive substances. Thirty-five of the 60 respondents said that the issues of who uses which drugs and why (Johnston et al. 2004) continue to engage sociological researchers.

Drug Use and Crime

Goldstein's (1985) tripartite "drugs-violence nexus" has stimulated an enormous volume of commentary and research on the topic. In 2001, the National Institute of Justice (NIJ) invited three dozen experts to participate in a symposium titled "Toward a Drugs and Crime Research Agenda for the Twenty-First Century"; the presentations were published in 2003 (www.ojp.usdoj.gov/nij/pub-sum/194616.htm). Although much work has been conducted in the area, the participants agreed that the drugs-and-crime link is unresolved and needs further research. In spite of the vagaries of funding, roughly three-quarters of SSSP drug researchers (46 out of 60) believe that the drugs-crime nexus remains a central sphere of research attention for researchers.

Drug Use and the Community

Consistent with previous efforts of Hamid (1990), Bursik and Grasmick (1993), and Bourgeois (1995), 40 percent of the SSSP survey respondents believe the impact of drug use and extensive drug dealing on the viability of a community and whether and to what extent some communities are more vulnerable to the penetration of drug sellers into their midst offers a major topic of interest to sociologists and urban anthropologists who engage in drug research. "Drugs and the Community" is a specifically and distinctly sociological topic, one that has been on the subfield's agenda for much of the past century.

The Effectiveness of Treatment Programs

Many researchers believe that a reliance on imprisonment is ineffective and counterproductive; hence, the research on alternatives, mainly drug treatment programs. The federal government has sponsored three waves of studies on drug treatment, the Drug Abuse Reporting Program (DARP), 1969 to 1972; the Treatment Outcome Prospective Study (TOPS), 1979 to 1981; and the Drug Abuse Treatment Outcome Study (DATOS), 1991 to 1993. These surveys, based on nationally representative samples, indicate that drug treatment is an effective means of addressing drug abuse and addiction. Currently, scores of smaller studies of treatment programs are ongoing. Sociologists continue to play a central role in conducting a substantial portion of these studies, a fact asserted by half

(30 out of 60) of the survey respondents. In addition, preventing drug use, mainly by means of educational programs, is on the agenda of some researchers.

The Methodology of Surveying Drug Use

Research methods have been on the sociologist's agenda since the field's birth, and the study of drug use, which poses special methodological problems, exemplifies this principle, as asserted by a third of the respondents (19 out of 60). The best means of studying drug use and abuse, whether researchers get honest answers when asking respondents about their illicit, deviant behaviors, how the researcher addresses problems of validity and reliability, and how to conduct research among dangerous informants and subjects and access "hidden" populations of users and sellers are major topics that engage the field (Harrison and Hughes 1997; Dunlap and Johnson 1999; Wish et al. 2000).

The Dynamics of Drug Markets

The predisposition to use drugs does not explain use; it is a necessary but not sufficient condition for use. The availability of drugs is another precondition. How drugs are distributed, how drugs get from Point A to Point B, what is distinctive about buying and selling illicit products, and what the "social world" of the drug seller is like are frequently studied topics among sociologists and urban anthropologists engaged in studying drug use (Williams 1992; Bourgeois 1995; Jacobs 1999). These and related topics have offered intriguing strategic research issues to the drug researcher, a fact attested to by not quite half of our respondents (28 out of 60).

Other Topics

In addition to the forced-choice alternatives I offered, topics the survey respondents spontaneously wrote that attracted current sociological research interest include women and drug use; mothering and drug use; drugs and the family; HIV/AIDS; controlled or "functional" users of illicit drugs; the use of tobacco, especially by teenagers; drugs and health; the dangers of prescription and over-the-counter drugs; and cultural differences in drinking patterns.

THE FUTURE OF THE SOCIOLOGY OF DRUG USE

Most of the SSSP/Drinking and Drugs Division respondents believe that the topics mentioned in the foregoing will remain on the subfield's agenda. Furthermore, most respondents who answered the question specified their focus. Policy and legal questions will continue to engage sociologists of drug use, especially the decriminalization of marijuana; medical marijuana; the cost and impact of the "war on drugs," especially on minorities; drug courts; the efficacy of harm reduction strategies; devising a "saner" drug policy; and control over the legal drug industry. Etiology remains central to the field, especially the impact of inadequate parenting on drug abuse. The effectiveness of drug treatment will continue to be studied, especially early intervention and drug education. The study of drug markets will remain important, including the diffusion of heroin and other narcotics into rural areas and the globalization of drug distribution.

Additional topics that will loom large in the twenty-first century include women and drug use; abuses by the pharmaceutical industry; teenagers and alcohol consumption; narcoterrorism; the spread of HIV/AIDS; the impact of drug abuse on the family; the use of performance-enhancing drugs; the use of drugs at work; drugs and health care; the use of medications and the development of neurological stimulation as a means of controlling deviant behavior; the reentry of released inmates into the general population; the misuse of prescription drugs; and smoking behavior and policies designed to control it.

Regardless of whether these predictions of future research enterprises will be borne out, the small, extremely eclectic field of the sociology of drug use will remain a dynamic component of drug-use research. Moreover, in the future, as in the present and the past, policy issues will influence the direction that research takes. In addition, sociologists of drug use will continue to be influenced by drug researchers in other disciplines more than they influence the field of sociology. A policy-oriented focus, theoretical eclecticism, interdisciplinary research, and the image of narrow specialization are the price the sociologist of drug use has to pay for conducting research on one of the most fascinating—and distinctively sociological—of human behaviors.