

Using Social Disorganization Theory to Guide Substance Abuse Prevention Among Adolescents: Implications for Educators

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Abstract: *Substance use and abuse are problematic in the lives of adolescents, including interpersonal problems and scholastic problems. Risk for substance use has commonly been assessed at the individual level. This paper examines risk of adolescent substance abuse as a variable impacted by environmental or contextual factors surrounding the individual. Social disorganization theory is described and then adolescent substance use is considered in light of assumptions of that theory. Finally, implications for educators are developed.*

School officials—from administrators, to counselors, to teachers—are increasingly the first line of response to an array of problems that impact children and families in modern society. Teachers, for instance, are the most frequent reporters of child abuse (Sinanan, 2011), meaning that they are an integral part of the child welfare intervention system. Similarly, teachers and school counselors are tasked with the early identification of anxiety disorders, conduct disorder, and other types of mental health problems in children and adolescents (Berzin et al., 2011; Headley & Campbell, 2011), making them indispensable to the mental health treatment system. In this vein, schools have a role in mediating young people's early experiences with alcohol and illicit substances and in helping to reduce the risk that adolescents will develop substance abuse problems.

Several contemporary studies suggest that a variety of obstacles need to be addressed so that schools can do more to address adolescents' risk of developing substance abuse problems. Salm and colleagues (2011) found three such obstacles: Some educators had normalized high levels of drug use, rendering real problematic behavior invisible; some tolerated substance use and affiliated behaviors (such as sleeping in class, exchanging drugs, etc.) as long as those behaviors were not too disruptive; and some educators "did not position themselves in the circle of care to participate in the prevention, intervention or rehabilitation of students involved with substances" (p. 82). They saw the whole concern as outside their role and expected someone else to intervene.

Similarly, Van Hout and Conner's (2008) study surveyed a group of secondary school teachers who felt ill prepared by their professional training to manage substance use and abuse concerns, who felt that prevention services were "haphazard, dissimilar and rather hit and miss" (p. 81), and who believed that efforts to minimize risk of substance

abuse on the part of students were outside the boundaries of a teacher's role—the same point of view noted above.

This paper has three objectives: to provide a background and overview of social disorganization theory, to explain the risk factors for adolescent substance abuse from the perspective of social disorganization theory, and to develop practical implications consistent with this particular theoretical approach for education professionals who wish to work more effectively with adolescents at risk for substance abuse. Because many educators may not be familiar with the premises of social disorganization theory, a theory that originated in sociology as an attempt to account for observed social deviance, an overview is warranted.

Social Disorganization Theory

First elaborated by Shaw and McKay (1942), social disorganization theory maintains that community characteristics are the root cause of deviance. The authors studied 21 U.S. cities, with a particular focus on Chicago, and noted three indicators that predispose communities to high rates of juvenile delinquency: poverty, high proportion of ethnic minority populations, and declining population overall. In subsequent modifications of social disorganization theory, high ethnic minority population has been replaced by heterogeneity of ethnic or racial groups and declining population has been upgraded to rate of geographic mobility or population turnover (Siu, 2007).

Poverty, heterogeneity, and mobility are predictive of delinquency and deviance because they each impact a community's ability to exert social control over its residents. High levels of poverty keep community members from marshalling the financial and human capital assets required to protect the community's interests and attend to its needs. For instance, facilitating safe and healthy recreational activities for adolescents is one such need that is

not addressed due to concentrated poverty in some communities (Bursik, 1988). Young people in a vacuum of recreational alternatives are prone to substance abuse and delinquency. Often communities with high levels of poverty also lack important connections with key decision makers who appropriate public resources, including criminal justice resources (Bursik & Grasmick, 1993).

Heterogeneity of race and ethnicity in a community, according to social disorganization theory, makes it difficult to establish common norms or a code of appropriate behavior (Madyun, 2011). Trust and sacrifice of immediate self-interest are both required of community members vis-à-vis one another in order to build the social capital displayed in cohesive communities. In the country's largest study of civic engagement, Putnam (2007) surveyed 30,000 Americans about the extent of their participation in the wider community. What he found was that in the most racially and ethnically diverse communities fewer people volunteer, vote, give to charity, or work with neighbors on community projects. Among his sample, people in the most heterogeneous communities trusted one another half as much as people in the most homogeneous communities did.

Residential mobility is the third indicator of community risk in social disorganization theory. According to Smith and Jarjoura (1988), "Residential mobility weakens social relations among community members and erodes the ability to maintain an organized community through informal social control" (p. 32). People are socialized into community networks slowly—it takes time. When established residents leave, they subtract important social capital and resilience from the community, and the local network cannot automatically replenish its social capital after such an exit. Newcomers must be vetted: Are they a risk? Do they share prevailing values? Trust is being assessed, and as the rate of mobility increases, community residents are less likely to trust one another, the social control function is diminished, and disorganization ensues.

Communities need to be able to mobilize strong responses to behaviors that violate important norms. Cohesive communities address grievances: littering, loitering, vandalism, interpersonal disputes, vacant housing, burglary, drug selling and robbery, for instance (Latkin & Curry, 2003), as well as school dropout and adolescent substance abuse.

One poignant example of a community's inability to exert control comes from Anderson's (1999) ethnography of inner-city Philadelphia. He notes that while the majority of the population is socialized to mainstream values and aspirations ("decent" people in his shorthand), the numerical minority in the disaffected subculture ("street" people) have successfully asserted their claim on public space. In one instance Anderson (1999) observed a woman simply stop her car in the middle of busy traffic, backing up all of the vehicles behind her. She waited for her companion to emerge from the barbershop and was indifferent to the situation she'd caused. Importantly, none of the other drivers confronted her; no one honked his horn or engaged a protest. The others simply waited in traffic, scared of escalating a situation that might become violent. They waited silently for over 10 minutes until her partner emerged and she moved on. In other settings, such behavior might be met with residents honking, investigating, or shouting at the woman—all forms of social control, applying deterrent consequences to undesirable behavior.

Before moving to the application of social disorganization theory to adolescent substance abuse, two further features of the theory must be highlighted. First, the theory maintains that the community is the most important unit of analysis in understanding why people behave in the ways that they do. In the middle of the twentieth century, when Shaw and McKay developed this theory, this was a very novel and dissonant idea. Freud's psychoanalytic assumptions were implicit in many fields of professional practice touching on human behavior, including: education, medicine, social work, and the law (Cavanagh, 2006; Goldstein, 1968; Specht & Courney, 1995). This means that attributions about behavior were individualistic. Professionals attributed the cause of behavior to personal sources such as recapitulation of childhood experience, unconscious defense of the ego, or an inborn drive toward aggression. Consequently, at mid-century many professionals were trained to pursue change through shaping individual cognition, motivation, or behavior.

Shaw and McKay were structuralists: They asserted that behaviors like juvenile delinquency, like norm-compliant behavior for that matter, transcended individual factors. Delinquent behavior, they maintained, is a product of certain types of communities, and therefore aggregate measures of community well being are what need attention. Individual behavior change will follow structural change in the community. Present-day policy debates often return to this basic question: With scarce resources available, should change efforts be targeted on individual behavioral change, or on bigger community or population-wide goals? To take one example, is it a better expense of money to build a community center available to all teens in a neighborhood as a source of recreation, or would the money be better spent on hiring caseworkers to intervene with those adolescents identified as at risk, truant, or delinquent? Analogs of this debate are to be found throughout different fields of practice. Social disorganization theory prioritizes the well-being of the community.

The last feature of social disorganization theory important to this overview is the informal nature of the social networks that sustain the community's well being. Communities are not cohesive, the theory suggests, because of a well-run social service program, an adroit school superintendent, or the crime deterrence policies of a particular police chief. These are all formal programs and/or individual professionals outside the network of community residents; their plans for the community get projected onto it. Furthermore, an individual's stake in a particular problem will differ based upon whether one is a paid change agent versus a parent, neighbor, or friend. It is the indigenous constellation of relationships in a community that exert informal social control and mediate emergent problems.

In a recent study of informal social control at the community level Warner (2007) examined 66 neighborhoods to explore the type of social control residents engaged in. She found that when residents perceived their local ties to be close and interdependent, they were more likely to get involved directly and personally in settling disputes. She also found that people called upon formal authority, like the police or landlords, less often in communities measured high in trust and cohesion, as opposed to communities with lower measures of the same variables. This work supports the assumptions of the theory: residents bypassing formal authority and institutions and personally involving themselves in the maintenance of the community's equilibrium.

Social Disorganization Theory Applied to Adolescent Substance Use

Adolescence, and particularly late adolescence—16 to 20 years of age—is a period of time when important neurological, cognitive, and social changes happen simultaneously for most individuals. This is the time of heaviest substance use and the period of highest vulnerability to developing substance use disorders among the population at large. See Brown et al. (2008) for a detailed description of this risk period among adolescents in general.

In terms of the scope of adolescent substance use on the national level, recent research using nationwide sampling strategies shows that exposure to alcohol and illicit drugs is common. According to the *Monitoring the Future* study sponsored by the National Institute on Drug Abuse, the following probabilities applied to high school seniors in 2010: 54% had been drunk at least once and 75% had tried alcohol at least once; 44% had smoked marijuana at least once and 25% used an illicit drug other than marijuana at least once. Among other illicit drugs used, opiates other than heroin were used at least once by 13% of seniors while 8% used sedatives once or more. The same NIDA study found that 11% of the sample were daily cigarette smokers (Johnston, O'Malley, Bachman, & Schulenberg, 2011).

This level of use is not benign: Results from the *2009 National Survey on Drug Use and Health* (Substance Abuse and Mental Health Services Administration, 2010) point out that many adolescents met criteria for a substance use disorder; that is, they met criteria for the diagnosis of either substance abuse or substance dependence (addiction) according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV). For example 10.7% of 16-year-olds met criteria for one of the diagnoses, 14.2% of 17-year-olds, 17.4% of 18-year-olds, and 20.2%, or one in five, 19-year-olds met diagnostic criteria for abuse or addiction (Substance Abuse and Mental Health Services Administration, 2010).

In the context of such common alcohol and drug use among youth, risk and protective factors have been elaborated which, when present in an adolescent's life, mediate the likelihood that she will use or abuse substances. Clark, Nguyen, and Belgrave (2011) describe risk and resilience at four levels: individual factors, family factors, peer group factors, and community factors. They note that community factors, while important, have been understudied. Wallace and Muroff (2002), after analyzing data from an earlier version of the *Monitoring the Future* study, found that risk was significantly different for African American youth as opposed to Caucasians on over half of the 55 of the measured indicators. They observed that community-level factors like social disorganization and widespread poverty were more important to the risk of substance abuse than individual, family, or peer factors among African American youth.

Socially disorganized communities exert their effects of adolescent substance use in both direct and indirect fashion. A lack of role models in many disadvantaged communities is an instance of a direct relationship between disorganization and substance use. One of the functions of a cohesive community is to provide youth with archetypes of success embodied in more mature community members. In some environments, drug dealers appear to be the most financially successful individuals observable to youth. Adolescents mimicking their behavior are likely to exhibit violence, unemployment, immediate gratification,

and, importantly, substance abuse (Yabiku et al., 2007). This is a direct influence insofar as the community has a direct responsibility to provide examples of success to its youth, thus socializing them toward prosocial aspirations and behaviors. When the community lapses in this responsibility, young people follow the archetypes of success that are available to them; in disorganized settings, this often involves heavy substance use.

Another direct influence of social disorganization on adolescent substance use involves what has been called "natural surveillance." This involves the willingness and ability of adults in the community, other than law enforcement officials, to involve themselves in mitigating disputes and exercising informal social control over children and adolescents (Hawkins, Catalano, & Miller, 1992). Yabiku et al. (2007) point out that in disorganized communities, adults refrain from natural surveillance activities for fear of retaliation or victimization as the consequence of their attempt at social control. Community members in this vein become apathetic to substance use among adolescents and, unchecked, the behavior expands. In the study of public perception of community characteristics measured against rates of adolescent substance use by Van Horn, Hawkins, Arthur, and Catalano (2007), the authors found that public perceptions of apathy were associated with de facto high rates of substance use among youth, supporting the connection between deterioration of natural surveillance and adolescent substance use.

Disorganized communities are socially isolated and alienated from the mainstream. As noted above, communities with a high degree of poverty lack important relationships to decision makers that allocate public resources. The result is that in these communities there is a lack of mediating institutions that elsewhere help at-risk youth avoid delinquency and drug use: parks, libraries, and after-school programs, among others (Boardman, Finch, Ellison, Williams, & Jackson, 2001; Yabiku et al., 2007). This isolation and lack of mediating institutions represents a third direct influence of disorganized communities on risk of adolescent substance abuse. While there are several paths by which disorganized communities impact adolescent substance use, social disorganization also operates indirectly on the same phenomenon by mediating other variables. Three instances of the indirect effect are highlighted here.

Living in a community where social control of individual behavior has broken down is inherently stressful. As residents' individual stress or depression is kindled by community conditions, substance use and abuse ensue as coping mechanisms. Latkin and Curry (2003) surveyed 818 individuals in "high drug use areas" of Baltimore. They asked for the residents' perceptions about neighborhood characteristics, including: vandalism, litter, vacant housing, teenagers hanging out, burglary, drug selling, and robbery. After controlling for individual differences on risk of developing depression, they found that people who rated these circumstances as more problematic showed higher rates of depression at a 9-month follow-up investigation, lending support to the hypothesis that living in disorganized communities has a pernicious effect on individual mental health.

Boardman et al. (2001) similarly found that among 1,101 Detroit residents there was a positive relationship between measures of neighborhood disadvantage and drug use—even after controlling for other variables that impinge on drug use. Importantly, they also found that this effect was mediated through the variable of individual

stress: that is, neighborhood factors elevated individuals' stress and that stress, in turn, predisposed people to drug use.

Social interest is another individual-level variable associated with risk of substance use, and, like stress, it is also altered by social disorganization. Lippert and Houle, (2009) describe social interest as follows:

Social interest refers to a constellation of personality characteristics broadly concerned with the degree of interest and concern individuals express for the well-being of others. It is typified by traits such as empathy, cooperation, sharing, and contributing to the well-being of one's community and interpersonal contacts (p. 3)

These authors note that individuals with high levels of social interest tend toward volunteerism, social ties, and concern for others. Low social interest is associated with stress, isolation, and drug use. Their study of 550 Chicago residents found a positive relationship between measures of neighborhood disorder and marijuana use after controlling for other variables. They found social interest to be a mediating variable between neighborhood disorder and drug use, suggesting that disadvantaged neighborhoods experience high levels of drug use because they erode social interest (empathy, cooperation, and sharing) among individual community members.

The third instance of indirect influence of social disorganization on adolescent drug use to be highlighted involves the effect that exposure to substance using peers has on adolescents' likelihood of substance use. Bernburg, Thorlindsson, and Sigfusdottir (2009) studied risk factors and incidence of substance use among 5,491 Icelandic adolescents. Unsurprisingly, they found that youth who reported several peers who used drugs were more likely to use drugs themselves. However, they also found that the community-level variable of high family dissolution (a high concentration of nonintact families in a neighborhood) exercised a strong influence on drug-using peer groups and on individual substance use after controlling for the influence of other personal risk variables.

To summarize: direct influence of social disorganization on adolescent substance abuse is facilitated through lack of role models, diminution of natural surveillance, and the absence of important institutions and organizations. The same influence is exercised indirectly through the effects that disorganization has on individual stress level, individual social interest, and individual exposure to substance using peers.

A review of professional literature in the fields of education and substance abuse prevention finds several influences on adolescent substance use that emanate from the school environment. In particular, apathy, alienation, and decay of physical infrastructure are variables that have been measured in schools and empirically connected to increased levels of adolescent substance use. These variables comport with the theory of social disorganization and its emphasis on contextual influences on individual behavior. Ennett, Flewelling, Lindrooth, and Norton (1997) studied 36 Midwestern U.S. schools, exploring neighborhood and school characteristics for their impact on adolescent substance use rates. They found that higher incidence of use occurred among students attending schools where greater levels of acceptance and normalization of use occurred. This result fits with other studies that have found that apathy to substance

use and a tendency to accommodate it are school-based barriers to prevention efforts (Salm, Seigny, Mulholland, & Greenberg, 2011; Van Hout & Connor, 2008).

Ennett et al. (1997) also found that school variables were more impactful to the outcome of adolescent substance abuse than community characteristics, speculating that this "may reflect the more proximal position of school-level variables to school substance use in the linkages among neighborhood, school, and substance use measures" (p. 67). Indeed, adolescents spend a large proportion of their time at school; so school-based circumstances can have large effects on many domains of well-being. Students spend between 6.5 and 8 hours per day at school, 32.5 to 40 hours per week, and over 8,000 hours during their adolescence in school (Grana, et al., 2010).

Alienation, being disconnected from mainstream cultural norms, is another circumstance of some school environments that increases the risk adolescent substance use. Holleran Steiker, Goldbach, Hopson, and Powell (2011) noted that many school-based substance abuse prevention programs, including standardized curricula, are not well grounded in youths' actual social, geographical, and cultural contexts, but are instead top-down and reliant, for their content, on the impressions of youth culture that researchers and curriculum developers have.

The authors studied the perceptions of 202 adolescents who had been involved in updating standard prevention curricular materials to be more relevant to actual experience. The adolescents' most concentrated theme was that current prevention materials are unrealistic or not effective. Participants' suggestions included, "more honest testimonials from actual users rather than skits in videos" and presentation of a "balanced view of substances rather than purely doom saying and focusing only on the worst outcomes" (p. 504). Schools that are indifferent or oblivious to the real circumstances of youths' experiences in their prevention efforts, curricular or otherwise, do much to alienate at-risk youth. School personnel's manifest lack of relevance communicates to youth that they (youth) are alone in truthfully weighing their ambivalence about substance use.

Decay of physical infrastructure is associated with social disorganization as noted above in the work of Latkin and Curry (2003), who examined the impact of litter, vandalism, and vacant housing on youth substance use, and Boardman et al. (2001), who examined the relationship between quantity of boarded up homes in a neighborhood and the same outcome variable. Recent research suggests that the physical infrastructure at school is also associated with rates of substance use among adolescents. Grana et al. (2010) examined incidence of substance use among a national sample of 7,058 high school students as mediated by the level of school disrepair. Graffiti, litter, and broken windows were among the 14 indicators of disrepair on the assessment used. The authors found that students attending alternative high schools were more likely to use substances when the school was in disrepair as opposed to students in regular high schools that did not exhibit this tendency. The authors recommend that school officials focus on physical infrastructure, keeping it safe, attractive, and conducive to learning, "so that youth may respond accordingly through decreases or elimination of drug use...and increases in attempts to work hard in school" (p.392).

Implications for Education Professionals

Three implications for education professionals (teachers, counselors, and administrators) can be gathered from the text above in an effort to prevent adolescent substance use and abuse. The first implication is that the issue of adolescent substance use has to become salient. Educator apathy about substance use is a recurrent theme in assessments of school-based barriers to prevention efforts (Salm et al., 2011; Van Hout & Connor, 2008). Apathy is attractive in disorganized environments; empirical investigation has borne this out (Anderson, 1999; Van Horn et al., 2007; Yabiku et al., 2007). Whether it comes from fear of reprisal, exhaustion, or indulgence of “harmless” behavior, indifference facilitates growth of substance use. Making the issue salient means formally addressing adolescent substance use and mobilizing a programmatic response.

As Falck, Nahhas, Li, & Carlson (2012) note, some schools will oppose developing or expanding substance abuse prevention policies or programs. The argument from these schools is that formally addressing such an issue requires asking and answering important questions with data: What if the data point out a problem the school is not ready to accommodate? Won't the school be responsible to intervene in any problem it finds? Furthermore, educators are already very busy attempting to comply with a great deal of bureaucracy, why oblige them to another compliance burden? The best answer is that substance use and abuse exert a well-studied and powerful negative influence on important metrics, such as grade point average, attendance rate, and high school completion (Townsend, Flisher, & King, 2007). That is, schools should address substance use and abuse because it directly impedes their mission to educate youth. How different schools choose to begin, or to advance, a project of substance abuse prevention will vary greatly (see Falck et al., 2012 for approaches involving youth survey techniques). The important characteristic is that the issue is placed on the formal agenda.

Another implication for education professionals is to be holistic and incorporate the whole school in prevention activities. In some schools, substance abuse prevention is defined by a specific curriculum being transmitted to students over several sessions of a health education class. In other instances, substance use concerns are addressed in the context of individualized educational planning after a particular student has been referred to see a school counselor or a special education professional. Each of these circumstances fosters isolation: circumscribing the problem, in the first instance, as a health class issue, and, in the second, as one that only impacts a few discretely identified students.

School climate is a more expansive intervention target than a didactic curriculum, yet school climate can lend itself to measurement and when measured in several recent studies, it has been found to significantly impact rates of adolescent substance use (LaRusso, Romer, & Selman, 2008; Shekhtmeyster, Sharkey, & You, 2011; Sznitman, Dunlop, Nalkur, Khurana, & Romer, 2012). School climate is measured as a construct of: level of peer-to-peer respect, level of respect of teachers by students, level of respect for students by teachers, and clarity of the rules (LaRusso et al., 2008). The assumption that animates a focus on school climate is that youth will more readily follow the norm-compliant behavioral cues and recommendations if they have an attachment to the adults that hold those norms.

Individual educators can recommit themselves to being available to and supportive of students. Larusso et al. (2008) found that high teacher support (serving as role models, exhibiting care and a willingness to help with school work and problems) and high teacher regard for student perspectives were associated with lower levels of substance use among students. Teachers and other school professionals need to balance the discipline function involving clarity about the rules and control of the environment with the support function of care, personal attention, and regard for students' perspectives. All of these interpersonal attributes have an impact on adolescent substance use.

The third and final implication informed by social disorganization theory for education professionals attempting to enhance substance abuse prevention efforts is rather straightforward: pay attention to the physical environment. An environment's lack of proficiency at social control is strongly communicated by environmental cues. In the same study that reported a significant relationship between school infrastructure problems and substance use, Grana et al. (2010) also reported that more than 30% of U.S. schools report extensive disrepair, impacting over 14 million students in those schools.

Individual professionals can join or begin a campaign to address physical deterioration and disrepair within the school. These efforts can range from litter and graffiti cleanup to painting, landscaping and other forms of beautification, to advocating for more large-scale and expensive changes to the physical plant.

As recently as 2011, public health researchers at Columbia University's National Center on Addiction and Substance Abuse reported that adolescent substance abuse was the nation's most urgent health problem. Borrowing from sociology, social disorganization theory helps to illuminate the contextual communitywide influences that give rise to the problem. Additionally, schools and education professionals have many opportunities to impact the lives of young people toward success in education and in life more generally. Hopefully, those opportunities are now more apparent.

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