11 Seeing Social Worlds

We have argued that mainstream drug research begins by looking for and therefore seeing individuals whose psychological or social deficiencies explain their use of drugs. The alternative perspective which informs our research views individuals in terms of their social locations. We take a more inclusive sociological perspective than that of the drug-abuse literature, which defines location as a collection of demographic characteristics (e.g. Lukoff, 1980: 204). Nevertheless, the drug-abuse literature does contain hints of what such a perspective would include. Survey researchers find, for instance, that adolescents who take drugs are typically involved in other delinquent activities as well (Robins and Wish, 1977; Johnston et al., 1978; O'Donnell et al., 1976). They also find that the earlier the opportunity to use marijuana, the more likely it is that a teenager eventually will use the drug (Miller, 1981), and that frequent users of marijuana are more likely to use other drugs than are occasional users (Johnston, 1980).

Researchers in the epidemiological tradition reason causally; they are concerned to determine which behaviour brings about the other, or whether some other variable (often personality) causes both.¹ Their metaphor is mechanics, ours is geography. From our vantage point, their research points out that social worlds are made up of affiliated parts which fit together easily. Regarding the findings just cited: to use drugs is to engage in activities which are classified by the society as illegal, thus putting one in the category of delinquent; and when one uses marijuana one becomes part of the group known as drug users, among whom drugs in addition to marijuana also circulate. What is likely to go unnoticed by those looking for deviants is that although a person is likely to try some of these drugs as they become available, the means to limit one’s drug use are also present in drug users’ worlds. For example, the drug-use thresholds we note in Chapters 3–6

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(e.g. limiting one’s use to marijuana) are tools for subdividing the categories within classifications, such that one can engage in a particular activity without being at risk that one’s identity and other behaviours will be undesirably affected.

Not only do patterns of activity fit together, but the opportunity for them to do so depends upon the constraints of an existing social world. This is illustrated by the findings of Robins et al. (1977), that 90 per cent of military personnel who were addicted to heroin within the world of American soldiers in Vietnam, lost their addictions upon returning to the United States. It is illustrated in our study in Chapter 6: non-users talk of drug use as ‘not me’; subjects describe types of people in terms of how drug use meshes with other characteristics; and light users who are moving away from drug use voice the reasons and risks heard from both heavy users and light users, while those moving towards heavy use sound more like heavy users. The relative fit of drugs in social worlds comes out strikingly in Chapter 9: heavy users plan to give up most or all drug use in adulthood specifically because they imagine the worlds they will join in the future as having no place for drugs.

The drug-abuse literature is generally blind to ways in which activities and beliefs fit within social worlds, and how these worlds are related to one another. Consider a segment of the drug-abuse literature where social worlds reasoning takes place implicitly: studies which concentrate on the family. Authors often envision adolescents as living in two worlds, that of the family and that of peers. For the most part, discussions consist in static analyses and battles over correlation coefficients – are the relationships between peer variables and drug use stronger, or between parent variables and drug use of the child? (Tudor et al., 1980; Brook et al., 1980; Shoham et al., 1981; Stone et al., 1979; Glynn, 1981); does parents’ use of or attitudes about drugs correlate with children’s use? (Tudor et al., 1980; Klagsburn and Davis, 1977; Turner, 1980; Mercer and Kohn, 1980); are there correlations between parental warmth and drug use? (Tudor et al., 1980; Brook et al., 1980, 1981).

Our discussion in Chapter 8 suggests that such questions are not useful. We find subjects of non-using parents who use or plan to use, and children of users whose drug-taking is