Drug and Alcohol Review (1990) 9, 333–342

Anthropological reflections on youth drug use research in Australia: what we don't know and how we should find out

DAVID MOORE

National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, Western Australia, Australia

Abstract

This paper outlines an anthropological/sociological view of youth drug use which complements the existing research paradigm. The limitations of the existing paradigm are identified and an argument is presented for the inclusion of ethnography as a fruitful research method and for a greater focus on the social context of drug use by youth. Finally, the implications of this re-direction for future research and prevention are outlined.

Introduction

> Without cultural analysis all policy science is vain. [1]
>
> A message that does not resonate in the culture of those who receive it with the meanings intended by those who designed the message is a useless (and potentially harmful) message. In order to work out what might be a useful message, one has to start with an examination of the culture(s) in which one hopes to resonate. [2]
>
> The bulk of longitudinal research confirms the insights gained in two influential earlier sociological writings on drug involvement: Becker's (1953) classic analysis of the role of the peer group in marihuana initiation and Suchman's (1968) description of the association between drug behaviour and the unconventionality of the "Hang-Loose Ethic". [3]

The use of drugs by youth (defined as those aged between 15 and 20 years of age) has been defined as a social problem requiring interventionist action. Psychologists, social-psychologists, epidemiologists and medical and public health professionals, with their largely individualistic orientations, have successfully negotiated 'ownership' of this 'problem', in much the same way as they have done for the drink-driving area [4, 5]. Their approach places much emphasis on the importance of an individual's low self-esteem and lack of social skills (especially decision-making) in the initiation and maintenance of drug use. This is so despite the evidence that drug taking is primarily a social, that is, a group, activity, that drug use has a number of benefits, and that drug use is almost universal to human societies. Some psychologists, most notably Zinberg [6], have incorporated the notion of 'social context' into their models of drug use. (By 'social context' I am referring to two things: the circumstance of use [i.e. the route of administration, with whom, for what purpose, in what dosage, in what setting, with what expectations and informed by what beliefs] and to the cultural beliefs and social arrangments which inform and make meaningful the circumstances of use). However, much of this literature brings to mind the words of Douglas when she states that:

> ...psychologists are institutionally incapable of remembering that humans are social beings. As

David Moore MA, Research Associate, National Centre for Research into the Prevention of Drug Abuse, Curtin University of Technology, 4/14 Stone Street, South Perth, WA 6151, Australia. Correspondence and requests for reprints to David Moore.

> soon as they know it, they forget it. They often remind one another of how artificial the parameters are that they have set around their subject matter. Famous psychologists keep upbraiding their fellows for despising or ignoring institutional factors in cognition. The literature of the social sciences is sprinkled with rediscoveries of that very idea. [7]

Perhaps one of the reasons why theorizing and the resultant courses of action focus on individual rather than small-group behaviour is the relative dearth of input from anthropologists (and to a lesser degree sociologists) into this area.

My aim in this paper is to present a complementary perspective drawn from an anthropological/sociological view of drug use. I first identify some of the limitations in the existing literature. I then argue for the inclusion of ethnography as a fruitful research method and for a greater focus on the social context of drug use. As an anthropologist who has recently written about a youth subculture in which one of the main activities was drinking beer [8], I bring to this area a different set of perspectives and, undoubtedly, biases. Finally, I discuss the relevance of these perspectives (and biases) for prevention. My main point, reiterated throughout this paper, is that the current widely-held views about youth drug use are inaccurate or incomplete and a hindrance to our attempts to minimize drug-related harm.

While for reasons of space and time my critical discussion is limited to Australian material, many of the assumptions and trends that I identify are also present in much drug use research in Canada and the USA. In anticipation of inevitable criticism from those researchers and interventionists of an exclusively applied bent, this paper constitutes "an intervention in the battleground of ideas" [9].

Australian research on youth drug use

Current Australian research into youth drug use suffers from a number of limitations. The first point that may be made is that researchers have failed to utilize recent theoretical developments in the sociology of youth in general (i.e. not specifically related to drug use). This trend has been noted with respect to the English and North American youth drug use literature by Dorn & South [10] and Kandel [3], and by Blum [11] with respect to the sociology of alcohol problems in the USA. Various theoretical innovations—the "naturalism" of Matza [12, 13] with its emphasis on the actor's account of his/her behaviour; the focus on the invariably negative social reaction and consequent "labelling" of deviance [14]; the relationship between the "mainstream values" of hard work and sobriety versus the so-called "subterranean values" of alternative lifestylers as well as "delinquents" [15, 16, 17]; and more recently, the class analysis of youth styles as attempts at "resistance" to the dominant cultural hegemony [18, 19]; and the cultural materialist perspective of Dorn [20] & Walker [21]—are effectively invisible.

Whether this failure is due to choice (that these developments are considered irrelevant to explanations of drug use and to the prevention of problems) or is another example of disciplinary blindness in the failure to read outside an area (which is probably as much due to the sheer volume of published material now available as anything else), is impossible to say. Whatever the reason(s), our current knowledge of drug use and the ongoing evolution of theories of drug use are all the poorer for this isolation. While I do not advocate the wholesale adoption of any one of these perspectives, all offer helpful insights into the origins and maintenance of behaviour. Unlike the abstract modelling of much of the individually-oriented literature, these perspective attempt to site drug use within a social context.

A second major feature of Australian research is the emphasis on epidemiology, this type of study emerging as a response to the lack of data available on youth drug use in Australia [22, 23, 24]. The theoretical and/or analytical aims derive from a desire to extend the subtleties of methodology in order to more accurately ascertain the patterns of use in a given population. These studies address the question of how to obtain a more accurate picture of who is using what substance(s), in what quantities and with what frequency. Results from these surveys often report that a specified percentage of Australian youth has 'ever used alcohol (or other drugs)' or 'regularly uses alcohol (or other drugs)'. These figures are usually defined as constituting a 'problem' which requires concern and are therefore of interest to those planners and implementers of prevention programmes.

An example of this type of work is the World Health Organization baseline study [25]. The purpose of this study was to establish a baseline of alcohol-related knowledge, attitudes and practices of thirteen-year-old schoolchildren against which a future prevention programme could be evaluated. Overall rises in consumption levels of schoolchildren between 1971 and 1983 are seen as a matter of some concern as are the number of 'problem drinkers' among the schoolchildren sampled. A 'problem drinker' is defined in the study as a young person who meets both of the following criteria: has had five or more standard drinks on two or more occasions during the two weeks prior to the survey, and indicated that they were 'very likely to drink this week' [25].

A second example is the study by Hill, Willcox, Gardner & Houston [26] where a large sample of schoolchildren (over 23 000) were surveyed for their alcohol and tobacco use. *Inter alia*, the authors report that by the age of 16 years, 97% of the schoolchildren sampled had tried alcohol, that alcohol use increased as

age increased, and that in each age category boys consumed more alcohol than girls. Another noteworthy finding was that cigarette consumption amongst boys declined considerably between 1973 (when the last survey was conducted) and 1984. The authors volunteered that it might be more valuable to speculate on the reasons for this decline in male tobacco consumption, rather than investigate reasons for an increase in female tobacco consumption, to provide insights which could be incorporated into the design of future prevention programmes for girls.

Other recent examples (and there are many) of prevalence studies include the survey studies by Levy & Pierce [27], McAlister & Moore [28], and Reilly & Homel [29], as well as an article by Wilks [30] reviewing Australian youth drug use prevalence studies published between the years 1974 and 1985.

Wilks, alone and in collaboration with others, is perhaps one of the few Australian researchers who has attempted to explore some of the underlying motives for and nature of use in addition to establishing prevalence levels [30, 31, 32]. He calls for studies which "examine the cultural practices which encourage abuse or facilitate moderation" [30]. However, his chances of discovering the culturally and socially constructed meanings attached to use are severely limited by the reliance on survey methodologies. To discover the shared understandings, values and beliefs which inform drug use the researcher must observe and participate in an ethnographic context [33, 34, 35, 36]. Comprehending a particular cultural world-view requires knowledge of how that world-view is translated into social action (and negotiated and re-negotiated in social action). The researcher must work to make sense of the 'emic' (or insider) categories as they are constructed and employed by youth in a social context.

Some of the limitations of epidemiological methods include the failure to recognise the benefits of use [6] and its historical and geographical near-universality in human societies [37, 38, 17]; the blurring of boundaries between *problematic* use and *any* use of drugs (because of a reliance on quantity/frequency measures), the equating of all illicit drugs use with abuse, and, perhaps most importantly, ignorance of the social context of use which provides an alternative criterion for the definitions of problematic use as well as a means for understanding the symbolic aspects of use. In other words, epidemiology provides one picture of drug use but it may well be both inaccurate and incomplete. While epidemiological studies often involve aggregate-level analysis, that is, a focus on populations rather than individuals (by age, sex, socioeconomic status, etc.), these categorizations are too gross and 'unnatural' to discern social trends and contexts. They consist of aggregations of individuals rather than following socially-defined boundaries between groups.

A third major omission by many of those writing on this topic is to consistently undervalue factors such as ethnicity, gender, social class and age in discussions of the formation and maintenance of the youth cultures in which drug use takes place and in describing the style of use. The authors of research reports appear to collapse even the broadest cultural categories and deny the phenomenological importance of perceived cultural differences, despite the varying cultural and social backgrounds of multicultural Australia. Underlying this tendency is the assumption of (or desire for?) homogeneity in large populations. Even in the Aboriginal area where cultural and social differences are most obvious, it has only been relatively recently that public health teams such as the Healthy Aboriginal Life Team [39] and the Northern Territory Health Promotion Unit [40] have consciously incorporated these cultural and social differences into health promotion campaigns and programmes for the prevention of drug problems.

Another characteristic of youth drug research in Australia is a disproportionate emphasis on individual pathology when seeking to explain youth drug use, particularly illicit drug use [41, 42, 43, 44, 45]. Mugford, writing of the drug research area in general, has christened this characteristic the "pathology paradigm" [46]. There is a fundamental emphasis on "what has gone wrong with these people", i.e. what is wrong with the personality and/or the perceived environment that has led to the initiation of drug use. This sort of thinking also underlines the increasingly popular developmental approach to drug use. Those who choose to experiment and/or continue using drugs are considered to lack social skills (how to say no to drugs, decision-making skills, assertive techniques), possess inadequate information about the health risks of drug consumption, and/or are unable to find alternative activities which involve similar social rewards. Another school of thought, criticised by Dorn & Thompson [47], is that some young people may hold attitudes such as rebelliousness or independence of thought which predisposes them to drug experimentation. These kinds of conceptualizations about drug use are then used to inform the design, implementation and evaluation of education and other prevention programmes (e.g. social skills training).

Australian research on youth drug use has provided a picture of the levels of drug use in the youth community and pointed to some of the individual factors which feature in the complex decision to initiate and continue drug use. These in themselves are important findings and have done much to extend our knowledge of drug use. However, this research has contributed little to our understanding of a major explanatory factor: the social context in which use occurs, that is, the setting of drug use, the underlying symbolism of drug use, the shared understandings which organize and make sense out of

the objective 'reality' of drug use, and the way in which these shared understandings are shaped by social class, ethnicity, gender and age. Australian researchers also ignore both the benefits of drug use for the user(s) and the near-universality of drug use in their explanations for the initiation and maintenance of this activity.

Ethnography and drug use

Drug use, as an activity laden with meaning [6, 8, 10, 17, 33, 48], always occurs in a social context (as this concept was defined earlier). Although the utility of ethnographic studies has more recently become recognised (or at least qualitative research in general) as one possible avenue of describing and understanding this aspect of the drug experience, there still appears to be some scepticism about its scientific validity and the relevance of any policy implications flowing from this type of research. Perhaps a brief exposition of some of the past and present contributions of this type of work will be useful at this stage.

Until the 1950s and early 1960s the dominant view of heroin addiction was very much influenced by observations of the institutionalized addict as withdrawn, isolated, lonely, sick, and with an immature personality. Explanations for the behaviour of addicts included the addict as a sociological "double-failure" in both legitimate and illegitimate social life [49], that addiction was a psychosocial "retreatist" response to the relative deprivation so endemic to ghetto life [50], and the psychiatric focus on individual pathology—the insecure, weak-willed, deviant person. These understandings of heroin use were based on studies using clinical samples drawn from various institutional settings (e.g. treatment centres or hospitals). The underpinning conception was one of individual and social pathology and drew heavily on medical and psychiatric models. By contrast, ethnographers began investigating heroin use and users within the social context of the street culture [51, 52, 53]. The ethnographic characterizations of the street user differed markedly from those of the psychiatric and medical reports. These authors argued that, when viewed within street culture, the heroin user could be seen as resourceful, rationally pursuing a chosen lifestyle which provided a sense of purpose, meaning and structure to life.

Another contribution of ethnography is also drawn from this period and also includes heroin. The problem set by Feldman, which had mystified public health and medical authorities, was to understand why male adolescents in a deprived socioeconomic area of New York continued to experiment with heroin despite evidence of its negative aspects [54]. These youth had more than ample opportunity to witness the acute physiological deterioration involved in street heroin use. To make sense of this initially puzzling trend he resorted to the action-seeking ideology of the "stand-up cat", a status built on one's ability to compete and survive in "street life" using toughness, strength and one's wits. The continued claim to this status could only be maintained if one repeatedly placed oneself in dangerous situations. When heroin first arrived in the area it was the "stand-up cats" who were its first users, distributors and street merchants. As one might expect, their association with heroin led many aspiring "cats" to experiment with heroin. This was the first wave of users. Feldman is particularly interested in the second wave who witnessed the devastating consequences of heroin use for the first wave.

The second wave of users had previously seen their heroes buckle under heroin's effects and the harsh truth of street use. Because of the debilitating effects of heroin the most important previous avenue of proving toughness—fighting—was no longer a viable option. In the eyes of aspiring "cats", the ultimate test became to first control and then cease one's addiction. Certain role models, such as Ray Charles and Billie Holiday, who had managed to end their addictions, demonstrated that this could be done. The high possibility of failure is what made heroin so attractive. The desire to become a "stand-up cat" grew not from some internal pathology nor from the so-called "double failure" in legitimate and illegitimate spheres nor was it a "retreatist" response to ghetto life. Becoming a "cat" gave one status and prestige in the eyes of others and provided a sense of meaning for the individual.

The final example, one closer to home, concerns the debate over the nature of Aboriginal drinking. Aboriginal alcohol use has been identified as a major social problem by government committees, public health workers and Aboriginal spokespersons. Notions of 'cultural disintegration', 'anomie' and 'the complete breakdown of traditional life' occupy a central place in much research in this area [55, 56, 57]. Despite differing terminology, much of this work is ethnocentric and commonly views Aborigines, particularly those living in urban centres, as having 'lost' their culture; passive victims of cultural disintegration since 1788. There is little place for Aboriginal conceptions of alcohol in these accounts.

By contrast to this approach, which highlights an absence of cultural rules, ethnographic explanations for Aboriginal drinking include the affirmation of equality with White Australians [58], the symbolic recapturing of power over one's life [59], the incorporation of liquor into traditional exchange systems [60], the notion of "contingent drunkenness" [61] and the assertion of personal autonomy [62]. These authors focus on the way in which Aborigines appropriate the cultural feature of drinking and remodel it, giving it a wholly Aboriginal form. Attention is paid to the patterns, social circumstances and social outcomes of drinking. These features

owe much of their character to Aboriginal notions of status, social credit, communal life, and the social construction of meaning.

Because of these studies, and the increasingly political activity of Aboriginal groups, recent research has begun to pay attention to the ways in which Aborigines have resisted white encroachment on their autonomy and adapted their cultures in the face of bureaucratic interference, welfare colonialism, and institutionalized and personal discrimination. There are signs too that those working in the public health and health promotion fields are also paying more attention to extant cultural mechanisms which might aid in healthcare delivery, services and education [39, 40, 63].

The contribution of ethnography

Ethnographies contribute microsociological descriptions of social contexts which increase our understanding about drug use in non-clinical settings. There are those who argue that this type of study, while academically interesting, provides no clear policy directives, unlike those of the behavioural sciences with their correlations between certain measures and certain types of behaviour. It seems to me that we have approached a kind of stalemate. Quantitative studies have produced findings with obvious practical implications and clear, concise policy recommendations but have made little impact on the prevention of drug problems which might not also be linked to more widely occurring trends, e.g. recent moves to healthier lifestyles in the form of better diets and more exercise [64]. In other words, the authors of such studies cannot be sure that the factor(s) they have identified is (are) responsible for changes in the level of drug-related problems nor in the advent of a reduction in the level of drug-related problems, whether this reduction is necessarily due to prevention policy initiatives introduced on the basis of such studies [65]. Qualitative studies may not provide an obvious policy dimension but they inform our understanding of the issue in question. For example, education programmes aimed at youth based on informational techniques have proved to be a failure because they do not attend to the social and situational factors involved in use. They also assume that long-term rewards (e.g. health considerations) are always more valued than those that may be considered short-term (e.g. of a more social nature such as group membership or the exploration of consciousness) [66].

The current crop of education initiatives based on the underpinning conceptualization of the drug user as low in self-esteem and in need of decision-making skills has failed to prevent drug use or drug problems. (One of the few exceptions to this disappointing trend was the Minnesota Heart Health Program [67] which had measurable effects. This programme sought to go beyond reductionist explanations for drug use and incorporated comprehensive structural, systematic and social aspects. In these ways, it was a radically different measure to those usually advocated.) At least some, if not the majority, of drug use is not motivated by such individual problems/failings. Ethnographies of drug use in the wider community can provide essential correctives to views which have been developed with respect to clinical samples and which are based on a medical/psychiatric tradition.

Drug use and the social context

Because of the social nature of much drug use, it is important that we have adequate tools to describe the social parameters of use. A major flaw in research into youthful drug use is the failure to adequately conceptualize the social context in which drug use takes place [68]. Because of the emphasis on individual behaviour and the methodologies usually employed by researchers into youth drug use, theorizing about the social setting is confined to the all-embracing notion of the "peer group" [69]. In the USA, some refinement has been attempted with the differentiation of "peer" and "friend", and the introduction of "peer clusters" [70]. However, there has been little improvement in this essentially static concept which fails to account for the dynamism which is characteristic of many youth groups. The first step then is to provide an alternative structural framework for the social processes involved in youth group activity, specifically drug use, which provides a more empirically grounded way of describing this dynamism [71]. My discussion begins with the related concepts of quasi-groups and action-sets [58, 72].

Youth collectives are often characterized by processural social orgnisation, that is, frequent changes in the relationships between individuals held to belong to a social group as well as changes in the personnel composition of the group and its relation to other groups. However, because those youth collectivities in which drug use usually occurs have little formal structure and are dynamic in nature, static concepts such as 'group' are inadequate. One way of modelling this dynamism (or social process) is through the interplay between three levels of social organization: the category, the action-set and the quasi-group. A category is the total number of youth with interests and behaviour in common, e.g. a drug-using subculture. A number of individuals are drawn from the category for specific activities—perhaps a party, a night at an hotel or a drug use session. This is an action-set. By superimposing a series of successive action-sets it is possible to discern a number of youth commonly recruited to the action-set from the category for these activities. These youth comprise the quasi-group and, in

turn, form a pool of available personnel from which future action-sets may be drawn. Several quasi-groups may exist within a category, depending on its size, usually linked by bridging weak ties [73].

Let me provide an example from my own work on the drinking behaviour of Perth Skinheads, the male members of an exported and modified version of the original English youth subculture [8]. A Skinhead relates to all other Skinheads at the categorical level; that is, they share certain interests and behaviours in common. All Skinheads, by the act of declaring themselves Skinheads and being accorded that status by other Skinheads, belong to this same broad category. From within this category, a Skinhead recruits perhaps four or five other Skinheads to be part of an action-set which engages in a specific act, such as a heavy drinking session. Those Skinheads repeatedly recruited to form these action-sets comprise the quasi-group. Thus the quasi-group operates between the action-set and the category. It is larger than any individual action-set for it contains those recruited on any one occasion plus those who will be recruited in the near future and those who have been recruited in the recent past. However, the quasi-group is also a subset of the category as not all Skinheads in the category will be asked to join the same action-set. Therefore, within the total Skinhead category there may be four or five quasi-groups consisting of perhaps ten to a dozen members. The number of personnel in a quasi-group depends on the length of a Skinhead's involvement in the subculture. A prominent Skinhead who has been involved in the subculture for several years and has thus built up his personal relationships will correspondingly have a larger pool of friends and acquaintances than a newcomer to the scene.

The process by which action-sets become quasi-groups and quasi-groups lead to the formation of future action-sets is cyclical as future action-sets are drawn from the quasi-group, yet several action-sets need to be formed before the quasi-group can be identified. The notion of action-set and quasi-group provides a framework for describing the process of Skinhead recruitment to consociate activity within which heavy drinking takes place. This sort of framework has wide applicability to youth groups, whether they be drug-using or not and whether they are a visible, spectacular subculture (like Skinheads) or a less flamboyant group.

While this model provides a structural framework for the social organization of drug-using quasi-groups, it does not provide such a framework for an analysis of the symbolic meaning of drug use. Thus, the second broad suggestion I make concerns the notion of 'subculture'. A 'subculture' can be conceived of as a set of understandings, behaviours, symbols and artefacts used by particular groups and spread through interlocking group networks. The use of drugs by youth usually occurs in the context of a subculture. By 'subculture' I am not restricting myself only to the more spectacular types with names and readily identifiable clothing styles (such as Skinheads), but also referring to a generalized set of shared understandings held by less obvious sets, e.g. the youth in a school class or those who visit a particular pub or nightclub on a Friday night. Fine & Kleinman [74] address one aspect of the problem which I have raised in relation to the study of drug use: How do we best describe symbolic aspects of social life?

Fine & Kleinman define four major problems with previous research into 'subculture': (1) the need to differentiate between structural and cultural definitions of subcultural membership; (2) the lack of meaningful referents, especially where it has not been shown that the members of the subsociety share a conscious, common identity; (3) many past studies of subculture are synchronic and thus miss the 'continual production of socially-constructed realities' [75]; and (4) sociologists have tended to portray subcultures as having a central core of values which are somehow external to the subculture's members who are constrained by them.

They present a reconceptualized view of subculture which focuses on the interacting group. This group is made up of smaller groups (or action-sets) interacting with each other through a large number of interlocking social connections. A common world of discourse is constructed by the spread of cultural information and behaviour options through this social network which serves as the referent of the subculture. Cultural content is modified and transformed through negotiations between the small groups in the network. Therefore, 'subculture' serves as a construct covering the community occurring within interlocking groups and for the knowledge and behaviour shared by these groups. The extent of the subculture is found at the boundaries of knowledge within the social network.

The transmission of cultural knowledge between the interlocking groups occurs in several ways. An individual may hold multiple membership of several groups simultaneously and transmit information between them. The notion of 'weak ties', which describe the links in a network which is never bounded, provide access to information and resources available through persons outside usual contacts [73]. Information may also be spread by individuals who perform structural roles for several unrelated groups, e.g. the drug dealer for several different drug-using groups. The mass media also afford contact with several groups at once, either through specific media aimed at specialist audiences or through mass public communications. Some members will identify and therefore be more committed to a particular subculture than other members. Identification varies along two axes: centrality or degree of commitment and salience or frequency of identification. Those individuals whose commitment vacillates move in and out of, and

between, subcultures facilitating dissemination of information in a dialectical process. Finally, the societal response, as discussed by Becker [14] and those who promote the labelling perspective [17, 76], provides yet another avenue for the transmission of knowledge.

Fine & Kleinman advocate an ethnographic and qualitative approach which involves an emphasis on those behaviours, symbols, and artefacts regarded as important by members of the interlocking groups. Conceptualizing subculture as a process which involves the creation, negotiation, and spread of subcultural items offers a framework within which research can be conducted. An interactionist and phenomenological conceptualization of subculture addresses many of the theoretical and methodological limitations in current approaches to youth drug use which do not adequately address the social context nor accord it sufficient importance in explanations for drug use.

Implications for future research and prevention

The domination of drug-related research by epidemiologists, psychologists and social-psychologists has led to a concentration on the study of appearances. Surveys emphasize, in their very structure, what respondents *say* about their own drug use, what they *say* they feel about a particular practice, what they *say* their attitude is to various drug issues, what they *say* about their patterns of drug use. From surveys we discover what people represent as social reality; what they deliver to us is cultural rhetoric. This representation of social reality, which is usally acted upon by policy planners, is not necessarily an accurate portrayal of the social context in which drug use takes place nor the social meaning of drug use for the participants in this context.

Future studies of youth drug use will need to break down the assumption of cultural homogeneity which has been a feature of this literature to date and pay more attention to ethnic identity, particularly in present-day multicultural Australia. And, as Walker reminds us [21], multiculturalism does not only mean multi-ethnic but also refers to different youth subcultures based along gender, social class and age lines. Globetti notes that there are serious flaws in attempting to treat diverse groups as being homogeneous entities with monolithic drug use practices, especially with respect to the design of education programmes [77]. Likewise, Dorn & South argue:

> We are moving towards a position of pluralism in drugs/HIV education, where the different presentations are shaped to take into consideration the contexts in which messages are produced (....) and the contexts in which they are consumed (i.e. *the cultures of specific social groups*). [emphasis mine] [2]

I also agree with Dorn when he states, in an earlier publication, that:

> Current approaches to health education are not... adequate as a means of communication with pupils or adults who, whilst being individuals, are also members of a society stratified by social class, sexual and ethnic divisions, and for whom the construction of cultures and social practices is a collective endeavour on the part of groups of individuals sharing particular structural locations. [20]

In our investigation of this cultural heterogeneity we should also focus more on the social context in which drug use occurs, for it is here that the social and symbolic meanings of drug use are fashioned. The reduction of harmful drug use will never become a reality unless these symbolic meanings are revealed and taken into account. In order to analyse this context in a way which becomes amenable to this sort of explanation, use must be made of the type of sociological and anthropological developments which I have described.

On a methodological level, one profitable way of discovering what youth feel to be important about a particular social behaviour is through ethnographic research and analysis of the social context as it is lived by the actors concerned [21]. Questionnaires can cover these topics and elicit useful and pointed information. However, only detailed participant observation can inform researchers of the way in which the attitudes and beliefs dutifully verbalized and recorded in questionnaires are brought to life in social situations and how they are negotiated and reconstructed to meet situational exigencies.

A greater focus on the ethnography of the social context will allow us to move away from the overwhelming emphasis on individual failings in explanations for drug use. Research should be equally focused on those social groups and contexts which have less problematic drug use and examine the rituals, regulations and practices that drug users invent, adopt and transform to limit drug-related harm [6, 78].

With respect to prevention, increased understanding and knowledge about the social context, symbolic meaning and views held by youth themselves of their drug use can only contribute to the efficacy of education programmes. The variables targeted in education campaigns do not appear to tally with those deemed to be important by youth and therefore these campaigns can hardly be expected to have much impact [79]. For example, should further ethnographic studies reveal that various drug-using groups regard their use as enjoyable, vital to the establishment of group boundaries and identity, as a valid means for self-exploration, and as the end result of a conscious, informed decision to experiment with various lifestyles, then programme

components aimed at the people with low self-esteem, inadequate social skills and unable to deal with stress will be dismissed as irrelevant. As Falck & Craig have remarked, the design and implementation of drug prevention programmes for youth is almost totally dependent on how one conceives of the reasons for the motivation to, and maintenance of, drug use [80]. Many reasons have been advanced to account for the generally limited success of prevention programmes (poor planning and execution, inadequate training of moderators, confusion over aims, lax evaluation) but few have focused critically on the underlying assumptions which I have highlighted. One commendable revision in recent years is the acknowledgement that moderate alcohol use represents a more realistic goal for programmes than total abstinence [81]. Another avenue which needs to be considered is the teaching of safer drug use and the free availability of information on the relative dangers of different categories of drugs.

Conclusion

In this paper I have outlined what I see to be the major flaws in the existing paradigm shaping youth drug use research in Australia. Australian research is almost exclusively of the prevalence variety—atheoretical, assuming homogeneity (or at least ignoring diversity), ignorant of social context and the symbolism and shared understandings concerning drug use. Epidemiological studies provide an inflated picture of youth drug use problems by recording drug use per se rather than drug-related harm. Yet a recent policy statement by the National Campaign Against Drug Abuse called for the "further development of a national research base, with appropriate emphasis given to epidemiological studies" and the "conduct, on a regular basis, of alcohol consumption surveys and the development of methodologically sound survey techniques" [82]. Those studies which attempt a deeper analysis of the motivations and maintenance of drug use tend to focus on individual psychology and personality and so are also guilty of ignoring the social dimensions except in the most mechanical of ways.

I have also introduced a number of concepts which have proved useful in anthropology and sociology for the study of a variety of populations, youth amongst them. I argued that an interactionist view defined a subculture (as the context within which most drug use occurs) as the knowledge and behaviour transmitted through an interlocking social network. This transmission occurs through a variety of mechanisms built on a social organization conceptualized through the dynamic action-set and quasi-group. This framework has greater explanatory powers for understanding the social context of drug use than the heretofore offered peer/parent, peer/friend models promulgated in the literature. Finally, I argued for a supplementing of drug research into prevalence and personality with ethnographic studies which reveal social life and its attendant attitudes, beliefs and behaviours, as they are lived in concrete social settings.

There exists a tendency in the youth drug use research area to maintain that further research is unnecessary; that we already know why, how, in what quantities and with what frequencies young people use drugs, and that we must concentrate on the prevention of drug-related harm. We institute programmes which return disappointing or ambiguous results and then wonder why. This situation arises for two reasons: that we do not know a great deal about the social meanings of youthful drug use and that the general thrust of prevention programmes is still the total eradication of drug use rather than the minimization of problems. One only has to spend a night or two in inner-city pubs and nightclubs to realise how far from reality are the current individually-orientated conceptualizations of drug use. At present we have a fairly good idea about the levels of consumption and the precedent variables of drug use, but we still have little idea about the social nature of use, especially about styles of use which are less problematic. As Room has written (about alcohol): "If we wish to understand and reduce the occurrence of problems attached to alcohol, we must know more about the cultural meanings attached to its use" [83]. Garrard & Knight state that between 1983 and the present there has been a significant decrease in adolescent drug use [84]. The challenge for research is not only to measure and record these changing trends, but to ask: Why did this change take place?

Acknowledgements

I would like to thank Debra Blaze-Temple, David Hawks, George Moore and Bill Saunders for comments on earlier versions of this paper.

References

[1] Sansom BL. The past is a doctrine of person. In: Beckett J, ed. Past and present: the construction of aboriginality. Canberra: Aboriginal Studies Press, 1988:147–60.

[2] Dorn N, South N. Communications, education, drugs and HIV. In: Strang J, Stimson G, eds. AIDS and drug misuse: understanding and responding to the drugtaker in the wake of HIV. London: Routledge, 1990.

[3] Kandel DB. Drug and drinking behaviour among youth. Annu Rev Sociol 1980;6:235–85.

[4] Gusfield JR. The culture of public problems: drink-driving and the symbolic order. Chicago, IL: University of Chicago Press, 1981.

[5] Petersen AR. Alcohol and road safety: some criticisms of research and policy. Aust J Soc Iss 1989;24:83–95.

[6] Zinberg NE. Drug, set, and setting. New Haven, CT: Yale University Press, 1984.

[7] Douglas M. How institutions think. London: Routledge & Kegan Paul, 1987.
[8] Moore D. Drinking, the construction of ethnic identity and social process in a West Australian youth subculture. Br J Addict 1990;10:1265–1278.
[9] Hall S, Critcher C, Jefferson T, Roberts B. Policing the crisis: mugging, the state, and law and order. London: Macmillan, 1978.
[10] Dorn N, South N. Drugs and leisure, prohibition and pleasure: from subculture to the drugalogue. In: Rojek C, ed. Leisure for leisure: critical essays. London: Macmillan, 1989:171–90.
[11] Blum T. Problem drinking or problem thinking? Patterns of abuse in sociological research. J Drug Iss 1984;14:61–77.
[12] Matza D. Delinquency and drift. New York: Wiley, 1964.
[13] Matza D. Becoming deviant. New Jersey: Prentice-Hall, 1969.
[14] Becker H. Outsiders: studies in the sociology of deviance. Glencoe: Free Press, 1964.
[15] Downes D. The delinquent solution: a study in subcultural theory. London: Routledge & Kegan Paul, 1966.
[16] Matza D, Sykes G. Techniques of neutralization: a theory of delinquency. Am Sociol Rev 1957;22:664–70.
[17] Young J. The drugtakers: the social meaning of drug use. London: Paladin, 1971.
[18] Hall S, Jefferson T, eds. Resistance through rituals. London: Hutchinson, 1976.
[19] Willis P. Learning to labour. London: Saxon House, 1977.
[20] Dorn N. Alcohol, youth and the state. London: Croom Helm, 1983.
[21] Walker JC. Louts and legends: male youth culture in an inner-city school. Sydney: Allen & Unwin, 1988.
[22] Commonwealth Department of Community Services and Health. Statistics on drug abuse in Australia, 1987. Canberra: Australian Government Publishing Service, 1987.
[23] Commonwealth Department of Community Services and Health. Statistics on drug abuse in Australia, 1988. Canberra: Australian Government Publishing Service, 1988.
[24] Cormack S, Christie P, Wyllie C, Bungey J. Survey of alcohol, tobacco and other drug use by South Australian schoolchildren, 1987. Drug and Alcohol Services Council: Monitoring, Evaluation and Research Unit, 1989.
[25] Blaze-Temple D, Fisher J, Cross D, Howat P. Alcohol and young people: Australian baseline data for a W.H.O. cross-cultural study. Drug Educ J Aust 1987;1(3):215–23.
[26] Hill D, Willcox S, Gardner G, Houston J. Tobacco and alcohol use among Australian secondary schoolchildren. Med J Aust 1987;146:125–30.
[27] Levy SJ, Pierce JP. Drug use among Sydney teenagers in 1985 and 1986. Community Health Stud 1989;13(2):161–69.
[28] McAllister I, Moore R. Drugs and public opinion: the sociology of illicit drug use in Australia. Canberra: Australian Government Publishing Service, 1988.
[29] Reilly CJ, Homel PJ. Teenage drug use—a study of drug patterns and attitudes of a subgroup of Sydney adolescents. Aust Drug Alcohol Rev 1988;7:167–74.
[30] Wilks J. Drinking among teenagers in Australia: research findings, problems and prospects. Aust Drug Alcohol Rev 1987;6:207–26.
[31] Wilks J, Callan V. Expectations about appropriate drinking contexts: comparisons of parents, adolescents and best friends. Br J Addict 1988;83:1055–62.
[32] Wilks J, Callan V, Austin DA. Parent, peer and personal determinants of adolescent drinking. Br J Addict 1989;84:619–30.
[33] Burr A. The ideologies of despair: a symbolic interpretation of punks and skinheads' usage of barbiturates. Soc Sci Med 1984;19:929–38.
[34] Plant MA, Reeves CE. Participant observation as a method of collecting information about drug taking: conclusions from two English studies. Br J Addict 1976;71:155–59.
[35] Power R. Participant observation and its place in the study of illicit drug abuse. Br J Addict 1989;84:43–52.
[36] Power R, Hartnoll R, Daviaud E. Drug injecting, AIDS, and risk behaviour: potential for change and intervention strategies. Br J Addict 1988;83:649–54.
[37] Gossop M. Living with drugs. London: Wildwood House, 1987.
[38] Weil AT. The natural mind. Boston: Houghton Miflin, 1972.
[39] Lowe H, Franks C, Japaljarri Spencer A. Recovery of traditional Aboriginal family systems: adaptation or assimilation? Paper presented at Alcohol, Other Drugs and the Family, International Congress, Sydney, 1988.
[40] Spark R, Mills P. Promoting Aboriginal health on television in the Northern Territory: a bicultural approach. Drug Educ J Aust 1988;2(3):191–98.
[41] Cutbush S. Drug education—an ecological perspective (part 1). Drug Educ J Aust 1987;1(1):47–51. Drug education in schools—an ecological perspective (part 2). Drug Educ J Aust 1987;1(2):113–19.
[42] Sweeney R. Some observations on the relation of self-esteem to adolescent drug abuse in a changing society. In: Larkins KP, McDonald D, Watson C, eds. Alcohol and drug use in a changing society; proceedings of the 20th National Drug Institute. Canberra: Alcohol and Drug Foundation, 1985:205–20.
[43] Tudor R. The school—influences and approaches. Aust Drug Alcohol Rev 1986;5:233–37.
[44] Walsh C, Barber JG. Themes in the literature on the antecedants of adolescent drug use. Aust Child Fam Welfare 1988;13(3):17–20.
[45] Young D. Social pressures in the family and school. Aust Drug Alcohol Rev 1986;5:229–31.
[46] Mugford S. Pathology, pleasure, profit and the state: towards an integrated theory of drug use. Paper presented to the Annual Conference of the Australian and New Zealand Society of Criminology, Sydney, 1988.
[47] Dorn N, Thompson A. Research into expressions of attitudes about drugs—what use is it? Bull Narcotics 1976;28(2):19–33.
[48] Goode E. Drugs in American society. New York: Alfred A. Knopf, 1984.
[49] Cloward RA, Ohlin LE. Delinquency and opportunity: a theory of delinquent gangs. New York: Free Press, 1960.
[50] Cohen AK. Delinquent boys: the culture of the gang. New York: Free Press, 1955.

[51] Agar M. Ripping and running: a formal ethnography of urban heroin addicts. New York: Seminar Press, 1973.
[52] Preble E, Casey J. Taking care of business: the heroin user's life on the streets. Int J Addict 1969;4(1):1–24.
[53] Sutter AG. The world of the righteous dope fiend. Iss Criminol 1966;2(2):177–22.
[54] Feldman HW. Ideological supports to becoming and remaining a heroin addict. J Health Soc Behav 1968;9(2):131–39.
[55] Cawte J. Cruel, poor and brutal nations. Hawaii: University Press, 1972.
[56] Kamien M. The dark people of Burke: a study of planned social change. Canberra, New Jersey: Australian Institute of Aboriginal Studies, Humanities Press, 1978.
[57] Spencer J. Transitional alcoholism—the Australian Aboriginal model. Technical Information Bull Drug Abuse 1988;79:15–23.
[58] Sansom BL. The camp at Wallaby Cross. Canberra: Australian Institute of Aboriginal Studies, 1980.
[59] Brady M, Palmer K. Alcohol in the outback: two studies of drinking. Darwin: Australian National University North Australia Research Unit, 1984.
[60] Collman J. Social order and the exchange of liquor: a theory of drinking among Australian Aborigines. J Anthropol Res 1979;32(2):208–24.
[61] O'Connor R. Alcohol and contingent drunkenness in Central Australia. Aust J Soc Iss 1984;19(3):173–83.
[62] Sackett L. Resisting arrests: drinking, development and discipline in a Desert context. Soc Analysis 1988;24:66–84.
[63] Franks C. Preventing petrol sniffing in Aboriginal communities. Community Health Stud 1989;13(1):14–22.
[64] Smart RG. Socio-economic, lifestyle, and availability factors in the stabilization of alcohol consumption in Canada. Can J Public Health 1987;78:176–80.
[65] Davies JB. Drinking in England and Wales: the latest news from OPCS. Br J Addict 1989;84:957–59.
[66] Christie GT, Rich P. The meaning of alcohol use in a male working class gang. Paper presented to the World Federation for Mental Health, World Congress, New Zealand, 1989.
[67] Perry CL, Jessor R. The concept of health promotion and the prevention of adolescent drug abuse. Health Educ Q; 12(2):169–84.
[68] Bush R. The social context of young men's and women's drinking: a psychosocial developmental perspective. In: Heaven P, Callan VJ, eds. Adolescence: Australian perspectives. Sydney: Harcourt, Brace, Jovanovich (in press).
[69] Bungey J, Faulkner C. Adelaide city youth and drugs. Paper presented to the Second National Drug Indicators Conference, Canberra, 1990.
[70] Oetting ER, Beauvais F. Common elements in youth drug abuse: peer clusters and other psychosocial factors. In: Peele S, ed. Visions of addiction: major contemporary perspectives on addiction and alcoholism. Lexington: D.C. Heath and Co., 1988:141–61.
[71] Glaser B, Strauss A. The discovery of grounded theory. Chicago: Aldine, 1967.
[72] Mayer A. The significance of quasi-groups in the study of complex societies. In : Banton M, ed. The social anthropology of complex societies. London: Tavistock Publications, 1966:97–22.
[73] Granovetter MS. The strength of weak ties. Am J Sociol 1973;78:1360–80.
[74] Fine GA, Kleinman S. Rethinking subculture: an interactionist analysis. Am J Sociol 1979;85(1):1–20.
[75] Berger P, Luckmann T. The social construction of reality: a treatise in the sociology of knowledge. New York: Doubleday, 1966.
[76] Cohen S. Folk devils and moral panics. St Albans: Paladin, 1973.
[77] Globetti G. Alcohol education programs and minority youth. J Drug Iss 1988;18(1):115–29.
[78] Harding WM, Zinberg NE. The effectiveness of the subculture in developing rituals and social sanctions for controlled drug use. In: Du Toit BM, ed. Drugs, rituals and altered states of consciousness. Rotterdam: A.A. Balkema, 1977:111–33.
[79] Mauss AL, Hopkins RH, Weisheit RA, Kearney KA. The problematic prospects for prevention in the classroom: should alcohol education programs be expected to reduce drinking by youth? J Stud Alcohol 1988;49(1):51–61.
[80] Falck R, Craig R. Classroom-orientated primary prevention programing for drug abuse. J Psychoact Drug 1988;20(4):403–8.
[81] Wragg J. Drug and alcohol education: the development, design and longitudinal evaluation of an early childhood programme. Aust Psycholog 1986;21(2):283–98.
[82] National Campaign Against Drug Abuse. National health policy on alcohol in Australia. Canberra: AGPS, 1990.
[83] Room R. Foreword. In: Bennett LA, Ames GM, eds. The American experience with alcohol: contrasting cultural perspectives. New York: Plenum, 1985:xi–xxvii.
[84] Garrard J, Knight S. The school scene—the extent of adolescent drug use and the educational response. In: Proceedings of the 1989 Autumn School of Studies on Alcohol and Drugs, Melbourne, 1989:131–48.