THE ROLE OF FAMILY, SCHOOL AND PEERS IN YOUTH DRUG ABUSE

Perhaps the most salient change in the pattern of drug abuse among young people around the world since the 1990s has been the rapid ascent in popularity of "party drugs" (notably ecstasy and ketamine), which is reinforced by the emergence of a new dance club culture in the West [1-4]. The Western dance club culture and party drug use have quickly become a globalized phenomenon, spreading to Asian societies such as Hong Kong, Tokyo and Kuala Lumpur [5]. Scholars in Western societies have recently proposed the thesis of "normalization of adolescent recreational drug use" to describe such a trend [1,2,6]. In Hong Kong, a trend towards such normalization is also observed during the last decade [7]. There are various foci within this thesis of normalization. The first focus is the increasing prevalence of illicit drug use in young people. Second, the notions of pleasure and recreation characterize contemporary youth drug use. Dependent and frequent drug use does not seem very acceptable by many young drug users. Recreational mode of drug use is gradually accommodated into the lives of many young people. Third, the receptive attitude of accepting drug use as a normal part of leisure is increasingly prevalent in young people. Contrary to the traditional image of drug use as a subterranean activity, recreational drug use is perceived as normal, rather than deviant, among young people. Young recreational drug users even do not think of themselves as drug users. For them, drug use is a peripheral but normal aspect of leisure time consumption and lifestyle.

What motivates adolescents to pursue drug use? What are the potential social mechanisms underlying the impact of family, school and peer on young people’s drug-using behaviour? Based on a sociological approach, this paper introduces the social capital perspective and major sociological theories of deviance to understanding the various mechanisms that family, school and peer cast influence on youth drug abuse.

The social capital framework is one of the most popular concepts in the social science literature in the past two decades. Social capital refers to those resources embodied in the structure of social relations, including interpersonal ties and institutional linkages (e.g. family, school, work, and community setting) that can facilitate social actions or achievement of goals [8]. To derive resources, embeddedness in social relations is necessary. With the growing popularity of the social capital concept particularly within the delinquency field, there is an increasing interest among delinquency scholars in the roles of the family and school in the production of social capital as well as the delinquency-reducing effect of social capital [9-11]. How are family social capital and school social capital generated? What are the specific resources that both kinds of social capital will facilitate? How does association with drug-using peers, as a form of developmental disadvantage, affect social capital acquisition?

Drawing upon the social capital framework, the following discussion will illustrate family social capital, school social capital, developmental disadvantage, and their relationships to adolescent drug use. Major deviance theories (namely, social bonding theory, anomie theory, differential association theory, and labelling theory) are also integrated within the social capital framework in explicating social capital.
Social bonding theory is widely known for its focus on social bonds in family and school [12]. These bonds are important sources of informal social control, which in turn reduce crime and delinquency. The strength of social bonds between family, school, and adolescents emphasized in social bonding theory concurs with the recent discussion of the closure of social relations in the social capital formation [13,14]. The stronger the social bonds, the more the social capital in the form of informal control can be generated.

The incorporation of Merton’s classic anomie theory within the social capital framework proposes another form of social capital, that is, legitimate opportunities that can enhance an individual’s attainment of socially approved goals and reduce his/her experience of strain or anomie, thereby preventing deviance [15]. Merton’s classic anomie theory states that deviance is the result of strain, which stems from the disjunction between culturally defined goals and legitimate means to achieve them [15]. Such goals-means disjunction is perpetuated by the social structure, wherein the opportunities to attain the conventional goals are unevenly distributed among persons of different social positions. Those at the bottom of the class structure suffer more from the limited access to legitimate opportunities for realizing goals. Young people under these circumstances are pressured towards deviance, turning to illegitimate means like drug abuse to cope with strain. Incorporating anomie theory into the social capital framework, Hagan and McCarthy argue that the organization of social ties likewise can influence the ability to obtain legitimate opportunities for attaining socially accepted goals and the likelihood of experiencing strain [9]. Coleman recognizes the crucial role of social capital in increasing non-economic legitimate opportunities to facilitate the creation of human capital and to enhance the life prospects [8].

As found by Coleman, parents who have positive interaction with children are more capable to endow their children with conventional opportunities, and to translate human capital present in the family into their children’s human capital or other favourable life outcomes. Recent research also reveals that supportive family relation with children is linked to adolescents’ lessened likelihood of dropping out of school early, greater high school completion [16], greater college enrollment [17], and lower risk of unemployment in early adulthood [18].

While family social capital and school social capital can exhibit the controlling and legitimate-opportunity-producing functions, family and school can also augment a youth’s access to social capital in the form of pro-social tutelage and learning of conforming behaviour. From differential association theory, deviant behaviour is viewed as the result of learning in the course of interaction with one’s intimate deviant groups [19]. Indeed, differential association theory explains not only deviant behaviour, but also conforming behaviour. The more the conforming association, the more the conforming behaviour one can learn in the course of conventional learning. This argument has relevance to our understanding of the keeping of youths uninvolved in delinquency. Establishing pro-social relations between family, school and adolescents can enhance social capital in the form of pro-social tutelage and learning of conforming values and behaviours.

Rather than analyzing deviant behavior per se, labelling theory posits that deviance is socially constructed through the application of the deviant label. The labelling of deviance produces subsequent deviant behaviours on the part of the person so labelled [20]. Whilst labelling theory concentrates on the negative outcomes of deviant labels, labels are not confined to deviant ones. One can be labelled a conformist or a success at conventional activity, which should increase the likelihood of conventional behaviour while decreasing the likelihood of deviance [21]. Positive labelling would reduce delinquency by facilitating the building of conventional ties and therefore social capital. As Matsueda and Heimer argue, favourable appraisals are important elements of social capital [21]. Favourable appraisals by significant others (including teachers, parents and conventional peers) facilitate the building
of a positive self-image in adolescents. As well, they strengthen the ties with conventional others, and produce informal control through encouraging adolescents' incorporation of and commitment to conforming roles expected from significant others.

The cumulation of the theoretical and empirical works we have reviewed shows the forms of social capital that can be facilitated. The integration of social bonding theory, anomie theory, differential association theory, and labelling theory with the social capital framework points to the potential of family and school, via developing relations with children to produce social capital, which can be in the forms of informal control, increase of legitimate opportunities, pro-social learning, and the building of a positive self-image in adolescents. As the family and school are the key sources of social capital, how are family and school social capital generated?

Family social capital can be formed on the basis of direct parental informal control, parental support, and parental positive labelling. The first component of family social capital is direct parental informal control that involves the explicit efforts exerted by parents to monitor the behaviours of adolescents and recognize their misdeeds. The second component of family social capital is parental support. A recent analysis by Wright and Cullen has alerted us that parental control and parental support are equally important in parenting, as “parents who support their children are also parents who control and are attached to their children” [22]. The third component of family social capital is parental positive labelling. Adolescents who have come to see themselves as “good kids” through the eyes of parents will be relatively unlikely to violate norms, when adolescents take the role of “good kids”.

With the onset of adolescence, although the family continues to be the first and most important institutional locus of social capital, schools are growing in importance and becoming the sites for the formation of social capital [8]. The three school processes suggested here are direct school informal control, school support, and teachers’ positive labelling. Regarding direct school informal control, school is more effective than family in discipline management and plays a key role in promoting conforming behaviours [23]. School support – the second process of the school formation of social capital – is equally important, as it can directly establish bonds with students. Teachers’ positive labelling may also contribute to the production of school social capital. When the view of “good kids” from teachers enters adolescents, the bond between teachers and students, and resulting informal control, will be strengthened by the favourable appraisal of teachers. More recent research further shows that school-based social capital representing high-quality schooling environment can serve as substitutes for poor family social capital and a lack of parental involvement in children's schooling, especially among adolescents who experience low academic achievement or report a lack of academic values. Hence, school-based social capital attenuates involvement in delinquency and drug abuse partly by compensating for adolescents who do not have adequate access to social capital in family [11,24].

In summary, family social capital can be formed by direct parental informal control, parental support, and parental positive labelling, while school social capital can be formed by direct school informal control, school support, and positive labelling by teachers. Family social capital and school social capital can enhance informal social control, legitimate opportunities, pro-social learning of conforming values and behaviours, and the development of a positive image in adolescents. The possession of family social capital and school social capital greatly enhance adolescents’ tendency to conform, thereby reducing the likelihood of such delinquent acts as drug abuse.
Besides family and school, association with drug-using peers is consistently the strongest predictor of youth drug abuse. Nevertheless, it not only augments the likelihood of drug abuse by social learning of pro-drug values and behaviours, but also is a kind of developmental disadvantageous experience. There is mounting literature emphasizing developmental life experiences that mold the social capital acquisition and the life course development of adolescents [25,26]. Delinquent and drug-using peers have been shown in life-course research to have long-term adverse developmental consequences. As Simons et al report, young adults entrenching in a deviant peer network in adolescence are more likely to confront cumulative developmental disadvantages including poor job attachment, disruption of ties with conventional adult peers, solidification of adult deviant affiliations, and having an antisocial partner through assortative mating in young adulthood and marital problems [27]. These cumulative developmental disadvantages would repeatedly knife off the opportunities for a young person to be involved in conventional relationships. This would continuously impose developmental strain on youths due to the deprivation of legitimate life chances, and decrease the chances of developing social bonds, thereby leading to the deprivation of social capital (informal control, pro-social learning, legitimate opportunities, and fostering of a positive self-image) that is vital for successful development in adolescence transition. This is what Hagan and Parker conceptualize as downward life-course capitalization [25].

Yet, a point worthy of attention here is that youth drug abuse in times of increasing normalization is no longer simply an uninformed response to peer pressure [28]. Underpinning the argument of the normalization thesis introduced at the outset of the paper is a conceptualization of young people’s drug use as “sensible use” involving cost-benefit drug consumption decisions [29]. Growing up in a situation where drugs like cannabis, ecstasy and ketamine are readily available in everyday social worlds demand youngsters to be reasonably drugwise (e.g. never touch heroin or crack). Contemporary young drug users, as drug researchers have observed, are more likely to be aware of being involved in dependent drug use because of the potential of severely undermining a regular life. They do report some problems of recreational/occasional use, but they consider these to be bearable consequences. They do not deny risk and yet simultaneously prioritize the purchasing of leisure through occasional use of drugs. For sure, none of this means that young drug triers and abusers have proper knowledge on drugs and make good decisions. Poor decision-making can indeed see young people slip into problem drug use.

The understanding of young people not as the victims of some externally-located peer pressure has clear implication for drug education and intervention too. Acknowledging a normalizing process and responding require attention to and meaningful reflection on hierarchies of dangerousness employed by drug users [30]. Given the potential capacity of reflexive thinking in youngsters nowadays, we should recognize the need of public health measures for equipping young people with the capability to make informed and good choices, and move beyond the message of just saying no to drugs. Likewise, drug-using peer subculture is not entirely negative, and there is possibly a positive role of this subculture. Shewan et al found social support within this subculture to be particularly instrumental in the achievement of harm minimization in drug use and health enhancement [31]. By developing a positive harm-reducing drug subculture, collective informal control can be generated among drug-using peers, thereby minimizing their likelihood of turning to problem use or stepping towards a healthy lifestyle [32].

The foregoing discussion is my outline case for conceptualizing the mechanisms of family, school and peer leading to drug abuse among young people. The social capital approach is one useful analytical tool to understanding these mechanisms. The trend towards normalization of drug use in young people also calls for more research and service development to situate these social mechanisms in the context of this broader trend.
References