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978-0-521-27680-1 - Trafficking in Drug Users: Professional Exchange Networks in the Control of Deviance

James R. Beniger

Excerpt

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## Introduction

This is a case study of one of the most dramatic social changes in American history, the rapid increase in the late 1960s in illegal drug use and abuse, especially among the youth of the nation. Although much has been written attempting to explain this development, I have not even bothered to review the literature and do not care to contribute to it. For me, the phenomenon is interesting only as exogenous change, a sharp, strong disturbance of a society's system for the control of social deviance – about as close an approximation to a laboratory test of such a system that a sociologist is likely to achieve, and hence an unusual opportunity to learn more about how social-control systems work.

It may seem insensitive to speak so abstractly about a major national problem fraught with human suffering. Such language is wholly intentional. Indeed, not only have I chosen to ignore the compelling human aspects of drug abuse by the young, I have largely ignored the young altogether. When I mention them at all, which is infrequent, it is usually as “professional referrals” or, in the aggregate, as “commodity flows to be controlled.” I do this not because I am without feeling for the young or their problems, which have in fact touched me personally in several ways, but because I believe such problems can only be a distraction from the aim of my study: to understand the containment of rapid social change by the interorganizational community of professional specialists – medical, legal, educational, and counseling – that constitutes the total system for the control of social deviance.

Members of these professions may take offense at my view, implicit in the title *Trafficking in Drug Users*, that professionals might exchange referrals of young drug users to advance their own careers. I do not adopt this perspective because I think drug professionals are necessarily opportunistic or cynical about their work. My experience has been quite the contrary. What I do intend to show is that professional referrals of young drug users were – at least in the early 1970s – a scarce economic commodity that helped to translate standing in the drug-abuse community across organizational

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boundaries. This meant that professionals who sought to advance their careers in the community tended to gravitate toward centrality in interpersonal networks of information and referral exchange, quite independently of the particular motives for their behavior. By viewing these exchanges as the central dynamic of a more macro-level social-control system, I believe, we can hope to gain fresh insight into the larger phenomenon, the containment of change by such a system.

Aside from this question, which is of general sociological interest, my more theoretical aims in the study are threefold: First, I want to integrate common elements in the largely separate literatures on cybernetic or control systems, interpersonal networks, and social exchange. Second, I want to develop a methodology for the study of social systems, a topic that – despite widely heralded theoretical work by Talcott Parsons and his students and an interdisciplinary “general systems” movement – has thus far resisted quantitative analysis. Finally, I want to suggest a synthesis of the autonomous-system and purposive-action approaches to social change by showing how system-level disturbances can modify the alternatives and utilities of individual actors toward restoring control at the higher level.

Considering these aims, which preceded my selection of the drug problem as a case study, it should be obvious that I am exploiting the phenomenon for what it might yield in social-theoretical understanding, rather than to contribute to the drug-abuse literature per se. Although I will certainly have failed in large measure if my work does not prove useful to researchers and other professionals working on drug abuse and on social deviance in general, this is not my primary goal.

Despite my interests in contributing to sociological theory, however, I do believe my particular approach to social-control systems suggests new directions for applied sociology and evaluation and policy research. The spending of large amounts of money to counter social problems is often advocated and evaluated in terms of outcomes too narrowly construed, I believe, and may often have much broader and possibly subtler effects on society that are unanticipated and go undetected. One example of such effects is the development of well-integrated interorganizational, inter-professional control networks in response both to mounting drug use and abuse among youth and to the considerable outlays of government resources that followed. Certainly unanticipated and unevaluated, I believe, was the emergence of user referrals as a valued commodity in professional exchange.

Although a few pages of my final chapter are devoted to other applications of my control-systems approach, I make no effort to draw out the further implications for evaluation and social-policy research. This would involve a

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quite separate line of study, one that I am not the best person to conduct. Considering what the current study reveals about professional networks and exchange of professional referrals, however, I suspect that applications of control-systems methods to evaluation and policy research may prove enlightening. I encourage researchers in these areas to explore the possibilities.

Because a decade has passed since the period covered in this monograph, it may be useful to give a brief outline of subsequent developments. The annual survey for the National Institute on Drug Abuse of drug usage among high school seniors (Johnston, Bachman, and O'Malley 1982) finds that the use of illicit drugs has dropped sharply during each of the past three years. The proportion of students who say they regularly smoke marijuana, still the most widely used substance after alcohol, has fallen to 1 in 14 from a high (in 1978) of 1 in 9. Declining use was also reported for tranquilizers; hallucinogens (particularly PCP – “angel dust”); and amyl and butyl nitrites or “poppers,” liquid inhalants usually sold legally. Nearly stable in usage are cocaine (which 16.5 percent of students reported they had tried during the year), barbiturates, LSD, heroin, and methaqualone (also known as “Quaaludes” or “ludes”). Only the use of stimulants like amphetamines continued to rise sharply, up 25 percent over the previous year to an annual rate of 1 in 4. Two-thirds of the class of 1981 had tried at least one illegal drug during the previous year. Use of alcohol was steady at 6 percent daily, about 90 percent for the year, whereas daily cigarette use fell to 20 percent from a high of 29 percent in 1977.

Although the use of marijuana by American youth has been widespread for almost a generation, medical evidence concerning its long-term health effects remains inconclusive due largely to insufficient research. In a recent reevaluation of all the scientific literature on marijuana published since 1975 and selected earlier material, a panel of health authorities formed by the National Academy of Sciences' Institute of Medicine noted: “The Federal investment in research on the health-related effects of marijuana has been small, both in relation to the expenditure on other illicit drugs and in absolute terms. The committee considers the research particularly inadequate when viewed in light of the extent of marijuana use in this country, especially by young people” (National Academy of Sciences 1982, p. 5).

The panel's major recommendation was to call for renewed expenditure of resources, not on the drug counseling, treatment, and rehabilitation programs and block and formula grants that characterized federal spending in the early seventies, but rather on medical and health research: “Our major conclusion is that what little we know for certain about the effects of marijuana on

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human health – and all that we have reason to suspect – justifies serious national concern. Of no less concern is the extent of our ignorance about many of the most basic and important questions about the drug. Our major recommendation is that there be a greatly intensified and more comprehensive program of research into the effects of marijuana on the health of the American people.” This echoes the complaints of scientists and legislators, as early as 1969, that government attention had concentrated too narrowly on law enforcement and penalties rather than on medical research and education (see Chapter 1).

Despite scanty and inconclusive evidence concerning marijuana’s long-term effects, the NIDA survey suggests that young people are beginning to take seriously the warnings of counseling and health professionals about the drug’s hazards. Nearly 60 percent of the class of 1981 said they believed regular marijuana users faced a “great risk” of harming themselves; three years earlier only 35 percent of high school seniors held that view. The NIDA survey also recorded a pronounced drop in support among students for legalizing the use of marijuana, which was down to 23 percent from 33 percent during the same three-year period.

Federal officials have lost no time in claiming credit for the decline in drug use among the nation’s youth. On February 24, 1982, the same morning that the NIDA survey results were made public in Washington, Dr. William E. Mayer, the administrator of the Alcohol, Drug Abuse, and Mental Health Administration (which includes NIDA), cited the survey in testimony before the Senate Labor and Human Resources Subcommittee on Alcoholism and Drug Abuse. Alluding to such efforts as federal drug-abuse programs in the schools, Dr. Mayer claimed the survey findings as evidence that his agency’s prevention efforts were bearing fruit.

The survey report itself presented a slightly different picture, but one that could nevertheless justify continued government support for drug counseling, treatment, and rehabilitation efforts. Citing the “conservative” estimate that at least two-thirds of the class of 1981 had tried at least one illicit drug during the year, the report concluded: “We judge these still to be very high levels both in absolute terms and relative to other countries. In fact, they are still probably the highest levels of drug abuse among young people to be found in any industrialized nation in the world. Thus, while some improvements are definitely beginning to emerge, the problems of drug use and abuse are still a very long way from being solved.”

Without intending to minimize the very real social problems posed by drug abuse among youth, I note that the issue continues to have symbolic media value to which even national politicians are attracted. In the months before

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President Richard Nixon's campaign for reelection in 1972, he called for "a concentrated assault on street level heroin pushers," announced creation of a new office of Drug Law Enforcement in the Justice Department, and reminded voters that he would spend eight times as much on the drug problem as the previous administration. Exactly ten years later, in February 1982, Nancy Reagan, accompanied by almost a dozen Secret Service men, twenty members of the press corps, and three aides, took a two-day tour of four drug programs in Florida and Texas. It was only the second major trip for the First Lady since President Reagan took office, the first being to London to attend the wedding of Prince Charles and Lady Diana Spencer.

Despite the NIDA survey data showing that the use of illicit drugs by high school students had dropped sharply since the 1970s, Mrs. Reagan told an informal news conference aboard her Air Force jet that the problem had reached epidemic proportions among young Americans. Asked if she felt like a crusader, she replied, "Yes, I do, because we are in danger of losing a whole generation" (Nemy 1982).

Some news commentators speculated that the First Lady's trip may have been intended to revamp her public image, shaken in recent months by widespread criticism of her White House redecoration, her purchase of a \$209,000 set of china for formal state occasions, and her frequent appearances in designer clothes, some of them gifts from the makers. Whatever her motives, however, the trip did call public attention to drug abuse: A single television appearance in Florida brought 17,000 requests for information. "Super, fabulous," her press secretary, Sheila Tate, said afterward. "Everybody is focusing on the issue and the problem and that's exactly what we wanted them to do" (Hertzberg 1982).

Even though Mrs. Reagan felt that the drug problem among young Americans had reached "epidemic proportions" and that the nation was "in danger of losing a whole generation," it is not at all likely that federal funding for the problem will be increased or even maintained under the Reagan administration. When asked by reporters about the possibility, Mrs. Reagan shook her head and replied, "That's not my area" (Nemy 1982). Three of the four drug programs she visited were privately funded; the fourth was partly funded by the State of Florida.

Nor does the public share Mrs. Reagan's concern over the drug problem. In a Gallup Poll concerning "the most important problem facing this country" conducted a month before the First Lady's trip, too few respondents mentioned drugs to place the problem on the list of eight published by Gallup, despite a cutoff of only 3 percent and the recording of multiple responses (inflation and unemployment led the list). In February 1973, at the

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height of public concern over the issue, 20 percent of Gallup's respondents cited drugs as the most important national problem. Drug abuse has not made the lists of problems published by Gallup since July 1978.

Although the intentions of the Reagan administration toward its future support of drug programs are not yet clear, early indications are that funds will be reduced. One early sign was the replacement of Peter B. Bensinger, who had served both Presidents Ford and Carter as head of the Drug Enforcement Administration, after Bensinger lobbied against budget cuts proposed by the White House for his agency. Initially, the agency's budget was set at \$228 million for fiscal year 1982, but a 12 percent cutback for most Federal agencies would reduce that by \$27 million. This would mean the dismissal of 434 employees, including 211 agents. Agency officials were also preparing to ask every employee to take a two-week furlough without pay to meet the budget reduction.

In fiscal 1981, the National Institute on Drug Abuse funneled \$160 million to local drug-treatment programs. Under the Reagan administration proposals, these funds would be cut by approximately 25 percent and included in a \$491 million block grant also aimed at funding alcoholism and mental-health programs. Because each state would determine how to spend its share of the block, drug workers in the field worried publicly that money formerly channeled through NIDA would no longer go for drug treatment and prevention, but would be diverted to competing causes to be covered by a multipurpose grant. In August 1981, William Pollin, NIDA director and a holdover from the Carter administration, conceded that "certainly there will be a cutback in Federal funds for treatment programs" (Maitland 1981).

In short, most of the conditions prevailing during the period of my case study, 1972–3, appear to have changed. Illicit drug use and abuse by American youth, although high in comparison with other industrial nations, seems to have declined sharply for at least the past several years. Public concern for drug abuse as a national problem has all but disappeared, at least relative to problems like unemployment and inflation, which are seen as the most pressing. Federal support for most drug problems is likely to decrease, despite the interest of Mrs. Reagan in this area. Just about the only aspect of the drug problem that remains unchanged compared to a decade ago is that it continues to provide a potent symbol in national media politics.

Thus aided by the considerable advantage of a decade of hindsight, we embark upon an investigation of how even rapid social change, first perceived as a serious threat to society, comes to be contained by social-control systems, so that what was once a major problem can eventually be treated as just another issue for public discourse.



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## 1. The emergence of the “drug problem”: social change versus social control

Midway through the 1960s, the use of psychoactive drugs still drew little notice from the national media and the nation’s political leaders. By the end of the decade, illegal drug use and abuse – especially by the young – had not only penetrated the public consciousness, but had become a full-blown national crisis that drew the prolonged attention of both the president and Congress. This emergence in the latter half of the 1960s of a so-called drug problem among the nation’s youth remains one of the most rapid and dramatic social changes in U.S. history.

As late as 1964, there were still only 7,000 arrests annually for marijuana-law violations in the United States, roughly the same number as in previous years. The *Readers’ Guide to Periodical Literature* that year indexed scarcely a dozen articles under the headings “marijuana,” “LSD,” and “heroin” combined. The first Gallup survey of drug use on American college campuses was still three years away.

By 1966, the number of marijuana arrests had doubled to 15,000. Surveys by campus newspapers at Yale, Princeton, and Caltech put the number of undergraduates who had at least experimented with marijuana at about 25 percent. The commissioner of the Food and Drug Administration, in a letter to officials at more than 2,000 colleges and universities, urged “concerted action” against the illegal use of drugs by college students.

The following summer, *Newsweek* ran a cover story under the headline, “Marijuana – The Pot Problem.” “By all reports,” the magazine stated, “marijuana has come downtown from the ghetto and the fringes of the middle class and entered the mainstream of U.S. life.” By *Newsweek*’s estimate, “as many as 4.5 million Americans may stay on grass these days – most of them in the under-30 generation.” The first Gallup Poll of campus drug use nationwide reported that, in 1967, 5 percent of college students had ever used marijuana, whereas 1 percent had tried LSD and related hallucinogens.

In the first six months of 1968, New York City’s drug-related deaths in the 15 to 35 age group totaled 450, compared to 670 in all the previous year – and only 57 in 1950. The national death rate due to accidental drug

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poisoning was 1.23 per 100,000, nearly triple the rate three years earlier. The *Readers' Guide* indexed nearly three dozen articles under "marijuana" alone in 1968, while marijuana arrests reached 80,000, a tenfold increase over the previous four years. The U.S. Armed Forces Radio began warning troops against the use of marijuana late in 1968.

The following year, a second Gallup Poll reported campus use of marijuana at 22 percent and of LSD and other hallucinogens at 4 percent, both fourfold increases over the previous two years; the use of barbiturates, not previously reported, was recorded at 10 percent. The Massachusetts Poll, conducted for the *Boston Globe*, found that adults in the state worried more about drug abuse among the young than any other problem; 80 percent rated the drug problem "very serious." In September, President Nixon began "Operation Intercept," a concerted program to reduce the smuggling of drugs into the United States from Mexico.

Thus, in a period of only a few years, the use of psychoactive drugs spread from a deviant activity of the socially marginal to a major national problem seen to afflict – or at least threaten – American youth in general.

### **The impact on organizational control systems**

The sudden emergence of a national drug problem had a profound impact on community systems for the control of deviance among youth. Youth are ordinarily the professional responsibility, at least until a legal age limit of 16 to 18, of an educational system. With respect to drugs, youth might be deviant in two distinct ways – one medical (through drug abuse), the other legal (involving the use of illegal drugs). Hence the rapid rise in illegal drug use and abuse among American youth in the late 1960s brought increasing pressures for control on three organizational systems, which together comprise a total system for the social control of youth: the educational system, including both the public and private schools; the health system, both public and private; and the law-enforcement and criminal-justice systems.

The response of this total system to the sudden system "disturbance" constituted by the drug problem is the topic of study reported here. To study the effect of so temporally delimited a social change on such a clearly defined control system is to approximate about as closely as possible – under "real world" conditions – a laboratory test of system perturbation and response. It is also to gain insight into a general social phenomenon.

Life in modern societies is organized and regulated by a number of complex organizational control systems: the social-welfare system, the public-health system, the law-enforcement system, the court system, the



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school system. These formal control systems provide a measure of stability and continuity in the pursuit of collective goals, including the maintenance of public health and order, the punishment and rehabilitation of criminals, and the socialization and education of youth.

Even dramatic social changes are often routinely accommodated by formal organizations through modification of their goals and activities. This occurs, for example, when changing neighborhood patterns cause a school system to shift its emphasis from college-preparatory to vocational education, when new environmental hazards confound the jurisdictions of public health agencies, when a court decision forces police departments to alter arrest and interrogation procedures, or when changes in federal law-enforcement and funding cause several organizational systems to reexamine their hiring practices.

Not all social change is so easily accommodated within existing organizational structures, however. Certain changes, including seemingly minor ones, can crosscut the existing organizational and functional divisions of complex systems, thereby altering the specialized knowledge and skills required of various professions, forcing shifts in formal and informal status hierarchies, and restructuring the informal networks of communication and exchange that link both organizations and professions.

The sudden rise in illegal drug use and abuse by young Americans in the late 1960s was eventually accommodated by the organizational systems – educational, medical, and legal – responsible for the control of deviance among youth. This did not occur without straining various organizational facilities, strains that reverberated upward from facilities to mobilization channels to norms until they were finally contained by a new balance of “control” relationships. This system response included production of new drug specialists and “experts,” incorporation of these experts into networks of information and referral exchange, and elaboration of these networks as an economic commodity system. These responses are discussed at length in the next three chapters.

The response of community systems to the drug problem thus affords an excellent case study of a much more general sociological problem: how complex organizational systems attempt to control exogenous social change. This question will be addressed here primarily in terms of an exchange model of interorganizational control derived from cross-sectional survey data. Despite this static model, however, the dynamic aspects of the analysis – including systemic perturbation and response – should not be overlooked. Without the assumption of prior social change, the cross-sectional analysis – presumably of an equilibrium state – would necessarily be confined to the

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structural aspects of the larger control system. Because prior change can be assumed, however, cross-sectional analysis can enlighten the dynamic as well as structural features of the social-control system.

### **The drug problem as an ideal case study**

The previous section argued that the drug problem of the 1960s provides a case study of social change and of the response of organizational systems that attempt to control change. If this more general sociological problem is the pressing motivation for this study, rather than interest in the drug problem per se, then it is necessary to address an additional question: Why a case study of the drug problem, rather than of some other example of social change?

As a case of change exogenous to community organizations, but demanding their concerted action to effect containment, the drug problem provides an ideal setting for the study of social-control relationships at the macro level. Consider some of the special features:

1. It was a rapid change, as demonstrated in the opening section, and therefore constitutes as discrete an exogenous stimulus – to the organizational control systems of interest – as is likely to be found short of natural disasters and related phenomena.

2. It was an important change in its consequences, involving potentially serious health complications and stiff legal sanctions for a large segment of the nation's youth and an implied challenge to a wide range of social and political institutions.

3. It had broad implications – for a wide range of organizational spheres concerned with youth, drugs, and crime; among a number of occupations, professions, and professional specialties; at all organizational levels; and in a variety of functional activities (administration, research, treatment, counseling, education, etc.).

4. Its impact was felt at the level of individual communities, which not only makes possible analysis in terms of purposive-action theory (involving actors, their interests, and their control of events, as well as interpersonal networks of interaction and exchange), but also the comparative analysis of different communities (the analysis here will be reinforced by comparisons of Baltimore and San Francisco).

5. It was the subject of considerable and well-funded study at the time of the social change itself; the data available for this monograph are thus both intensive and extensive.