

# The Correlates of Community Antidrug Activism

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*This article examines the distribution of drug problems across neighborhoods and the nature and extent of organized community responses to them. It tests contradictory hypotheses about the effect that neighborhood drug problems should have on communities, and it reexamines past research on the social and economic correlates of community activism. The results challenge the conventional wisdom, and suggest that in the 1990s, antidrug activism has taken new forms.*

There are contradictory expectations regarding the relationship between community organizations and drugs. Because of their visible and disruptive nature, one could expect that drug problems will stimulate neighborhood activism. However, it has also been argued that high levels of area crime and disorder may actually discourage neighborhood participation in collective action.

The view that intense drug-related problems may discourage organizing efforts in an area reflects the general conclusion that voluntary group participation is more difficult to sustain in disorderly, high-crime communities. Crime and fear appear to undermine support for law enforcement, to stimulate withdrawal from public life, and, at best, to promote individualistic self-protective actions. In the face of serious, even life-threatening problems, residents of high-crime areas often are distrustful of one another and have a negative view of their community and its future. Crime prevention activities that require frequent contact and cooperation between residents are less likely to be found in areas characterized by high levels of fear, fatalism, and despair

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(Skogan 1990; Greenberg, Rohe, and Williams 1985). Survey studies of group participation find that activists are more likely to be better-off, more educated, longer-term residents of their community, and more likely to be married, have children, and own homes (Whitaker 1986; Lavrakas 1985; Podolefsky and DuBow 1981).

Furthermore, drug problems may be particularly divisive. Drug users and their families — and to a varying extent those involved in the drug trade — are also members of the community. Some may have found ways to profit from this “victimless” business, and others know that their children are involved; few of them are likely to favor hard-nosed antidrug efforts. The threat of violence may push more public-minded residents into submission, for extensive drug activity fosters gang organization and intimidation. As a result, community organizations concerned with crime are least common where they appear to be most needed — in deteriorated, drug-infested areas.

The opposite view, one which Conklin (1975) characterizes as “Durkheimian,” is that crime draws communities together; deviance performs the positive social function of strengthening community bonds because it causes community members to draw more sharply defined boundaries between acceptable and unacceptable behavior. In this view, mounting neighborhood problems provide the impetus for organizing, by threatening the lives, families, and property of appreciable numbers of community residents. This was the belief underlying several federal crime prevention programs during the 1970s — that with only a little encouragement, residents of high-crime areas would form community organizations.

There is some evidence of this in research on community reactions to crime. Hope (1988) found in England that support for Neighbourhood Watch (a form of community organization) was highest among those who were concerned about crime and aware of their options. However, as observers of smokers and seat-belt nonusers might guess, it is not clear that people are always scared into protecting themselves. Research on this point is rather mixed: Some studies report participants in collective anticrime efforts are more fearful than nonparticipants, others that they are less fearful, and many that there are no differences between them (cf. Skogan 1988).

In an empirical test using survey data from 60 neighborhoods in two metropolitan areas, Skogan (1989) found that higher-crime neighborhoods were more likely to be organized around crime problems. However, the effect was masked by several other important factors. For example, organized efforts were also more common in areas where police protection was perceived to be poor. Affluent neighborhoods were more likely than poor areas to be well organized, whereas highly cohesive areas tended not to rely on formal organizations to fight crime. The “positive” effects of having a

high crime rate became apparent only when these competing factors were controlled.

This study examines the correlates of community mobilization around drug rather than crime problems. It explores the link between activism and local drug problems and the impact of local social and organizational factors on the extent to which residents mobilized to fight drugs.

### THE DATA

Interviews were conducted with positionally defined informants to gather current data on 36 study areas in six cities: Chicago, San Francisco, Philadelphia, Atlanta, Houston, and Newark. These areas were the focus of earlier studies involving sample surveys with a common core of questions; those surveys were conducted during the period 1978-1983 (cf. Skogan 1990). For this project, we collected data about conditions and events there during the summer of 1990. Interviewers attempted to contact one or more area informants from each of three different walks of life: political representatives, the police, and community activists. Their goal was to complete five informant interviews for each study area, and they were successful in doing so for 33 of the 36 communities.

Each interview began with a careful description of the boundaries of the area interviewers were asking about (these were drawn from the original studies, which generally followed local practice), and the interviewers stressed throughout the questioning that they were asking about the particular place they had described. The informants were asked to characterize the current makeup of the communities, the nature of their drug problems, and whether any of a checklist of antidrug activities had been mounted there. In the end, 198 informants were questioned, an average of 5.5 per area (the range was 4-7, except for one Newark area for which we could locate only two informants). The responses of all informants for each community were averaged to produce quantitative profiles for the areas. (For more details about the data, see Davis, Smith, Lurigio, and Skogan 1991.)

The informant survey included a number of drug-related questions. Respondents were asked whether crack, heroin, cocaine, marijuana, and "speed or other pills" were a major problem in their area, a minor problem in their area, or almost no problem in their area. As with all of the measures in our analyses, the responses to these questions were averaged to produce area-level indicators of the extent of drug problems. They were scored so that higher values represented more serious perceived drug problems. On a 1-to-3 scale (with 3 representing a *major problem*), cocaine (2.4) and crack (2.2)

**TABLE 1: Correlation Among Measures of Area Drug Problems**

	Crack	Cocaine	Heroin	Marijuana	Speed
Crack					
Cocaine	.88				
Heroin	.69	.62			
Marijuana	.62	.68	.70		
Speed/other	.50	.42	.81	.59	
Index score	.79	.81	.84	.73	.64

NOTE: 36 cases for each measure.

were the most highly rated neighborhood problems. Marijuana stood at just about 2.0 (or a *minor problem*). Heroin (1.6) and speed (1.4) were ranked about half way between a minor problem and *almost no problem*.

At the area level, reports of problems with various kinds of drugs were highly correlated, as indicated in Table 1. Ratings of speed and other pills were least associated with the others (with an average correlation of +.58), but the set was still single factored. Other analyses (not shown) indicated that the social and economic predictors of the extent of particular drug problems were very similar as well. As a result, each individual drug problem is also correlated with a summary Drug Problem Index, that combines evenly weighted ratings for all five kinds of drugs (see Table 1). The overall Drug Problem Index was consistently a better measure of drug problems than any of the individual items, and it was used in subsequent statistical analyses of the 36 neighborhoods.

The systematic use of informants to generate quantitative data on neighborhoods is a somewhat unusual research technique. There is some evidence that the reports of informants are congruent with similar data collected in large and expensive sample surveys. Anderson, Jesswein, and Fleischman (1990) compared the results of sample surveys with smaller groups of informants to assess human service needs and service delivery in Duluth. Each group was asked to rank a list of problems, and the rank order correlation between the two lists was +.79. Ward, Bertrand, and Brown (1991) compared the results of sample surveys with the findings of focus group discussions of voluntary sterilization in three different studies conducted in Central America and Africa. They found that both methods led to the same general conclusions. In this study, the stability of reported drug use across survey and key-informant methods, and the high predictability of key measures, provide some evidence of the construct validity of the technique. The data were not sensitive to extreme ratings, and the ratings did not vary

significantly across informant type (political, police, community activist) within communities (see Davis et al. 1992).

The predictability of this new index of neighborhood problems across methods is illustrated in Figure 1. As it indicates, one of the compelling findings to emerge from this analysis was that the drug proneness of neighborhoods is a highly stable phenomenon. The single strongest predictor of drug problems in 1990 was prior problems with drugs, as reported by community residents. Large (and expensive) samples of these residents were asked 7-12 years previously how much of a problem drug use or drug sales were in their neighborhoods. The survey residents' earlier reports and positional informants' rankings of contemporary drug problems in the areas were correlated  $+0.72$ . This is illustrated in Figure 1, which plots the relationship between the two measures of drug problems.

Likewise, the 1990 Drug Problem Index was linked to earlier survey responses to questions about robbery and burglary victimization and the extent of robbery and burglary problems in the neighborhoods. In addition, current drug problems were strongly predicted by past levels of disorder. A Social Disorder Index combining ratings of earlier area problems with vandalism, gangs, loitering, public drinking, and street harassment was correlated  $+0.76$  with current drug problems. A Physical Disorder Index combining ratings of earlier problems with littering, noise, trash, and building abandonment was correlated  $+0.60$  with area drug problems in 1990. This points strongly in the direction of the "broken windows" hypothesis: that levels of noncriminal decay and social disruption can spawn more serious problems in the future by undermining the capacity of communities to respond to crime (Wilson and Kelling 1982). Finally, places that previously were poor, unstable, and populated by high concentrations of racial minorities are now more likely to be plagued by drug problems.

## RESULTS

The interviews with area informants characterized the kinds of communities that presently face large-scale drug problems. The informants were asked to describe the target neighborhoods with respect to income, race, characteristic crime problems, and recent neighborhood trends. On average, the areas were 47% African-American and 14% Hispanic; the proportion who were non-Hispanic Whites ranged from 1% to 86%, and averaged 32%. The racial mix was judged to be changing in about half of the areas. Unemployment was reported to be decreasing in only two areas, but increasing in 10; problems with gangs were not thought to be down anywhere, and in 13 areas

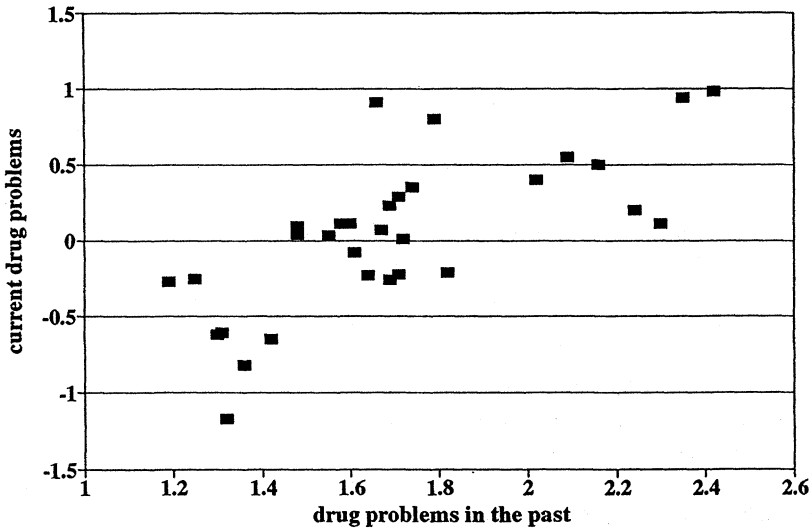


Figure 1: Predictability of Current Drug Problems

they were judged to be increasing. The average neighborhood score for the level of property crime stood half way between *average* and *moderately high*, whereas for violent crime it stood just above *average*. None scored *very high*, but many were ranked as *moderately high*.

The correlations between these factors and the Drug Problems Index are presented in Table 2. These measures were available for all 36 areas.

- *Poverty* was measured by mean ratings of the income level of each area in four broad categories.
- *Racial composition* was measured by informants' assessments of the percent of residents who were White, African-American, Hispanic, Asian, or "other."
- *Violent* and *property* crime in each area were characterized by respondents on 5-point scales from *very low* to *very high*.

Table 2 indicates that drug problems are currently higher in poor, minority neighborhoods where rates of violent and property crime are high.

The 1990 informant questionnaire also included a series of items assessing the prevalence in each area of small block clubs and large umbrella organi-

**TABLE 2: Extent of Drug Problems and Current Neighborhood Conditions**

	<i>Correlation</i>	<i>Significance</i>
Area poverty high	.57	.00
Unemployment rising	.39 <sup>a</sup>	.02
Racial minorities	.74	.00
Violent crime high	.77	.00
Property crime high	.76	.00

NOTE: 36 cases for each measure.

a. Excluding one outlier.

zations. In addition, it included a checklist of questions about several drug-related organizational activities, for example:

- block watches or drug-reporting programs
- citizen patrols
- demands for better police protection
- evictions of dealers or users
- marches or rallies
- tearing down or restoring drug buildings.

There was substantial variation in the frequency of these forms of antidrug activism. Block Watch and demands for police protection were ubiquitous. The overwhelming majority (96%) of the 198 informants interviewed for this study reported that target-area residents had demanded better police protection, and this was also the mean of the area-level measure. Similarly, all of our selected informants thought that block-watch or drug-reporting programs were active in 25 of the 36 areas studied; the area-level mean score on this measure was 89%.

The widespread character of these activities meant that none of our target neighborhoods was without antidrug activity. Because these areas varied considerably in the extent of drug problems, it is clear that this kind of activism was not directly problem-generated. Instead, the widespread appearance of block-watch programs and demands for police protection reflect the nature of community organizing around crime problems. These are the kinds of programs and political postures taken by existing and successful community organizations. They typically graft such efforts onto existing agendas, which generally feature housing and community economic development. Because these broadly focused organizations are active across broad stretches of the American urban landscape, few areas are without some kind of organizational representation; because many of them have adopted crime

**TABLE 3: Extent of Drug Problems and Current Neighborhood Activism**

	<i>Correlation</i>	<i>Significance</i>
Block watch		
/drug reporting	.02	.44(ns)
Citizen patrols	.19	.13(ns)
Marches/rallies	.68	.00
Eviction efforts	.38	.02
Demolition efforts	.37	.03
Demand police protection	.51	.01
Confrontational Activism Index	.55	.00

NOTE: 36 cases for each measure.

as one of their agenda items, few areas are without some minimal level of anticrime effort.

However, the remaining four varieties of antidrug activity were less common. These were all more specifically drug-focused and are the kinds of activism that demand high levels of organizational commitment to sustain them. Less than two thirds of our informants knew of eviction or teardown efforts in the areas, one half knew of marches or rallies, and only one third reported that citizen patrols were active in a study area. Because of their focused and sometimes militant character, we dubbed these forms *confrontational activism*. Informants' ratings of the incidence of evictions, marches, teardowns, and citizen patrols were correlated positively (the average correlation was +.44), and they could be meaningfully combined to form a single index of confrontational activism. This index was uncorrelated with the distribution of block-watch organizations, reflecting the broader focus of groups adopting crime-prevention programs.

There was a clearer relationship between forms of confrontational activism and neighborhood drug problems. As illustrated in Table 3, block watches were not especially prominent in drug-plagued areas; reports of their presence were not correlated with the Drug Problem Index. In contrast, efforts to evict drug dealers, attempts to renovate or demolish drug houses, and marches or rallies were significantly correlated with drug problems. Actions that were specifically directed toward drug problems were more highly correlated with these problems than were general neighborhood anticrime activities.

The correlation between the Drug Problems Index and the summary Confrontational Activism Index (patrols, rallies, evictions, and demolition) is also shown in Table 3. (Citizen patrols were included in the index because

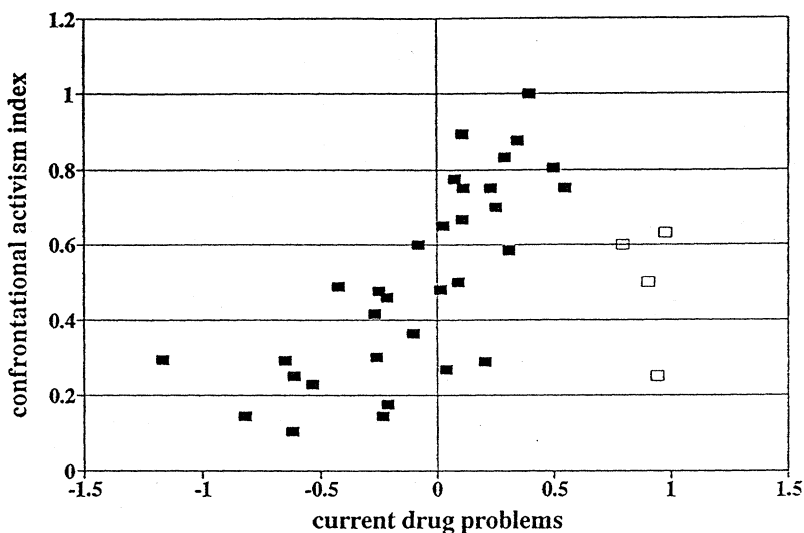


Figure 2: Confrontational Tactics and Drug Problems

their reported presence was highly correlated with other forms of confrontational activism.) Figure 2 illustrates how strongly the two measures covary. These vigorous community responses to drugs were more prevalent in areas affected by drug problems in 1990. Thirty-two of our 36 study neighborhoods fell along a regression line that rose sharply with levels of drug problems and the extent of activism. They are depicted as dark symbols in Figure 2. The remaining four areas constituted clear outliers from this general pattern, and they are depicted as clear symbols. Without the four outlier communities in Figure 2 (those with exceptionally serious drug problems which did not mobilize against drugs) the correlation between the Drug Problems Index and neighborhood activism was  $+0.75$ .

There is no apparent methodological reason for the relatively low rating these high-drug areas scored on the Confrontational Activism Index; for example, the most out-of-line area (a community in South Newark) was represented by three respondents who were community activists, one police neighborhood relations officer, and one city councilman. The other outliers were similarly well-represented by key informants. With only 36 areas for analysis, it is difficult to isolate what was unique about those four areas, but

**TABLE 4: Confrontational Activism and Current Neighborhood Conditions**

	<i>Correlation</i>	<i>Significance</i>
Block organization	.48	.00
Area affluence	-.54	.00
Racial minorities	.56	.00
Crime Problems Index	.51	.00
Drug Problems Index	.55	.00
Drugs increasing	.52	.00

NOTE: 36 cases for each measure.

other factors were clearly involved in generating neighborhood confrontational activism.

The magnitude of the possible effects of some other determinants of neighborhood activism are summarized in Table 4. First, a neighborhood's organizational capacity was a critical correlate of antidrug initiatives. This capacity was indexed by the extent to which informants reported that block clubs and larger umbrella organizations permeated each study area. Areas that had a more extensive network of community organizations were more capable of generating confrontational activism. In addition, confrontational activism was more apparent in less affluent, high-crime, and minority neighborhoods. This runs counter to past research on participation in crime-prevention organizations and on their general geographical distribution. Finally, confrontational activism was more commonly reported in places where drug problems were reported to be on the increase.

A multivariate analysis of these correlates of neighborhood activism is presented in Table 5. Because they were related to each other as well as to activism, not all of the social and organizational factors that were highly correlated with the Confrontational Activism Index were independently linked with it. For example, a cluster of factors flagging poor and minority communities are represented by neighborhood affluence in the final model. The most important factor in this model was the organizational capacity of the community—the degree to which block clubs and umbrella groups were known to be present in these neighborhoods. Area affluence was the next significant correlate, as indexed by the size of the Betas in Table 5, which are standardized regression coefficients. As before, respondents from poorer areas were more likely to report confrontational forms of activism against drugs, a pattern that deviates from past research on crime prevention. The final factor presented in Table 5 is the Drug Problems Index. Although it is not conventionally significant (as measured by its significance level of .08),

**TABLE 5: Regression Analysis of Index of Confrontational Activism**

<i>Variable</i>	<i>Beta</i>	<i>Significance</i>
Drug Problems Index	.27	.08
Block organization	.35	.01
Area affluence	-.33	.04
Adjusted $R^2$		.45

NOTE: 36 cases for each measure

that is a difficult hurdle with only 36 cases. Its standardized regression coefficient is large, and like its bivariate correlation it points to the conclusion that there was more confrontational activism in areas plagued with higher levels of drug problems. This supports the “Durkheimian” view that drug problems stimulate rather than suppress neighborhood activism, the view which at the outset seemed much less strongly supported by research on crime prevention. Together, these three factors explained 45% of the variance in the Confrontational Activism Index.

## DISCUSSION

This study examined the distribution of various forms of drug problems across 36 big-city neighborhoods and probed the nature and extent of organized community responses to drugs. It tested two contradictory hypotheses about the effect that neighborhood drug problems should have on communities: that they should either stimulate or undermine organized community action. The data suggest the conclusion that drug problems stimulate confrontational forms of community involvement against drugs. The present study also reexamined research on the social and economic correlates of community activism. Unlike a great many prior investigations of crime prevention, it found that poor and minority neighborhoods were better represented by confrontational tactics. This result seriously challenges the implications of past research on crime prevention. Multivariate analyses indicate that a third factor—the organizational capacity of the community—also stimulates confrontational activism. This is not surprising, and it points to the importance of convincing existing organizations to extend their scope to encompass drug issues.

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