THE PATHOLOGICAL AND THE SUBCULTURAL MODEL OF DRUG USE - A TEST OF TWO CONTRASTING EXPLANATIONS

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1. Introduction

Until recently the explanation of drug use has usually been the domain of psychiatrists and other medically trained people. It was among them that the aetiology was mainly discussed and it was they who set the tone in other disciplines as well.* The dominant image of the drug user which they developed was that of an individual suffering from pathology. According to that view the motivation for drug use usually evolves from an attempt to escape from problems which the individual has to face. Drug use is seen as a flight from reality and the drug user is seen as a person deserving psychotherapeutic treatment.**

* The validity of the psychiatric model has usually been taken for granted in other disciplines as well and has been made a starting point for an explanation of its own. Thus in sociology for instance attempts were made to view drug use as a response to general conditions within society. According to that view drug use represents a structurally induced kind of retreatism (e.g. Merton 1957; Cloward and Ohlin 1960). The psychiatric model continues to be effective under this disguise since the drug use is still seen as a flight from unpleasant realities.

** Sometimes sociopathic, antisocial personalities are said to be prone to drug use as well. Within the context of the pathological model however this explanation seems to be of minor and moreover losing relevance (for some statements of the pathological model see e.g. the excerpts in Goode (1969), Schenk (1974a) and the discussion in Redlich and Freedman (1966), Kielholz and Ladewig (1973).

The changing social basis and the changing conditions of drug use which took place in the sixties have shifted this traditional conception somewhat away from its individualistic emphasis towards a more social orientation. Thus the existence of a pro drug ideology and the existence of friendship networks among drug users became recognized. However, generally seen, this recognition did not cause a major reorientation of the dominant pathological explanation, it only produced minor modifications of the theory. As a consequence it is still not uncommon today in the psychiatric and psychological literature to read that individual pathology and individual problems are the main reason for drug use. Social factors are said to be either relatively unimportant or mere surfaces phenomena which do not deserve a treatment of their own (Redhardt 1971, Scheidt 1976). There is no sign of a change towards a more social psychological or sociological explanation within the recent psychiatric and psychological literature in West Germany (and probably in other countries as well).

On the contrary: individualistic approaches seem to gain more prominence than ever (Haas 1974, Scheidt 1976), the social factors in explaining drug use are even said to have been over-estimated during the past (Täschner 1975). It seems due time therefore to address the research question whether individual pathology is the dominant reason for drug use and whether social factors are in fact of secondary importance. We need an empirical assessment of both approaches taken together since the relative value of an approach can only be found by strict methodological comparison. In the following we attempt such a comparison. We proceed from the traditional pathology model of drug use on the one hand and then contrast it with the subcultural model which takes social factors as a starting point for its explanation. Before entering into an empirical test of both approaches a brief discussion of both models is presented.

2. The pathological and the subcultural model of drug use

2.1 The pathological model of drug use

The most widespread explanatory model of drug use (especially in the medical field) has been that drug users have problems from which they are trying to escape. Drug use has accordingly been conceived as a symptom of individual pathology. A differentiation according to the type of drug user is seldom performed. Some authors already conceive those drug users as pathological who have tried drugs once or twice. Others - more or less implicitly - restrict this view to those who have gone beyond the phase of tasting the drug a few times (Kielholz and Ladewig 1973). Whatever the interpretation is, both sides agree on the fact that progression in drug use is linked to individual pathology, with unpleasant and frustrating experiences.

Despite its prominence the empirical proof of this hypothesis is rather dim due to the methodological and analytical deficiencies of past research. Namely:

(a) Type of date used: The most common approach of data collection has been to take drug users in clinics and counselling centres as the basis for analysis. In a strategy like this the danger of methodological artefacts cannot be denied, since drug users in both institutions seem to be a non-random selection of drug users within each category of drug use: drug users with personal problems are probably heavily over represented since the function of these institutions is not restricted to professional help on drug related problems alone. Counselling in other types of problems is rather widespread and is one major reason why people turn to such kinds of institutions (Berger and Zeitel 1976). A somewhat similar bias seems to operate even if the data collection takes place via snowball sampling: in this case those people seem to be especially interested in co-operation who hope to get help from the researcher in order to cope with their personal problems (Herha 1973, Kühne 1974). Random samples of users and non-users alike are one way to eliminate the bias of selection. Such kind of samples have gained prominence within the last years in drug research among medically trained researchers as well. A proper analysis, however, has hardly been completed: it has been customary simply to compare undifferentiated groups of users and non-users or at least dubious typologies of users (Sadava 1975, Schenk 1974b). An adequate understanding of the underlying dynamics of drug use after its beginning has therefore not yet been developed.

(b) Existence of frustrating experiences: Disturbed relationships - such as with parents and school - have usually been taken as an indicator for individual suffering (Schwarz 1972). A direct test of the hypothesis has rarely been carried out. Such strategy does not seem justified because of the possiblility (i) that disturbed personal relationships can have an effect on drug use by other mechanisms, such as by normative estrangement, for instance (Reuband 1976), and (ii) that the level of satisfaction is determined by a balance of weighted positive and negative experiences (Scheuch 1971, Reuband 1971), shifting and reweighting a dimension of satisfaction is henceforth always possible. A disturbed relationship for that reason does not necessarily imply an impact on the general level of life satisfaction. It needs to be measured as a separate variable.

(c) The determinators of causality: Even if we take the hypothesis for granted, that drug users have problems, the proof must still be made that the frustrating experiences are the cause and not the effects of drug use. Since the operation of the latter mechanism has been empirically documented (Wanke 1971) it

has to be taken into consideration when interpreting a relationship. Past interpretations have too often been one-sided by neglecting either the causal or the effect dimension of drug use (Redlich and Freedman 1966).

(d) Magnitude of the observed relationship: Even if the problem of causality has been settled the problem of theoretical significance still exists: there is the danger of taking trivial relationships as a fundamental proof of one's hypothesis without realizing the weak basis of one's argumentation. The application of significance tests does not help further, since they are no measure of the strength of relationships. * Correlation coefficients must be computed in order to allow inferences about the theoretical significance of the relationship. Such a strategy is especially important when comparisons with other relationships are done. Past research on drug use has rarely taken this kind of strategy. It has been usual simply to assess differences and to make them the basis of theoretical conclusions.

Since the pathological model of drug use has not been tested adequately it is far from being proven as a valid and useful explanation of drug use. Nevertheless the possibility of adequacy does in fact exist. An empirical test has therefore still to be done. In the following we prefer to do so in comparison with the subcultural model which takes the social variables in the etiology of drug use into account.

2.2 The subcultural model of drug use

The subcultural approach - in contrast to the pathological one - takes social factors as explanatory factors in their own right. It starts from the basic fact that man is living in a society of people sharing a common culture. His behaviour is accordingly determined by societal expectations and internalized beliefs, values and norms. Since the process of socialization is not restricted to early or late childhood, but remains effective later on as well, (Brim and Wheeler 1966), man's behaviour can hardly be explained on the basis of purely psychodynamic factors alone. Societal influence has to be taken into consideration as well.

* It should be noted, moreover, that significance tests can only be applied under certain conditions, a fact, which has often been overlooked. For a discussion of significance tests see Morrison and Henkel (1970).

Societal influence - via expectations and internalized culture - does not derive from society as a global phenomenon itself, it is situated in the social groupings which make up the fabric of society. As long as these groupings share a more or less common culture essentially the same behaviour patterns are considered normal or abnormal within society. However, if existing or evolving groups develop a different perspective with regard to beliefs, values and norms it might happen that certain behaviour patterns are considered normal by one group and abnormal or deviant by other groups. Under this condition a subculture, i.e. a culture within the general culture, is said to exist.* If an individual comes under the influence of such a subculture his evolving behaviour might be a natural result of his subcultural participation, no psychopathological explanation is then needed in order to account for it. The behaviour is as normal as other kinds of prescribed behaviour patterns of the group and his learning of the behavioural norms is as normal as other kinds of learning processes.

Subcultures like cultures in general are man made but are not made by men acting individually. They evolve in a collective process which is determined by interaction and communication. Stability of beliefs, moreover is only possible, if some kind of social validation exists in day to day interaction.** Subcultures therefore usually have a social, interactive basis. This fact deserves especial mentioning, since it means that contact with a subculture can be established by interacting with its members without necessarily incorporating the extensive beliefs, values and norms of that subculture.*** In such a case the subculture's conduct norm **** is communicated by not necessarily the underlying beliefs, values and norms which give some kind of legitimization to it.

* For a discussion of subcultural theory see especially Arnold (1970) and Wolfgang and Ferracuti (1967).

** See Berger and Luckmann (1967) for a theoretical elaboration. For research supporting these conclusions see the group dynamics literature (e.g. Cartwright and Zander 1968).

*** For a discussion of this analytical separation see the remarks by Wolfgang and Ferracuti (1967: 102) and Johnson (1973: 10f.).

**** The term "conduct norm" has been developed by T.Sellin and later used by B.Johnson (1973: 9) in order to refer to behaviour that is expected within a group. The conduct norm in drug using groups would be to use drugs.

The question arising now is whether drug use today can be seen as linked up with a subculture of drug use. This question must be answered in the affirmative: from the very beginning of the recent drug wave - the middle sixties - drug use was backed up by a more or less elaborate ideology of drug use (see for instance Timothy Leary or the hippies ideology of drug use) and held together by intense interaction between drug users. This interaction was partially due to the ideology of drug use itself and partially due to other factors as well, such as the illegitimacy of drug use. Any explanation of drug use today therefore has to realize that drug use might be an outflow of sub-cultural participation and not an outflow from psychodynamic factors.

Due to the relevance of interpersonal expectations and the relevance of culturally mediated beliefs, values and norms on the one hand and due to the social and cultural basis of subcultures on the other hand, participation in the drug subculture can take place either interactively or symbolically. Interactively the individual is influenced by interpersonal expectations and the cultural elements which are usually transmitted in the interaction process as well. This kind of socialization is probably the most effective one since it involves a "double" process of socialization. Participation in the drug subculture might be purely symbolic on the other hand, if the participation is restricted to the beliefs, values and norms and does not include interaction with drug users. Such a kind of participation might be the result of various factors: it might be caused by reference group identification, influence by the underground mass media or even by traditional sources of information which have partially adopted elements of the subcultural beliefs of drug use.

The proposed hypothesis of subcultural influences on progressive drug use can thus be stated as follows: continuous drug use takes place with increasing participation in the drug subculture as measured by interaction with drug users and personal internalized beliefs, values and norms about drug use. In the following we want to restrict ourselves to the influences of these variables on the motivational genesis of progressive drug use. We do so for reasons of empirical testing: since we have no panel data exact behavioural consequences cannot be causally discerned by our kind of analysis. The influence of subcultural participation with regard to the access to drugs (Becker 1963) is therefore omitted from the discussion despite its evident relevance for actual drug use. Doing so we remain on essentially the same level as the pathological model which restricts itself to the motivation of drug use as well.

3. Methodology

A stratified cluster sample of the school population of Hamburg (West Germany) in 1975 constitutes the data basis of our research. The data were collected in the classroom setting by means of an anonymous questionnaire. Using an anonymous questionnaire usually has the effect that tabooed and sanctioned attitudes and behaviour patterns are more likely to be admitted (Hyman et al. 1954). Teachers were not allowed to be present in order to increase this feeling of anonymity. ⌘ Since the characteristics of an interviewer can have an influence on the responses (Hyman et al. 1954) an attempt was made to decrease the existing distance between students and interviewer by selecting relatively young interviewers (not older than 30 years of age) who were dressed informally during the interview. An intensive search of the questionnaires for any signs of non-co-operation and deception led to an elimination of 2% of the sample, leaving N = 5.426 for analysis.

The basis of the pathological model assumes that progression in drug use is determined by individual frustration. For that reason the optimal test does not compare users and non-users but users with different amounts of drug use. Since causality can only be determined if the observed variables have an appropriate temporal relationship to each other we restrict our sample of users to current users, including those who have taken drugs within the last six months. The latter strategy seems useful when recognizing the rate of change of relevant variables, such as life satisfaction for instance (Robinson 1969). The usual approach of simply correlating dependent and independent variables is ruled out or illegitimate, since the measured amount of drug use refers to the past for most of the drug users whereas the measured independent variables usually refer to the present (e.g. family relationships, life satisfaction). Even so, the recognition of the temporal dimension alone is not sufficient for a causal analysis. We need a more direct assessment of causality by ruling out recursive causal relationships. Thus merely correlating the amount of drug use with certain variables per se does not often help much in tracing causality since these variables could be either a cause or a consequence of drug use (e.g. family relationships).

⌘ Teachers' presence seems to have an influence on answers - at least among young students - even if the questionnaire is anonymous (see Devereux 1970). This effect is probably not due to a fear of sanctions but due to an inner activation of cognitive dissonance.

TABLE I

DRUG RELATED CHARACTERISTICS OF THE SAMPLE (IN %)

	Amount of drug use				
	1	2-5	6-20	21-99	100+
Type of drug ever used					
Cannabis	83	94	93	94	100
Halluzinogens	-	5	9	35	60
Amphetamines ⁋	8	13	33	50	60
Sedatives	-	-	1	2	-
Opiates	-	1	4	9	20
Inhalants	-	1	-	2	2
Not specified	13	5	3	2	3
Used more than two types of drugs ⁋⁋	-	1	6	21	49
No money spent for drug use	76	75	57	29	27
Social context of drug use ⁋⁋⁋					
Usually alone			2	3	-
About half alone, half in company of others			5	11	25
At first in company of others, later alone			4	6	8
(N=)	54	85	101	94	65

Annotation:

⁋ Includes legally and illegally available amphetamines and stimulants.

⁋⁋ Type of drug as defined above.

⁋⁋⁋ Not ascertained for people who have used drugs less than five times.

Since we restrict our analysis to the motivational antecedents of continuous drug use the additional recognition of the willingness to continue drug use can be helpful in resolving the problem. Consequently we equally consider both aspects in order to discern the relevant determining factors in drug progression.

Progression in drug use is measured by summing up the average frequency of each of the mentioned drugs. The subsequent scale is partitioned into five classes according to the amount of drug use (N = 416 users). The drug use typology is presented in Table 1. (See next page). It shows that the variety of drugs used goes up with increasing drug use. Furthermore it shows that the committment to drugs increases with its usage: whereas the tasters hardly spend any money for drugs, most of the frequent drug users do. As a consequence the dependency on situational contingencies for drug use diminishes, the frequent user is more able to use drugs whenever he wishes than the less frequent user. This ability does not seem to remain on the level of possibility alone, it is in fact made use of : drug use on an individual basis increases with greater frequency of drug use. Since this trend is usually combined with social drug use as well it does not necessarily signalize a desocialization from other drug users as has been proposed by a number of writers. The most adequate interpretation would be that of an increasing diversification of drug use (Fisher 1974). Lone drug users are rarely represented even among those students who have used drugs more than a 100 times. Seen in the whole it can be stated that the chance of immediate motivational gratifications is greatest among our more frequent drug users. If there is a motivational link to drug use it should turn out in our data in any case.

The willingness to continue drug use is measured by asking current users for their differential willingness to stop drug use. The categories are then regrouped so that an ordinal scale evolves (N = 336 users).

4. A test of the pathological model

In the following we want to test empirically the pathological model of drug use. This is done in a number of steps. First we want to see to what extent disturbed relationships to subjective relevant persons and institutions do in fact correlate with drug use as it has been widely claimed. In a second step we want to see whether frustrations are decisive for the progression in drug use.

4.1 Disturbed relationships

Parents and school are considered the most important spheres of a young person. Both institutions absorb most of his time, both are relevant determinators of gratifications and sanctions as well.

We turn to the family first. A number of writers have argued that living in an incomplete family is one of the most important factors for drug use (Kielholz and Ladewig 1973). No substantial proof, however, is found for this hypothesis: 79% of the drug users have a family where neither divorce nor death has separated their parents. Although the proportion of complete families is somewhat lower among those who have used drugs more than a 100 times when compared to those who have used drugs only once (73% vs. 85%), a clear linear relationship between drug use and completeness of the family does not exist. The same holds true for the willingness to consume drugs. The relationship between drug use and completeness of the family is generally negligent in magnitude. Apparently the relevance of the broken home factor has been exaggerated, perhaps due to the sampling strategy used (clinics, counselling centres). If we turn to the relationship with the parents a majority among the drug users convey a rather positive impression of that relationship, an impression which is confirmed when other indicators of family life are considered (60% for instance state a positive relation to their mother, 46% do so with regard to the father. If the moderate relationships are included we get 93% respectively 77%), A majority of the drug users only stand in opposition to their parents when the identification with their parents' life style and beliefs is tapped. However, a majority among the non-users oppose the parental life style as well though to a lesser extent. This fact can therefore hardly be taken as a proof for the pathology hypothesis.

If we correlate drug use with indicators of disturbed relationships to parents and home life the correlations emerge as rather low and not each worth mentioning in most of the cases (Table II) (See next page). Where somewhat higher coefficients are achieved the question of causality is set into doubt such as in the case of the wish to reduce the contact to parents: if we take the willingness to continue drug use as an indicator, the correlation nearly vanishes. The only variable which has a noteworthy albeit small relationship according to both criteria is a variable which deals with the belief system and the life style of the parents ("I would like to be like my parents later on"). Henceforth it seems as if the emotional dimensions are of little value in explaining drug progression, only the normative identification seems to have some influence.

Similar low correlations are found when the relationships with the school are considered. A correlation greater than $\gamma = .10$ is only given according to both criteria with regard to school satisfaction in general, the relationship to teachers attitudes and one's class mates. There is not a single correlation greater than $\gamma = .20$, however, which satisfies both criteria. A moderate or even strong correlation cannot be found.

TABLE II

INDICATORS OF SOCIAL DISTURBANCE AND UNHAPPINESS AS RELATED TO DRUG USE (GAMMA CORRELATION COEFFICIENT)

	Actual amount of drug use	Willingness to continue drug use
Relationship to parents		
Mother	-04	-01
Father	-07	-20
Feels well at home	-06	-07
Wish for less contact with parents	22	02
Wants to be like parents later in life	-20	-18
Has different opinions than parents	10	06
Happy childhood	-08	-01
Relationship to school		
School (working place as to apprentices)	-11	-21
Teachers	01	-10
Has different opinions than teachers	11	10
Class mates	-14	-15
School achievement	02	-08
Repeater	23	07
Happiness		
Satisfaction with oneself and one's life	-06	-03
Feels often unhappy and sad	03	03

Annotation: The short description of the variables are phrased in the same evaluational direction as in the questionnaire. Negatively phrased items are therefore negatively phrased here as well. Where no evaluational direction is mentioned (e.g. "school") a negative correlation indicates that drug use increases when the relationship to the person or institution deteriorates.

4.2 Level of frustration and drug use

The core statement of the pathological theory of drug use refers to frustration as the decisive variable in explaining continuous drug use. Instead of following the common practice of solely using possible indicators of frustration (such as family relationships e.g.)we now turn to a more direct measurement of general frustration. If we do so, we can see that satisfaction with life is rather high among our drug users.⌘ More important than that, however, is the fact that there is hardly any correlation between the amount of drug use on the one hand and the indicators of life satisfaction on the other. A similar finding has been shown in somewhat related studies as well (Schenk 1974a, Kandel et al, 1974). Since the correlation between drug use and life satisfaction is negligible in nature it seems rather unlikely that drug users are mainly using their drugs in a situation of depressive mood. The final and decisive test of the hypothesis therefore directly deals with the situation of drug use. People were asked for the situational mood in which drug use commonly takes place. According to this question a majority of drug users (58%) take drugs when no definite mood prevails. In 10% of the cases drugs are usually taken in a situation of bad mood and in 30% of the cases in a situation of good mood. If we break down the table according to the amount of drug use we can discern a trend towards increasing independence from definite moods. (Table III). (See next page). This trend seems to signalize increasing habitualization of drug use. As a consequence drug use in purely a good mood is decreasing with greater frequency of drug use, the same tendency - albeit a little less pronounced - can also be found with regard to drug use in bad mood. It might be concluded from these findings that there is little support for the traditional theory of drug progression. The correlations are rather low, if not negligible. Henceforth flight from reality cannot be the dominant motive of drug progression. The validity of this thesis must be limited to small minorities.

In view of these findings a major reorientation about drug effects seems warranted: instead of viewing the drug experience as a mere coping mechanism and the drug effect as satisfying only when a depressive mood prevails, it seems more reasonable to view the experience as pleasant in its own right: No psychopathological

⌘ 50% of the drug users consider themselves as being strongly or moderately satisfied, only 19% admit being dissatisfied. A similar result can be obtained with regard to a statement which taps frequent feelings of unhappiness and sadness: 68% reject the statement as being valid for themselves.

TABLE III

SITUATIONAL MOOD AND USE OF DRUGS (IN %)

Mood	Amount of drug use				
	1	2-5	6-20	21-99	100+
If person is in a bad mood and wants to come into a better mood	11	16	11	3	10
If there is boredom	2	4	2	2	3
If person is in a good mood	39	31	32	28	21
There are no distinct situations, sometimes in bad and sometimes in good mood	48	49	55	67	67
(N=)	46	83	99	94	63

motivation is needed to explain why people experience it as pleasurable. Moreover the relevance of this effect for the continuation of drugs use has been documented (Becker 1963, Peterson and Wetz 1975, Zimmermann 1976). However, as Howard Becker has pointed out, learning to enjoy the drug experience is a necessary but not sufficient condition to develop a stable pattern of drug use. The user has "still to contend with the powerful forces of social control that make the act seem inexpedient, immoral or both" (Becker 1963). It is the question to which we want to turn to now.

5. A test of the subcultural model

According to the subcultural model drug use is not to be seen as pathological behaviour. It is seen as normal as far as it is due to the influence of a subculture which is centred around the activity of drug use. Drug use is accordingly seen as the product of an estrangement from traditional norms and their carriers and as a product of subcultural influence. The motivation for drug use is basically located in the cultural notions of drug use (and not in hidden motives of the personality) on the one hand and in a kind of conformity to relevant other persons on the other

hand. We turn to the cultural components first and then to the interaction influences which partially encompass the cultural components and partially add additional weight to them.

5.1 Cultural orientation

As can be seen in Table IV (see next page) frequent drug users usually have less trust in the traditional media of information reporting on drug use than the seldom users. They have less negative views of the harmful effects of hashish use and perceive hashish as less dangerous than alcohol. They have apparently freed themselves from the conventional notions of drug use in which the negative effects are emphasized and the positive effects played down (Gaedt et al. 1976). With regard to the positive effects of hashish one can discern a trend among the frequent users to endorse the positive ascriptions more often. With regard to sociability and conflict reduction no such trend can be found: The belief in the sociability enhancing effects of hashish does not have an effect on the continuation of drug use and the belief in the conflict reducing effects is even contrary to that. This lends further credence to our notion that problems can hardly be the main reason for drug involvement. In the case of harder drugs than hashish a differentiation seems warranted. According to our data frequent users see less dangers in LSD than occasional users. No such relationship exists with regard to heroin. Perhaps we cannot find a similar relationship as in the case of LSD because of the users' differentiation between their own drug use and the use of heroin: heroin is probably seen as qualitively differing so that its rejection does not imply a rejection of one's own drug use. If we turn away from the definition of drugs to a definition of drug users and related aspects we find that progression in drug use is linked to other drug related attitudes as well. Frequent users for instance more often than occasional users plea for a liberation of the drug laws and for lesser sanctions applied to hashish dealers. Summarizing our results it can be concluded that progression in drug use generally depends on the extent to which the deviant perspective has been internalized. The correlations observed are usually stronger than those which have been observed with regard to disturbed relationships and life satisfaction.

5.2 Interaction partners

If we turn to the interaction partners as one of the most important agencies of stabilizing beliefs, values and norms on the one hand and of inducing conformity by interpersonal expectations on the other, we find that at least 92% of the drug users have current drug users in their friendship and acquaintanceship network. This proportion goes up to 100% with increasing frequency of drug use. At the same time as drug use increases the

TABLE IV

SUBCULTURAL INFLUENCES ON DRUG USE (GAMMA CORRELATION COEFFICIENT)

	Actual amount of drug use	Willingness to continue drug use
Negative effects of hashish		
Less dangerous than reported in the newspapers	31	43
Loss of self control	-25	-28
Addiction	-33	-32
Criminality proneness	-24	-35
Health hazards	-10	-27
Positive effects of hashish		
Satisfaction	17	11
Change of consciousness	17	19
Alleviation of sociability and contacts	-	03
Conflict reduction	-04	-15
Hashish vs. alcohol		
Less dangerous than alcohol	31	38
Less dangerous than alcohol when driving a car	14	19
Hard drugs		
LSD not dangerous under certain conditions	36	30
Heroin not dangerous under certain conditions	06	05
Drug related values and norms		
Drug user is a coward since he flees from reality	-22	-31
Right to determine one's fate and use drugs	20	13
Liberation of hashish laws	36	40
Stronger sanctions to hashish dealers	-36	-42
Interaction partners		
Proportion of drug users in the friendship and acquaintanceship network	50	42
Drug use among best friends	35	32

proportion of current drug users in one's environment increases as well. Thus we can find for instance that among the users who have taken drugs more than a 100 times 59% of them have a majority of drug users in their friendship and acquaintanceship network. A similar trend emerges if we do not consider the proportion of drug users but inquire whether the best friend or the best friends are using drugs. In this case we find essentially the same if smaller a trend. Thus 46% of the one time users and 77% of those in our most frequent group have good friends using drugs. There can be no doubt that the observed relationship between the frequency of drug use and having drug using friends is a reciprocal one: the drug using friends are a cause and a consequence of drug use (Wanke 1971, Johnson 1973). If we compare the correlations with regard to the actual amount of drug use and the willingness to continue drug use, however, it becomes evident the correlation with the willingness variable is only a little bit smaller than the correlation with actual drug use. Henceforth it can be concluded that the observed relationship is mainly due to the friends being the cause of continuous drug use and not vice versa. The correlations are rather strong, especially if compared with those which have been observed in our tests before. They are $\gamma = .50$ in the case of actual drug use and $\gamma = .42$ in the case of willingness to continue drug use.

6. Conclusions

The pathological model of drug use has found little confirmation in our data. Although the same trends were sometimes observed with regard to certain relationships as in past literature, a computation of correlation coefficients revealed that the observed relationships were usually low. In most of the cases they even were to be treated as negligble. We have to conclude, therefore, that past research has tended to overestimate the relevance of individual problems for drug usage, probably due to a number of methodological deficiencies in design and analysis. As a consequence the relevance of social factors in drug use has been underestimated.

According to our data it seems quite true to view drug use as an outflow of participation in the drug subculture. Drug use seems to be a rather "normal" kind of behaviour which usually does not need a psychodynamic explanation to account for it. The time is due for research to pay more attention to the role of subcultural influences on drug use, especially with regard to interaction patterns. ⌘

⌘ For some hopeful approaches into this direction see especially Johnson (1973), Kandel (1974), Plant (1975), Tec (1972), Goode (1970).

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