Fall 2015

Perceptions of Social Control in Disadvantaged Neighborhoods and Adolescent Drug and Alcohol Use: Are They Related?

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PERCEPTIONS OF SOCIAL CONTROL IN DISADVANTAGED NEIGHBORHOODS AND ADOLESCENT DRUG AND ALCOHOL USE: ARE THEY RELATED?

by

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B.S. May 2011, Virginia State University

A Thesis Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF ARTS

APPLIED SOCIOLOGY

OLD DOMINION UNIVERSITY
December 2015

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ABSTRACT

PERCEPTIONS OF SOCIAL CONTROL IN DISADVANTAGED NEIGHBORHOODS AND ADOLESCENT DRUG AND ALCOHOL USE: ARE THEY RELATED?

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Old Dominion University, 2014
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Using data collected from the Evaluation of the Children at Risk Program (CAR) in Austin, Texas, Bridgeport, Tennessee, Savannah, Georgia, and Seattle, Washington (Harrell et al 1999), this study focused on problem behaviors in disadvantaged neighborhoods , specifically, drug and alcohol use, among at-risk youth. The purpose of this study was to determine if parochial and public levels of social controls in disadvantaged neighborhoods decrease the likelihood of adolescents using drug and alcohol. It was found that the parochial level of social control in disadvantaged neighborhoods was highly correlated with adolescent's alcohol and drug use; however, the public level was not significant.

ACKNOWLEDGEMENTS

I am using this opportunity to express my gratitude to everyone who has supported me throughout this journey. First, I would like to thank God for giving me the strength and willpower to complete and stay committed to this project. I would like to thank Dr. Garland F. White for being an incredible mentor throughout this journey. I would like to thank you for encouraging my research, allowing me to grow as a research scientist, and most of all for putting up with my mixed-emotions. Gratitude goes out to my committee members Dr. Triplett and Dr. Time. I would like to thank you both for serving as my committee members. Thank you all for making this thesis a success. Appreciation is given to Dr. Carmody and Dr. Sumter for helping make this project possible.

I am most thankful for my praying mother, Frieda Sumner, who spent sleepless nights with me and encouraged me to strive towards my goal. I would like to thank my sister, Shantate Sumner, for her encouraging words of wisdom. I would like to thank my aunt, Adrienne Burnett, for supporting my efforts. Last but not least, I would like to thank my nephew, Kaleigh Williams, for reminding me to never give up. I am forever grateful for you all.

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CHAPTER I
INTRODUCTION

The U.S. is continuing to witness an increase of drug and alcohol use. According to statistics from the U.S. Department of Health and Human Services, the United States spends more than sixty-eight billion dollars ($2,280 per adolescent) each year on specialty treatment, treatment of medical consequences and goods and services related to crashes, fires, crime, and criminal justice expenses due to adolescent substance abuse (Miller and Hendrie 2008). This funding could be used to implement better drug and alcohol prevention programs in schools, fund after school extracurricular activities, help rebuild disorganized neighborhoods, and build recreation centers that will have a positive impact within the community. This calls for close examination of social control in disorganized neighborhoods as it relates to social problems, specifically, drug and alcohol use among at-risk youth.

In recent years, an increasing number of studies have concentrated on neighborhood factors and their influences on youth problem behaviors. However, this concept is not new. For more than 50 years, social science has taken an interest in underprivileged neighborhoods and the effect they have on children and youth (Brooks-Gunn and Levethel 2000). One theory that focuses on underprivileged neighborhoods is social disorganization.

"Unlike theories centered on "kinds of people" explanations for crime, social disorganization theory focuses on the effects of the "kinds of places," specifically, different types of neighborhoods" (Kurbin and Weitzer 2003:374). This theory argue

that neighborhoods differ in terms of the ability to control disorder and crime. Disorganized neighborhoods have fewer controls and higher levels of disorder. According to Shaw and McKay's social disorganization theory, disorganization stems from lack of behavioral regulation that results from the neighborhood structural characteristics of heterogeneity, poverty, and instability. However, researchers found Shaw and McKay's social disorganization theory to be problematic due to the lack of theoretical testing and theoretical insight (Sampson and Groves 1989; Bursik and Grasmick 1993).

Several researchers have built on and improved Shaw and McKay's social disorganization theory by identifying the correlations between social networks, neighborhood rates of crime, and neighborhood structural characteristics. Sampson and Groves (1989) developed and tested a model of Shaw and McKay's social disorganization theory at community level in which they found that communities with low organizational participation, unsupervised youth groups, and sparse local friendship networks had higher rates of crime and delinquency than those with lower levels of social disorganization.

In a closely related theory, Sampson et al (1997) considered collective efficacy as a social interactive mechanism which creates bonding of individuals in neighborhoods, develops trust, and prevents crime. They found collective efficacy was inversely related to rates of violence in neighborhoods.

Nonetheless, Hunter (1985) expands the social disorganization theory by including control at private, parochial, and public levels. The private level of control

refers to primary relationships, parochial level of control refers to secondary relationships, and public level of control is the ability for people of the community to access public resources. Hunter argues that focusing on these three social orders is crucial in producing social control in communities.

According to Bursik and Grasmick (1993), neighborhood life is determined by the level of formal and informal association. They drew upon Hunter's expansion of the social disorganization theory to argue that Shaw and McKay, and other social disorganization theorists such as Ruth Kornhauser and Charles Tittle emphasized the private level of social control and failed to address the parochial and public levels.

STATEMENT OF THE PROBLEM

The role of neighborhood contexts has been recognized as an important factor in relation to adolescents substance and alcohol use (Tucker et al 2012). According to Lambert et al (2004), the link between neighborhood context and adolescent substance and alcohol use has been understudied. Part of the reason for this is that studies focus heavily on family and peer groups (Tucker et al 2012). However, there have been a few studies examining neighborhood effects and its relationship to adolescents drug and alcohol use. The few studies that have explored the relationship have found inconsistent results.

STATEMENT OF PURPOSE

The purpose of this study is to examine neighborhood contextual factors that influence at-risk youth's participation in drug and alcohol activities. More specifically, the goal of this study is to analyze whether disadvantaged neighborhoods with low levels

of parochial and public control contribute to at-risk youth's drug and alcohol use. The following general research question will guide this research:

1. Do parochial and public levels of social controls in disadvantaged neighborhoods decrease the likelihood of problem behaviors, specifically, drug and alcohol use, among at-risk youth?

SIGNIFICANCE OF STUDY

By examining neighborhood context, this study will bring attention to which neighborhood factors influence youth drug and alcohol use. Previous research focused heavily on family and peer groups. Focusing exclusively on these two contexts without much attention to neighborhoods, limits our ability to understand adolescent drug and alcohol use. This study seeks to identify neighborhood characteristics that are associated with at-risk youth drug and alcohol use; specifically community control features, parochial and public control, in socially disadvantaged neighborhoods. Hopefully, the investigation will provide a better understanding of how neighborhood characteristics affect drug and alcohol use. Furthermore, the investigation will lead to recommendations for policies and programs within these disadvantaged neighborhoods that will increase levels of social order and decrease drug and alcohol use.

The following chapter will provide an overview of social disorganization theory, a brief overview of empirical studies that have examined neighborhood characteristics, and a review of literature examining crime and disorder outcomes of social disorganized neighborhoods.

CHAPTER II

REVIEW OF LITERATURE

This chapter begins with an overview of the social disorganization theory, which explains crime and delinquency at the neighborhood level. Next, is a discussion of studies examining the three levels of social order. Following this, there is a review of studies examining neighborhood context and adolescent drug and alcohol use. This chapter concludes with a synopsis of the reviewed literature.

THE SOCIAL DISORGANIZATION THEORY

According to Sampson and Groves (1989), Shaw and McKay's study of crime and delinquency is one of the most significant sociological approaches to crime. Clifford R. Shaw and Henry D. McKay were two sociologists, affiliated with the University of Chicago and the Illinois Institute for Social Research. These researchers came to be well-known for their many studies of juvenile delinquency in Chicago neighborhoods.

Shaw and McKay (1942) established the social disorganization theory to help explain and analyze variations in neighborhood crime. Shaw and McKay (1942) explained that social factors such as poverty, heterogeneity, and high residential mobility rates create problems in the community and may even cause norms and values to conflict. These social factors reduce the community's social control because people in the community experience difficulty in bonding with other neighbors and that can interfere with the establishment of community standards. They found these neighborhoods to have high rates of social problems.

According to Shaw and McKay (1942), poverty is viewed as one of the leading neighborhood traits related to delinquency and crime rates. Similarly, Wilson (1987) studied the growth in poverty rates among the inner city African Americans and the issues that emerged because of it. He deciphers the racial changes in America by concentrating on the abominable conditions of the black underclass comparing it to the improving position of the middle class. He emphasized issues such as employment, education, income, and family structure which all affect the livelihood of the black underclass. As a result, he argues for policy suggestions and solutions that advocate racial equality and social justice.

Sampson and Groves (1989) expanded Shaw and McKay's influential theory by grounding it in the systemic model of informal social control. Due to the lack of theoretical testing by Shaw and McKay of the social disorganization theory, Sampson and Groves developed and tested a model of social disorganization theory at the community level. They argued that the community level of social disorganization can be measured by three neighborhood features: local friendship networks, supervision of teenage peer groups, and organizational participation. Sampson and Groves then hypothesized that family disruption, heterogeneity, residential mobility and low economic status directly effect social disorganization which in turn affects neighborhood crime rates.

The model was tested on two different data sets. In the first test, data was collected from 238 localities in Great Britain from a national survey administered in 1982. It consisted of 10,905 participants. The second test consisted of data collected from 300 British localities. There were 11,030 participants from an independent national

survey. Both studies revealed that social disorganization at the community level affects residential stability, family disruption, and heterogeneity. According to Sun et al (2004), the work of Sampson and Groves delineates the most accomplished model of social disorganization; however, their model of social disorganization at the community level has only been tested twice.

Similar to Shaw and McKay, Sampson et al (1997) argued that variation in crime rates through neighborhoods are not just due to demographic characteristics of individuals itself, but also social and organizational characteristics of neighborhoods. They considered collective efficacy as a social interactive mechanism which refers to the bonding of individuals in a community and the willingness of the people in the community to get involved. They believed that an increase in collective efficacy will reduce the crime and delinquency in neighborhoods combined with neighbors' eagerness to get involved on behalf of the common good.

The data for this study was gathered from the Project on Human Development in Chicago Neighborhoods. The data contained 847 census tracts which created 343 neighborhood clusters. Each cluster contained about 8000 residents. The investigation revealed that concentrated disadvantages, residential stability, and immigrant concentration are positively correlated with low collective efficacy and that collective efficacy is negatively related to rates of crime.

PRIVATE, PAROCHIAL, AND PUBLIC SOCIAL ORDERS

Travis Hirschi's (1969) control theory of delinquency states that an individual whose bond to society is weak or broken is more likely to participate in delinquent behavior. The elements of the bond to society are attachment (the link between

individual and society), commitment (the investment of one's future), involvement (concept of social bonding), and belief (common social values and norms shared in society). According to Hirschi (1969), these elements of the bond to society lead to strong social and emotional ties to the community which lessen the likelihood of delinquency. Individuals with less commitment, belief, and involvement in neighborhoods weaken the social bond which creates delinquent behavior (Fagin 2007:86). While Hirschi examined the bond an individual feels to society as a form of social control, Albert Hunter steered in a different direction by analyzing the nature of levels of social control.

Hunter (1985) expands the social disorganization theory by describing three levels of community control at private, parochial, and public levels. According to Hunter (1985), focusing on these three levels social order is beneficial when describing on social control in urban communities. Each of the levels focuses on effective social control at the neighborhood level. The private level of control refers to primary relationships, which involve family, friendships, and intimate others. The parochial level of control is usually less intimate and refers to secondary relationships, which includes-churches, neighborhood stores, schools, and civic leagues. Hunter (1985) believes these local institutions provide nourishment to the community. The public level of control is the ability for people of the community to access public resources such as the police, politicians, and city bureaucrats.

Bursik and Grasmick (1993) observed the shortcomings of previous studies of social disorganization theory. Bursik and Grasmick overcame many of these shortcomings by reframing social disorganization within a broader systematic theory of

community that includes Hunter's three levels of social control. This theory contends that neighborhood crime rate is tied to broader public controls as well as private and parochial. They argue that the capability to regulate the conduct of the residents within the community is determined by the level of formal and informal association. They indicate that formal and informal associations contribute to social control at the private, parochial, and public level.

Private

Tobler et al (2009) observed the relationship between neighborhood context, home, family management practices, and alcohol consumption among urban adolescents. The goal of this study was to expand the scientific knowledge concerning alcohol use amongst adolescents residing in urban communities. The sample contained 5,655 African American and Hispanic youth. Participants, within the ages of 11-14, were administered surveys that asked about their accessibility of alcohol at home, school, and in the neighborhood. The researchers hypothesized that neighborhood context, home, and family management practices would have a direct positive association with alcohol use among adolescents. Results showed that inner-city parents who monitor their home and respond to environmental risk are key to reducing alcohol use among youth. Neighborhood commercial access, home alcohol access, and family managed practices are positively associated with alcohol use among urban adolescents (Tobler et al 2009).

Furthermore, Byrnes et al (2011) revealed that parents' views of greater neighborhood problems are associated with greater levels of monitoring. According to Byrnes et al (2011), parents in disadvantaged neighborhoods may feel that increasing the levels of monitoring of their child will reduce youths' use of alcohol and delinquency;

however, being over protective can cause an increase in youths' use of alcohol and delinquency.

The following three sections bring to light that while the private level of social control is important and plays a major role in helping predict drug and alcohol use among adolescents in distressed neighborhoods, research suggests that parochial and public levels of social control are also related to variation in adolescent drug use.

Parochial

Triplett et al (2003) presented a model of neighborhood-based institutional social control and crime due to the lack of attention given. They hypothesized that the changes in social control and the viewpoints of institutions are caused by variations in social control. They state that high rates of neighborhood crime are linked to low levels of neighborhood social control. They also indicate that at the private, parochial, and public level, weakness in institutions lowers the overall levels of social control in neighborhoods and decreases neighborhood perceptions of institutions.

Public

According to Schaible and Hughes (2008), due to limited access and generalized distrust, residents of disadvantaged neighborhoods are relatively unlikely to report neighborhood problems to police. These researchers hypothesize that police officers do not always perform to the best of their ability for members of economically disadvantaged populations. They go on to suggest that one of the possible causes for easy access to drug and alcohol usage by youths is that the police rarely monitor disadvantaged neighborhoods. The sample consisted of 164 block groups from disadvantaged neighborhoods. Findings from these data indicated that citizens from

disadvantaged neighborhoods rely on the police for services just as much, if not more, than citizens that are not in disadvantaged neighborhoods.

CRIME & DISORDER OUTCOMES OF SOCIALLY DISORGANIZED NEIGHBORHOODS

This section is a review of studies examining neighborhood context and adolescent drug and alcohol use.

Drug Use

According to Heavyruuner-Rioux and Hollist (2010), the linking of substance use and social problems has been vital to the expansion of criminological theories. This development has been most notable in the social disorganization theory. Social contexts such as neighborhoods, family, and peers are often known for their influence on drug use among adolescents (Tucker et al 2012). Nonetheless, researchers have concentrated more heavily on family and peers than neighborhoods (Tucker et al 2012).

There have been a few studies to reveal the association between neighborhood characteristics and drug use with the intent to identify neighborhood characteristics that affect adolescent problem behavior (Leventhal and Brooks-Gunn 2000). According to Byrnes et al (2011), identifying neighborhood characteristics that effect adolescent problem behavior will help develop prevention strategies that focus heavily on contextual risk and protective factors.

Byrnes et al (2011) examined the connection between neighborhood context and Thai adolescents' substance abuse and delinquency. Adolescents from ages 13-14 were randomly selected from seven (7) cities in Thailand. Findings show that neighborhood disorganization, which is measured by social disorder (little respect for laws and

authority), systems problems (police caring about the neighborhood's problems), physical disorder (abandon buildings), and crime (burglaries/thefts) are related to adolescent drug use and delinquency. While policing is important, adolescents' own perceptions of neighborhood problems such as crime and victimization may be more important for their involvement in these neighborhood problem behaviors (Byrnes et al 2011:418). Byrnes et al (2011) also suggest that in both the United States and Thailand risk factors in the neighborhood context are both related to adolescents' problem behaviors.

However, Allison et al (1994) examined 114 9^{th} -10^{th} graders ages ranging from 14-17 in northeastern U.S. and found no correlation between neighborhood disadvantaged and a composite measure of adolescent substance abuse. However, Furr-Holden et al (2011) found a link between neighborhood disorder, measured as access to economic resources within the community (childhood poverty), neighborhood stability, access to educational capital (high school dropout rates), community economic viability (male unemployment), and marijuana use among urban adolescents and young adults. Their results revealed that young adults living in deprived Baltimore neighborhoods were more likely to use marijuana 2-years after their high school graduation than young adults living in privilege neighborhoods.

A similar study done by Snedker et al (2009) found that at-risk high school students in Seattle residing in more disadvantaged neighborhoods reported lower rates of marijuana use. Tucker et al (2012) studied neighborhood disorganization and the start of marijuana and alcohol use among adolescents. The sample consisted of 6516 predictors of marijuana such as unemployment and neighborhood characteristics (female-headed household and poverty) over a 1-year period. Participant's age ranged from 12-19 years

The findings revealed that 12.9% of adolescents started using marijuana over a 1-year period. Result also suggested that adolescents residing in neighborhoods with high levels of poverty and an increasing rate of unemployment are more likely to use marijuana.

Wilson et al (2005) examined the correlation between adolescent alcohol, tobacco, and marijuana and perceptions of neighborhood disorder. As a part of a large longitudinal study, data was collected from middle school students from three different states who were considered demographically at-risk for tobacco, alcohol, and other drug use depending on their enrollment in low socioeconomic status schools. The data were collected in 1999 from group administered questionnaires. Students were asked about their frequent use of alcohol, marijuana, and tobacco. Neighborhood disorder was measured by crime (burglaries), victimization (fighting in the neighborhood), police arrest, and the bonding of the people in the neighborhood. The findings suggested there is a strong relationship between adolescent alcohol, tobacco, and marijuana and neighborhood disorder. Their results also revealed that adolescents who believed their neighborhood to be disorderly are more likely to use alcohol, tobacco, and other drugs. This study also reported adolescents who used alcohol, tobacco, or marijuana at the moment consistently increased with the level of neighborhood disorder.

Kulis et al (2007) observed the association of neighborhood factors on youth marijuana and alcohol use. Researchers hypothesized that neighborhood immigrant, ethnic, socioeconomic composition, and residential instability influences substance use among different ethnic backgrounds. The study consisted of self-reports conducted in predominantly Latino middle schools. Data were collected from approximately, 3,721 7^{th} grade students in disadvantaged neighborhoods. Researchers were limited to only two

ethnic groups, which were Latino students of Mexican heritage (80%) and non-Hispanic whites (20%). For the non-Hispanic Whites, no neighborhood effects emerged as significant; however, neighborhoods with a high percent of Mexican descent were a risk factor for alcohol and marijuana use among Hispanic Whites. Results from a very similar study were reported just a few months later.

Yabiku et al (2007) observed a sample of American Indian and Non-American Indian youths residing in the Southwest. The goal of the study was to determine if neighborhood context affected drug use differently among American Indian and Non-American Indian youths. Neighborhood context was measured by such factors as unemployment, poverty, education, and violent crime rates. Based on the percentage of students receiving free or reduced lunch, the authors concluded that most of the youths in their sample were from disadvantaged neighborhoods or economically disadvantaged families. Results revealed that American Indian youths residing in neighborhood conditions with higher rates of poverty are not likely to use marijuana, but these neighborhood conditions increase marijuana use for non-American Indian youths.

Lambert et al (2004) studied the relationship between subsequent substance abuse and neighborhood disorganization. Neighborhood disorganization was measured by violence, safety, and drug activity. The sample consisted of 7th graders from an urban African American community. This study revealed that negative perceptions of the neighborhood context were significantly associated with higher drug use among urban African American adolescents.

Alcohol Use

Despite the fact that a vast number of researchers have written about the effects of neighborhood context on social problems, research that pinpoints alcohol use as problematic among at-risk youth is scarce. A crucial problem is the lack of any clear theorizing about the mechanisms which might link area level socioeconomic positions and behaviors, and which might form the basis for the selection and interpretation of variables (Macintyre et al 2002). Thus, too little attention has been given to how low socioeconomic areas, beyond the individual socioeconomic position, related to adolescent risk behaviors, including alcohol (Vinther-Larsen et al 2011). This section will discuss available investigations that reveal youth in impoverished neighborhoods are more likely to abuse alcohol.

Vinther-Larsen et al (2011) examined the relationship between area-level deprivation and drinking patterns among adolescents. The participants of this study were individuals 12-19 years old with access to a landline telephone in their household and lived in New Zealand for at least 1-year. According to the research, a sample of 1,828 respondents between the ages of 12-19 years old was obtained. In order to conduct this research, a stratified sample designed was used. The landline for the household was selected by random digit dialing, including listed and unlisted phone numbers. This study was only interested in adolescents who lived in high deprived neighborhoods in New Zealand. According to Vinther-Larsen et al (2011), the socioeconomic position of each 12-19 year old was obtained from a question they answered in the survey about the occupation of the main earner in their household. They revealed that there was a correlation between area level deprivation and the amount of alcohol an adolescent may

consume. Adolescents who dwell in high deprived areas are more likely to consume the most alcohol in comparison to those living in the least deprived areas.

Duncan et al (2002) examined the association between neighborhood context and youth alcohol and drug problems. The ultimate goal of this study was to enhance previous research on youth alcohol and drug problems, precisely on neighborhood characteristics such as poverty, stores selling alcohol, neighborhood social cohesion, drug and alcohol arrest, and neighborhood problems with youth alcohol and drug use. The data for this study were gathered from a metropolitan city which consisted of 55 neighborhoods in the Pacific Northwest. The participants for this study was restricted to White or African American children ages 9, 11, and 13. A survey was given via telephone using computer software called computer-assisted telephone interview (CATI). Adolescents were asked if they agreed or disagreed that for kids in their neighborhood alcohol and drug use were a problem. Poverty was positively correlated with alcohol use among kids in these 55 neighborhoods. Higher poverty neighborhoods increased the likely of alcohol use among adolescents.

Winstanley et al (2008) argued that a large percent of all adolescents will come in contact with or use drugs and alcohol before their high school graduation. Consistent with their theory, these researchers examined adolescents' awareness of neighborhood disorganization and social capital to confirm they are positively correlated with adolescent drug or alcohol use. Although there are existing studies that validate the correlation amongst social disorganization, social capital, and alcohol and drug use, the results are mixed. This is actually the first study to use a nationally representative sample when examining the correlation between social disorganization, social capital, and

alcohol and drug use. Secondary data was used from the National Survey on Drug Use and Health (NSDUH) collected in 1999 and 2000. This study focused on participants between the ages 12-17. The sample size was 38,115 adolescent participants. Social disorganization was measured by residential mobility (people moving in/out of the neighborhood), abandon buildings, drug selling, crime, and victimization. Social capital was measured by the parochial level of social control (church choir, student government, volunteer work, school clubs/bands, team sports, boy/girl scouts, youth center, and big brother/sister).

Alcohol and drug use was found to be significantly and positively correlated with neighborhood disorganization. 41.8% of adolescents revealed lifetime alcohol and drug use and 48.2% made it known that they only have tried alcohol. This study reported that high levels of neighborhood disorganization caused high levels of alcohol use amongst youth. This study also revealed that youth who've reported higher levels of social capital are less likely to use alcohol and drug use.

Ennett et al (1997) scrutinized school and neighborhood characteristics and their associations with alcohol, cigarette, and marijuana use. The purpose of this study was to determine the differences in alcohol, tobacco, and marijuana use by grade school students living in disadvantaged neighborhoods. The participants for this study consisted of 1801 students from grade school that resided in a Midwestern state. Students were surveyed and questions were asked about their experiences with drugs, alcohol, and cigarettes. The results of the research showed that neighborhood characteristics such as socioeconomic status are significantly associated with alcohol, cigarette, and marijuana use. Alcohol us

rates are higher amongst youth who reside in neighborhoods having a higher level of social disadvantage.

Trim and Chassin (2008) studied the effect that neighborhood socioeconomic status has on adolescent alcohol use. There were 454 original adolescent participants of this study between the ages of 10-15; unfortunately 93 of those adolescents abandoned the study leaving a total of 361 participants. Adolescents were interviewed by professionally trained personnel about their involvements with alcohol. The study concluded that neighborhoods with high and low neighborhood socioeconomic status were significantly related to the increase rates of adolescent alcohol use.

There have been a few studies examining neighborhood effects and their correlation with adolescents substance and alcohol use. The few studies that have tried have found mix results. The roles of neighborhood contexts have been recognized as an important factor in relation to adolescents substance and alcohol use; however, recent studies focus heavily on family and peer groups (Tucker et al 2012). According to Lambert et al (2004), the link between neighborhood context and adolescent substance and alcohol use has been understudied. The next chapter provides an explanation of the data and the proposed utilization of analysis for this study. While most of the studies discussed above on adolescent drug and alcohol use focuses on the role of poverty as a component of social disorganization, the research proposed here will look more to the levels of social control in communities where high risk youth resides.

CHAPTER III
METHODOLOGY

This chapter reviews the research methods that will be utilized for this study. This section is composed of a discussion of the research design, research hypotheses, variables in the study, and the type of statistical analysis that will be employed.

THE STUDY AND RESEARCH DESIGN

This study is a cross sectional secondary analysis designed to examine disadvantaged neighborhoods and their relationship to at risk youth drug and alcohol use. The data were produced by research by Harrell et al (1999) in the Evaluation of the Children at Risk Program (CAR) in Austin, Texas, Bridgeport, Tennessee, Savannah, Georgia, and Seattle, Washington between 1993 and 1997. The Children at Risk Program (CAR) was a program established to prevent drug and alcohol use, delinquency, poor school performance, and other problem behaviors among high-risk adolescents between the ages of 11 and 13 who resided in severely distressed neighborhoods (Harrell et al 1999). Their study was designed to examine the long-term effects of the CAR program on high-risk adolescents in previously mentioned areas.

The data consist of 338 adolescents in the CAR treatment group, 333 adolescents in the control group and 203 youths in the quasi-experimental group (juveniles who met the CAR eligibility risk requirements, but lived in other severely distressed neighborhoods). Demographically, there were 454 males (52%) and 420 females (48%) that participated in the study. Finally, 507 (58%) of the respondents were African American, 297 (34%) were Hispanic, and 70 (8%) were Caucasian.

RESEARCH HYPOTHESES

This section summarizes the research hypotheses for the current study. The hypotheses for this study are as follows:

H1: Adolescents who perceive their neighborhood to have less social control at the parochial level are more likely to use drugs and alcohol.

H2: Adolescents who perceive their neighborhood to have less social control at the public level are more likely to use drugs and alcohol.

VARIABLE IN THE STUDY

Dependent Variable

The dependent variable of this study is alcohol and drug use which is measured by questions from the baseline questionnaire.

Table 1. Dependent Variables

Variable	Description	Codes
Alcohol & Drug Usage	How often have you had alcohol during the last 30 days?	Never; 1-2 times; 3-5 times; 6-9 times; 10-19 times; 20-39 times; 40 or more times
	Think back over the past two weeks. How many times have you had five or more drinks in a row? A "drink" is a glass of wine, a bottle of beer, a wine cooler, a shot glass of liquor, or a mixed drink.	Never; 1 day; 2 days; 3-5 days; 6-9 days;10 or more days
	During the last 30 days, how many times, if any, have you used marijuana or hash?	Never; 1-2 times; 3-5 times; 6-9 times; 10-19 times; 20-39 times; 40 or more times
	During the last 30 days, how many times, if any, have you used crack cocaine?	Never; 1-2 times; 3-5 times; 6-9 times; 10-19 times; 20-39 times; 40 or more times
	During the last 30 days, how many times, if any, have you used cocaine in any other form?	Never; 1-2 times; 3-5 times; 6-9 times; 10-19 times; 20-39 times; 40 or more times
	During the last 30 days, how many times, if any, have you used heroin?	Never; 1-2 times; 3-5 times; 6-9 times; 10-19 times; 20-39 times; 40 or more times
	Buy alcohol in your neighborhood?	1=Very Easy; 2=Pretty Easy; 3=Pretty Hard; 4=Very Hard
	Buy alcohol at school or on school ground?	1=Very Easy; 2=Pretty Easy; 3=Pretty Hard; 4=Very Hard
	Buy marijuana or hash in your neighbor?	1=Very Easy; 2=Pretty Easy; 3=Pretty Hard; 4=Very Hard
	Buy marijuana or hash at school or on school grounds?	1=Very Easy; 2=Pretty Easy; 3=Pretty Hard; 4=Very Hard

Cronbach's alpha

Cronbach's alpha will be used to scale the dependent variable. By doing so, this will create a stronger and more reliable dependent variable. If the items being measure are over 0.70 or higher, a constant sum scale will be formed that can be used as an interval scale.

Table 2. Cronbach's Alpha

Cronbach's alpha	Internal consistency
$\alpha \geq 0.9$	Excellent (High-Stakes testing)
$0.7 \leq \alpha < 0.9$	Good (Low-Stake testing)
$0.6 \leq \alpha < 0.7$	Acceptable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

Table 3. Cronbach's Alpha for Drugs

Cronbach's alpha for Drugs	Internal consistency
a=0.676	Acceptable

Independent Variables

The independent variables are the perceptions of levels of social control which are parochial, and public.

Table 4. Youth's Perception of Parochial and Public Levels of Social Control in Neighborhoods

	Variable	Description	Codes
YOUTH	*Parochial Level*	People in your neighborhood are trying to keep kids off drugs?	1=Strongly Agree; 2=Agree; 3=Disagree; 4=Strongly Disagree
	Public Level	The police don't treat neighborhood kids fairly	1= Agree; 2=Disagree
		The only time you see police in your neighborhood is when there's a problem	1= Agree; 2=Disagree

Table 5. Caregivers' Perception of Parochial and Public Levels of Social Control in Neighborhoods

	Variable	Description	Codes
CAREGIVER	*Parochial Level*	People in your neighborhood are trying to keep kids off drugs?	1=Strongly Agree; 2=Agree; 3=Disagree; 4=Strongly Disagree
	Public Level	The police don't treat neighborhood kids fairly	1= Agree; 2=Disagree
		The only time you see police in your neighborhood is when there's a problem	1= Agree; 2=Disagree

Control Variables

Based on prior research, there are three control variables for this study.

Table 6. Control Variables

Variable	Description	Codes
Age	Youth's age at intake	11-13 years of age
Race	Ethnicity Of Youth	100= White 200= Asian 300= Hispanic 400= African American 500= Misc other 900= M Not ascertained
Gender (YGender)	Gender Of Youth	1= Female 2= Male 9= M Not ascertained

DATA ANALYSIS

Descriptive Statistics

The measure of central tendency, mean and measure of dispersion, standard deviation were used to describe the data since these are appropriate measures for interval variables

Analysis

Multiple regression analysis was most suitable for this study because it measures the association between a single dependent variable and multiple independent variables (Sweet and Grace-Martin 2012:189). The multiple regression analysis analyzes how multiple independents variable work together to affect the dependent variable (Sweet and Grace-Martin 2012:189). It also assists in determining the effect of each individual variable while controlling for the other variable in the model.

First, I conducted an analysis of reliability of delinquency items using SPSS. This assisted in determining the value of Cronbach's Alpha. Second, I analyzed the univariate values (means and standard deviations) of the independent variables (parochial and

public), dependent variable (drug-alcohol), and control variables. Third, I examined the reliability between the caregiver's and youths' assessment of the control factors. If the caregiver's and youths' assessment of the control factors are not reliable, they will be used separately. Fourth, I examined the bivariate correlations of the independent variables with the drugs and alcohol variable. Subsequently, I compared the youth and caregiver measures of social control using bivariate correlations. Thereafter, I ran a regression analysis of control variables with the delinquency-alcohol variables. Finally, I ran the regression analysis of control variables and control variables with the drug-alcohol variable.

SUMMARY

This chapter summarized the research methodology for this study, which includes the study design and data source utilized in this study. The data analysis justified the type of analysis that was used and why it was most suitable for this study. The following chapter will reveal the results of the analyses.

CHAPTER IV

RESULTS

In this chapter, the results of the data analysis are presented. This study examined data from the Evaluation of the Children at Risk Program (CAR) in Austin, Texas, Bridgeport, Tennessee, Savannah, Georgia, and Seattle, Washington (Harrell et al 1999). The population of case studies is from the years 1993 through 1997. This section is composed of a discussion of the demographics of the studied population and results of the problems presented in chapter 1.

Table 7. Descriptive Statistics

Variable	N	Mean	Std. Deviation
Parochial Youth	848	14.29	4.46
Parochial Caregiver	202	16.47	3.92
Drugs	848	3.08	.61
Alcohol	851	2.31	.91
Race	874	.58	.49
Public Control	867	5.06	3.05
Age of Youth	874	12.36	.69
Gender of Youth	873	1.52	.50
Valid N (listwise)	197		

Reflected in Table 7, the descriptive statistics provide the means and standard deviations for the independent, dependent, and control variables. I examined there liability between the caregiver's and youths' assessment of the control factors. The caregiver's and youths' assessment of the control factors were not reliable, so I used them separately. The results of the reliability test indicate that the variables for the youths' perception of parochial control (a=.769) and public control (a=.772) in their neighborhood are reliable.

Hypothesis #1 Parochial Control and Alcohol Use

Hypothesis #1 states: Adolescents who perceive their neighborhood to have less social control at the parochial level are more likely to use drugs and alcohol. Table 8 presents the analysis of data to test the hypothesis that adolescents are more likely to use alcohol because they sense their neighborhoods have less social control at the parochial level. The perceptions of the youth, and the youth's caregiver were used to determine the level of their neighborhood's social control at the parochial level. Table 8 below shows the test of hypothesis 1 concerning the influence of parochial control on adolescence alcohol use. Table 8 exhibits two regression models. Model 1 is a regression analysis with the demographic categories and the level of alcohol use. Only age is significantly related to alcohol use.

In model 2 the levels of parochial control are introduced as measured both by the youth and by the caregivers. As can be seen the level of parochial control in the neighborhood as perceived by the youth has a significant effect in reducing alcohol use (b=-0.045). It is interesting that the level of neighborhood parochial control as measured by the perceptions of the caregivers does not have a significant effect on the drinking

behavior of the youth. A more detailed examination of the relationship of age and alcohol use suggested that younger participants perceived greater amounts of parochial control(r= -0.120, sig. < .001) and they were less likely to use alcohol(r = 0.107, sig. 002). The strength of the perceptions of the amount of neighborhood parochial control are significantly tied to the amount of alcohol use (r = - 0.228, sig. < .001) alcohol. However, the partial correlation controlling for perception of parochial control is still positive but not statistically significant (r= 0.066, sig = 0.358). When perceptions of the amount of parochial control are considered age is no longer related in a significant way. In other words, when youth believe that parochial control is strong in their neighborhoods alcohol usage is reduced and the age of the youth is not an important factor. It is also notable that parochial control is more effective than age variation that was important in the first model.

Thus, hypothesis 1 is supported by these results because the factors of parochial control decreased adolescent alcohol usage. This means in neighborhoods where adolescents perceive more parochial control they are less likely to partake in using alcohol. Gender, race, and the caregiver's perception of parochial control in the neighborhood did not have an effect on adolescent's alcohol usage. These results suggest that adolescents are less likely to use alcohol when they perceive that people of their neighborhood are actively engaged in controlling adolescent behavior.

Table 8. Adolescent's Alcohol Usage with Effects of Parochial Control

	Model 1		Model 2	
Variable	B	STD	B	STD
Constant	.573	.569	1.11	1.58
Gender	.037	.062	-.085	.136
Age	.136	.045*	.129	.117
Race	-.012	.063	.142	.135
Parochial Youth	--	--	-.045	.015*
Parochial Caregiver	--	--	.017	.017
R-Square	.012	--	.075	--

*= $p<.05$

Table 9 reveals the impact of parochial control on adolescent's drug use by testing hypothesis 1. Table 9 displays two regression models in which Model 1 is a regression analysis with the demographics categories and the adolescent's drug usage. Here age was the only variable that was statistically significant.

As previously stated, the levels of parochial control in Model 2 are measured by the youths' and the caregiver's perception of parochial control in the neighborhoods. As shown in Model 2, the youths' perception of the level of parochial control in the neighborhood has a significant effect in reducing drug use (b=-0.019). However, it is fascinating that the caregiver perception of parochial in the neighborhood doesn't have a significant effect on the youth's drug usage.

Based on the results presented in Table 9, the youths' perception of parochial control in the neighborhood suggest that adolescent's are more likely to refrain from

using drugs because of citizens' participation in supervising the youth. Age is significantly related to reducing adolescent drug use. However, when controlling for parochial control, age is no longer significant in reducing adolescent's drug usage. Gender, age, race, and the caregiver's perception of parochial control in the neighborhood did not have an effect on adolescent's alcohol usage.

Table 9. Adolescent's Drug Usage with the Effects of Parochial Control

	Model 1		Model 2	
Variable	B	STD	B	STD
Constant	2.20	.381	2.18	.821
Gender	.059	.042	.041	.071
Age	.063	.030*	.080	.061
Race	.002	.042	.008	.071
Parochial Youth	--	--	-.019	.008*
Parochial Caregiver	--	--	.006	.009
R-Square	.008	--	.050	--

*= $p<.05$

Hypothesis #2 Public Control

Hypothesis #2 states: Adolescents who perceive their neighborhood to have less social control at the public level are more likely to use drugs and alcohol. Specifically, adolescents who perceive their neighborhood to have less social control at the public level are more likely to use alcohol because their neighborhood may not have the resources to reduce the crime. Table 10 presents hypothesis 2 which focused on the

influence of public control on the drinking behavior of the youth. In Table 10, Model 1 exhibits a regression analysis with demographics categories and the level of alcohol use by the youth. Again, age is the only variable significantly correlated to the youths' alcohol usage in that the older youth were more likely to consume alcohol.

As shown below in Model 2, the level of social control in the neighborhood was measured by the perceptions of the youth and the caregiver. The combined youth's and caregiver's assessment factors were reliable. Surprisingly, when controlling for public control adolescent's alcohol usage did not reduce (b=0.012). Age was the only variable significant. Gender, race, and the caregiver's perception of public control in the neighborhood did not have an effect on adolescent's alcohol usage. As a result, hypothesis 2 is not supported. Despite receiving significant attention, these findings suggest that the youth's alcohol consumption is not effected by the level of public control in the neighborhood.

Table 10. Adolescent's Alcohol Usage with the Effects of Public Control

	Model 1		**Model 2**	
Variable	B	STD	B	STD
Constant	.573	.569	.539	.571
Gender	.037	.062	.039	.062
Age	.136	.045*	.134	.045*
Race	-.012	.063	-.008	.064
Public Control	--	--	.012	.018
R-Square	.012	--	.012	--

*= $p<.05$

Table 11 presents data to test the hypothesis that adolescents who perceive their neighborhood to have less social control at the public level are more likely to use drugs by testing hypothesis 2. Unlike the variable, parochial control, the youth and their caregivers' scores for opinions about public control were reliably correlated so they were combined. Table 11 exhibits two regression models. Model 1 focuses on the demographic categories of the youth and their drug usage. As had been mention, age is significantly related to drug usage amongst youth.

In Model 2, the level of public control perceived by the youth and caregivers in the neighborhood does not have a significant effect in reducing drug use (b=0.021). None of these variables are significantly related to the youths' drug usage.

Adolescent's drug usage was not related to the perceptions of public control in their neighborhoods. None of these variables were significant. Gender, age, race, and the caregiver's perception of public control in the neighborhood did not have an effect on adolescent's drug usage.

Table 11. Adolescent's Drug Usage with the Effects of Public Control

	Model 1		Model 2	
Variable	B	STD	B	STD
Constant	2.20	.381	2.14	.382
Gender	.059	.042	.062	.042
Age	.063	.030*	.059	.030
Race	.002	.042	.008	.042
Public Control	--	--	.021	.012
R Square	.008	--	.012	--

*= $p<.05$

Table 12 presents multiple regression models of the influence of both parochial and public level of social control on adolescent's alcohol usage. Model 1 is a regression analysis with demographic categories and the level of parochial control based on the youth's and caregiver's perception of social control in the neighborhood. The youths' perceptions of parochial social control in the neighborhood is positively correlated to adolescent's drinking usage (b=-0.045). However, the caregiver's perception of parochial control doesn't have a significant effect on the youths' drinking behavior.

Model 2 exhibits a regression analysis with demographic categories and the impact of public control on adolescent's alcohol use. As can be seen in Table 12, the level of public control doesn't have a significant effect on reducing adolescents' alcohol usage. However, age is the only significant variable.

Model 3, in Table 12 displays a regression analysis of both the parochial and public levels of social control in the neighborhood and the effect it has on adolescent's

alcohol usage combined. Model 3 reveals that parochial control is more strongly related to adolescent drinking than public control. Parochial control in the neighborhood perceived by the youth has a significant effect in reducing the adolescents drinking behavior (b= -0.043). On the other hand, neither the perception of parochial control perceived by the caregivers nor the perception of the combined scores of the youth and caregivers about public control doesn't have a significant effect on reducing the youths' alcohol usage.

The significance of results in Table 12 suggests that when controlling for parochial and public control, again, parochial control reduces adolescent's alcohol usage. However, public control is not significantly related. Gender, age, race, and the caregiver's perception of parochial and public control in the neighborhood did not have an effect on adolescent's alcohol usage.

Table 12. Adolescent's Alcohol Usage with the Effects of Parochial & Public Control

	Model 1		Model 2		Model 3	
Variable	B	STD	B	STD	B	STD
Constant	1.11	1.58	.539	.571	.990	1.57
Gender	-.085	.136	.039	.062	-.097	.136
Age	.129	.117	.134	.045*	.120	.117
Race	.142	.135	-.008	.064	.143	.135
Parochial Youth	-.045	.015*	--	--	-.043	.018*
Parochial Caregiver	.017	.017	--	--	.012	.015
Public Control	--	--	.012	.018	.061	.045
R-Square	.075	--	.012	--	.083	--

*=p<.05

Table 13 presents three regression analyses which unveil the effects that parochial and public levels of social control jointly have on an adolescents who reside in improvised neighborhood drug habits. Model 1 implies that the youth's perception of social control at the parochial level has a significant effect in reducing adolescent's drug behavior (b=-.019). The caregiver's perception of the parochial level of social control in the neighborhood had no effect. In Model 2, perceptions of public level of social control don't have a significant effect in reducing adolescent's drug usage.

Model 3 displays a regression analysis with both parochial and public levels of social control on adolescent drug behavior. As can be seen below, the youth's perception of social control in the neighborhood reduces adolescent's ability to use drugs (b=-.018).

Once again, the caregiver's perception of social control at the parochial level has no effect. Public control also doesn't have an effect.

Consequently, results indicate that when controlling for parochial and public control, only parochial control is correlated with adolescent's drug usage. However, public control is not significant. Gender, age, race, and the caregiver's perception of parochial and public control in the neighborhood did not have an effect on adolescent's alcohol usage.

Table 13. Adolescent's Drug Usage with the Effects of Parochial & Public Control

Variable	B	STD	B	STD	B	STD
Constant	2.18	.821	2.14	.382	2.11	.821
Gender	.041	.071	.062	.042	.034	.071
Age	.080	.061	.059	.030	.074	.061
Race	.008	.071	.008	.042	.008	.071
Parochial Youth	-.019	.008*	--	--	-.018	.008*
Parochial Caregiver	.006	.009	--	--	.004	.009
Public Control	--	--	.021	.012	.034	.024
R Square	.050	--	.012	--	.060	--

*=p<.05

CHAPTER V
REVIEW OF THE RESULTS

Alcohol and drug use amongst adolescents is very prevalent worldwide. Over time, the US has witnessed an increase in alcohol and drug use. Not long ago, an increasing number of studies focused on the influence of neighborhood factors on youth problem behaviors. However, this concept is not new. For more than 50 years, social science has taken an interest in underprivileged neighborhoods and the effect they have on children and youth (Brooks-Gunn and Levethel 2000). According to statistics from the U.S. Department of Health and Human Services, the United States spends more than sixty-eight billion dollars ($2,280 per adolescent) each year on specialty treatment, treatment of medical consequences and goods and services related to crashes, fires, crime, criminal justice due to adolescent substance abuse (Miller and Hendrie 2008). Adolescent alcohol and drug use remains a major public health issue.

The major goal of this study was to determine if neighborhoods with low levels of parochial and public social control influenced at-risk youth drug and alcohol behaviors. Clifford R. Shaw and Henry D. Mckay's book, *Juvenile Delinquency and Urban Areas*, provided the intellectual background of this study. Shaw and McKay (1942) established the social disorganization theory to help explain and analyze variations in neighborhood crime. According to Shaw and McKay's social disorganization theory, disorganization stems from lack of behavioral regulation that results from the neighborhood structural characteristics of heterogeneity, poverty, and instability. Hunter (1985) expands the social disorganization theory by including control at private, parochial, and public level.

He argued that focusing on these three social orders is crucial in producing social control in communities.

The present study examined the relationship of social control in impoverished neighborhoods as it relates to drug and alcohol use amongst at-risk youth. One of the hypotheses was supported.

This study focused exclusively on community control features, parochial and public control, in poverty stricken neighborhoods and its influence on youth's drug and alcohol behaviors. The results supported the hypothesis that adolescents who perceive their neighborhoods to have less social control at the parochial level are more likely to use alcohol and drugs. Similarly, Shaw and Mckay (1942) stated that economic disadvantaged neighborhoods, heterogeneity, poverty, and instability decreases behavior regulation and increase social disorganization.

The results of my study suggested that adolescents who perceive their neighborhood to have more social control at the parochial level are less likely to engage in drinking behaviors. The level of parochial control perceived by the youth in the neighborhoods effectively reduced alcohol use (b=-0.045). Also, the results suggested that the youth's perception of parochial control in the neighborhood has a significant effect on reducing drug use (b=-0.019). This means that adolescents refrain from using alcohol and drugs because they recognize the people in the neighborhood are partaking in controlling adolescent behavior. Shaw and McKay (1942) founded social factors such as poverty, heterogeneity, and high residential mobility rates reduce the community social control because people in the neighborhood aren't bonding with other neighbors which interfere with the community values. Interestingly enough, the caretakers' perception of

the level of parochial control in the neighborhood does not have a significant effect on the drinking and drug behaviors of the youth. Therefore, adolescent's perception of social control in their neighborhood at the parochial level precedes the perceptions of the caregiver.

This study also found the hypothesis regarding adolescents who perceive their neighborhood to have less social control at the public level are more likely to use alcohol and drugs was not supported. Based on the level of public control perceived by the youth and the caregiver, it does not have a significant effect on reducing alcohol (b=0.012) and drugs (b=0.021) use.

I also examined the effects that parochial and public levels of control jointly have on adolescent's alcohol and drug use in disadvantage neighborhoods. This analysis showed adolescent's drinking reduced (b=-0.043) when they perceived their neighborhood to have more social control at the parochial level. Furthermore, the results of this study suggested the youth's perception of parochial have on the neighborhood reduces adolescent drug use (b=-0.018). Again, the caregiver perception of parochial and public levels of social control in the neighborhood and public control did not have an effect on adolescent's drug use. Parochial control has a stronger correlation to adolescent's drinking and drug behaviors than public control.

CONCLUSIONS & IMPLICATIONS

Alcohol and drug use amongst adolescents who reside in impoverished neighborhoods is very prevalent. This is an ongoing issue that society continues to struggle with. Although adolescent's alcohol and drug use is at an all time high, it is steadily increasing. In order to reduce risk and increase protective factors, the concept of

the severity of alcohol and drug behavior in poverty stricken neighborhoods need to be grasped. There is conflicting evidence regarding the impact of the level of social in disadvantaged neighborhood on adolescent alcohol and drug use. This study contributes to a mixed body of literature on social context and adolescent substance abuse.

When looking at the results of this study, it may be assumed that the level of parochial control in disadvantage neighborhoods effectively reduces the delinquent activities of adolescents. The study participants reported they were involved in out of school activities such as the Boys and Girls Club and church groups. This can be explained that the interpersonal networks that serve the community assisted in prevention of alcohol and drug use by adolescents. The bonding of people in neighborhoods promotes positive youth behaviors. Parochial control is more prevalent in impoverished neighborhoods.

It could also be assumed that the perception of public control by the youth and caregivers doesn't have a significant effect on reducing alcohol and drug behaviors. The study participants reported the only time the police are in their neighborhood is when a crime is committed or when there is a problem. This can be explained that disadvantaged neighborhoods may not have access to public resources as they should have. The people of disadvantage neighborhoods and police must establish a relationship in order to maintain a well-organized neighborhood. This in turn could lead to not only reduction in crime in disadvantage neighborhoods, but also the ability to regulate the behaviors of adolescent.

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

A limitation of the current study is that the respondents were surveyed in front of their caregivers. This may have caused potential bias in the way the youth responded to the survey questions. This questions the credibility of the youth because they may not have answered the survey as truthfully as they would have if their caregiver wasn't present.

Another limitation is the location of this study. Although the respondents in this study reside in different cities and states, there is little to no diversity. More than half of residents in impoverished neighborhoods are Blacks and Hispanics. The majority of the respondents that were selected for this study were Blacks or Hispanics. Last of all, the data set focused on the state as a whole instead of the neighborhood directly.

A significant limitation of my study is the absence of objective measures of the two control variables, parochial and public control. This required me to use the opinions of the youth and their caregivers as a proxy for those variables. Ideally, a study would have both the objective measures and the resulting attitudes of the community members.

One recommendation for this study is that neighborhoods directly should be looked at instead of the perception in order to determine if there is a direct correlation between adolescent substance abuse and neighborhood contextual factors. Another recommendation for this study is to include a measure for the private level of social control. For future studies, researchers should try to focus on parochial and public levels of social controls in advantaged neighborhoods and the influence it may have on adolescent alcohol and drug use that aren't at-risk.

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