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SUBSTANCE ABUSE AND SLOW-MOTION DISASTERS: The Case of Detroit

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In this article, I focus on problem substance use as one outcome of an underlying, "slow-motion disaster" caused by the long-term collision between corrosive structural processes, counterproductive social policies, and vulnerable populations. Using the city of Detroit as an illustration, I offer an original conceptual model for linking the causes and cascading consequences of slow-motion disasters. This model highlights the embedded connections between structural factors, such as racial segregation and systemic unemployment, and multiple destructive outcomes, including health and crime disparities, as well as problem substance use. Finally, I conclude that sociological researchers must engage with broader publics and diverse coalitions if they are to contribute to an alternative social policy—a holistic, regional "disaster response"—that takes multiple layers of causality into account, and addresses the core of vulnerabilities that make such disasters possible.

INTRODUCTION: SLOW-MOTION DISASTERS

In public discourse, disasters are often portrayed as sudden, unpredictable events, acts of God or nature, events that materialize without warning and leave destruction in their wake. However, defining disaster is not necessarily as easy as it seems, and some of the criteria are admittedly arbitrary (Quarantelli 1987, 1998). Disaster researchers often use a fourfold typology, classifying disasters along axes of *time* or *cause*: *acute* as opposed to *chronic*, *natural* as opposed to *technological* (Kroll-Smith and Couch 1991). Unlike an *acute* disaster, a *chronic* disaster may occur over years, decades, or even centuries. The most obvious examples are ecological disasters, such as desertification or global climate change. In such cases, however, it may be difficult to categorize disasters in terms of *either* cause *or* chronology, as they result from complex combinations of natural and technological factors, and contain both slow and sudden phases.

Yet another way to define disasters is to focus on their outcomes. As Dombrowsky (1998) has bluntly stated, "the effects *are* the disaster." Regardless of their causes, the effects of disasters are collective, overwhelming the capacity of affected communities or populations to address those consequences on their own (Dynes 1998; Kondratyev, Grigoryev, and Varotsos 2002; Somasundaram et al. 2003; Galea, Nandi, and Vlahov 2005). Kroll-Smith and Couch (1991) advance an "ecological–symbolic approach," defining disasters as "disruptions of the ordered relationships between individuals, groups and communities and their built, modified and natural environments." Because

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human beings are connected through these shared environments, the effects of disasters spill over into other communities or populations. This spillage was quite literal in the case of the floods that followed Hurricane Katrina in 2004 (Brinkley 2006; Horne 2006). It is this cascading and connecting quality of all disasters, I argue, that makes them fundamentally sociological phenomena.

In his classic study of an Appalachian mining community destroyed by a sudden flood, Erikson (1976) distinguished between the abrupt destructive event and the "chronic catastrophe" of "poverty and insecurity" that had afflicted Appalachia for at least a generation. Likewise, in the wake of the 1995 Chicago heat wave, Klinenberg (2002) conducted a multilevel ethnographic and historical investigation that he called a "social autopsy." He concluded that the heat wave, which occurred over a period of several months and resulted in more than 700 excess deaths, could only partially be attributed to extreme weather. Instead, he argued that the preconditions were largely created by societal circumstances, including the isolation of the elderly poor in urban areas, the social and spatial separation of the impoverished and the affluent, and the withdrawal of the state from social service provision (Klinenberg 2002:230–5). These underlying processes Klinenberg has elsewhere referred to as "a disaster in slow motion" (Klinenburg 2005). In both of these cases, the term "disaster" was employed not as a matter of strict empirical definition, but as a sensitizing concept (Blumer 1954; Quarantelli 1987), a means of framing an argument concerning causality and accumulating effects on a population, with particular implications for social policy and societal response.

Likewise, Wallace and Wallace (1998) have used the term "slow disaster" to describe the long-term impact of the withdrawal of city fire services on poor sections of the Bronx, New York, a process that Wallace (1990) termed "urban desertification." They maintained that housing destruction resulting from fires brought about a loss of community, which in turn fostered linked epidemics of tuberculosis (TB), sexually transmitted diseases (STDs), human immunodeficiency virus (HIV), substance abuse, mental health, and violence—a "synergism of plagues"—which then rippled into other communities (Wallace and Wallace 1997; Wallace et al. 1997; Singer et al. 2006).

In this article, I offer several interlocking arguments, all based on existing research literature. First, I present a sociological argument concerning the definition and components of slow-motion disasters, as well as an original conceptual model for linking levels of causality and cascading consequences within specific regions. Second, I examine the case of Detroit, Michigan, presenting an overview of history and research in support of my contention that this city continues to suffer from a slow-motion disaster caused by the long-term collision between corrosive structural processes, counterproductive social policies, and vulnerable populations. Next, I focus on illicit drug markets and problem substance use in Detroit as one particular *effect* of this ongoing crisis-level situation, which is now a contributing factor as well. Finally, I maintain that a disaster model might serve as a powerful narrative and framing device for both research and public policy, highlighting the connections between structural causes, such as racial segregation, systemic unemployment, and poor education, and multiple destructive outcomes, including disparities in health outcomes and crime rates.

I conclude that researchers must engage with broader publics and diverse coalitions of practitioners if they are to contribute to an alternative social policy—a "disaster response"—that takes multiple layers of causality and linked effects into account.

THE FORMULA FOR DISASTER

Like acute disasters, slow-motion social disasters often affect those who are most vulnerable most severely (Ville de Goyet and Griekspoor 2007). This aspect of disasters is expressed in the question: why does it rain more where poor people live? The real question, of course, is not why does it rain *more*, but why does the rain do so *much more damage* to the houses and livelihoods of poor people? As with the disparate outcomes of "natural" disasters, such questions force us to move beyond the most apparent immediate cause. The severity of a natural event is not the sole determinant of disaster. For any disaster to occur, vulnerability must also be present, to a greater or lesser degree (Blaikie et al. 1994).

Vulnerability has different facets or components that may vary significantly (Wismer 2004; Schroder-Butterfill and Marianti 2006). Vulnerability may be characterized as *structural* if it transcends the conditions of individuals and reflects their shared position, either socially or geographically. This might literally mean a physical position within an actual brick and mortar structure. As disaster researchers often put it: "Earthquakes don't kill people. Buildings do" (Hough and Jones 2002). The workers in the World Trade Center, for example, were structurally vulnerable to an attack by hijacked airplanes in 2001, as were the occupants of mud-brick structures in Bam, Iran, when an earthquake struck there in 2003 (Galea, Hadley, and Rudenstine 2006). The population of New Orleans was vulnerable to a record-setting flood because of aging, poorly constructed levees and its geographical position below sea level (Brinkley 2006). On the economic level, cities or regions that are highly dependent on a few major industries or products are more *structurally vulnerable* to shifts in market demand or changes in manufacturing practices than more diversified economies are.

Structural vulnerability, as I have defined it here, primarily relates to a population's exposure to adverse events. But there is another aspect of vulnerability, which we might call *collective susceptibility*. Its presence or absence may contribute to more severe effects in some populations than others, although resulting from the same exposure. The population of New Orleans, with its high percentage of sick and elderly persons, lacking private transportation and other resources necessary to evacuate, was *susceptible* to the floods that followed Hurricane Katrina (Cutter 2006; Tulin 2007). In other words, not only were they more *vulnerable* to disaster because of their *positions* within the urban physical and social structure, they were also *less able to respond* to the resultant effects. Likewise, with infectious disease, the virulence of the attacking agent is never the sole determinant of an outbreak—the susceptibility of the host and the vector of delivery are also necessary conditions for disease transmission. It is only through the confluence of social and biological factors that an *epidemic* may occur (Singer and Clair 2003).

Just as resources and risk are unevenly distributed in modern society (Beck 1992), so too is vulnerability. The particular trajectory of an epidemic is also shaped by factors specific to regions and contexts (Watts et al. 2005). For example, substance abuse contributes significantly to premature mortality in the United States. However, these destructive effects are distributed unevenly across racial, regional, and socioeconomic categories. Although epidemiologists have documented these disparities, they have yet to explain *why* particular racial and regional factors are predictive of substance abuse and the severity of its consequences (Galea, Nandi, and Vlahov 2004; Galea and Rudenstine 2005). Likewise, the addictiveness of a specific drug is never a sufficient explanation for problem substance use in a particular place and time (Agar and Schact Reisinger 2001). The crack cocaine epidemic of the 1980s and 1990s was able to occur for two main reasons: the innovative marketing of cocaine within inner cities made it more physically accessible, and residents of inner-city areas were particularly susceptible to this form of drug use (Lusane 1991; Currie 1993; Reinarman and Levine 1997; Agar 2003).

A closely related issue is the presence, or absence, of *community resilience*, which entails a capacity to recover from setbacks or trauma (Breton 2001; Aguirre 2007). In social science research, there is a widespread tendency to individualize resilience, seeing it as an attribute of individuals that can be measured (Stanton-Salazar and Spina 2000). Community resilience, however, is largely drawn from one's social networks or communal resources (Harvey 1996; Mowbray et al. 2007). In this sense, it is similar to the concept of collective efficacy (Sampson, Raudenbush, and Earls 1997), which has been defined as a "linkage of trust and cohesion with shared expectations for control" (Morenoff, Sampson, and Raudenbush 2001:3). This characteristic has material as well as social components, which can be either augmented or depleted through structural change and the implementation of policies that foster or undermine the networks and infrastructures that communities depend upon.

Many of these factors have reciprocal influences, reinforcing each other as they occur: assaults increase structural vulnerability; their effects, in turn, strain existing sources of community resilience and collective susceptibility is thereby increased. As a result, further assaults have heightened effects. For example, the condition that Wacquant (1996) calls "advanced marginality" may be seen as one form of heightened vulnerability, the cumulative outcome of the long-term erosion of community-level resilience and the loss of vital infrastructure. Epidemics of infectious disease are also incubated by these underlying conditions, as in the acquired immunodeficiency syndrome (AIDS) and TB epidemics of the 1990s (Wallace 2001; Singer and Clair 2003; Draus 2004; Freudenberg et al. 2006). Resilience can greatly mitigate the effects of a traumatic event, or contain them, thereby preventing disaster. On the other hand, resilience that is depleted below a critical threshold may result in a "lock-in" effect, severely limiting the capacity of a community to respond to any assault (Breton 2001). Like vulnerabilities associated with age (Schroder-Butterfill and Marianti 2006), community-level vulnerabilities may be more important than trigger events, assaults, or threats in determining negative outcomes (Figure 1).

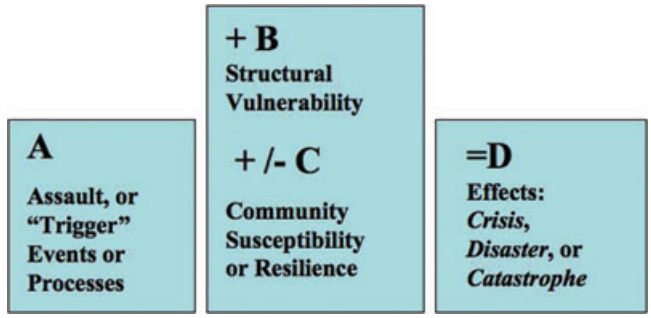

FIGURE 1. Formula for Disaster: Assault, Vulnerability, and Effects.

This basic formula allows us to conceptualize disaster not as a singular *event*, but as a *process*. It also provides a way to distinguish between magnitudes of assault and effect, and to consider the variable influences of vulnerability and resilience on a range of effects or outcomes. For example, a *crisis* may approach the level of disaster but not reach it, if it is resolved internally, or if the worst consequences are averted. In contrast, a *catastrophe* is a disaster that spills over many times, ultimately affecting an entire society, region, or even the globe. The Asian tsunami of 2004, which far outstripped Katrina in its repercussions, killing thousand of European tourists and hundreds of thousands of locals, illuminating the linkages of supranational economies throughout the developing and industrialized worlds, was a prime example of a catastrophe (Jordan 2006). Understanding these stratified patterns, not just theoretically, but within particular places, is essential. Mike Davis's (2002) application of the geological concepts of *structure*, *process,* and *stage* to the process of urban decline is useful here. Structure, according to Davis (2002), refers to macro-economic determinants, while process encompasses the actual abandonment and neglect of infrastructure, and stage is simply what happens next: micro-level action and reaction. Combined with the disaster formula of assault, vulnerability, and effect, this model provides a means of both organizing existing research and applying the analytic framework of disaster within a regional context.

Layering these two sets of concepts into one three-tiered model shows the cascading overspill from one level of causality to another: from *structural* assaults, vulnerabilities, and effects, on the macro-level, through the more localized meso-level of *process*, where community-specific policies and trends become manifest, and finally onto the contextual micro-level of *stage*, where most measurable individual health outcomes and behaviors occur (Figure 2). The "risk behaviors" of drug users, as well as their consequences, would be located on the bottom level, following on the heels of larger-scale processes. However, accumulating effects on the downstream end can also exert an upward influence, bringing a structural response or reinforcing the original trends that produced them. Eventually, the effects may spill over into other populations, in the same manner as those of an "acute" or sudden disaster, generating refugees, disease, violence, and various entangled social ills.

This model of disaster also forces us to consider the interrelationship between layers of causality and multiple contributing factors. Preparing a population for one particular

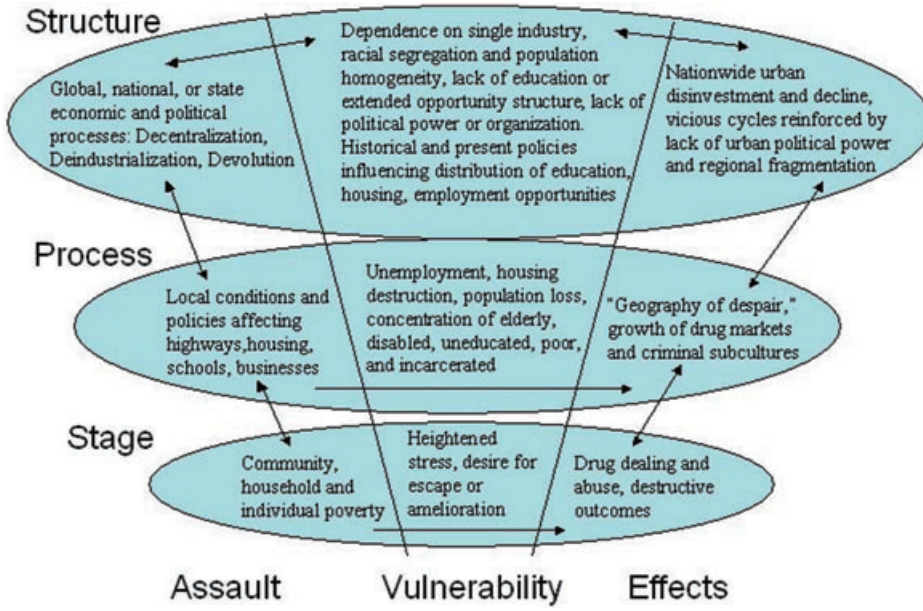

FIGURE 2. Levels of Disaster: Structure, Process, and Stage.

type of assault-like event may be necessary in some cases, but a community that is less vulnerable in general will respond better to most assaults that are likely to occur (Heijmans 2004). In the best case of disaster planning, the need for dramatic militarized disaster response will be unnecessary, because reduced vulnerability and enhanced resilience will contain and mitigate effects—not necessarily eliminating or avoiding them entirely, but absorbing them with minimal overspill and social damage. In the same sense that underlying physical health provides the best individual protection against disease, functioning community provides the best protection against disaster (Blaikie et al. 1994). However, communities that have been eroded and undermined by the devaluation of labor, the deepening of social inequality, and massive disinvestment may be more susceptible to environmental insults of all kinds, from infectious disease to mortgage failure, from hurricanes to heroin.

DETROIT AS DISASTER

Although it has never been hit by a major hurricane, earthquake, or flood, many people have rhetorically referred to the city of Detroit as a "disaster." After Hurricane Katrina hit the Gulf Coast in 2005, some scholars began to make this comparison in a more systematic way. For example, Reese (2006) in describing the "economic disaster" that has devastated Detroit, noted that the city actually surpassed pre-Katrina New Orleans on key negative indicators, such as percentage of people unemployed, households below the poverty level, and adults without high school diplomas. According to Herron (2007),

"Detroit is the longest-running disaster story in American history: more than half the population has fled, and of the half remaining in the city, half say they would leave if they could . . . " (p. 665). Furthermore, Herron argued that Detroit's disaster was not an accident. Rather, it was the logical conclusion of broader societal patterns. Detroit, he contends, is what happens "when America happens to a place" (p. 669).

Racial segregation is one such all-American tendency, evident throughout the United States, but particularly severe in Detroit. Its consequences are quite destructive. Research has linked segregation to an array of factors that negatively impact health, from neighborhood instability to the lack of supermarkets, from psychosocial stress to severed social networks, from inadequate health services to the lack of local opportunity structures (Schulz et al. 2002; Allard, Tolman, and Rosen 2003; Schulz and Lempert 2004; Zenk et al. 2005; Kirby and Kaneda 2006; Schulz et al. 2006). The decay of core cities is another distinctly American trend, a result of policies that prioritized tax cuts over social spending, further weakening urban communities that hemorrhaged manufacturing jobs in the early stages of globalization (Georgakas and Surkin [1975] 1998).

Of course, many of the patterns seen in Detroit are also evident in other ailing industrial cities, such as Pittsburgh, St. Louis, or Newark, or in poor neighborhoods within large, relatively vibrant cities, such as Chicago or New York (Massey and Denton 1993; Wilson 1996; Wilson 2006). However, flows of capital are neither uniform nor monolithic across social space, and these forces have hit Detroit harder than most places (Hill 1996, 2004). The racial ghettos of the early 20th century concentrated the mostly black surplus labor populations inside the city, while a post–World War II accommodation between industry and labor accelerated the process of capital movement and employment to suburban areas (Hill 1980). Finally, a process of structural deindustrialization, beginning in the 1970s, effectively severed that population from mainstream social and economic institutions, and shattered the wage structure that helped build the city in the first place (Hill and Negry 1987). The infamous 1967 "riot" or "rebellion," which resulted in 43 deaths, more than 7,000 arrests, and more than 2,000 destroyed buildings, is the event most often identified as the cause of Detroit's decline. However, this was already late in the game. The mass exodus from Detroit had begun in the 1950s, as white workers left in pursuit of jobs and housing that was subsidized by federal loans and highway construction (Sugrue 1996; Fogelson 2001). This outmigration was further facilitated by federal highway construction, which plowed through the most densely populated black neighborhoods in Detroit and paved the way for wider white abandonment (Kunstler 1993).

After the 1960s, the intertwined and compounding long-term trends of increasing unemployment and population loss were reinforced by other structural assaults (Davis 2002). In the 1980s, a national trend toward state devolution directly impacted the public sector, the other main source of middle-class employment (besides manufacturing) for African Americans, sharpening the income divide (Kodras 1997; O'Loughlin 1997). It is a cruel historical irony that just as new opportunities, in terms of housing and employment, seemed to be expanding—in the late 1950s through the early 1970s—the structural sources of those opportunities began a steady decline. By the 1980s, the most

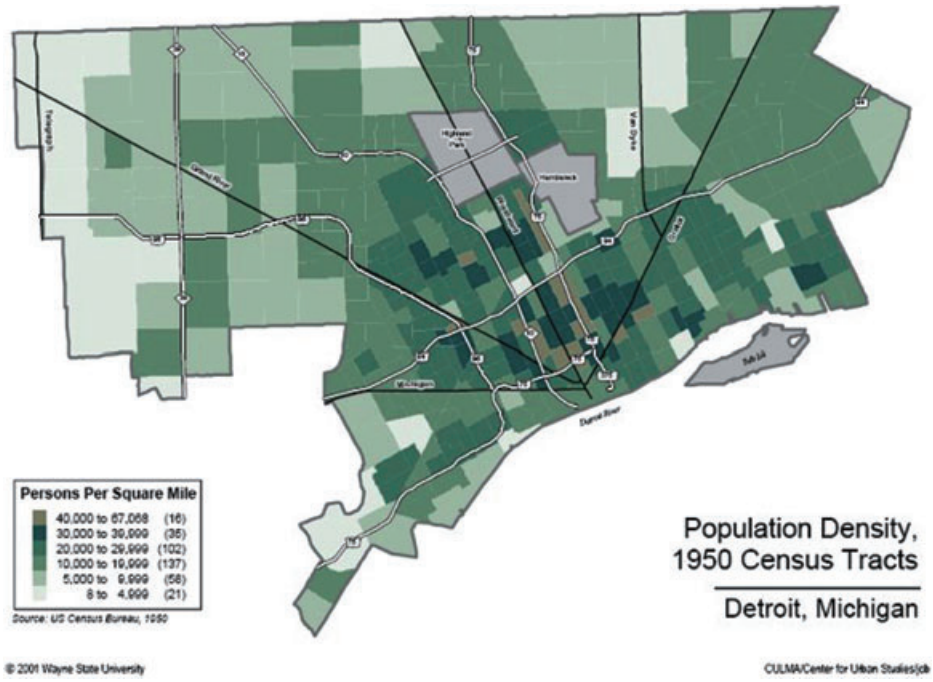

FIGURE 3. Detroit Just before the Disaster.

pressing problems faced by African Americans in Detroit were caused not by overcrowding, but by mass outmigration—not oppressive job conditions, but joblessness (Farley, Danziger, and Holzer 2000). The trend has continued to this day, as the "white flight" of the late 20th century has been succeeded by an exodus of the African-American population, in search, as always, of better jobs and living conditions (Jego and Roehner 2006). Overall, the population has plummeted, and comparisons between 1950 and 2000 give the appearance of a city that has been literally evacuated (Figures 3 and 4).

The emptying of the city, however, has not produced a reduction in ills. Detroit is a perennial national leader in specific deleterious health conditions, such as rates of childhood asthma, blood lead levels and obesity, as well as in more general social measures, such as racial segregation, sprawl, and urban–suburban income gap, and much-publicized indices of violence (Darden and Kamel 2000; Sui 2003; Swanstrom et al. 2004; Booza and Metzger 2006). Historically, negative indicators such as homicide rates and drug abuse trends have mirrored underlying trends of unemployment and population loss (Figures 5 and 6). To make matters even worse, researchers have categorized most of Detroit as a food desert (Gallagher 2007), and the ongoing mortgage crisis has resulted in a wave of home foreclosures that led the nation in 2007, promising more abandonment and neighborhood decline (*Detroit News* 2008).

It is because of these gradually multiplying and compounding effects, clearly linked to broad underlying causes, that the condition of Detroit might be classified as a

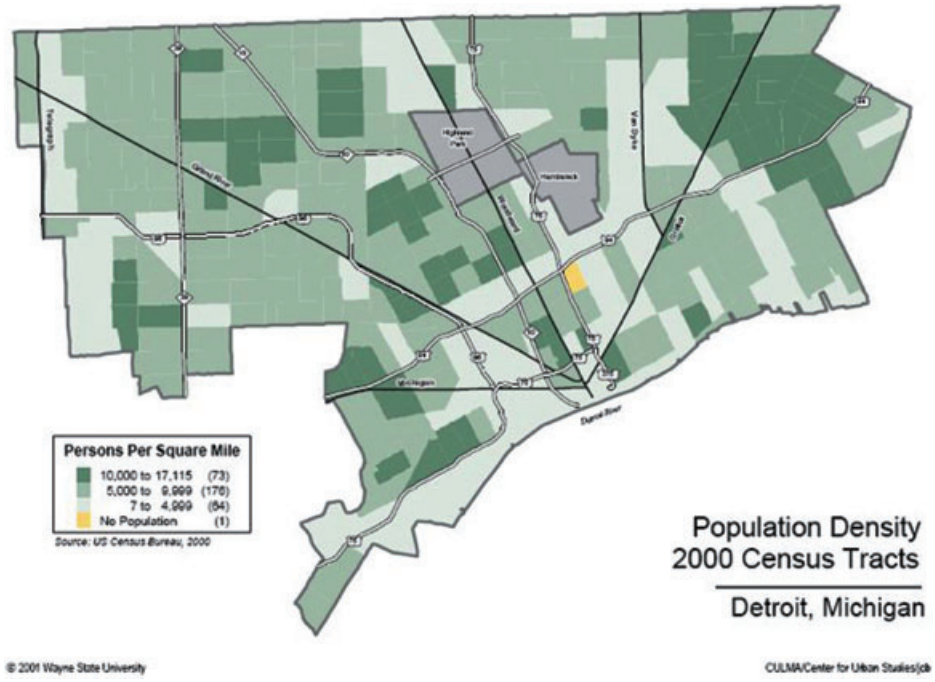

FIGURE 4. Detroit after Decades of Devastation.

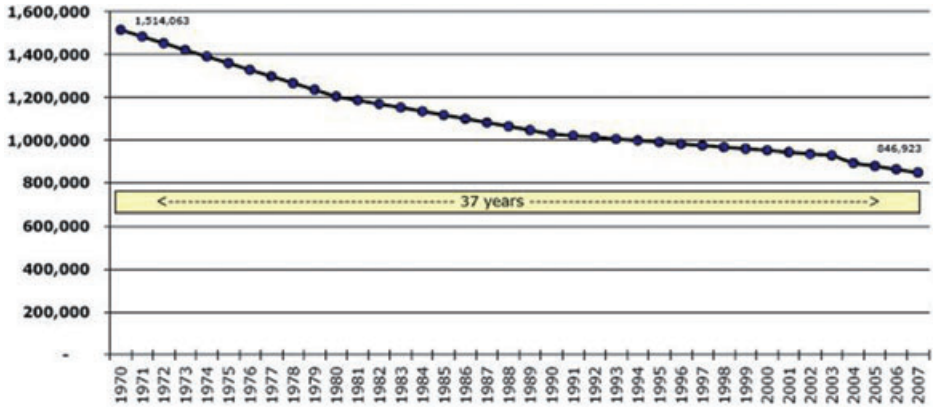

FIGURE 5. City of Detroit Population, 1970 to 2007.
Source: *Detroit Crime Barometer*, May 2007.

slow-motion disaster. This disaster required no help from nature to occur, and took place over several decades. It resulted from the confluence of significant structural vulnerability with concentrated collective susceptibility, which has prolonged and reinforced the effects of broad-based economic, social, and policy-driven assaults.

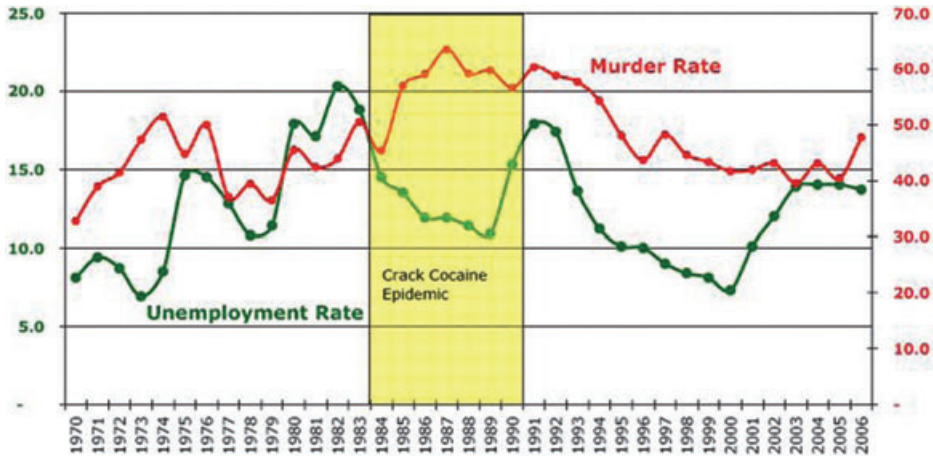

FIGURE 6. Murder Rate and Unemployment.
Source: *Detroit Crime Barometer*, May 2007.

DRUGS AND DETROIT

The resulting geography of despair (Rose 1978) also became an open field for drug markets. Like other urban centers in the postindustrial era, Detroit has been heavily burdened with the associated damages of substance abuse (Johnson et al. 1990; Kopstein 1992; Garfield and Drucker 2001). Data from the Drug Abuse Warning Network (2003) indicate that midsized rust-belt cities such as Detroit, Milwaukee, and Cleveland suffer disproportionately from drug abuse–related fatalities. Using data from the Detroit Area Study, Boardman et al. (2001) found a strong relationship between neighborhood disadvantage, social stress, and drug use in Detroit. Maps of crime rates, housing abandonment, unemployment, and population loss patterns in Detroit indicate clear correlations between these trends over time (*Detroit Crime Barometer* 2007). As in the Bronx (Wallace and Wallace 1998), these outcomes may be linked to an underlying process of policy-driven community destruction. In his Chicago research, W. J. Wilson (1987, 1996) identified drug use and dealing as aspects of "underclass" culture that evolved in the absence of employment opportunities. In other words, inner-city drug markets took root where other roots had been ripped loose (Lusane 1991; Fullilove 1999, 2004). Patchwork labor markets, persistent poverty, and the drug economy achieved a stubborn symbiosis reflective of both continuing racial and ethnic segregation, and the entrepreneurial adaptation of those who have been historically excluded (Bourgois 1995, 2003; Dunlap 1995; Venkatesh and Levitt 2000).

The long-term implications of deindustrialization and urban disinvestment, in terms of drugs and crime, were predicted decades ago (Duster 1987; Currie 1993). This interrelationship is vividly illustrated by Adler's (1996) journalistic account of the rise and the fall of the Chambers brothers, a family from the Arkansas Delta who moved to Detroit and built a local empire on the profits derived from crack cocaine. For these

young men, Detroit was a place of glamour and possibility, in spite (or perhaps because) of "white flight." They purchased buildings in neighborhoods abandoned by fleeing whites, pumped money into struggling local businesses, and employed low-skilled workers at high wages. In the book, even Drug Enforcement Administration (DEA) officials attributed the rise of the crack economy to the collapse of the city's internal social structure, primarily the massive loss of jobs.

While macro-economic processes have driven this cycle, public policy has often exacerbated it. Tourigny's (2001) micro-level ethnographic examination of the lives of Detroit families afflicted by HIV/AIDS demonstrated a concrete linkage between "welfare reform" and the involvement of young African-American men in the dealing end of the drug economy. Involvement in the drug culture, she found, was driven by sharp reductions in benefits in the wake of the Welfare Reform Bill of 1996, as young men sought to supplement the loss of income to female family members and meet rising medical costs. Likewise, Venkatesh and Levitt (2000) contend that the evolution of street gangs into business organizations in the era of crack cocaine was profoundly shaped by "post-Fordist welfare retrenchment," in which "the network of social work, medical, vocational development, and educational agencies once responsible for administering to urban youth declined in use and public support" (p. 433). Taylor (1990) observed a similar evolution occurring among the street gangs of Detroit as they became organized along a business model and assumed unprecedented influence in local communities. The drug market and drug culture effectively provided alternative arenas of achievement or satisfaction. It is crucial that we recognize this activity itself as a form of resilience, a response to disastrous conditions of unemployment and economic restructuring akin to cultural innovations such as rap music (Kelley 1997; Chang 2005).

However, the criminalization of drug market activities also cut participants from mainstream avenues of employment (Musto 1999; McCoy 2004; Miron 2004). This alternate economy and culture, with its own measures of success and status, has now been cemented into a state of semipermanence by the structures and processes of the U.S. correctional system, with imprisonment becoming commonplace in poor urban communities (Pettit and Western 2004). Today, the easy availability of illicit drugs such as heroin and crack cocaine is also accepted a simple fact of the life in Detroit. A self-reinforcing cycle of criminal employment, violence, and incarceration has filled the gaps of the urban social ecology to such an extent that it has now become a causal factor in the proliferation of social ills—crime, violence, disease—that much of the research literature is focused on (Crutchfield 1989; Schneider 1998; Roy 2004; De Coster, Heimer, and Wittrock 2006; Peck and Theodore 2008). However, as Curtis (1998) has argued, to portray illicit drugs as the primary cause of neighborhood decline tends to relieve mainstream society from responsibility for urban crises. Instead, drug use patterns and drug markets should be seen as dimensions of the larger prevailing landscapes of labor and power (Zukin 1991; Peck 1996).

In Detroit, as in many other American cities, this landscape continues to be defined by a dramatic division between the wealthy white periphery and the impoverished black

core (Orfield 2002). The degree of suburbanization in a metropolitan area often correlates directly with crime in majority black inner-city neighborhoods (Shihadeh and Ousey 1996; Jargowsky, Crutchfield, and Desmond 2005; Krivo, Peterson, and Payne 2006). Eroded cavities of inner cities provide haven for the illicit drug trade, and shift costs of social problems from suburban areas that pride themselves on deviance suppression, to impoverished urban areas that are already overwhelmed (Ruggiero and South 1995). This pattern has long historical roots in the systematic containment of vice to particular city neighborhoods and subsequent shifts to poor African-American communities, as Spillane (1998) has shown in the case of Chicago. The tendency for rural or suburban drug users to commute to poor, urban, minority-dominated neighborhoods constitutes an effective transfer of that impact from one set of communities to another. Detroit youth, in fact, use fewer illicit drugs than do residents of the region as a whole (Drug Strategies 1999).

At the same time, these global markets connect disparate places and social positions, crossing borders like water or weather (Body-Gendrot 2000). Externalized costs of pollution and dumping, incurred by affluent overconsumption, are often shifted to poor, politically weak communities, both domestically and abroad (Melosi 2001). Likewise, surrounding areas share the burden of social ills concentrated in cities such as Detroit. As recently as 2006, the DEA described Detroit as the major center of consumption and distribution for both cocaine and heroin in the central Great Lakes region, through which supplies are channeled to smaller cities, and from there to rural areas of Michigan and Ohio (National Drug Intelligence Center 2007), and a 2008 documentary television series, called simply "DEA," featured live-action "busts" of Detroit-area drug dealers. These ongoing crises, in turn, exacerbate the social and economic condition of the region as a whole. Drug dealers, users, and drugs themselves migrate from such cities to smaller towns, where "inner-city" drug use patterns may be replicated among other marginalized populations (Draus and Carlson 2007). Indicative of the unseen ties between industrialized and developing worlds, the relationships that actually compose regional drug markets reveal the fundamental connectivity of social problems—the overflow of slow-motion disasters.

CONCLUSION: FRAMING RESEARCH AND IMPACTING POLICY

For individuals, disasters may shatter assumptive worlds and create the possibility for posttraumatic growth (Janoff-Bulman 1992; Tedeschi 1998). Disasters may also provide a unique opportunity for the rebuilding of communities. However, this requires "a sense of urgency coupled with a long-range vision," as well as a significant commitment of federal, state, and foundation resources to public investment (Reese 2006). The disaster of the Great Depression produced New Deal programs, based on an expansive vision of the public good, which remain popular and effective even as they are stretched to the breaking point by other funding commitments. Creative local strategies or "place-based responses" (Canada 2002) to such cascading social crises would link poverty-related

problems illness, crime, and substance abuse to fundamental economic issues, such as jobs, housing, education, and infrastructure (Hackworth 2005; Nicholas et al. 2005; Handmer, Loh, and Choong 2007).

In the absence of such a constructive, concrete, community-based agenda, the effects of disaster may pave the way for reactionary politics and a militarized response (Bankoff 2004; Klein 2007). This is well evident in the so-called war on drugs, a radical multiscale retaliation based on individual drugs and drug-related behaviors that have been posited as a cause, not an outcome, of social breakdown. The response has not only failed to alleviate underlying problems, it has deepened social rifts and intensified damages to communities already deprived (Garland 2001). Many seek to counter this martial tendency by advocating therapeutic policies of treatment for drug users instead of punishment and repression. The easing of punitive overkill and the redirection of drug war funds toward the implementation of comprehensive, effective drug treatment programs would certainly be a great improvement over the system we have now, and few would argue against such an effort (Currie 1999). However, lacking any systematic attempt to address underlying causes, such as social inequality, in particular regions, these will likely be insufficient (Link and Phelan 1995; Geronimus 2000; Stockwell et al. 2005).

We know from existing research that racial disparities in life chances, including exposure to illicit drugs, are concretely rooted in the segregated housing, employment, and education patterns so evident in deindustrialized cities such as Detroit (Williams and Collins 2001; Agar 2003; powell et al. 2006; Wiley 2006; Wilson 2007). Identifying problem substance use as one dimension of this larger community-level disaster provides the possibility of focusing policy and resources on a core of community assets, and moving beyond the repetitious cataloguing of urban ills (Freudenberg et al. 2005). As Sampson, Morenoff, and Gannon-Rowley (2002) have shown in an extensive review of the literature concerning neighborhood effects, there has been no shortage of data showing strong correlations between negative outcomes, including substance abuse, at the neighborhood level. One weakness of such approaches, however, is that they tend to treat neighborhoods as islands, analytically separate from their geographical and social surroundings (Caughy, Hayslett-McCall, and O'Campo 2007). An overreliance on regression models has resulted in a dearth of research that might usefully illuminate multilevel causality (Galea and Ahern 2006). As Patterson (2007) has noted, much of professional sociology is obsessed with methodological purity, derived from a desire to imitate natural or "hard sciences," and actively neglects applied work. Publication in prestigious yet esoteric journals, rather than real-world impact, is often seen as the gold standard of success. Oakes (2004) has forcefully argued that this "file-cabinet" approach to studying neighborhood effects is insufficient for either establishing causality or developing effective real-world interventions.

Hierarchical and multilevel models have established correlations between factors operating at various levels of social organization and outcomes, ranging from violence and heart disease mortality to risky drug use (Sampson et al. 1997; Pickett and Pearl 2001; LaScala, Freisthler, and Gruenewald 2005; Stockwell et al. 2005; Zhu, Gorman, and Horel 2006; Galea 2007; Mowbray et al. 2007). However, these models, extensively used

in parallel subdisciplines such as public health, social epidemiology, medical sociology, and criminology, have yet to be linked together into a working consensus, or connected to policy and practice in a meaningful and coordinated way. A sociological narrative or frame based on disaster might serve as a powerful counter to the logic of militarized response, a way to communicate complex findings concerning multilevel causation to a general audience outside of academic social science, and to argue for regional strategies of community enhancement (Orfield 2002). A disaster model might also provide a conceptual framework for research testing causality across levels, as programs targeted at specific structural causes could measure outcomes within contexts that fall further downstream (Blankenship et al. 2006).

Rather than bemoaning the evident ravages of global capital or the betrayal of the federal government, perhaps sociologists should more actively collaborate with regional and localized networks of nonstate, nonprofit actors (Metzler et al. 2003; Piven 2007). To the burgeoning field of public sociology, no project could be more crucial. Such networks might serve as a civilian, nonprofit counterpart to the weed-like proliferation of illicit markets and networks that have accompanied globalization (Naim 2005; Buxton 2006). As architect Kyong Park (2005) has noted, the homogenization of globalized trade has sparked responses of intense localism, manifested in darker forms by the rise in nationalist or fascist movements in Europe, but also in the development of new uses for old, abandoned spaces and progress toward more local self-sufficiency, something that he observed while living in the half-abandoned ghettos of Detroit. In such heterogenous, local responses might be found the basis for economic resiliency in the face of global market disruptions (Boggs 2007; Hawken 2007). Like the effects of slow-motion disaster, the benefits of enhanced community resiliency may accumulate and reverberate beyond the porous boundaries of school, street, or neighborhood.

As more and more of the world's population migrate to urban areas, it will become increasingly necessary to focus on the possible advantages of urban existence (Vlahov, Galea, and Freudenberg 2005; Davis 2006a,b). Previous revitalization strategies in Detroit and other ailing cities have focused on luring tourists or commuters to downtown districts or luxury housing developments (Eisinger 2003; Wilson 2006). Regional strategies of the future, guided by a more holistic model, might aim to fortify vulnerable communities, enacting social policy oriented around values of care and sustainability rather than those of consumption and competition or punishment and control (Garland 2001; Jordan 2006; Fine 2007). The recovery and revitalization of Detroit, a city that symbolizes both the depths of postindustrial despair and the staggering rifts of racial division, would signal a sea change from of the urban policies of the past half-century (Wallace and Wallace 1998). In so doing, it might also make our entire society a little more safe and secure.

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