

Promoting Community Recovery from Crack Cocaine

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Abstract

Crack cocaine use is a public health issue. Criminalizing substance use disorders has created well-known impairments, strains and disruptions. Political economies and social structures of urban communities are now engaged in a recovery process rooted in social justice, healing, holistic primary care, behavioral health and wellness. This paper describes essential conditions for healing from crack related community trauma (e.g., using an assets-based approach, mobilizing community facilitators of recovery, and implementing community-based participatory research to control gentrification and facilitate well-rounded community development). Requirements for sustaining recovery are also identified in this solutions-oriented analysis.

Keywords: crack cocaine, substance abuse, community trauma, gentrification

Deconstruction of mythologies of drug wars and crack cocaine use is necessary for community reconstruction. During the 1980s and 1990s, vulnerable and already destabilized communities in the United States became further depressed by crack use and policy responses. Crack use and its stigmatized users became powerful, yet powerless, equivalencies of and euphemisms for 'the others' – those among us whose blemished class, race and ethnic statuses seemed to be below us, unworthy pollutants to be driven from our midst, by all legal means necessary. 'Crack heads' and the communities in which they lived were dehumanized, demonized and criminalized. Illegal and 'illicit' drugs became valuable commodities for dealers' street hustles, politicians' careers, researchers' recognition and a soon-to-be burgeoning prison industrial complex.

Although the following excerpt is extensive, this historical synopsis by Reinerman and Levine (2004) is useful:

In the late 1970s, crack first came on the scene in the form of cocaine freebasing. Many

of its users were stockbrokers and investment bankers, rock stars, Hollywood types, and a few pro athletes. Some of them began to get into trouble with this form of cocaine use, showing up in hospital emergency rooms and police stations. Congress passed new laws to extend health insurance coverage to include drug treatment. The treatment industry expanded the number of beds available.

In the mid-1980s, crack use spread into America's inner cities among impoverished African Americans and Latinos. Some of them

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began to get into trouble with this form of cocaine use, showing up in hospital emergency rooms and police stations. Congress passed new laws to extend the length of criminal sentences for crack offenses. The prison industry expanded the number of cells available.

The new laws against crack helped to drive the most massive wave of imprisonment in the history of the United States. The number of persons incarcerated increased each year from 1986 through 2000, helping to triple the prison population and giving the U.S. the highest rate of incarceration of any modern democracy. The number of drug offenders in prison grew eightfold, from about 50,000 in the early Reagan years to about 400,000 at the start of the second Bush administration. This bulging prison population was disproportionately comprised of poor people of color, most of whom had not committed violent crimes...Politicians typically justified their harsh crack-era laws in terms of the need to deter people from using and selling crack. But in the context of persistently high unemployment and crushing poverty in the inner cities, imprisoning large numbers of people had the paradoxical effect of increasing the total number of youth involved in the illicit drug economy. One person's arrest was another's job opportunity. Meanwhile, even after years of unprecedented imprisonment, hard-core drug abuse, overdose deaths, and the spread of AIDS drag on unabated...A reasonable person might infer from the above facts that politicians, the media, and the drug-control complex conspired to repress the so-called urban underclass. Many people in the African American and Latino communities have found it difficult to avoid this conclusion. No one who honestly ponders the state of race relations or the level and pattern of economic inequality in the U.S. can doubt that it is at least plausible. Indeed, even after the prevalence of crack use had declined sharply in the early 1990s..., the number of drug arrests of impoverished inner-city youth continued to rise - fewer and fewer for crack, more and more for marijuana.... At the very least, it is now clear that the laws rushed

through Congress during the crack scare of the late 1980s had political purposes and racist consequences...(pp. 182-183.)

Crack cocaine emerged on the streets as a high profile inner-city drug and acute national problem in the 1980s (Agar, 2003; Hamid, 1992; Inciardi, 1987). Its arrival occurred within social contexts of marginalization, unemployment, poverty, poor health, absence of conditions for wellness, limited resources, economic disinvestment, political dismissal and abandonment. Portrayed as a social problem linked to race and class, crack cocaine use was associated with impulsively driven lower-income African Americans. Gender descriptions depicted female users as nearly mindless and out-of-control. Male users were described as aggressive, violent-prone and wild. A 'crack culture' seemingly gripped and threatened America. Our nation and cities were under siege.

Communities were not decimated by crack itself. Selling, distributing and using crack were preceded by and led to policies that aggravated social situations, eroded community relations and altered material conditions. Yet many people remained, sometimes stubbornly, other times hesitatingly, while an alliance of corporate-governmental policy readied their neighborhoods for the coming of the others.

Then, and now, White users of crack cocaine and powdered cocaine were not projected as numerous or dangerous. Social, behavioral and media accounts consistently conveyed the notion that crack was a scourge from which its colored users had to be dislodged or its non-Black users had to be protected. This socially constructed reality clashed with epidemiological studies which indicated whites used crack more than African Americans (Community Epidemiology Work Group 2003; National Survey on Drug Use and Health, 2003). Even so, data and evidence were discarded or minimized in favor of projecting a sense that inner-city Black areas were locales, but not communities (i.e., they had no sense of cohesion and few forms of social control,

and were analogous to colonies whose indigenous dwellers' culture, social organizations and institutions were dysfunctional). In this context, crack's traumatic effects may have been less harmful than projected imagery of working class communities of color.

Struggles for definition and empowerment are aspects of community reclamation and recovery. Socialized powerlessness and institutionalized constraints conspire to negate optimism, even among the young.

Youth in East Baltimore, like those elsewhere, are driven by a desire for pleasure, identity, self-worth, respect, acceptance, power, prestige and wealth. Yet, a collapsed inner-city economy and bankrupt educational system provide few perceived resources and opportunities for authentic employment, social mobility and a meaningful existence (Quimby, 2007, p. 85).

Perhaps not so coincidentally, in the U.S., street crack cocaine and precursors of gentrification entered urban communities together. Gentrification's euphemisms included revitalization, redevelopment, beautification, economic sustainability, livability and environmental sustainability (Lees, 2003). Codes for avoiding direct and frank discourse on race, class and equity in urban redevelopment have international variants. In London, England, governmentally provided terms include neighborhood change, modernity and "Englishness" (Jackson, 1998). Years earlier, African Americans dubbed urban renewal 'Negro removal' for its pernicious effects (Manning Thomas & Ritzdorf, 1997).

Community reclamation in itself may be a goal of newcomers. For example, 'recovery' can be operationally defined to promote affordable housing and public spaces for creative arts movements and arts districts, while camouflaging or circumventing social justice related to issues of gentrification, removal and displacement.

This article will provide additional background on the nature of the problem of crack cocaine, given its epidemic and negative impact on individuals, groups, and communities. As we shall see, street crack cocaine use is metaphor and actuality, a co-existing problem and symptom of powerlessness and struggles for definition and empowerment. Furthermore, political economies and social structures of urban communities are now struggling for recovery rooted in social justice, healing, holistic primary care, behavioral health and wellness. Finally, in light of this, the article will address two questions: 1) What are the ingredients for successful community recovery? 2) What does community recovery look like using an example from Washington, DC?

Crack Cocaine Use is a Public Health Issue

Crack cocaine use is a public health issue. It affects the functioning of individuals, groups and communities. Even when stripped of its racist and racial portrayals, crack use clearly posed, and poses, well-documented severe problems (Bourgois, 1995; Bourgois & Dunlap, 1993; Humphries, 1998; Inciardi & Pottieger, 1991; Reinerman & Levine, 1997; Reinerman et al., 1997). These problems included exploitative social and sexual relationships, dependence on a parallel underground economy marred by violence and victimization, community and family destabilization, concomitant mental disorders and criminality (Bourgois & Dunlap, 1993; Carlson & Siegal, 1991; Fullilove, Lown, & Fullilove, 1992; Inciardi, 1993; McCoy, Miles & Inciardi, 1995; Ratner, 1993; Williams, 1989). Pain, loss and grief related to these problems are also extreme.

By the late 1990s, constructed reality was not completely bleak, even in the social sciences. Research indicated protective factors, indicators of resilience and insulation, which tended to ward off susceptibility, despite social contexts of opportunity for illicit drug use (e.g., Furst et al., 1999). Some studies explored non-

stereotypical imagery and complexity among crack smokers (e.g., German & Sterk, 2002; Sterk-Elifson, 1996). Ethnographic research over the last four decades has significantly contributed to a more complex and nuanced view of abuse of street drugs (Carlson et al., 2009).

Community Depression is Aggravated by Crack Cocaine

Community devastation and fragmentation wreaked by street crack's spontaneous eruption or calculated placement in specific section of cities are well-known (Venturelli, 1994). A list of associated or correlated social problems and individual troubles includes, but is certainly not limited to, the following: destabilization, traumas, impairments, strains, disruptions, isolation, feelings of victimization, scape-goating, stigmas, 'illegitimate' entrepreneurship, vulnerability and vigilantism. Political economies and social structures of urban communities are now engaged in a recovery based on social justice, healing, holistic primary care, behavioral health and wellness. Issues of sustainable and creative development also apply to rural areas (Fleming, 2009).

Repercussions of Criminalizing Cocaine

Criminalization of crack usage in the 1980s diverted attention and resources away from broader issues of acute, chronic and systemic health concerns (Haight et al., 2014; Roberts & Chen, 2013; Drucker, 2012; Nicholson et al., 2012; Viteritti, 2010). Calls to 'lock them up and throw away the key' become cliché rallying points for shortsighted and misguided public policy. Influential myths were circulated (e.g., crack differed from cocaine; crack led to immediate and unavoidable addiction; crack reached every segment of American society; crack use resulted in violence and crime; pregnant crack users give birth to 'crack babies') (Reinarman & Levine, 2004). Using and dealing crack fueled mandatory minimum sentencing guidelines for

imprisonment, although seen by some people and organizations as usual but cruel (Fellner, 1997).

Local and national political pressures to address environmental, economic, and related conditions of health and wellness also continued in the 1990s. Improving the quality of people's lives became linked to issues of protection of patients as consumers, health insurance and patient-centered care (U.S. Department of Health and Human Services, 1999). For people of color in the U.S., high rates of morbidity and mortality were clearly linked to life styles, limited health care options and inequitable health care policies. As the new millennium approached, the need to confront institutional neglect of racial and ethnic inequalities in health care treatment was no longer confined to activists and segments of practitioners and policy analysts. An Institute of Medicine (2002) report on racial and ethnic health care disparities helped usher in 'disparity' as a concept around which lamentations, meetings, plans, assessments, programs, research and pronouncements were and continue to be launched.

Language reflects and shapes cultural reality. In time, concepts of 'inequality' and 'inequity' were replaced by concepts of 'difference' and 'disproportionate' (Institute of Medicine, 2010). Policies were aimed at reducing disparate health treatment, rather than implementing conditions for structured social equality and social justice.

Essential Conditions are Needed for Healing from Community Trauma

Although crack use subsided by the late 1990s, it has not gone away (Falck et al., 2007). Stories of crack's influence and consequences overlook issues of community trauma, healing and recovery. They focus on pathology. Qualitative research is needed that highlights and analyzes people telling their own stories. As one person put it, "The community must tell its own story." A common theme among residents and businesspersons is the necessity of controlling narratives of a community's

history, cultural heritage, resources and development.

This means deconstructing established perceptions, media imagery and other conditioning to offset internalized negative perceptions residents may have of themselves and their communities. To paraphrase folks, *we need to be exposed to people telling their own stories and not us being told stories by others about us*. Community control of concepts is essential for empowerment and for identifying its assets. For example, street crack usage and dealing did not vacuum out urban communities or leave them in a state of wilderness waiting for urban ‘pioneers’ and ‘creative classes’ to rescue them from themselves. Longtime residents have displayed independence, entrepreneurship, imagination and creativity in their daily, yearly and generational lives. This narrative differs from a dominant public policy notion that downtown revitalization depends on arts activities which will help encourage a ‘creative class’, workers with knowledge, to move in and stimulate growth and development (Florida, 2002).

According to labeling theory, deviance is a form of social control, not a property of the individual (for examples, see Becker, 1963; Lindesmith, 1947, 1965). Community restoration from trauma requires communities to re-label themselves, not re-branding for gentrification purposes, but retelling their healthy and positive stories for themselves.

Communities must provide evidence to themselves about themselves that illustrates facts, themes, patterns and methods of healthy survival and growth. Health itself has to be re-conceptualized in terms of using independent and local resources that are not solely based on treating illness, but which accent wellness of mind, body, spirit and environment.

When done carefully and purposefully for rebuilding and sustaining a community, biographical and historical discourses become mechanisms for inclusion, rather than exclusion. Narratives and the processes of creating and sharing them become

evidentiary acts of providing proofs of a community’s value, not for exploitative purposes, but for the benefit of its longtime residents. These may be most effective when linked to social justice and equity goals, and designed from an assets-based approach that mobilizes community facilitators of recovery and implements community-based participatory research to control gentrification and facilitate well-rounded community development (Quimby, 2009). Community recovery may also be enhanced by non-punitive and non-retributive responses to persons with a crack cocaine use disorder (e.g., participation in debates and efforts to repeal or change federal cocaine laws) (Sabet, 2005). Despite, and because of, their sometimes fiendish, self-destructive and socially damaging actions, crack users are not demons among us. They are ill human beings.

Healthy communities require empowerment, not just good intentions. Community recovery is assisted by consciousness-raising which stems from concrete practices and behaviors. These include reflecting and examining our personal and collective visions. Recovery entails self and institutional changes which are linked to skills and thinking processes. Social change and self transformation are interdependent. ‘Looking for leadership’ is problematic for community residents if their search is for the great one, as opposed to individually picturing themselves as leaders. Alignment of neighborhood green places of well-being with psychic spaces for healing is vital for creating energized conditions of hope and empowerment. Hopelessness and despair can be forms of energy that overpower individuals and communities. Viewing oneself or one’s community as being mired in decay negates community dynamism. Personal responsibility for and collective commitment to community involvement are aided by a sense of resolute identity. Self-rejection, anger, internalized fear, suspicious depiction of the other, hostility, and hesitant interactions within families, groups and communities block development of healthy identities.

Requirements for Sustaining Recovery are Identifiable

What does community recovery look like? No intellectual pronouncement, policy manifesto or sociological treatise can answer this question. Community recovery and sustainability are contextual. Their meanings derive from specific historical, cultural, experiential, economic, political and spiritual realities, and interpretations of a given community. Local people themselves must construct, define, defend, share and implement what *their* community recovery and sustainability look like. Externally imposed or induced approaches may be perceived as being arrogant and misguided. However, this cautionary note does not diminish the role of theorists, academicians and researchers. Intellectuals do assist, for example by their critiques of urban development (e.g., Eisinger, 2000; Gunder, 2006; Peck, 2005; Peck & Tickell, 2002).

Non-academic discourse and plain language meanings of theories and research findings are needed to intellectually arm community activists and non-activists seeking meaningful participation in recovery campaigns. Translational, applied and participatory research aid people's attempts to document their realities in ways that are understandable to policy makers, developers and funders. For example, community-based non-profit organizations are in a continuous struggle to speak and write in a language receivable by donors. Gaining entrée is fraught with difficulties, one of which is failure to communicate in 'donor-speak' terms. Also needed are community-based pedagogies of curriculum development, teaching, learning and application. Qualitative, quantitative and mixed methods research and researchers can also help by direct community immersion and assistance.

Conceptual and narrative controls of social constructs and discourse are needed. For example, 'sustainable development' can be used as a concept that benefits elite non-residents. Seemingly benign and even inherently desirable, depending on how it is defined, explained and promoted, sustainable

development may pave the way for policies that favor globalization, corporate business models of leadership, restructuring of cities, elite-dominance of public space, surveillance, neglect of working class interests and needs, and outright dismissal of low-income and poor people. Neo-liberal, yet conservative, policies preserve the status quo. They do not reflect urban development and community recovery for local folks.

Community residents must participate in policy discourse. Stereotypically pathologizing or depicting community as being cemented into existential despair overlooks alternative narratives of mobilization. When they examine themselves, it becomes clear that communities have resources which are readily identifiable by an assets-based approach of mobilization. Communities need sustainable supports for health and wellness. Strengths-based approaches of research assist community development when centered on the premise that a community may be mobilized to use its assets for equitable development.

Findings from qualitative research suggest certain requirements for sustaining recovery from community trauma, borrowing from the case of the HIV/AIDS epidemic. In the District of Columbia,

Prevention of HIV has been stifled by bureaucracy, lack of community control over the technical assistance process, fragmented health care delivery, and competing issues and concerns of community residents. Despite all the data, findings, analyses, conclusions and recommendations, in the mix is institutional inertia sustained by a political economy that minimally responds to culturally de-centered and economically marginalized people (Quimby & Payne-Jackson, 2007, p. 127).

Decay, abandonment and potential loss of community characterize aspects of the street crack 'epidemic' and current precursors of gentrification. Yet organizing for commun-

ity preservation and restoration is possible under certain conditions. Activism around building a community involves developing a shared consciousness and feelings of community among the participants. ‘Taking-it-to-the-streets’ is a tactic, not an end. Mobilizing is not a cerebral exercise. Direct action is often necessary as a technique within a broader strategy linked to purposes, goals and specific aims reflecting clear interests and expectations. Shunning street activism as inherently negative or hailing it as essentially positive is misguided. Organizing against displacement and for retention of a community in the midst of gentrification is led by local people. “If the campaign is not expressing the values, politics, and political culture of the core people, they won't stay involved” (Dulchin, 2004, p. 32). Experiences, perspectives, disagreements, setbacks and successes are shared. Participants tell their stories to themselves and to others.

Activism around building a community involves developing shared consciousness and feelings of community among the participants. By individualizing and humanizing community development struggles, issues become less abstract, less impersonal and more identifiable. Empathy and compassion become more possible as objectives and as concrete practices. Openness by leadership helps negate formation of disruptive cliques and distractions from the movement's general goal and campaign's specific objectives. Transparent decision-making, full disclosure of intentions, public accountability and joint assessments help maintain organizational credibility.

Community-building and recovery are long-term processes. Patient labor and emotionally difficult work are required. Recruitment of participants requires a two-prong effort: a) ‘each-one-reaching-one’ by individually touching one another cognitively, emotionally, politically and socially; and b) developing groups and institutions that collectively reach each other. Sustainability may be more likely by mobilizing individuals and institutions.

Developing relationships and building consensus are parallel efforts in identifying interests, initiating campaigns, measuring achievements and recalculating strategies. Maintaining organizational and individual energies partly depend on interpersonal connections and feelings. Vilifying opposition is not an effective strategy for long-term community restoration. Social constructs of villains and anti-language may tend to hype participants, but not for long. Although potentially emotionally appealing and temporarily galvanizing, anti-development and anti-landlord rhetoric may not produce sustainable results.

Although defined and used in different ways by various theorists and researchers, concepts of social support, social capital, social bonding and social integration are useful for emphasizing benefits derived from connectedness and social interaction. These include potential for shared resources, cohesion, sustained identities, purposeful behavior, social control and other attributes of belonging, even if such attributes are deemed unhealthy, illegitimate or illegal. Some social and behavioral scientists have incorporated social capital as a construct for understanding health behaviors of individuals and groups (e.g., Kirst, 2009).

Lessons for Community Recovery

Recovery from public health adversities occurs within a city's political economy. Social conditions affect ways in which health crises occur, are perceived and can be surmounted. The situation of HIV/AIDS pertains to street crack's impacts. Both occur within social contexts. For example, depressing statistics can be cited for Baltimore, MD, again borrowing from the case of the HIV/AIDS epidemic (Baltimore Substance Abuse Systems, 2003; Quimby, 2007). However, as with street crack, understanding its social contexts promotes community recovery from its effects.

It is not enough, perhaps even incorrect and certainly ineffective, to simply say that particular people and

communities are at high risk for HIV/AIDS. The epidemic exists within a system of ongoing structured community-destabilization and it is undermining the ability of those threatened by the disease to exercise cultural values and norms that ensure their survival. The unrelenting onslaught of HIV/AIDS has accelerated alienation of people at the bottom of Baltimore's political economy. Globalization, political dismissal, racial subordination, social stigma and bureaucratic unresponsiveness are ongoing. Meanwhile, the public health crises of inner-city African Americans are much less important than maintaining a baseball or football stadium.

Statistical profiles of Baltimore indicate that its working class residents are faced with the immense burdens of economic want and government neglect and chronic social disruption, both of which compete with HIV/AIDS as public issues. These are evident when the following are considered: education, literacy, employment, poverty and low-income workers, poverty and children, recipients of welfare and TANF, homelessness, and juvenile and criminal justice (Quimby, 2007, p. 65).

Recovery is a holistic concept with varied meanings, goals, forms, methods, dilemmas and challenges. At their common core is an insistence on individual and structural resources and application of a solutions-oriented analysis employing social capital. Social capital's components are necessary for community recovery from trauma and healthy community development. These include hope, trust, supportive interpersonal relationships, reliability, responsibility, and forgiveness forged through collective and personal struggles for sustained change. "Trusting relationships

involving caring and companionship can provide social support and reliable information that may contribute to protective health behaviors" (Kirst, 2009, p. 673).

Implications for Public Policy

Community recovery from crack cocaine is linked to public policy initiatives that include residents' perspectives. Programs must be structured to be responsive and accountable to a community's needs and interests.

To be effective, public health programs require community participation in planning, implementing and evaluating response strategies. This includes meaningful involvement in site selection, data collection and analysis, interpretation of findings, and planning, implementing and evaluating interventions ...Sustained public health campaigns must be rooted in collaborative and cooperative partnerships that respond to issues regarded as more meaningful than those defined by official authorities. Failure to adequately and comprehensively address structural and cultural matters of consequence has the potential for launching programs that are deemed irrelevant by targeted residents (Quimby, 2007, p. 86).

Mobilization need not be for resistance. It can also be affirmative, that is, *for* something(s) based on a collective vision. Neighborhood restoration efforts require identifying, sharing and strengthening stories and legacies of local entrepreneurship, leadership, education, history, culture, and related themes of ordinary and extraordinary people within a community. Explaining and building upon past contributions and current activities provide meaningful opportunities for emulation, pride, redemption and empowerment. Distributing social capital and using social networks contribute to health promotion (Cattell, 2001).

Relationships within and among social networks may be detrimental or beneficial for individuals and communities. For example, harmful drug use may be intensified by trust, reciprocity and information exchange among drug users (Treloar & Abelson, 2005). Developing protective healthy interactions and community wellness behaviors is partly linked to the purposes of particular social networks and mobilization efforts. Creating a consensus among participants in the mobilization process is vital for achieving goals and thwarting divisiveness. Beneficial social network relationships in the mobilization process are characterized by values, attitudes, perceptions and actions that are non-exploitative.

What Does Community Recovery from Crack Cocaine Look Like?: An Example from Washington, D.C.

An example of synergy involving documentation and assertion of a community's narrative was a project in Pleasant Plains, northwest Washington, DC. The neighborhood is bounded by Spring Road on the north, Sixth Street on the east, Florida Avenue on the south and 14th Street on the west. Pleasant Plains now stands as an example of what community recovery from crack cocaine looks like, given that it is a community that was previously harmed by street crack use and dealing, while facing the forces of gentrification (Quimby & Robinson, 2009). A negative narrative about the Pleasant Plains community reflecting the impact of crack cocaine was helping to fuel the forces of gentrification.

Community recovery from the negative impact of crack cocaine was facilitated by implementation of a cultural heritage project; in addition, the project required community-based partnerships, collaborations, coalitions and working alliances, including Howard University faculty and students. The cultural heritage project provided a mechanism for the community to document and assert its' own narrative, countering the negative narrative provided by the crack cocaine epidemic.

The Community Technical Assistance Project. Documenting a community's cultural heritage is an important practice for neighborhood recovery and preservation. In 2008-2009, the Community Technical Assistance Project (CTAP) at Howard University assisted a heterogeneous community-working group of residents, stakeholders and public sector collaborators to develop an official Georgia Avenue/Pleasant Plains (GA/PP) Heritage Trail. Development of the GA/PP Heritage Trail was made possible by collaborative and celebrative efforts. These demonstrated a community's successful determination to restore itself. Rather than succumb to negative imagery and defeatism, diverse people studied and reclaimed the Pleasant Plains community. This process may be recommended as a model for community recovery. This model included guidance and neutral meeting space provided by a respected community organization trusted by other groups, self-sufficiency and equitable development goals, informal leadership, a non-formal organizational structure, a community-led and research-driven approach to planning, development of broader community structures, avoidance of government funding, and sustained involvement by affiliated neighborhood organizations and individuals. Among major accomplishments were formation of the Georgia Avenue Community Development Task Force, community reviews of corporate and government local development projects, and partnering of an academic institution and neighborhood organizations.

Aspects of university-community collaboration are described below. Results included video-taped oral histories, interviews, photographs, other visuals, and school and community-based presentations. CTAP's innovative and integrated community-based research and service learning contributed to learning and teaching. Student learning was enhanced through a course redesign, which focused on experiential learning, service learning and community-based participatory research.

This CTAP focused on community development of the GA/PP Heritage Trail.

The GA/PP Heritage Trail Project was a collaboration between the Emergence Community Arts Collective (ECAC), founded and directed by Sylvia Robinson, Cultural Tourism DC and a community working group. Students and others documented and presented historical developments in the Pleasant Plains neighborhood. People, sites and events were researched. Results were displayed in visual and text formats, including a photography exhibit, slides, reports and student presentations in a community setting. Multiple products were developed. These included research reports, presentations, archival development, archival retrieval and oral histories.

Qualitative community-based participatory research. Qualitative community-based participatory research (QCBPR) has many theoretical, empirical and practical benefits (Atkinson & Delamont, 2010; Bowser, Singer, & Quimby, 2007; Denzin & Lincoln, 2005; Quimby, 2006). QCBPR is attentive to the needs, interests and concerns of community residents and stakeholders. It requires use of cultural competence and sensitivity in research, including design, methods, data collection instruments, measurements, interpretation of findings and dissemination of results. It assists development and clarification of research issues and questions to be studied. Because QCBPR involves development of community-based partner-ships, collaborations, coalitions and working alliances, it aids a community's capacity-building through infrastructural development sharing of resources. It also helps potential sustainability by addressing recruitment and retention of participants, providing relevant and useful findings, and helping to respond to community-defined local issues. In the case of Pleasant Plains, these central issues included highlighting community robustness, eliminating negative publicity, overcoming marginalization and reducing lingering social effects of street crack.

Oral history interviews. Course assignments involved research, interviews, oral histories, participant observations of community working group meetings and presentations of findings. Some students joined a community-based oral history interview team and signed up for training to collect data from local institutions. Community-based professionals conducted these trainings. Each student participant researched points on the trail and did a presentation to the community. Outcomes were shared with classmates and residents.

Going beyond "chalk and talk," passivity, and focusing on strengths and assets. CTAP's rationale is that students and teachers learn by conceptualizing, doing service, researching and sharing results in multiple formats. Traditional classroom teaching relies too much on 'chalk and talk', rather than conceptual, technological and methodological innovations. CTAP's pedagogical approach improved teaching, learning and assessment. In addition to standard exams, students were assessed by their contributions to helping design and conduct the community-based research, service learning and assistance. Instead of being passive recipients of information, they, along with neighborhood residents, defined issues, sites, events and people of significance to the community. Emphasis was on community assets, strengths, resources and resiliency, not pathology. Moreover, the course provided an effective mechanism for developing institutional and individual relationships between Howard and neighborhood entities and people.

The project's purpose was to integrate classroom and applied learning by helping neighborhood-based individuals, groups and institutions document their history and assets. The process and results promoted positive portrayals of community restoration. Participants (professor, students and community members) developed and shared their expertise on neighborhood history, cultural heritage and social changes. Student tasks included participant observations of

and technical contributions to the community working group.

Student learning objectives included:

1. Enhancement of community-based participatory research skills;
2. Technical assistance to neighborhood working groups;
3. Pictorial representations of community heritage and social change; and
4. Community presentations.

Data collection methods. Data were collected in several ways, using summative and process evaluation methods. The professor actively participated in neighborhood working group efforts by attending meetings, archiving, scanning photos, and critiquing written and text products. He joined the interview team and received community-based training in photography, questioning, monitoring and writing up their results. Data collection results were triangulated and verified through formative and summative processes. The following data collection methods were also used: observations of community working group sessions, interviews with stakeholders, oral histories, police ride-alongs, archival documentation and feedback obtained by the professor (through photography, interviews and participant observations).

Interim products, final products, and community feedback. Formative evaluation data collection was process-oriented. Students submitted weekly updates. They also provided collaborative suggestions and feedback.

Community persons commented on the accuracy and usefulness of research and students' service learning products. Their critiques helped inform course re-design and revisions of photographs, text reports and others deliverables. Students were formally assessed for their work. The summative evaluation included a typed CTAP Final Report of PowerPoint Slides, a CD of the

report and an oral presentation—codifying all of the data collected.

Results and lessons learned. Preserving Pleasant Plains, a community previously harmed by street crack use and dealing, currently in the midst of gentrification, can be summarized as follows (Quimby & Robinson, 2009):

- Learning and serving by researching, and researching by learning and serving promote the value of a community telling its own stories—while suggesting the value of community-based partnerships, coalitions, collaborations, and working alliances among community members that include the university and students. ECAC-CTAP collaborative research topics and activities included the Georgia Avenue/Pleasant Plains Heritage Trail Project of student research on historical sites, neighborhood indicators and organizational profiles—helping the community to create their narrative. Useful student activities included research on neighborhood historical sites which were placed on ECAC's website, data for Georgia Avenue/Pleasant Plains Heritage Trail markers, Children's Summer Heritage Projects, organizational profiles, written reports, and audio and videotaped presentations.
- The case for gentrification has been fueled by negative narratives about communities impacted by crack cocaine. Moreover, gentrification is not equitable development. Gentrification denies history. People who appear voiceless, void of history and without assets are vulnerable people. However, a community's resources in the form of the people's voices, history, and narratives can effectively ward off gentrification.

- Choosing equitable development is a viable alternative to gentrification. The Pleasant Plains' social context is partly characterized by nearness to gentrifying communities, encroaching development and gentrification; yet, the community made the decision to choose equitable development. A community can develop and protect itself from gentrification by understanding its local history, promoting progressive relationships and building on its community strengths.
- A focus on community assets, strengths, resources and resiliency is essential to producing an effective narrative to counter the one fueling gentrification. Refusing to accept gentrification was predicated on recognition and documentation of Pleasant Plains' assets, including being a close-knit neighborhood, self-defined from years of segregation, possessive of a historical legacy, with highly educated and civically active residents and business proprietors. Pleasant Plains' story can be told because of its strengths.
- Pleasant Plains refused to accept non-residents' stories and images of it. Telling the community's story includes self-empowerment and consciousness based on the principle of 'we tell our own story' at individual, group and neighborhood levels, and by networking on the principle that 'each person has a voice', including residents, businesses, civic leaders and students.

Conclusion

This manuscript provided background on the crack cocaine epidemic, focusing on the negative impact on communities and the damaging narratives generated about those

communities. In addition, this manuscript addressed ingredients for successful community recovery and discussed community recovery using an example from Washington, DC. When communities and people are stereotypically pathologized or depicted as being cemented into existential despair, then alternative narratives of mobilization are overlooked. The qualitative research summarized in this manuscript suggests how a strengths-based approach may effectively recognize that a community has resources, needs and sustainable supports, and can be mobilized to use its assets for equitable development.

Crack cocaine use and responses to it, along with gentrification, have traumatic effects. Communities and their allies are now taking a leading role in reversing this situation.

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