Empowered communities: Science, ideology and the limits of political action

FILIP ROUMELIOTIS

ABSTRACT

AIMS – Against the background of an increased interest in community participation in political processes, this article critically examines how the "community" is constituted as a political entity in the Communities That Care drug prevention programme. **METHOD** – Through an examination of 14 publications written by the programme developers and other collaborators, I have analysed the programme's theoretical foundation. **RESULTS** – The programme seeks to constitute the community as an expert community, drawing on the principles of prevention science in its decision-making processes and thereby asserting the primacy of scientific reasoning in politics. Disagreement, otherwise regarded as the "essence" of democratic politics, is to be neutralised through the establishment of a common language based on prevention science. The programme constitutes needs as existing independently of any culturally and politically informed interpretations and promptly met by ready-tested, evidence-based interventions. By combining a consumer subject and an instrumental-rational subject, the programme establishes a specific kind of democratic subject expected to exert its choices on a market offering instant solutions to problems formulated outside of the community's decision-making processes. **CONCLUSION** – The analysis points to a range of limitations and issues on how community empowerment and democratic participation are conceptualised in the programme. By asserting the primacy of scientific reasoning in drug-policy processes, the programme sets limits to what counts as a political problem and which responses are deemed legitimate. This risks exerting significant closure on the ability of communities to speak in properly political terms.

KEYWORDS – drug prevention, politics, empowerment, ideology, prevention science

Submitted 9.6.2016   Final version accepted 11.07.2016

Introduction

In Sweden, as in many other countries, an increased interest has emerged in "community participation" or "user involvement" during the past decades. Following a critique of more traditional "top-down" approaches to public health in Sweden during the 1960s and 1970s, communities and users of publicly funded services are now to be engaged in shaping and influencing policies on health. This has led to an increased government interest to develop strategies for establishing communities active in democratic processes (cf. Eriksson 2015, p. 13ff). Central to these new gov-

ernmental strategies has been the development of terms such as "empowerment", "participation", "user involvement" and "partnership" (cf. Beresford, 2002; Patterson et al., 2008; Schulte, Moring, Meier, & Barrowclough, 2007).

As Beresford (2002) has shown, it is possible to discern two distinct logics in the discourse on community participation. One is centred on notions of efficiency and cost-effectiveness, taking as its starting point the need to engage communities in policy processes in order to *improve public services*. The other builds on the notion of *democratic participation* and aims for the inclusion in policy processes of citizens, who thus gain more control over their lives (Beresford, 2002). In the logic of efficiency, the community is to give input on how to make services more efficient, whereas in the logic of democratic participation the community is to be involved in the shaping of the very objects upon which policies are to be directed. However, in both logics we find a call for the inclusion of communities and citizens within the sphere of politics, albeit with different aims. Consequently, as some commentators have noted, there seems to be some confusion about the purpose and meaning of this inclusion, given the different aims inherent in these logics (Patterson et al., 2008; Beresford, 2002).

The field of drug prevention is no exception to strategies of empowerment. Within the field of prevention science, a discipline with a public-health orientation to drug prevention, the most notable example of this strategy is the programme Communities That Care (CTC), which has as its explicit aim the empowerment of communities (cf. Hawkins, Catalano, & Arthur, 2002; Haggerty & Shapiro, 2013). Particularly in connection to the notion of community empowerment, this has involved a notion of *political empowerment* – the ability of the community to achieve "political change" (Haggerty & Shapiro, 2013, p. 358). Proponents of the programme adhere to the critique of "top-down" orientation to public health and argue that CTC "is an example of where evidence-informed practice does not displace strength-based and justice-promoting practice" (Haggerty & Shapiro, 2013, p. 357). This makes CTC a very interesting programme to study from a political perspective in terms of how concepts such as "empowerment" and "participation" are constructed and used, and especially how the "community" is constituted as an empowered *political* entity. It should also be noted from the outset that the very existence of the CTC programme implies that community participation, in some sense, needs to be governed. Rather than being left to its own devices, the programme signals a governmental objective according to which the community is to be governed into becoming a *specific kind* of empowered political entity (hence the need of a programme). The importance of critically examining programmes such as CTC, therefore, stems from the "function" they are accorded in making up desirable political subjects. This is not to say that such programmes succeed in their aims but rather that they provide an opportunity to examine how the political field is organised, the implicit *aspirations* found in the political field, and which subjects and practices are seen as legitimate within it.

What concepts such as "empowerment" and "participation" enable is the position-

ing of certain identities within the political sphere. This is a question of democratic representation, and such concepts participate in the (re)definition of the boundaries of the political, aiming to open up a space for communities to act politically. As the concept of "empowerment" signifies a power relation that the community is embedded in, and the concept of "participation" signifies a relation of inclusion/exclusion, they become central for the analysis of how the community is established as a political entity. From this emerges the question of *in what capacity* the "community" is recognised as a legitimate political subject within the political sphere. Departing from such notions as community empowerment and participation, this article aims to critically examine how the "community" is constituted as a political entity in the Communities That Care programme. It is a question of how some social "bodies" are assigned to particular places within the sphere of the political and how these are expected to act. The questions asked are: How is the problematic of "participation" constructed in the CTC programme? How is the "community" constituted as a political subject? What do the concepts "empowerment" and "participation" signify? Under what conditions does it become possible for the "community" to emerge as a political subject? If the community is seen as in need of empowerment, what are the needs – the lack – identified by the CTC programme?

In the next two sections, I will present some theoretical and methodological considerations before moving on to the analysis. The analysis is divided into three sections. The first section analyses the general problematic that the CTC programme sets up for itself. The second section deals with the question of community and how it is established. In the final section the question of "needs" is analysed in connection to possible limits of the CTC programme in terms of the possibility for community political action.

Governing through communities

The question of how "community" is established as a political entity implies a view of the community as an entity without a final ground. Consequently, following Anderson (1992), in this article the community is conceptualised as "imagined" rather than essential. This is to say that communities (and this includes political ones) do not exist as "natural" entities but are rather constituted in various ways in specific temporal and cultural contexts. This enables the analysis of how the community is constituted as a *particular kind* of political entity within the CTC programme – the identity that it is ascribed. As Mouffe (2005, p. 18f) has argued in regard to collective identities, these do not pre-exist processes of identification but are rather the result of such processes and as such are always open to different ways of constituting them. Similarly, concepts such as "inclusion", "participation" and "empowerment" are not seen as signifying some objectively existing entity or state of affairs "out there" but are rather discursively constructed. They imply a notion of a "we" into which something is to be included and some notion of what constitutes a proper "power" or "power structure" that someone or something needs to acquire or act within. Following such considerations, any analysis aiming at critically examining community

empowerment needs to take into account a number of underlying notions that such empowerment entails.

In order to analyse the place assigned to the community within the field of politics it is useful to turn to some arguments presented by Jacques Ranciére (1999) and Chantal Mouffe (2005). Both authors describe a general political sphere, in Mouffe (2005, p. 9) termed as *politics* and described as "the set of practices and institutions through which an order is created". A similar notion of a political "order" is found in Ranciére[1], described as

> an order of bodies that defines the allocation of ways of doing, ways of being, and ways of saying, and sees that those bodies are assigned by name to a particular place and task; it is an order of the visible and the sayable that sees that a particular activity is visible and another is not, that this speech is understood as discourse and another as noise. (Ranciére, 1999, p. 29).

The logic inherent in politics regulates what can be said and acknowledged in a certain time and space. This concept enables an understanding of power relations and domination as well as an analysis of how the political sphere is structured in terms of how distinctions are made within it between discourse/noise, being/non-being and the "rules" applying to ways of being and doing. In short, it applies to the existing way that politics is configured.

Notions of political inclusion and participation, not to mention democratic politics itself, always contain within them the potential of conflict and disagreement. In the context of this article, it thereby becomes important to examine the common space that is set up for disagreement in the CTC programme and whether and how conflict is staged within this space. This requires an analysis of how *disagreement* is conceptualised in the politics inherent in the CTC programme. Drawing on Ranciére (1999, p. xi), *disagreement* is conceptualised as occurring "wherever contention over what speaking means constitutes the very rationality of the speech situation", and it is structured as a "dispute over the object of the discussion and over the capacity of those who are making an object of it" (Ranciére, 1999, p. xii). The existence of the possibility of disagreement highlights the arbitrariness of the object of political action. Lack of disagreement, on the contrary, could be seen to indicate a state of affairs in which this object has acquired the status of a natural order. However, what in any given moment is considered to be the "natural order" should not be seen as "the manifestation of a deeper objectivity exterior to the practices that bring it into being" but rather as the result of sedimented practices (Mouffe, 2005, p. 18).

This naturalisation of certain orders – meaning that their dependence on sedimented practices goes by unacknowledged – point to the ideological closure exerted upon the political field by certain representations of reality. Ideology, in this sense, establishes common-sense notions of reality, acting to legitimise certain orders at the expense of others (cf. Fairclough, 1992, p. 87). Consequently, an important task in the analysis of community empowerment and participation becomes to "denaturalise" representations of empowerment and participation through

critical examination of the underlying assumptions of the CTC programme. It is a matter of highlighting the ideological closure exerted by certain representations of reality and the restraint that this closure imposes upon social vision (Bacchi, 1999, p. 29). Such critical examination would enable the opening up of a space in which to critically reflect upon the limits imposed upon political community action by certain political arrangements.

Background and method

Communities That Care (CTC) has been described as a programme "which targets adolescent behavior problems such as substance use, school drop-out, violence, and teen pregnancy" and as a "leading model of 'community empowerment' based on prevention science" (Feinberg, Greenberg, & Osgood, 2004, p. 164). As such, it is a coalition-based approach to preventing "problem behavior" (Haggerty & Shapiro, 2013, p. 355). A central part of the programme is to involve citizens in prevention activities "in order to anchor the work and strengthen local influence and engagement, which also contributes to the increase of a democratic governance of the city" (Stadskontoret, 2016, p. 12, my translation). It has been widely disseminated across the United States and in the United Kingdom, where, in 2008, over 30 CTC coalitions were funded. It has also been disseminated in Australia and the Netherlands (Wells, Ward, Feinberg, & Alexander, 2008, p. 97). In Europe, the European Commission is funding the CTC-EU Network, which includes Germany, the UK, the Netherlands, Austria, Sweden, Cyprus and Croatia. The aim of this network is to support the transferability of CTC meth-

ods to European countries. In Sweden, the CTC programme has recently been implemented in the city of Malmö as part of a larger, government-initiated project called "Trestad 2". The overall project received 12 million SEK in government funding[2].

The programme consists of five phases, described by Haggerty & Shapiro (2013) as follows. In phase 1, community stakeholders are identified, the community is defined, support for community collaboration is ensured and community readiness issues are identified. In phase 2, community decision makers are oriented to CTC, and a coalition of stakeholders is formalised and will act as the working group for the CTC implementation. These coalitions typically include "parents, youth, advocates, residents, local business owners, elected officials, religious leaders, philanthropists, media representatives, and professionals from education, public health, juvenile justice, law enforcement, child welfare, and youth recreation sectors" (Haggerty & Shapiro, 2013, p. 355). In Sweden, it has been suggested that these coalitions should include "officials from the fields of education, social services, culture and leisure, and representatives from the police, the non-profit sector, business, children, adolescents and other inhabitants" (Stadskontoret, 2016, p. 38, my translation). In short, it is possible to include anyone interested in drug prevention in the programme. The coalition is then to set up an organisational structure and operational procedures. In phase 3, the coalition collects data through school-based surveys using the CTC Youth Survey in order to obtain estimates of levels of risk, protection and "problem behaviours". This data, in turn, is to inform the

coalition's decision-making processes. In phase 4, the CTC coalition creates an action plan, "selecting programs, policies, and practices that have been scientifically tested and demonstrated to be effective at addressing the prioritized risk and protective factors" (Haggerty & Shapiro 2013, p. 356). Finally, in phase 5, the selected programmes, policies and practices are implemented, monitored, refined and evaluated.

The material analysed in this article consists of 14 publications written by the programme developers (David Hawkins and Richard Catalano) and other collaborators and general proponents of the programme. The publications came out in 1996–2013 and consist of programmatic, descriptive and theoretical texts. They were selected to cover two levels of analysis, general and specific. First, publications providing an overall picture of the programme aims, structure, theoretical basis, strengths and components were selected in order to enable a broad analysis of the programme. Second, publications addressing specific components and issues, such as implementation issues, effects of community training, community readiness issues and issues relating to the measurement of risk and protective factors. Articles only reporting on evaluations of local implementations of the CTC programme were omitted from analysis.

In the analysis of how communities are established as political entities in the CTC programme, several interrelated concepts need to be examined. As mentioned above, the concepts of "empowerment", "participation" and "needs" are intimately connected to the establishment of political identities. Through the concept of "empowerment", the community is assigned a specific position in a field of power relations. This enables an examination of the available positions within the field of politics. Through the concept of "participation", the limits of the field are established in terms of who can enter it, and through the concept of "needs", the very problems (or needs) that are to be identified within this field are established.

In addition, the discursive field within which political subjects act must be analysed in order to identify the limits for political discourse and action. By examining how these concepts are defined, handled and problematised in the CTC programme it will be possible to highlight the ensemble of concepts, problematisations and discursive limitations through which the community is established as a political entity.

Drawing on parts of Bacchi's (2009) "what's the problem represented to be?" approach, the material was analysed by examining how the problem of community participation has been constructed[3] and the implications of the specific problematic that the programme has set up for itself. By examining the various solutions to problems presented in the texts it was possible to "work backwards" from these concrete solutions to see what the implied problem consists of (cf. Bacchi, 2009, p. 3). This involves an examination of the underlying assumptions inherent in specific problem constructions. It includes the identification of epistemological and ontological assumptions and a series of distinctions and identities (identities in the sense of a principle of sameness) between community/non-community, empowered/ non-empowered communities, needs/no needs and lay knowledge/science, through

which the CTC programme constitutes the community as a political subject. Through these distinctions specific practices are legitimised as political ones while others are relegated to the constitutive outside of politics – as mere noise.

Analysis

The problem

The CTC programme is grounded in the recognition of the political potential of communities. The point of departure is the right of the community to participate in policy processes and the shaping of public services. However, this takes the shape of a problematisation of the form this participation should take. More specifically, the CTC programme functions through a problematisation of the ability of communities to participate in decision-making and implementation processes. This problem is formulated in terms of a "substantial gap between science and practice" (Fagan, Hanson, Hawkins, & Arthur, 2008a, p. 246). Despite the "advances in the science base for effective preventive interventions", it is said that "many communities continue to invest in prevention strategies with limited evidence of effectiveness" (Hawkins et al., 2002, p. 951). Hence the need for an "operative system" that can guide the communities' decision-making and implementation processes. The challenge becomes one of translating "science-based knowledge" into "widespread practice in communities" (Arthur, Ayers, Graham, & Hawkins, 2006, p. 131). This problematisation is structured in terms of a distinction between scientific knowledge/practices, and other modes of knowledge/practices through which the CTC programme asserts the primacy of scientific reasoning. As some proponents of the programme argue, scientific knowledge and "the application of scientific processes to decision making are central to the prevention of alcohol and drug abuse" (Haggerty & Shapiro, 2013, p. 350). Thus, the task of the CTC programme can be formulated as a question: can the community "be diverted from traditional, political, institutional, and professional channels (i.e. business as usual) toward a more scientific prevention planning process?" (Feinberg, Greenberg, Osgood, Anderson, & Babinski, 2002, p. 246).

Accordingly, the CTC programme has built-in mechanisms for assessing the "readiness" of communities in terms of the knowledge basis for their decision-making processes. This can take the shape of scales assessing "correct program selection criteria" through which the question of "whether the [community] board used criteria to select programs as recommended by CTC" is to be measured (Feinberg et al., 2004, p. 167f). What these scales seek to asses is whether community decisions are motivated by "community risk data" or by "political motives" (Feinberg et al., 2004, p. 167f). The scales thereby make up a technique – termed by Foucault (2003) as "examination" – that is central to disciplinary interventions and through which the community is made into an object of knowledge, differentiated, objectified, classified and measured against a norm. The distinction made between types of knowledge – through the question of "community readiness" – produces in this form of "examination" another distinction: that between the legitimate and illegitimate community within the political sphere. This is achieved through the constitution

of a specific kind of norm. By moulding the community into a specific political entity defined in terms of its ability to scientific reasoning and measured against this norm, the community is to be qualified into the political field. For this end, the CTC programme relies upon a principle of partial identity (identity understood in its philosophical sense of sameness) by which the expert community and the community that is acted upon are made to inhabit the same position. It is only by becoming an expert community, which includes the appropriation of the language of *prevention science* – the language of the expert community – that the community's political capacity is recognised. For instance, in a scale constructed to assess the readiness of communities for participating in preventive collaborations, the highest level of readiness is termed "professionalization", and the community is described as "[k]nowable of [the] community drug problem" and as "expect[ing] effective solutions" (NIDA, 2003, p. 16). The lowest two levels, however, are termed as "no awareness" and "denial", marked by "[r]elative tolerance of drug abuse" and a view that "problems" are "[n]ot happening here" or that the community "can't do anything about it" (NIDA, 2003, p. 16).

Not only is the community's readiness assessed in terms of its knowledge of the "problem", it is also assessed in terms of which problems it prioritises. For instance, one readiness challenge identified by CTC proponents has been that "youth issues *other than the five problem behaviors directly addressed by CTC* already had been identified as community priorities, and community stakeholders were committed to addressing these issues."

(Quinby, Hanson, Brooke-Weiss, Arthur, & Hawkins, 2008, 326f, my emphasis). Another example can be that "some community members did not see adolescent problem behaviors as preventable or as a priority for community action", or that "many residents viewed teenage alcohol use as normative and not necessarily a concern" (Fagan, Hawkins, & Catalano, 2008b, p. 297). The entering into the political sphere is therefore established in terms of a consensus over what matters as a political problem (drug and alcohol use); a consensus established within the programme itself prior to any community entering it. The principle of identity that is established in the programme is, however, only partially due to the allocation of responsibility that it enables. The "empowerment" involved in the process of making the community the master of its own destiny simultaneously makes it responsible for its failure (as evidenced by the concern for implementation fidelity; more on this below).

The constitution of the empowered community

The community that the programme is to work upon is in principle regarded as an entity defined by a lack of a stable foundation. As some proponents of the programme have argued, the problem consists in "the diverse perspectives represented by collaborative board members" (Riggs, Feinberg, & Greenberg, 2002, p. 710), the "dissent" of some members (Quinby et al., 2008, p. 328) and the existence of "infighting" (Feinberg et al., 2004, p. 173). What is achieved through arguments such as these is the neutralisation of disagreement and an enactment of a specific kind of model

of the political. What in other contexts has been regarded as the "essence" of democratic politics, cast in an adversarial model of politics, i.e. diverse perspectives or dissenting voices struggling to establish an object for politics to act upon (cf. Mouffe, 2005; Ranciére, 1999), is to be neutralised. The disparate actors with their own "languages", positions and allegiances are to be assembled into a community through the provision of a *common language*: "The SDM[4] provides a consistent model and *shared language* for implementing effective preventive interventions across socializing domains" (Hawkins et al., 2002, p. 958, my emphasis). This shared language would enable the establishment of a "common vision" in regard to the objectives of prevention (Hawkins et al., 2002, p. 958). Through an emphasis on common language and objectives, the existing community is constituted as an entity lacking of a foundation, thereby rendering it a non-community. The *proper* political community thus constituted in the CTC programme becomes one with a common foundation (or Logos), sharing a language and working toward a common goal. In fact, the very foundation of the community becomes defined in terms of a shared language. Therefore, in order to constitute a foundation for the existing (non)community, the CTC programme seeks to provide the community with this common language by basing its objectives in an existing language: that of prevention science. Consequently it is said that the principles of prevention science "provide a common language and framework for community leaders and coalition members representing diverse sectors and perspectives" (Haggerty & Shapiro, 2013, p. 355)

and that the "CTC system creates opportunities for all interested community stakeholders to develop a common vision for positive youth development based on prevention science." (Fagan et al., 2008b, p. 293). This is to be achieved through training sessions during which participants in the programme are to be educated in the principles of CTC and prevention science (cf. Feinberg et al., 2002).

The CTC programme asserts the primacy of scientific reasoning by attempting to get the community to adopt the language of prevention science. This is done in order for the community to gain the ability to base its decisions on scientific and "rational" grounds (Brown, Hawkins, Arthur, & Briney, 2011, p. 185). In fact, it is explicitly stated that the CTC programme is an "approach that *requires* the community to embrace a public health orientation to the problem of drug abuse" and that it "provides a framework for how community *change* toward a risk and protective factor approach to prevention can be navigated and achieved" (Haggerty & Shapiro, 2013, p. 355, my emphasis). The CTC programme is thereby positioned as a kind of "gatekeeper" that regulates the community's entering into the field of politics, simultaneously neutralising disagreement over alternative ways of conceptualising the problems facing the community.

In order to achieve this adoption of the language of prevention science, a range of techniques has been developed. A major component of the programme is to educate members of the community on risk and protective factors, implementation processes and the need to ground their decisions on *evidence*. The CTC programme thereby "makes the technical knowledge

and skills of science-based prevention accessible and empowers communities to wield its potential through their own capacity" (Haggerty & Shapiro, 2013, p. 358). In addition, scales measuring the readiness of communities, discussed above, and fidelity assessment instruments have been developed to ensure the effective replication of the prevention programmes recommended by the CTC programme (cf. Fagan et al., 2008b). These fidelity instruments take part in a process through which the community is to be disciplined by means of observations of the implementation process in order to ensure the constant adherence to the script commanding the specific practices of the programme.

In addition to the question of a shared language, the CTC programme seeks to constitute and discipline the community through the creation of a moral and affectual bond. As the very name of the programme – Communities That *Care* – signifies, there is a built-in moral and affectual bond in this enterprise. The Social Development Model – the theoretical model guiding the CTC programme – is used to guide "socializing processes" leading to a "strengthening of social bonding" among the members of the community (Hawkins et al., 2002, p. 958). This model also describes the "healthy beliefs and clear standards of behavior" involved in these processes and which constitute the bond itself (Hawkins et al. 2002, p. 958). The disciplinary "function" of the bond is explained in terms of the establishment of specific norms that the individual is expected to conform to and described as "shared expectations of how people should behave within certain roles or situations". Non-adherence to these norms should be

addressed by "community leaders" in order to enhance "expectations of behaving in accordance with social norms" (Brown et al., 2011, p. 186). As the Communities That Care *fact booklet* (p. 6) describes it, the aim is to create "strong bonds to those who hold healthy beliefs and clear standards in their families, schools and communities".

The disciplinary function of the bond is explicitly discussed. Once the social bond has been established, it is argued that it has the "power to affect behavior" by "creating an informal control on future behavior" (Catalano & Hawkins, 1996, p. 156). This control is said to "inhibit deviant behaviors through the establishment of an individual's stake in conforming to the norms and values of the socializing unit" (Catalano & Hawkins, 1996, p. 156). On a theoretical level, the development of an affective bond is taken to be the same regardless of whether this applies to "young persons" or communities as a whole:

As posited in the [social development] model, providing a young person with opportunities for active involvement, skills for successful participation, and consistent rewards for successful involvement and moderate and consistent punishment for misbehavior will lead to the development of a bond of attachment, commitment, and belief between that young person and the social unit in which he or she is participating. This is hypothesized to be true in all social groups, whether in a family, in a classroom, in a neighborhood, in a community, or in a group of friends. (Arthur et al., 2006, p. 130).

However, some obstacles inhibiting the formation of this bond consist in attitudinal issues. These are described as breaking with norms, such as not seeing adolescent problems as a "priority for community action" or as preventable or norms imbedded in concerns over teenage alcohol use (Fagan et al., 2008b, p. 297). If a shared belief in the effectiveness of the prevention approaches championed by CTC is absent, this jeopardises the collaborative potential of the community. For instance, in cases where "youth issues other than the five problem behaviors directly addressed by CTC already had been identified as community priorities, and community stakeholders were committed to addressing these issues", this constitutes a "readiness challenge", i.e. disqualifying the community (Quinby et al., 2008, p. 326f).

In order to handle this issue of conflicting objects of intervention, several examples are provided that illustrate how these conflicts are to be handled. In cases where alternative approaches to those advocated by CTC have been pursued, "CTC Boards convened meetings and included individuals who were influential with the dissenting stakeholders and who could consistently advocate that tested, effective programmes offered the best chance to reduce youth problem behaviors in the community". This ultimately led to the "dissenting individuals" to agreeing on using "tested effective programs" (Quinby et al., 2008, p. 328). The bond that is required in the constitution of community rests on an assumption of community with a common and unidirectional will. *Empowerment* in this context means the very establishment of a specific kind of community based on prevention science and moral and affec-

tive bonds. Rather than seeing the community as a disparate collection of individuals, the CTC programme seeks to create a unitary shape through various techniques of "normalisation". This includes the positing of "needs" and how political action is delimited within the programme, the theme of the next section.

Needs and limits to community action
The question of "needs", analysed in this section, will be focused on the ontological status of needs and the epistemological implications of this status. This issue is crucial, as deciding the needs of the community involves an act of interpretation and is therefore highly political. Indeed, as Fraser (1989, p. 294) has argued, "who gets to establish authoritative, thick definitions of people's needs is itself a political stake".

As proponents of CTC maintain, the programme allows "intervention approaches to be tailored to local needs, as identified by community members" (Fagan et al., 2008, p. 292), and CTC is described as an "operating system for prevention that addresses many of these needs" (Hawkins et al., 2002, p. 957). However, how are these needs identified and what processes are involved in such acts of identification? The CTC programme provides a "Communities That Care Youth Survey instrument" designed to assess prevention needs to help communities in identifying their community's needs (cf. Arthur et al., 2007, p. 207). This implies that needs are readily assessed through surveys and identified through statistical analysis. Needs are thereby constituted as existing independently from any culturally or politically informed interpretations. According to the CTC *fact booklet*, community needs are

identified by "assessing predictors both of problem behaviors and of positive youth outcomes: risk and protective factors that have been shown to predict youth outcomes in longitudinal research across a number of fields." (CTC fact booklet, p. 4). The CTC system helps communities to collect the "right" data consisting of risk and protective factors, which helps to create a "community profile" (CTC fact booklet, p. 4). The ability to identify needs becomes part of the empowerment of communities, as they are "empowered to use data on community levels of risk and protection as diagnostic information to guide the selection of preventive interventions that address the community's profile" (Hawkins et al., 2002, p. 957). A correspondence is established between objectively existing needs and specific interventions that aim at alleviating those needs. Assessing needs with the help of "data" thereby becomes a way to rationalise decision-making processes. This is stated explicitly in the following quote:

> Implementation of this [CTC] approach should rationalize the prevention planning process by basing decision making on local epidemiological data on risk, protection, and adolescent health outcomes, including substance use. It also should prevent alcohol and other drug abuse more effectively by applying interventions shown to affect the most elevated risk and/or protective factors in specific geographical areas. At the same time, the community is empowered to choose from a growing number of tested, effective preventive interventions that are suited to the community profile of risk, protection

and demographics (Hawkins et al., 2002, p. 957).

The "rational" community becomes an empowered community for its ability to choose "tested" and "effective" interventions. However, the "choice" accorded to the community is delineated to what two proponents of the CTC programme have called "a menu of tested-effective strategies" (Haggerty & Shapiro, 2013, p. 358). Furthermore, the conceptualisation of political action as "choice" (and the positing of a "menu" of options) constructs the political subject as a consuming subject, presented with already defined options. This is highly problematic from a democratic perspective, as it presents a highly restricted conceptualisation of democratic political participation. Decision-making processes are guided by the positing of a specific number of delineated risk factors corresponding to what are taken to be objectively existing needs, and the choice of an intervention is limited to the ones offered by the CTC programme. The language of prevention science, forming the basis for political decision making, thereby exerts significant ideological closure on the process in which needs claims are articulated as well as on available political solutions. Disagreement on the very object of political action is thereby excluded from the process of decision making. For instance, in this language, "poverty" – rather than being a "wrong" in itself – is reduced to a factor that predicts drug use rather than a "wrong" that the community is able to express: "young people who live in deteriorating conditions, characterized by extreme poverty and high unemployment, are at risk for alcohol and substance

use." (Haggerty & Shapiro, 2013, p. 354; see also Brown et al., 2011, p. 196f; CTC fact booklet, p. 4). The construction of poverty as a political problem *in itself* is highly restricted within the CTC programme due to its status as a predicting factor rather than a substantial issue. Furthermore, such issues are effectively closed off from consideration by the lack of any recognition of the role of disagreement in democratic politics. This highlights the importance of examining the limits and conditions for democratic participation. The construction of poverty as a predictor of "problematic behaviors" (CTC fact booklet, p. 4) rather than as a substantial issue in itself limits the space for political action by placing the problem at the level of behaviours. In this programme it is the unwanted behaviours that should be changed or prevented rather than the structural conditions that give rise to these behaviours in the first place.

Conclusion

The examination of how empowered political communities are constituted in the Communities That Care (CTC) programme highlights a range of limitations and issues on how community empowerment, democratic involvement and participation are conceptualised. The programme's problematisation of the communities' ability to engage in decision-making processes enables the positioning of the community within a binary opposition defined by rationality/irrationality. Against the "traditional" and "political" (Feinberg et al., 2002, p. 246) decision-making processes that – according to proponents of the CTC programme – define the community, the programme establishes a "scientific" decision-making process through which the

community is to be qualified into the political field. In other words, it is only by taking up the position of the expert that the community is seen as a legitimate political actor. Furthermore, the programme is built upon an assumption of consensus regarding what counts as a problem, thereby limiting what counts as a legitimate problem.

The community itself is principally regarded as an entity defined by a lack of foundation, conceptualised as a lack of a "common language". Disagreement, otherwise regarded as the "essence" of democratic politics (cf. Ranciére, 1999), is to be neutralised through the establishment of a common language based upon prevention science. Through this, the CTC programme asserts the primacy of scientific reasoning within politics. Empowerment, in this context, therefore comes to mean the ability of communities to engage in scientific reasoning, basing decisions upon a specific kind of scientific evidence and implementing decisions in a scientific process. It defines the limits of what it means to be a truly political community (adhering to a specific mode of rationality through the "language" of prevention science). Apart from the question of a common language, the community is to be made into an entity through the establishment of a moral and affectual bond, acting to discipline dissenting individuals in order to conform to the requirements set up by the programme.

A central component of the CTC programme, and of political processes in general, is the identification of needs. As Fraser (1989, p. 294) has argued, needs assessments are themselves a political stake and always involve acts of interpretation. In the programme, this needs assessment is to be done by utilising the "Communi-

ties That Care Youth Survey Instrument", implying that needs are readily assessed through surveys and existing independently from any culturally or politically informed interpretations. Furthermore, these pre-constituted needs are to be met by ready-tested, evidence-based interventions tailored by prevention scientists. Political action is thereby conceptualised as a "choice" of options from a menu of existing interventions. However, because the programme reduces, for instance, poverty to a risk factor predictive of "problematic behaviours" rather than to a political problem in itself, the "choice" of acting politically upon poverty is closed off. The CTC programme thereby exerts significant ideological closure on how needs are to be assessed as well as on decision-making processes and political solutions available to the community. Contrary to the critique of top-down public health governance expressed by some of the proponents of the programme (Haggerty & Shapiro, 2013, p. 357), it seems that the programme sets the limits for community political action in ways that can only be described as top-down. Drawing on Beresford's (2002) identification of two logics in the discourse on community participation, discussed in the introduction, it seems that the CTC programme would best be described as adhering to the improvement of services with its emphasis on efficiency and cost effectiveness, rather than as including citizens in policy processes in order for them to gain more control over their lives.

CTC seeks to function through the activation of the members of a community expected to provide its time and energy in solving the community's pre-determined problems. The notion of empowered communities simultaneously signals the regression of public political commitment in handling the problems facing society. In the CTC programme, the consuming subject and the instrumental-rational subject are combined to form a democratic political subject. Perhaps the notion championed by the CTC programme of an empowerment of a pre-constituted political subject acts to hide something more serious: the democratic deficiency prevailing in western capitalist societies at large – an outcome of the reconfiguration of the democratic subject as a consuming subject expected to exert its choices on a market offering patented solutions to problems formulated elsewhere. It simultaneously signals a fear of what the political subject might be capable of in terms of political solutions if not channelled through certain neutralising procedures. When the subject is confronted with adversities or identifying injustices, a host of experts stand by to offer their solutions, explanations and techniques said to cater to the needs of the community. These needs, in the CTC programme, are expressed through the language of prevention science, hiding the fact that the very definition of *needs* is open to political contestation and at stake in democratic politics.

It must be noted that the argument presented in this article does not imply that we should somehow do away with scientific knowledge or that we should turn to unstructured processes for decision making and political participation. The danger with such an approach to political participation is that power relations inherent in political processes would be left unchecked. The appeal of structured processes for decision making of some

kind therefore lies in the ability they provide for handling uneven power relations and for achieving political accountability. Furthermore, some kind of knowledge is always drawn upon in processes of political decision making so there is no point in advocating for a politics devoid of knowledge. The point I wish to make is that we should always be attentive to how certain kinds of knowledge and deliberative processes limit how problems are constructed and how these, in turn, limit the possibilities for political action. The question is whether these processes should take place in programmes at all instead of the more traditional political platforms.

The problems that the CTC programme constructs are situated at a certain level, a number of techniques correlating to this level are presented and the solutions are presented in the objective language of science. The political language through which the subject can express its will can only be articulated in terms of the predetermined choices available on the prevention "market". Every attempt to steer out of this labyrinth risks being confronted with the accusation of adhering to irrational and affective – perhaps even utopian – phantasies. Such attempts risk positioning the subject outside of the democratic domain, stripped of its ability to speak in properly political terms.

Declaration of Interest None

Filip Roumeliotis, PhD candidate
Centre for Social Research on Alcohol and Drugs (SoRAD)
Stockholm University, Sweden
E-mail: filip.roumeliotis@sorad.su.se

NOTES

1 Ranciére and Mouffe differ in their terminology. The conceptualisation of "politics" in Mouffe (2005) is similar to the one found in Ranciére's (1999) term "police". In order to avoid confusion, this article will make use of Mouffe's terminology.
2 This could be translated as the "Three Cities" project, which includes the cities of Malmö, Stockholm and Gothenburg. See http://www.regeringen.se/ pressmeddelanden/2015/01/beslut-om-satsningar-mot-narkotika-i-storstaderna/
3 In this article, the term "constructed" is used to denote the active discursive construction of e.g. concepts and problems, whereas the term "constituted" refers to the ontological foundation or ground of e.g. the community, subjects and needs.
4 The Social Development Model is the theoretical model underpinning the CTC programme.

REFERENCES (Analysed texts marked with *)

Anderson, B. (1992). *Den föreställda gemenskapen: Reflexioner kring nationalismens ursprung och spridning* [The imagined community: Reflections on the origin and spread of nationalism]. Göteborg: Daidalos.

*Arthur, M. W., Ayers, C. D., Graham, K. A., & Hawkins, J. D. (2006). Mobilizing communities to reduce risk for drug abuse: A comparison of two strategies. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of drug abuse prevention: Theory, science, and practice* (pp. 129–144). New York: Kluwer Academic/Plenum Publishers.

*Arthur, M. W., Briney, J. S., Hawkins, J. D., Abbott, R. D., Brooke-Weiss, B. L., & Catalano, R. F. (2007). Measuring risk and protection in communities using the Communities That Care Youth Survey. *Evaluation and Program Planning, 30*(2), 197–211.

Bacchi, C. (1999). *Women, policy and politics: The construction of policy problems.* London: Sage Publications.

Bacchi, C. (2009). *Analysing policy: What's the problem represented to be?* Frenchs Forest NSW: Pearson.

Beresford, P. (2002). User involvement in research and evaluation: Liberation or regulation? *Social Policy & Society, 1*(2), 95–105.

*Brown, E. C., Hawkins, J. D., Arthur, M. W., & Briney, J. S. (2011). Prevention service system transformation using Communities That Care. *Journal of Community Psychology, 39*(2), 183–201.

*Catalano, R. F., & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149–197). Cambridge: Cambridge University Press.

*Communities That Care (CTC) fact booklet. Retrieved from http://www.sdrg.org/ctcresource/Prevention%20Strategies%20Guide/introduction.pdf

Eriksson, E. (2015). *Sanktionerat motstånd. Brukarinflytande som fenomen och praktik* [Sanctioned resistance. User influence as phenomenon and praxis]. Lund: Lunds universitet.

*Fagan, A. A., Hanson, K. Hawkins, J. D., & Arthur, M. W. (2008a). Bridging science to practice: Achieving prevention program implementation fidelity in the community youth development study. *American Journal of Community Psychology, 41*(3/4), 235–249.

*Fagan, A. A., Hawkins, J. D., & Catalano, R. F. (2008b). Using community epidemiologic data to improve social settings: The Communities That Care prevention system. In M. Shinn & H. Yoshikawa (Eds.), *Toward positive youth development: Transforming schools and community programs* (pp. 292–312). New York: Oxford University Press.

Fairclough, N. (1992). *Discourse and social change.* Cambridge, Malden: Polity Press.

*Feinberg, M. E., Greenberg, M. T., Osgood, D. W., Anderson, A., & Babinski, L. (2002). The effects of training community leaders in prevention science: Communities That Care in Pennsylvania. *Evaluation and Program Planning, 25*(3), 245–259.

*Feinberg, M. E., Greenberg, M. T., & Osgood, D. W. (2004). Readiness, functioning, and perceived effectiveness in community prevention coalitions: A study of Communities That Care. *American Journal of Community Psychology, 33*(3/4), 163–176.

Foucault, M. (2003). *Övervakning och straff* [Surveillance and punishment] (4th ed.). Lund: Arkiv förlag.

Fraser, N. (1989). Talking about needs: Interpretive contests as political conflicts in welfare-state societies. *Ethics, 99*(2), 291–313.

*Haggerty, K. P., & Shapiro, V. B. (2013). Science-based prevention through Communities That Care: A model of social work practice for public health. *Social Work in Public Health, 28*(3/4), 349–365.

*Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002). Promoting science-based prevention in communities. *Addictive Behaviors, 27*(6), 951–976.

Mouffe, C. (2005). *On the political.* Abingdon: Routledge.

*National Institute on Drug Abuse (NIDA). (2003). *Preventing drug abuse among children and adolescents: A research-based guide for parents, educators, and community leaders* (2nd ed.). Bethesda, MD: National Institute on Drug Abuse.

Patterson, S., Weaver, T., Agath, K., Albert, E., Rhodes, T., Rutter, D., & Crawford, M. (2008). 'They can't solve the problem without us': A qualitative study of stakeholder perspectives on user involvement in drug treatment services in England. *Health and Social Care in the Community, 17*(1), 54–62.

*Quinby, R. K., Hanson, K., Brooke-Weiss, B., Arthur, M. W., & Hawkins, J. D. (2008). Installing the Communities That Care prevention system: Implementation progress and fidelity in a randomized controlled trial. *Journal of Community Psychology, 36*(3), 313–332.

Ranciére, J. (1999). *Disagreement: Politics and philosophy.* Minneapolis and London: University of Minnesota Press.

*Riggs, N. R., Feinberg, M. E., & Greenberg, M. T. (2002). Community sector and gender differences in the perception of community-based prevention. *Journal of Community Psychology, 30*(6), 709–721.

Schulte, S., Moring, J., Meier, P. S., & Barrowclough, C. (2007). User involvement and desired service developments in drug treatment: Service user and provider views. *Drugs: Education, Prevention & Policy, 14*(3), 277–287.

Stadskontoret (2016). CTC – ett styrsystem för prevention [CTC – a management system for prevention]. Malmö stad: Stadskontoret.

Wells, R., Ward, A. J., Feinberg, M., & Alexander, J. A. (2008). What makes people to participate in community-based coalitions? *American Journal of Community Psychology, 42*(1/2), 94–104.