

DRUG USE & CRIMINAL BEHAVIOUR

• *Introduction*

Gottfredson and Hirschi's general theory of crime argues that there is no need to account for a relationship between crime and drugs as they are just different manifestations of the same deviant behaviour.

They believe that traditional sociological explanations of the drugs-crime nexus are futile and in error.

But is this a valid standpoint?

• *The Empirical Relationship Between Drug use and Crime*

Virtually no one contests the fact that drugs and crime are empirically related.

In virtually every single study those who commit deviant behaviour are more likely to use drugs than those who don't.

• *Explanations of the Drugs-Crime Link*

It no doubt exists, but what *causes* the strong and consistent relationship between drug use and criminal behaviour?

Does drug use cause crime? Or does crime cause drug use? And what do these mechanistic causal sequences mean?

The drugs-crime link varies across individuals, situations, neighbourhoods, communities, demographic groups and possible over time periods.

The role of drug use in *being* criminally victimised further complicates the drugs-crime picture.

The 4 key models for the [drugs-crime link in general](#) are the following,

The Enslavement Model

This model could apply to any expensive, dependency producing substance.

The model has 2 varieties,

1. **Out of Character Model**: One way or another ordinary people become trapped in the use and addiction to drugs.
2. **Less Radical Psychiatric Model**: Those suffering from mental disorders find refuge in drugs and become addicted.

In both varieties crime follows addiction inexorably ≈ addicts resort to illegal money making schemes to afford expensive drugs.

This model argues that legalisation would:

- Eliminate the black market
- Drug prices would decline
- Street crime would be significantly reduced

However, enslavement is built on 2 fallacious assumptions:

- Ordinary people become ensnared by drugs due to fortuitous circumstance
- Enslavement to drugs *causes* crime

Most people who abuse drugs committed delinquent acts before the drug use, and continue to behave delinquently when not using drugs.

Consequently, enslavement theory is not a very good explainer.

The Cultural Deviance/Learning Model

Under this category we can include:

- Differential association theory (Sutherland 1939)
- Labelling theory (Becker 1963)
- Conflict theory (Turk 1969)
- Subcultural approach (Albert Cohen 1955)
- Social learning theory (Akers 1973)

Argues that there's a constant tug of war between different socialising groups/collectives ≈ **conventional vs deviant**.

Deviant values are instilled in those who interact the earliest, most frequently and the most intimately with deviant social circles.

Drugs are promoted in deviant circles and condemned in conventional circles ≈ which is why members do/don't do them ≈ **peer pressure & value instillment**.

Under this model there's no inherent relationship between drug use and crime ≈ the link could be positive or negative depending on circumstances and social circles involved (e.g terrorists often discourage drug use).

Gottfredson and Hirschi reject this theory and argue that taking drugs and committing crimes come naturally to the deviant individual and are behaviours that do not have to be *learned*.

They argue that criminals are deviant because they're asocial, and act on their own individual predilections.

They dismiss the enormous amount of literature supporting the view that a great deal of deviant, delinquent and criminal behaviour is caused by peer influence.

There is a lot of contention surrounding the cultural deviance theories and the arguments of G&H.

The Predisposition Model

G&H endorse this model.

They support the idea that the relationship between drug use and criminality is not a causal question; the two are correlated because they are different manifestations of the same **underlying tendency** (i.e low self control).

It's argued that a predisposition to crime is the result of low impulse control which is the result of poor, inadequate parenting.

G&H argue that no other explanation explains as many aspects of this empirical link as does self control theory.

The Intensification Model

This model argues that whilst criminal behaviour might occur before drug use begins or during times of abstinence, it increases when drugs are involved.

Drugs may not initiate criminal careers but they intensify and perpetuate them.

This model combines the enslavement and predisposition models.

Predisposition theory cannot explain the sharp decline in the crime rate during periods of abstinence among drug addicts.

• *The Drugs-Violence Nexus*

We can also think about the link between drug use and specifically violent crimes.

G&H would reject the very premise of this question, they regard crime & violence as inseparable ≈ two overlapping manifestations of precisely the same phenomenon.

There are however large amounts of literature examining this link, particularly by [Goldstein \(1985\)](#) who proposed 3 possible models to explain it,

The Psychopharmacological Model

This is the natural or intuitive argument that the physical effects of taking drugs make on more likely to act violently (e.g more excitable, more energy, more emotional, more irrational).

This model does have evidence in research, particularly for the drug alcohol, however researchers insist that psychopharmacological effects of drugs are moderated by a variety of factors, including the **predisposition** of the person under the influence.

The Economic-Compulsive Model

The idea that when addicts engage in fund raising crimes, these crimes are more likely to escalate into acts of physical harm.

This model is obviously an extension of the enslavement model and similarly has little support for its validity.

The Systemic Model

This model is more concerned with the dealing of drugs rather than the using.

Systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use.

Examples:

- Territorial disputes
- Robbery of dealers
- Debt collection
- Reaction to selling poor drugs

There is a lot of evidence to support this perspective.

This model is entirely consistent with self-control as a key explanatory factor in the drugs-violence crime connection.

However the fact that crack-related rates of violence have plummeted since 1990 indicates that predisposition alone cannot account for the systemic drugs-violence nexus.

G&H assume that if the predisposition to low self control can explain a major feature of this nexus, any competing explanation must by definition be wrong ≈ most researchers oppose this perspective though.

What About Opportunity?

A lopsided focus on predisposition over opportunity tends to prevail in both the drug use and the crime literature.

But we should ask how considering opportunity could change the way we think about the drugs-crime connection.

The opportunity to use illicit drugs involves a motivated offender encountering someone with the substance willing to share or sell it.

Two different perspectives would make different arguments about opportunity:

Predisposition: Would argue individuals characterised by low self control find opportunities where they can.

Cultural Deviance: Would argue opportunity is a function of being implicated in a networks, peer pressure on social influence.

We need future researcher to start asking questions and tackling problems surrounding opportunity.

WHEN TWO DARK FIGURES COLLIDE: EVIDENCE AND DISCOURSE ON DRUG RELATED CRIME

• *Introduction*

Drug policy has shifted from a concern over HIV transmission to concerns over drug related crime.

The proportion of crime that can be causally attributed to drug use has been seriously overestimated.

This paper examines the creation of conceptual support for increased criminalisation and coercion of drug users.

• *The Voodoo Criminology of Drug Related Crime*

The **crimes** that are most commonly referred to as drug-related are **volume crimes** (crimes that the police spend most of their time on anyway, e.g assaults and thefts).

The **drugs** that are most commonly referred to in drug-related crimes are those that have come to be associated with deviance (e.g cocaine) rather than drugs like alcohol which is legal yet has stronger evidence of an association with a variety of crimes.

Researchers consistently find the strong correlation between drugs and crime to be one of the most reliable results obtainable in criminology ≈ but we must remember the same researchers all stress the difficulty of establishing a causal connection.

We need to be very careful when attributing association from bald statistics.

Jumping from correlation to causality ignores research that suggests drug use is not always followed by offending.

Another important downfall in drug-crime claims is the fact that drug use and crime are both hidden, no one really knows how many people are involved ≈ **dark figures**.

To extrapolate a fixed proportion from detected crime to all crime is an exercise in **voodoo criminology**.

Drug users are more likely to be overrepresented in crime records due to their **visibility** and **strain** characteristics:

- They're visible on the street (likely to be known to police)
- They're not well connected to influential people or good lawyers
- They're not likely to impose much organisational strain on the police

≈ Hence they're an easy way to boost arrest and detection rates.

Existing discussions tend to underemphasise the role of poverty and social exclusion in mediating the drug-crime link.

The remainder of the paper discusses why the link between drug use and crime has been so exaggerated.

• **Discourse and Evidence**

Discourse plays a crucial role in the **mobilisation of bias** in which some conflicts are exploited in order to include certain interests and exclude others from hegemony.

Discourse: Systems of representation that rely on shared narratives and symbolic constructions.

- Discourses with common narratives & symbols can operate together through **discursive affinity**.
- **Discourse coalitions** bring together diverse groups around a common social construct.
- **Discourse structuration** is when a discourse starts to dominate the way a society conceptualises the world.
- **Discourse institutionalisation** is the process by which dominant conceptions of an issue solidify in rules and organisations.

Actors produce and use discourses as a way of gaining advantage in argumentative, political processes.

The problem is:

- Ideas that fit powerful interest groups will be used in discourse coalitions that have the power to carry them into policy
- Other ideas fall by the wayside ≈ so evidence that is structured and institutionalised through discourse is likely to be only that evidence that attracts the support of powerful groups in influential discourse coalitions

Competing Discourses of Drugs and Crime

Official discourse on drug policy has been structured by two narratives:

- 1 - Sees drug use as a problem of crime, with law enforcement being the appropriate response.
- 2 - Sees drug use as a problem of health, crime being symptomatic of drug dependence.

These two narratives have often been seen to be in competition however they can work together because they share a **discursive affinity** around the idea drug use is a deviation from the norm.

The main struggle is to see whether crime or health concerns are uppermost when it comes to creating policy.

Struggles between the **health coalition** and the **crime coalition** are abundantly evident throughout English policy (e.g changes in responsibility for drug policy between the Home Office and the Department of Health).

The AIDS epidemic gave the health coalition a more frightening story to tell so its position was strengthened on drug policy, however once mortality declined again it lost its discursive impact.

The crime coalition has since made a resurgence, associating itself with an audience that's willing to ignore methodological caveats and present drugs as the major cause of crime.

The crime coalition has since done a lot of institutionalising, through often very strict policies.

However the emphasis of crime as a result of drugs has led to increases in funding to some areas of health in which case they're content with not opposing the crime coalition if funding is maintained ≈ health coalition gaining in some ways.

An alternative discourse has begun to emerge (in it's infancy) convened primarily with the right of drug users to make informed decisions about their own consumption.

Drug Politics

Political groups use drug politics in manipulative, self interested ways.

For example:

- Use the fear of drug addicted offenders to justify spending taxpayer money on private corporations (e.g security agencies) ≈ these corps recruit employees that will support the interests of the powerful ≈ corps channel money back into managers/shareholders, and from their back into campaign funds.
- Use the drug addicted offenders as an excuse for why the party cannot create crime free environments; covers up the practice of the powerful to drive economic transformations that have concentrated crime in socially excluded communities.
- Drug addicted offenders can be used to justify repressive measures which can then be applied to wider groups.

Evidence relating drugs to crime is more likely to be picked up by groups who have the power to translate it into policy than is evidence that disputes this link.

Often we see social exclusion included as a cause of crime but in a form that emphasises the **personal failings** of the excluded (e.g drug use) rather than the **structural causes** (e.g limited social mobility).

Emphasising a causal relationship between drugs and crime rather than emphasising the links of both to inequality suits the interests of powerful groups.

ILLICIT DRUGS AND CRIME

• *Introduction*

This is James' academic speciality and favourite topic of study.

Illicit drugs have been around as long as civilisation has.

Currently it appears we may be approaching the end of the 'war on drugs'.

Partnership for a Drug Free America

Some food for thought.

This partnership was part of a massive propaganda campaign in America ≈ 'war on drugs'.

The 3 biggest funders of the partnership:

- Alcohol companies
- Tobacco companies
- Pharmaceutical companies

I. Getting Perspective

• ***What are we Talking About?***

Drugs: Any chemical agent that alters the biochemical or physiological processes of the body.

Illegal Drugs: Drugs prohibited under all circumstances (e.g heroin).

Licit/Illicit Drugs: Refers to illegal or legal drugs depending on the usage. An legal drug may be illicit if it's used illegally (e.g without prescription).

• ***Why do People use Illicit Drugs?***

Many reasons:

- Addiction
- Pain management
- Anxiety or depression
- Peer pressure
- Body building
- Assist work/study
- Experimentation
- Social bonding
- Spirituality/culture

• **Statistical Snapshot**

It's very difficult to measure drug use due to illegality & **stigmas**.

But:

- Approximately 50% of all Australians have tried illicit drugs
- Approximately 15% have in the last year
- Around 25-30% of young people have tried illicit drugs due to **normalisation**
- Use is spread remarkably evenly across social class, education & employment
- There's higher drug use in rural than in urban areas

Most Popular Illicit Drugs

In order are:

- 1 - Cannabis
- 2 - Painkillers
- 3 - Ecstasy
- 4 - Cocaine
- 5 - Meth/amphetamine
- 6 - Tranquillisers & sleeping pills
- 7 - Hallucinogens
- 8 - Heroin

• **Categories of Drug Use**

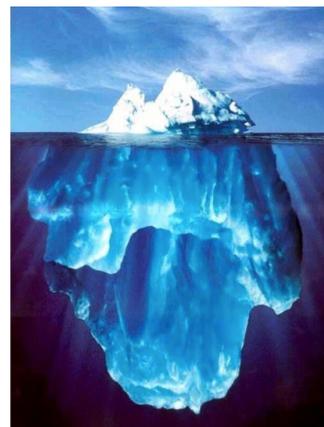
This is closely tied in with **motivations** for doing drugs.

Problematic: Excessive harmful consumption, characterised by addiction and criminal behaviour. The use most commonly stereotyped in the media; where prejudices come from ≈ 'junkies'.

Non-Problematic: Functional drug use. Recreational and non-addicted. Not associated with criminality or negative impacts on life.

The vast majority of users are non-problematic (90%), whereas only about 10% of users are problematic.

The problematic users are the **visible** ones, which is why the stigma gets created around them.



Motivations for use

When asked why they take drugs most people's responses are everyday, 'normal' desires, for example:

- To feel happy
- To relieve pain
- To gain confidence
- To treat anxiety & depression

So how can the problem be the *addiction*, when the drugs are being used to solve some underlying, deeper problem?

Shouldn't *that* be the real problem?

II. Drugs-Crime Nexus

There are 3 key approaches to this nexus.

• The Psychopharmacological Approach

Argues that people commit '**out of character**' crimes when under the influence.

Relatively weak argument ≈ most drug crime is not related to effects of consumption.

Most illicit drugs (e.g heroin) do not impose the instant reactions that the media leads us to believe they do (e.g going crazy, beating up mother after one hit).

Although this psychopharmacological effect is particularly associated with one drug; alcohol ≈ however it's conspicuously not included in the 'war on drugs'.

Psychopharmacological offences are highly newsworthy ≈ leads to brainwashing.

• The Economic-Compulsive Approach (Enslavement)

Refers to the use of crime by addicts to raise funds to buy drugs.

Usually refers to low level street crimes (e.g thefts, assaults, prostitution).

Only clearly associated with some types of illicit drugs, particularly those that are highly addictive.

Those with the money to afford consistent abuse can become **high functioning problematic users**.

• ***The Systemic Approach***

By far the strongest and most important approach.

Refers to offences related to the **production & distribution** of drugs.

Often associated with very serious, violent crimes (e.g homicide).

Often associated with gang/turf wars.

However, typically occurs more in **source** or **transit** countries (e.g Mexico) rather than **destination** countries like Australia.

III. Measuring Harm

Often a very difficult task.

• ***UK Study***

Professor **David Nutt** of the UK Government Advisory Council on the Misuse of Drugs got together a panel of experts in order to create an objective scale for measuring harms associated with illicit drugs.

Harms to Users

Included:

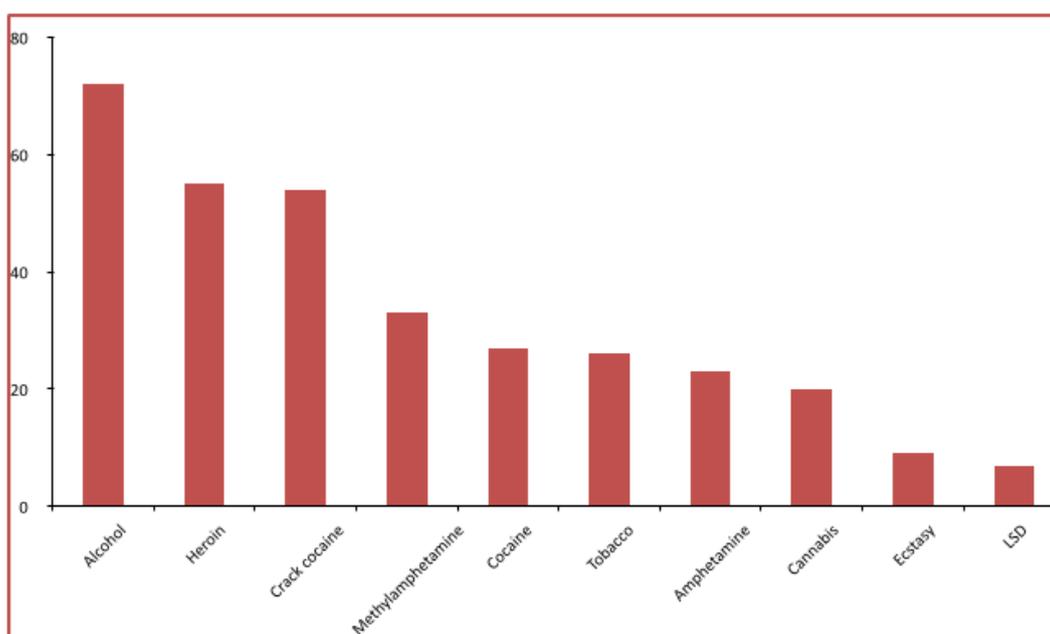
- Specific mortality (e.g overdose)
- Related mortality (e.g AIDS)
- Specific harms (e.g liver cirrhosis)
- Related harms (e.g car accident)
- Dependence
- Specific mental impairment (e.g psychosis)
- Related mental impairment (e.g lost memory)
- Loss of tangibles
- Loss of relationships

Harms to Others

Included:

- Injury
- Acquisitive crime (e.g mugging)
- Impaired judgement crime (e.g vandalism)
- Economic costs
- Impact on family life
- International damage
- Environmental damage
- Decline in community reputation

Results - Both Types of Harm



Findings suggest a significant mismatch between perceptions of harmfulness and the actual dangers associated with drugs.

Has serious implications for drug policy.

Politically unpalatable ≈ Prof Nutt was fired for claiming alcohol more dangerous than heroin.

IV. Regulatory Responses

• Prohibition

What we call a **blanket ban**.

Emphasis is placed on law enforcement and tough criminal sanctions.

Is a phenomenally expensive approach.

Entrenches systemic drug crime (e.g when alcohol was made illegal in the US the harm of it was significantly increased).

Has the harshest impact on **poor & marginalised** drug users.

• The Australian Approach

Aus government takes 3 approaches,

Supply Reduction: Law enforcement targeting drug distribution.

Demand Reduction: Education, propaganda, rehabilitation and substitution programs.

Harm Reduction: Policies aimed at mitigating drug related harms, not necessarily consumption (e.g needle exchanges).

Government funding is however overwhelmingly focused on supply reduction despite the fact it is highly costly and not very effective, yet harm reduction is less costly and more effective...

• Decriminalisation

Removing criminalisation from possession and consumption, not supply (e.g Portugal 2001).

Has been shown to lead to:

- Minor increases in adult drug use
- Significant decreases in adolescent & problematic users
- Increased uptake of drug treatments (stigma reduction?)

...and:

- Reduced overdoses, infectious diseases and mortality
- Reduced street crimes
- Savings from reduced incarceration

However problems still exist associated with:

- Systemic, organised crime
- Product adulteration

• **Legislation/Regulation**

Refers to drug control through regulation of manufacture and distribution.

Government regulated private industry (e.g cannabis in Colorado).

Not to be confused with a 'free for all' ≈ advocates also stress the need for strict controls (e.g like that on alcohol & tobacco).

Offers dual economic benefits:

- Savings
- Taxation

Many argue is the only way to effectively dismantle systemic drug crime.

V. Concluding Points

The vast majority of drug use is non-problematic.

Many illicit drugs are less harmful than legal ones.

Policy is not grounded in objective assessments of the harms associated.

Drug prohibition is highly costly and there's evidence it amplifies rather than reduces drug related harms.

Alternatives to prohibition are potentially much more effective.