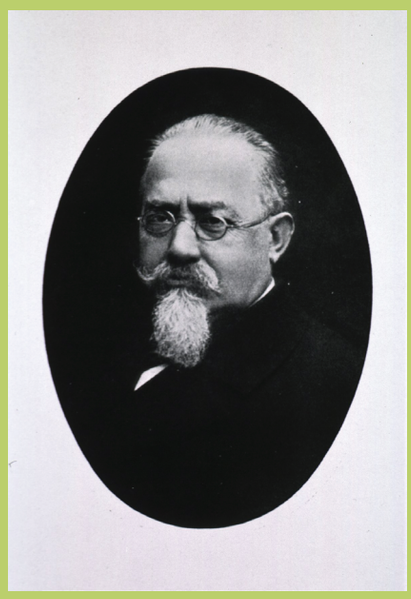
PART I

THEORY

Courtesy of Professor Albert Bandura.



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CHAPTER 1

AN INTRODUCTION TO DRUGS AND CRIME

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It is generally assumed that drugs and crime are linked. This assumption must be tested before it can be accepted, and if accepted it will serve as a stepping-stone to future discussions in this book. The first objective of this chapter, then, is to test this assumption in a review of research on the drug–crime relationship. Other objectives for this chapter include:

- Providing a brief history of drugs and crime in America.
- Exploring the role of politics in drugs and crime.
- Acknowledging the limitations of science in understanding drugs and crime.
- Gaining a sense of direction for the rest of the book.

Is There a Relationship Between Drugs and Crime?

Before discussing the nature of the drug–crime relationship it needs to be established that a relationship does, in fact, exist between these two variables. Three primary methodologies can be used to shed light on this issue:

- General surveys of drug use and delinquency in students and young adults
- Studies on drug use in offender populations
- Studies on crime in drug using populations

General Surveys of Drug Use and Delinquency in Students and Young Adults

Kandel, Simcha-Fagan, and Davies administered surveys to 1,004 high school students in grades 10–11 inquiring about the students' use of drugs and involvement in delinquency. The researchers then readministered the surveys to the same group of individuals 8 years later when the students were young adults. Examining participant responses during adolescence, it was clear that adolescent boys and girls reporting the highest levels of drug use also reported the highest levels of delinquency. Viewing participant responses from high school to early adulthood, it was apparent that drug use persisted more than delinquency and that those participants who had not entered conventional adult social roles (military, marriage, occupation) after 8 years were significantly more likely to be using drugs than those who had assumed conventional adult social roles by young adulthood.[1]

Huizinga, Loeber, Thornberry, and Cothern interviewed more than 4,000 inner-city youths from three urban areas: Denver, Colorado; Rochester, New York; and Pittsburgh, Pennsylvania. Participants were 7 to 15 years of age when first interviewed and the results showed evidence of a robust correlation between drug use and delinquency. In addition, sex appeared to moderate this relationship. A **moderator variable** alters the relationship between an independent variable and dependent variable, in this case drug use and delinquency. Huizinga et al. determined that drug-using boys engaged in delinquency more often than delinquent boys engaged in drug use, whereas delinquent girls engaged in drug use more often than drug-using girls engaged in delinquency (see **Figure 1-1**).[2] Hence, in boys, drug use was a better indicator of delinquency than delinquency was of drug use, whereas in girls, delinquency was a better indicator of drug use than drug use was of delinquency.

The 2007 **Youth Risk Behavior Surveillance (YRBS)** is a nationally representative sample of 14,000 students enrolled in public and private high schools throughout the United States and District of Columbia.[3] When self-reported drug use and crime were compared, more than

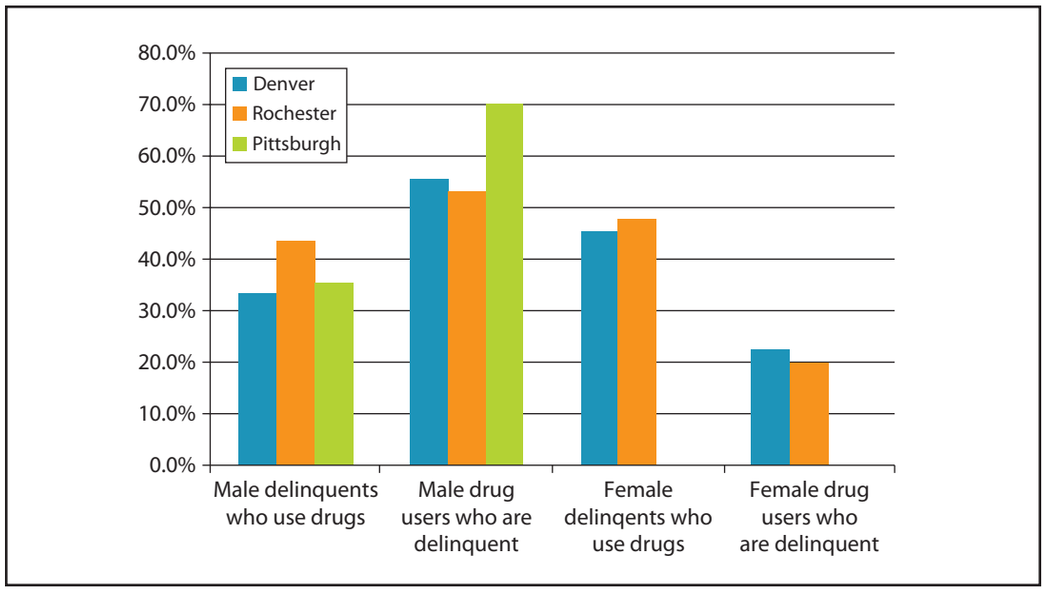


Figure 1-1
Drug use in delinquents and delinquency in drug users for male and female participants in three samples. (For the Pittsburgh study, all participants were male.)

Data from: Huizinga, D., Loeber, R., Thornberry, T. P., & Cothern, L. (2000). Co-occurrence of delinquency and other problem behaviors. *Juvenile Justice Bulletin* (NCJ 182211). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

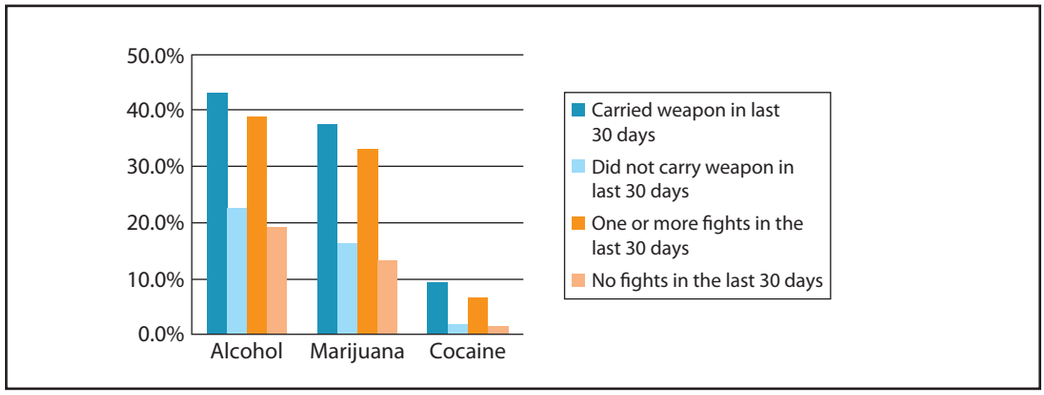


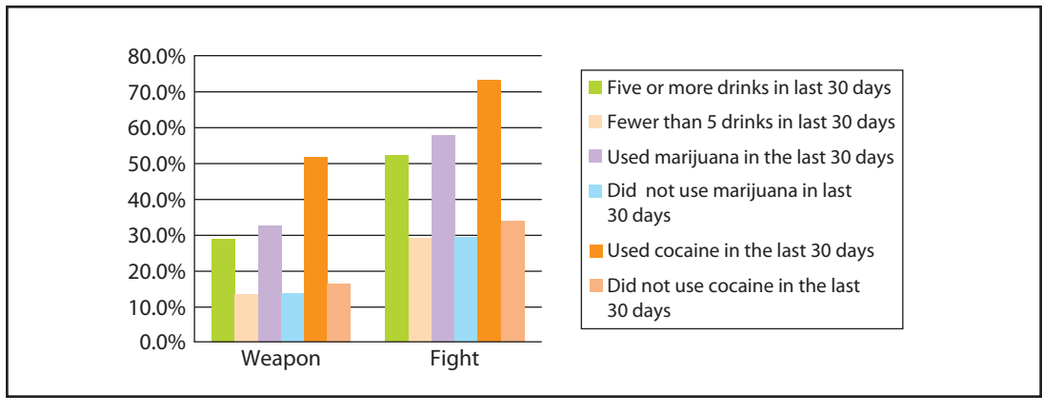
Figure 1-2
Criminality in adolescents from the Youth Risk Behavior Surveillance (YRBS) sample who had five or more drinks, used marijuana, or used cocaine in the last 30 days.

Data from: Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., et al. (2008, June 6). *Morbidity and Mortality Weekly Report* (Vol. 57): Youth risk behavior surveillance—United States, 2007. Atlanta, GA: Department of Health and Human Services Centers for Disease Control and Prevention.

twice as many students who acknowledged consuming five or more drinks, using marijuana, or using cocaine in the last 30 days also acknowledged carrying a weapon or getting into a fight than students who took fewer than five drinks, did not use marijuana, or did not use cocaine (see **Figure 1-2**). By the same token, more than twice as many students who reported carrying a weapon or getting into a fight in the last 30 days also acknowledged taking five or more drinks, using marijuana, or using cocaine in the last 30 days (see **Figure 1-3**).

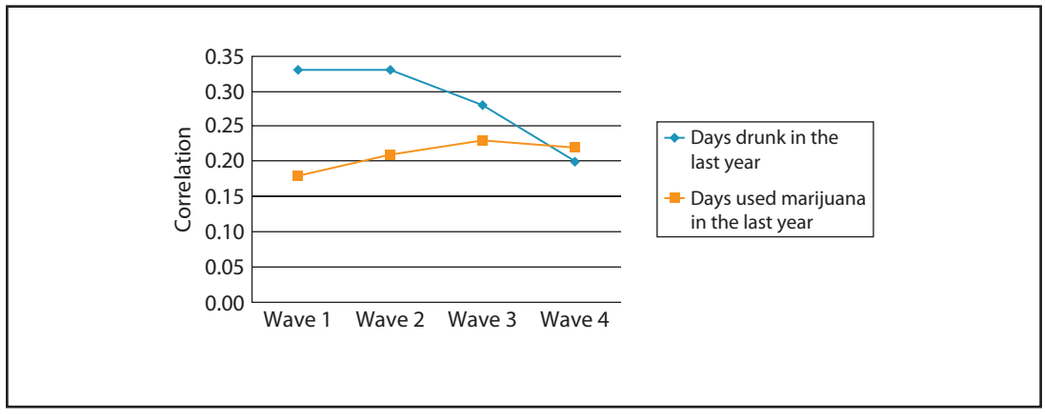
Another national youth survey, the **National Longitudinal Study of Adolescent Health (Add Health)**, has also shed light on the drug–crime relationship. The Add Health study was conducted in four waves on an original sample of 26,666 American youth. Wave 1 data were collected in 1994–1995 when participants were in grades 7–12 and between the ages of 12 and 18. Wave 2 data were collected in 1996 when participants were between the ages of 13 and 20. Data for Wave 3 were gathered between 2001 and 2002 when participants

Figure 1-3
Drug use in adolescents for the Youth Risk Behavior Surveillance (YRBS) sample who carried a weapon or participated in a fight in the last 30 days.



Data from: Eaton, D. K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., et al. (2008, June 6). *Morbidity and Mortality Weekly Report* (Vol. 57): Youth risk behavior surveillance—United States, 2007. Atlanta, GA: Department of Health and Human Services Centers for Disease Control and Prevention.

Figure 1-4
Changes in the relationship between drunkenness and criminality and between marijuana use and criminality over the four waves of the National Longitudinal Study of Adolescent Health (Add Health) sample.



Data from: Udry, J. R. (2003). *The National Longitudinal Study of Adolescent Health (Add Health)*. Chapel Hill, NC: Carolina Population Center, University of North Carolina.

were between the ages of 18 and 26. The final wave of data was assembled in 2007–2008 when participants were between the ages of 24 and 32.[4] Correlating the number of times a participant was drunk in the last 12 months or used marijuana in the last 30 days with a composite measure of crime (one point for participation in each of the following six criminal acts over the past 12 months: property damage, serious fight, stealing item worth > $50, burglary, selling drugs, using or threatening to use a weapon) revealed a significant relationship across all four waves of the Add Health sample. However, the correlation between alcohol and crime dropped rather sharply between Waves 2 and 3 and then again between Waves 3 and 4, whereas the correlation between marijuana and crime rose steadily during the first three waves before leveling off at Wave 4 (see **Figure 1-4**). One possible explanation for these results is that as alcohol became legal (age 21) for a greater portion of the sample its association with crime weakened but remained significant nonetheless (during Waves 1 and 2 alcohol was illegal for the entire sample, in Wave 3 alcohol was legal for over half the sample, and in Wave 4 alcohol was legal for the entire sample).

All four studies reviewed in this section indicate that a strong relationship exists between drugs and crime in surveys of general population respondents. One of the limitations of this

line of research, however, is that it measures drug use and crime exclusively from self-report. It is possible, then, that certain response styles account for these results. For instance, individuals who are defensive about their drug use would also likely be defensive about their involvement in crime and consequently deny both behaviors, whereas individuals who want to view themselves as rebels might tend to endorse both drug and crime items, whether or not they actually engaged in these behaviors. Because of this, the drug–crime relationship observed in survey research needs to be verified with nonself-report measures.

Studies on Drug Use in Criminal Populations

One way to reduce reliance on self-report data is to study incarcerated offenders. The fact that the crime portion of the drugs–crime relationship is assessed, not by self-report, but by a participant's presence in jail or prison suggests that studies on prison and jail inmates hold promise of further clarifying the drug–crime relationship. Adopting this approach, Karberg and James discovered that 68% of the more than 610,000 jail inmates they surveyed satisfied criteria for substance (alcohol or drug) abuse or dependence (see **Table 1-1**).[5] When a similar methodology was adopted with state and federal prison inmates it was noted that 53.4% of the state inmates and 45.5% of the federal inmates satisfied criteria for drug abuse or dependence (see **Figure 1-5**).[6] These percentages fall short of the 68% of jail inmates with diagnoses of substance abuse and dependence, but it should be noted that in the jail study alcohol and drugs were combined whereas in the prison study only drug misuse was examined. In two of the three samples (jail, state) female offenders reported a slightly higher rate of drug involvement than male offenders and in all three samples marijuana was the most frequently used illegal substance (see **Figure 1-6**).[7–8] Finally, as shown in **Table 1-2**, more extensive drug use in state and federal prisoners was associated with a more extensive criminal history.[9]

Evidence of heightened self-reported alcohol and drug abuse in jail and prison inmates aside, there is still a need to verify the drug–crime relationship independent of self-reported drug use. Such an opportunity is provided by the **Arrestee Drug Abuse Monitoring (ADAM II)** federal data collection program. The protocol for ADAM II requires that all males arrested in 10 U.S. cities be tested for 10 different drugs within 24 hours of arrest.

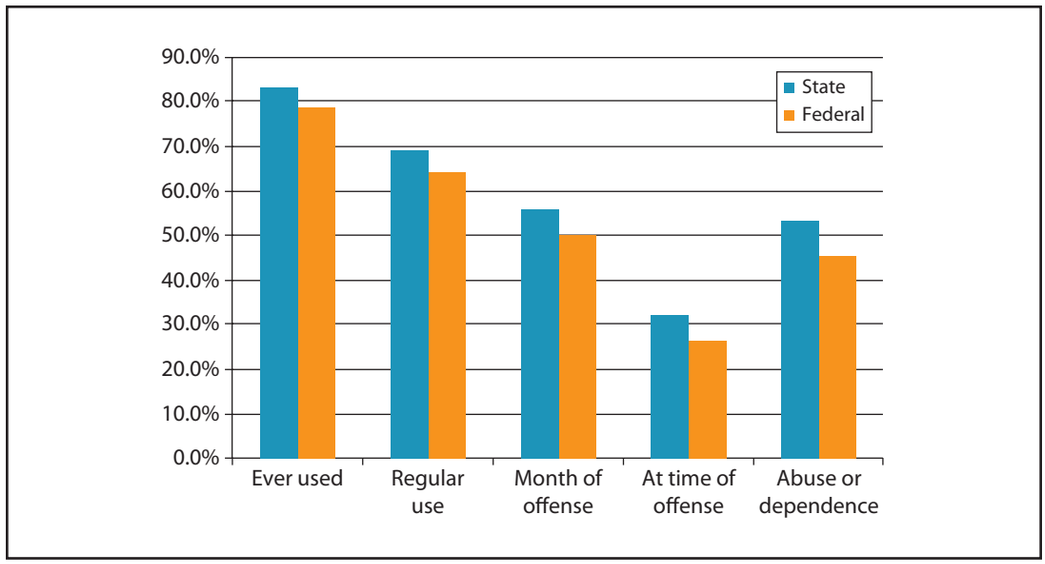
Table 1-1 Prevalence of Substance Dependence or Abuse Among Jail Inmates, 2002

Diagnosis	Estimated number of inmates[a]	Percent of jail inmates		
		Alcohol	Drugs	Alcohol or drugs
Any dependence or abuse	415,242	46.6%	53.5%	68.0%
Dependence and abuse	269,632	22.2	34.4	44.2
Dependence only	6,084	0.6	1.4	1.0
Abuse only	139,530	23.8	17.7	22.9
No dependence or abuse[b]	195,054	53.4	46.5	32.0

Note: See *References* for sources on measuring dependence or abuse based on the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV).
[a]Excludes 20,945 inmates for whom data were unknown.
[b]Includes inmates who did not use alcohol or drugs.

Reproduced from Karberg, J. C., & James, D. J. (2005). Substance dependence, abuse, and treatment of jail inmates, 2002. *Bureau of Justice Statistics Special Report* (NCJ 209588). Washington, DC: U.S. Department of Justice.

Figure 1-5
Illegal drug use by state and federal inmates, 2004.



Data From: Mumola, C. J., & Karberg, J. C. (2006). Drug use and dependence, state and federal prisoners, 2004. *Bureau of Justice Statistics Special Report* (NCJ 213530). Washington, DC: U.S. Department of Justice.

Table 1-2 Criminal History of State and Federal Prisoners, by Drug Dependence or Abuse, 2004

	Percent of prisoners —			
	State		Federal	
Characteristic	**Dependence or abuse**	**Other inmates**	**Dependence or abuse**	**Other inmates**
Criminal justice status at arrest				
None	51.9%	62.8%	70.1%	75.4%
Any status	48.1	37.2	29.9	24.6
On parole	20.9	15.9	12.1	12.6
On probation	26.7	21.0	17.2	11.7
Criminal history				
None	15.6%	32.1%	25.2%	42.8%
Priors	84.4	67.9	74.8	57.2
Violent recidivists	46.8	40.6	28.1	23.5
Drug recidivists only	4.0	2.8	10.2	6.8
Other recidivists*	33.6	24.5	36.5	26.9
Number of prior probation/ incarceration sentences				
0	16.9%	34.0%	27.1%	44.2%
1	14.1	17.4	14.4	16.8
2	15.8	16.4	16.1	14.6
3-5	28.5	21.7	25.9	16.5
6-10	16.5	7.9	11.4	5.9
11 or more	8.2	2.7	5.2	2.0

*Includes recidivists with unknown prior offense types.

Reproduced from Mumola, C. J., & Karberg, J. C. (2006). Drug use and dependence, state and federal prisoners, 2004. *Bureau of Justice Statistics Special Report* (NCJ 213530). Washington, DC: U.S. Department of Justice.

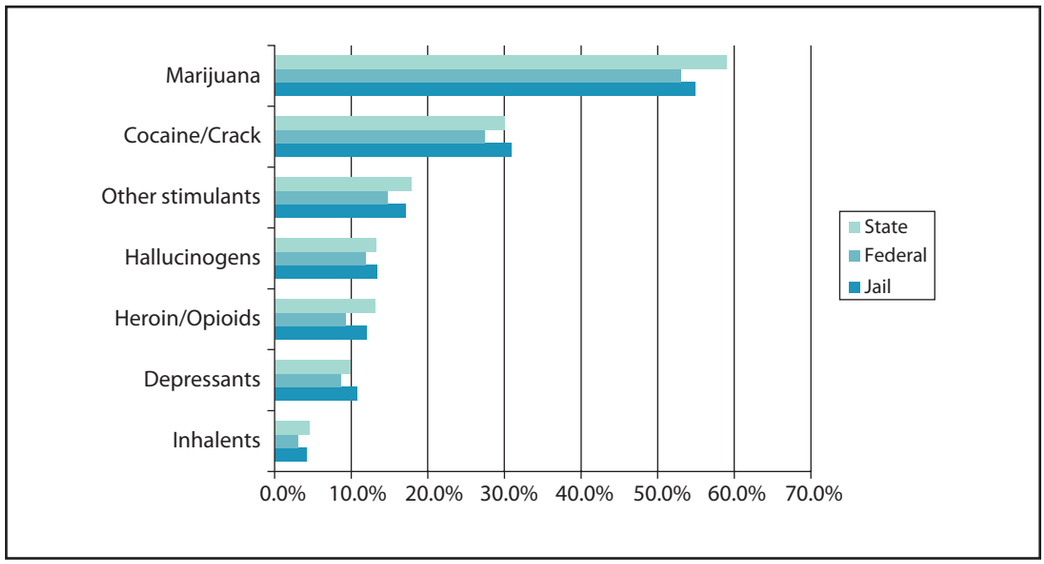


Figure 1-6
Proportion of state, federal, and jail inmates reporting regular use of drugs, by drug type.

Data From: Karberg, J. C., & James, D. J. (2005). Substance dependence, abuse, and treatment of jail inmates, 2002. *Bureau of Justice Statistics Special Report* (NCJ 209588). Washington, DC: U.S. Department of Justice; and Mumola, C. J., & Karberg, J. C. (2006). Drug use and dependence, state and federal prisoners, 2004. *Bureau of Justice Statistics Special Report* (NCJ 213530). Washington, DC: U.S. Department of Justice.

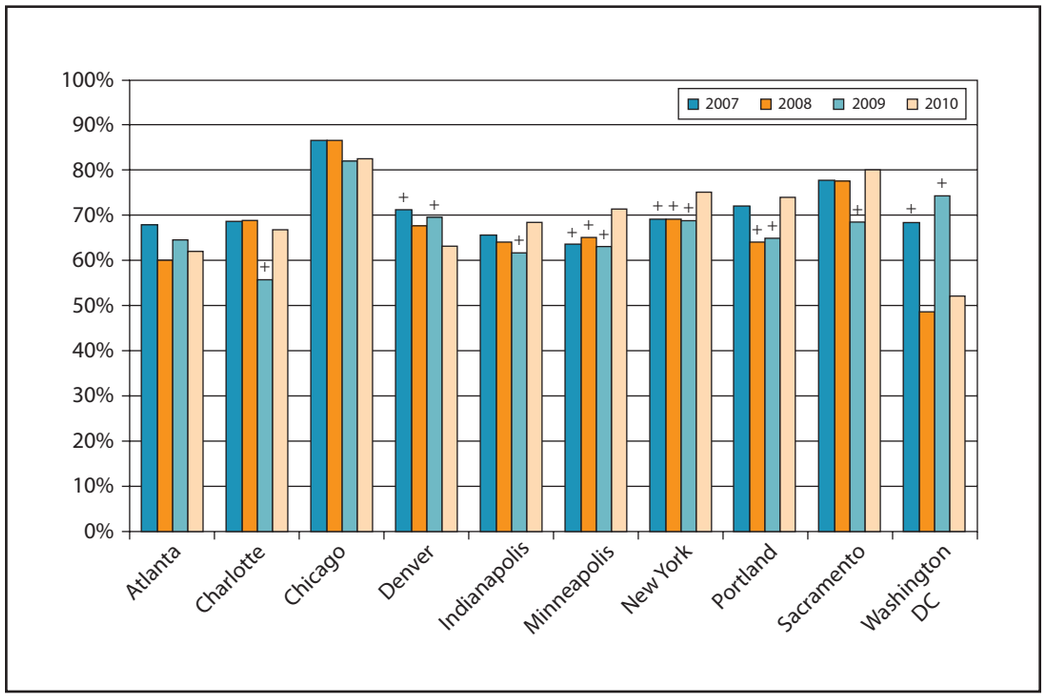


Figure 1-7
Percentage of new arrestees testing positive for any drug in the 10 sites participating in the ADAM II data collection program, 2007–2010.
+ = difference between identified year and 2010 is significant ($p < .10$).

Reproduced from Office of National Drug Control Policy. (2011). ADAM II: 2010 annual report. Washington, DC: Author.

Figure 1-7 compares the proportion of arrestees testing positive for any one of 10 drugs across the 10 sites between 2007 and 2010. The results indicate a strong and consistent relationship between arrest and a positive drug test, with most sites identifying drug use in 60 to 80% of arrestees. Marijuana (46.8%), cocaine (22.4%), and heroin (14.4%) were the three most commonly identified substances across the 10 sites, although wide variations were

sometimes found between sites. Methamphetamine, for instance, was detected in no more than 4% of specimens in eight of the sites but appeared more frequently in testing conducted in two west-coast cities: Sacramento, California (33.2%) and Portland, Oregon (19.8%).[10]

Another way to test the drug–crime relationship without relying on self-report is to calculate the proportion of offenders who were under the influence of drugs at the time of the offense based on reports from crime victims. One of the questions asked on the **National Crime Victimization Survey (NCVS)** is whether the perpetrator appeared to be under the influence of alcohol or other drugs at the time of the offense. Victim reports over several different years of the NCVS show that approximately half the victims who were able to form an opinion about an offender's sobriety believed the perpetrator to have been under the influence of alcohol or drugs at the time of the offense. The results for victims of violent crime in the 2007 NCVS are presented in **Figure 1-8**.[11]

Research conducted on substance use and misuse in criminal populations supports the results of survey research showing a robust relationship between drugs and crime. These studies do more than just confirm the results of general surveys on child, adolescent, and adult samples; they actually extend the survey findings by demonstrating that the drug–crime relationship is equally prominent whether self-report or nonself report measures are used as proxies for drug use and crime. As a general rule, it would appear that approximately two out of three offenders suffers from a significant substance abuse problem, although the actual proportion of substance abuse in offender populations may vary across important demographic (gender), background (criminal history), and location (site) parameters.

Crime in Substance Abusing Populations

Studies from the 1980s conducted on habitual heroin users in three east-coast U.S. cities (New York, Miami, and Baltimore) revealed a strong relationship between drug use and crime. Over 95% of the 201 heroin users from New York City contacted by Johnson et al. reported obtaining some of their recent income from illegal activities.[12] Likewise, 99.7%

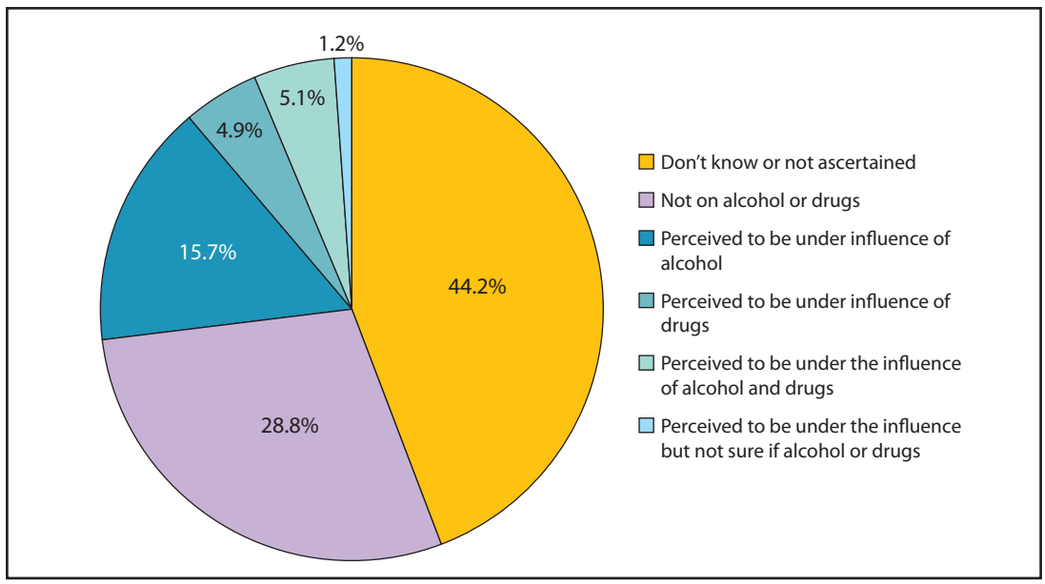


Figure 1-8
Proportion of victims who identified perpetrator as being under the influence of alcohol or drugs during a violent offense.

Data From: Bureau of Justice Statistics. (2010). *Criminal victimization in the United States, 2007* (NCJ 227669). Washington, DC: Author.

of the male heroin users and 98.9% of the female heroin users from Miami surveyed by James Inciardi acknowledged participating in at least one crime within the past year. These 574 male and female heroin users recalled committing 215,105 crimes during the previous year, an average of 375 offenses per person, or more than one offense a day. Whereas the majority of crimes were for property offenses and drug sales, violence did occur:[13]

- 82,000 drug sales
- 25,000 minor larceny offenses (shoplifting)
- 45,000 other crimes of larceny and fraud
- 6,700 burglaries
- 6,000 robberies and assaults

In a study conducted on opiate users in Baltimore and New York, Nurco et al. determined that 95% of the male heroin users they interviewed reported involvement in criminal activity during an average 12-year "at-risk" period. The results of this study also showed that criminal activity was highest during periods of heaviest use.[14]

Criminal justice involvement was also prevalent in the backgrounds of juveniles enrolled in an adolescent drug treatment program located near Baltimore, Maryland. The majority of program participants acknowledged past involvement in crime (83%), with over half (56.7%) reporting that they had been on probation in the last 90 days and 14.4% reporting that they had been in a juvenile detention or confinement facility in the last 90 days. Nearly one out of every two participants had committed a prior violent or serious offense (see **Figure 1-9**) and one in five (20.1) had begun their criminal careers before the age of 10. In addition, over half the sample felt pressure from the criminal justice system to enter drug treatment (55.7%).[15] It should be noted that there is research evidence suggesting that substance abusing offenders may respond as well to compulsory interventions as they do to noncompulsory interventions.[16]

High rates of criminality have been observed in drugs users outside the United States as well. Mats Fridell and colleagues followed a large group of drug users recruited from a detoxification and short-term rehabilitation center in Sweden and found that the majority of participants were criminally active during the follow-up period. Although a diagnosis of Antisocial

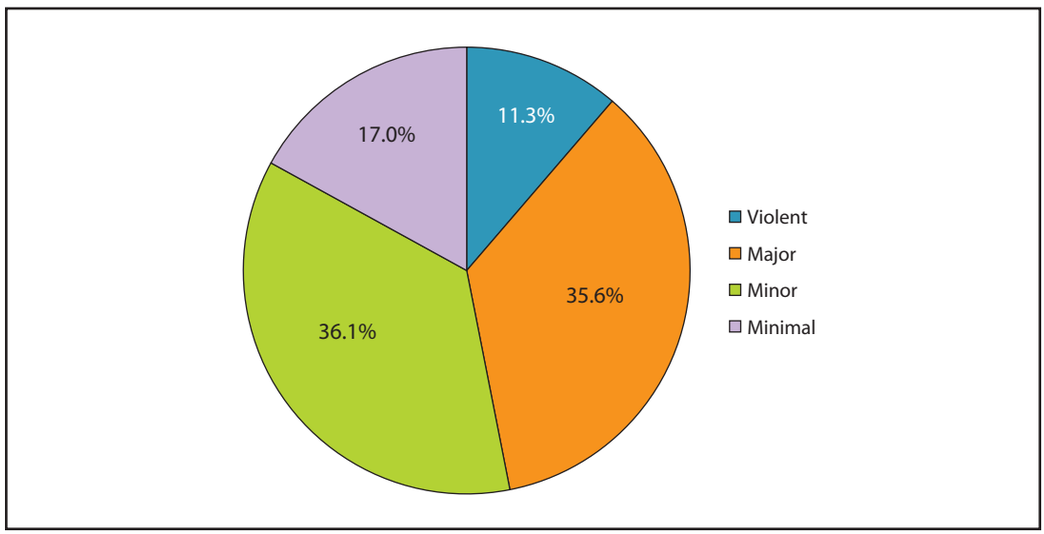


Figure 1-9
Most serious past crime committed by participants in a juvenile drug treatment facility.

Data From: Battjes, R. J., Gordon, M. S., O'Grady, K. E., Kinlock, T. W., Katz, E. C., & Sears, E. A. (2004). Evaluation of a group-based substance abuse treatment program for adolescents. *Journal of Substance Abuse Treatment, 27*, 123–134.

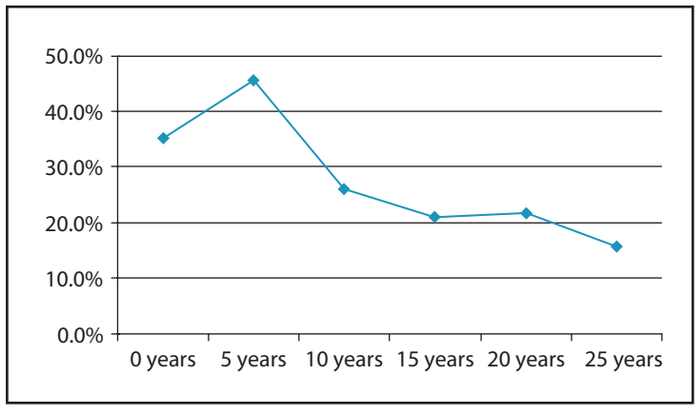


Figure 1-10
Percentage of treated substance abusers with criminal contacts as a function of time since baseline (0 years).

Data From: Fridell, M., Hesse, M., Jæger, M. M., & Kühlhorn, E. (2008). Antisocial personality disorder as a predictor of criminal behavior in a longitudinal study of a cohort of abusers of several classes of drugs: Relation to types of substances and types of crime. *Addictive Behaviors, 33,* 799–811.

Personality Disorder (ASPD) was associated with higher rates of subsequent criminality (97%), even participants without an ASPD diagnosis had high rates of criminality (90%). The crime rate in this sample peaked after 5 years but was still significant, at 15%, 20 years later (see **Figure 1-10**). In this study, the primary drug of abuse had an effect on the types of crimes committed. For instance, stimulant abuse was associated with an increased rate of subsequent violent and nonviolent criminality, whereas opiate abuse was associated with an increased rate of subsequent theft, fraud, and drug offenses. Marijuana abuse, on the other hand, was associated with lower rates of subsequent violent and nonviolent criminality.[17]

In a recent **meta-analysis** of 30 studies on the drugs-crime nexus, Trevor Bennett, Katy Holloway, and David Farrington calculated the odds of offending at 2.8 to 3.8 times higher in drug users than in nondrug users. They further noted that the relationship between illegal drug use and crime varied as a function of the drug used. Crack cocaine use, for instance, displayed the strongest relationship with crime (mean odds ratio = 6.09), followed by heroin (mean odds ratio = 3.08) and powder cocaine (mean odds ratio = 2.56). Recreational drug use also correlated with crime but at a lower level. Users of amphetamine were 1.93 times more likely to offend than nonusers of amphetamine and users of marijuana were 1.46 times more likely to offend than nonusers of marijuana.[18]

The results of research on criminality in adults and juveniles who abuse drugs mirror the results found in general surveys of drug and criminal involvement and studies on drug use in criminal populations. General population surveys show that individuals who report high levels of drug use also report high levels of delinquency and crime, research conducted in jails and prisons indicate that two out of three offenders have a serious problem with alcohol and/or drugs, and studies carried out on adults who abuse drugs reveal that the vast majority of these individuals have engaged in crime in the recent past. Hence, the question of whether there is a relationship between drugs and crime can be answered in the affirmative. The nature and complexity of this relationship, however, awaits further investigation and analysis.

A Brief History of Drugs and Crime in America

One way to gain perspective on a problem is to examine it from an historical point of view. By taking an historical perspective on drugs and crime in the United States we can see the changing attitudes and practices; the role of the media, politics, and science; and the growing awareness that the two behaviors are linked, often in complex ways. Three sources, particularly the Shmoop "Drugs in America" timeline, were used to construct a chronology

of events in American history bearing on the country's ongoing problems, concerns, and preoccupations with drugs, crime, and their relationship.[19–21]

1492

- On his first day in the New World, Columbus meets friendly natives who offer him a gift of tobacco. Columbus is unsure of what to do with the gift, but many of his men enjoy smoking the dried leaves and the practice soon catches on in Europe.

1604

- Alarmed by his subjects' growing preoccupation with the smoking habit, England's King James I publishes *A Counterblaste to Tobacco*, in which he outlines the dangers of tobacco smoking. Later that same year he tries to impose a 4000% increase in the tobacco tax but this has little impact on tobacco consumption in England.

1607

- The first permanent English colony in North America is established at Jamestown, Virginia. Within a year nearly two-thirds of the 144 colonists perish because of the harsh conditions.

1612

- Jamestown colonists begin to plant tobacco, which then becomes a valuable cash crop and saves the fledgling colony from financial ruin.

1619

- The first African slaves arrive in North America. Many are put to work in the tobacco fields.
- Virginia colonists create the first local government. That same year, a law goes into effect prohibiting colonists from selling tobacco for less than 3¢ per pound.

1661

- The Massachusetts General Court contends that excess production of rum is threatening the orderly running of the colony and jeopardizing the health of the citizenry.

1669

- England and much of Europe import large amounts of tobacco, coffee, tea, and rum from the Americas.

1770

- Because water purification has not yet been invented and there is a strong belief that alcohol invigorates people and is capable of curing a variety of ailments, the 1.7 million colonists are consuming 7.5 million gallons of rum a year. This represents an average of 4.4 gallons of alcohol for every man, woman, and child in the 13 colonies.

1773

- American colonists, angered by British taxation of colonial trade, stage the Boston Tea Party whereby tea from an English merchant ship is dumped into Boston Harbor. Rejection of the English habit of tea drinking will eventually make coffee a more popular beverage than tea in the United States.

1790

- The Walnut Street Jail is opened in Philadelphia. It is the first jail in North America to assign inmates to separate cells and provide them with individualized work details.

1829

- Eastern Penitentiary, outside of Philadelphia, opens. Based on the Pennsylvania model, it is designed to give inmates the opportunity to reflect on their crimes and find penitence. As such, inmates eat, sleep, and work in solitude and a strict code of silence is enforced. Severe punishments are administered to those who violate the code of silence.

1841

- John Augustus, a Boston shoemaker and philanthropist, vouches for a defendant of good character with an alcohol problem. He convinces the judge that the defendant would be more effectively managed in the community than in jail. The judge releases the defendant to Augustus' care, giving birth to probation.

1865

- During the American Civil War morphine is widely administered to relieve the suffering of wounded soldiers on both sides. Morphine and opium addiction is so prevalent among Civil War veterans that opiate addiction becomes known as "the army disease."

1876

- Zebulon Brockway is made superintendant of the Elmira (New York) adult reformatory where he experiments with good time, educational programming, and parole.

1884

- The American medical community embraces cocaine as a miracle cure for a wide variety of ailments, including morphine and alcohol addiction.

1886

- American John Pemberton invents Coca-Cola by chemically combining two stimulant drugs: cocaine from the South American coca leaf and caffeine from the African kola nut. It is initially marketed as a medicine.

1895

- Coca-Cola stops marketing itself as a medicine and starts marketing itself as a soft drink; sales increase dramatically.

1898

- The German drug company, Bayer, markets heroin, a derivative of morphine, as a cough suppressant. It is sold in drug stores as an over-the-counter medicine and can even be ordered through the Sears and Roebuck catalogue.

1899

- The first juvenile court is established in Cook County (Chicago) Illinois.

1906

- Congress passes the Pure Food and Drug Act. This act requires truth in labeling for both food and drugs and seeks to ban adulterated food products and poisonous substances that were being passed off as medicines at the time.

1911

- An article in the *New York Times* warns that cocaine is being used to corrupt young girls and force them into prostitution. Cocaine figures prominently in the Harrison Act, which will be passed just 3 years later.

1914

- The Harrison Act is passed by Congress, making it illegal to prescribe opiates and cocaine to addicts. Although physicians are still permitted to prescribe these controlled substances to patients, they are prohibited from prescribing them to addicts. A number of physicians are jailed for prescribing opiates and cocaine to addicts, thereby leading the medical profession to conclude that prescribing opiates and cocaine to addicts is inadvisable. Some of the impetus for the Harrison Act grew out of concern for public health, but much of it was fueled by prejudice and racism (cocaine was associated with African-Americans and prostitution, whereas opiates were associated with Chinese immigrants who were viewed as strange and dangerous).
- Henry Ford condemns cigarettes as gateway drugs.

1919

- The Eighteenth Amendment is ratified, making the manufacture, sale, and transportation of "intoxicating liquors" illegal. Alcohol prohibition in the United States is commonly referred to as the "noble experiment." The crime rate rises dramatically as bootleggers and gangsters vie for control of the lucrative illegal alcohol trade.

1930

- The Federal Bureau of Narcotics (FBN) is established as an agency in the Department of the Treasury. Harry J. Anslinger is appointed the first commissioner of the FBN, where he will remain until his retirement in 1962.

1933

- Congress ratifies the Twenty-First Amendment, repealing Prohibition; the "noble experiment" is over.

1935

- The federal government opens the U.S. Narcotic Farm in Lexington, Kentucky for the treatment of drug-using federal prisoners and nonprisoner volunteers.

1936

- The movie *Reefer Madness* is released under the title *Tell Your Children*. It provides a highly unrealistic picture of the consequences of marijuana use, to include manslaughter, suicide, attempted rape, and psychosis. In separate campaigns, Harry Anslinger and Randolph Hearst, the newspaper magnate, attempt to tie marijuana use to violent crime. Congress will pass the Marijuana Tax Act 1 year later, the first step in criminalizing marijuana use in the United States.

1944

- A committee appointed by New York mayor Fiorello LaGuardia concludes that the claims about the dangers of marijuana have been greatly exaggerated. This angers Harry Anslinger who has been actively campaigning against marijuana and who characterizes the committee's report as unscientific.

1950

- The American Medical Association publishes the first U.S. study showing a correlation between smoking and lung cancer. The first international study showing a link between tobacco smoking and lung cancer was actually conducted in Nazi Germany in 1939.

1954

- Major tobacco companies band together to promote a public campaign challenging the emerging scientific evidence that smoking is dangerous to one's health.
- The American Medical Association reverses its previous views on alcoholism and declares that alcohol abuse and dependence are diseases.

1965

- Illegal drug use grows. Marijuana and the hallucinogen, LSD, are particularly popular with adolescents and young adults. In fact, both drugs become symbols of youthful rebellion and are considered threats to the American way of life by many older Americans.
- The war in Vietnam gives rise to a new generation of drug users. Although alcohol and marijuana were the drugs of choice for men and women serving in Vietnam, heroin was readily available and used with some degree of frequency. Research indicates that very few of these heroin-using servicemen continued using heroin upon their return to the United States, primarily because the environmental cues that supported drug craving in Vietnam were no longer in effect once the servicemen returned home.

1966

- Warning labels are placed on cigarette packs. The weak language used in the message (i.e., "Cigarette smoking may be hazardous to your health") was the result of heavy lobbying by the tobacco industry.

1970

- Congress passes the Comprehensive Drug Abuse Prevention and Control Act. Whereas the act reduces the penalty for marijuana possession, it grants law enforcement broader powers in conducting drug-related searches and seizures.

1971

- President Richard Nixon declares a war on drugs, referring to it as "public enemy number one" and coining the term "**War on Drugs**."

1973

- The Drug Enforcement Agency (DEA) is created; its mission, to enforce the controlled substance laws and regulations of the United States.

1980

- A Presidential Commission on drugs concludes that illegal drug trafficking is a threat to national security; more money is pumped into drug enforcement.

1986

- President Ronald Reagan signs the Anti-Drug Act of 1986, which creates mandatory sentences for drug crimes, leading to an unprecedented increase in the federal prison population.

- The 2-hour CBS News Special, "48 Hours on Crack Street" is watched by 15 million Americans. This stimulates media interest in crack cocaine and leads to exaggerated claims of an alleged crack epidemic.

1988

- American politicians react to the alleged crack epidemic by passing harsh new drug laws, whereby possession of crack cocaine is punished by a significantly longer prison sentence than possession of powder cocaine; this is viewed as racially biased by many, in that blacks are significantly more likely to be involved in the sale of crack cocaine than whites.

1989

- The first drug court is established in Miami, Florida.

1995

- All Federal Bureau of Prisons facilities are locked down for a 2-week period after riots break out over racial inequities in the crack law.

2006

- Violence escalates in Mexico as rival drug gangs vie for power; some of the violence overflows into the United States, giving rise to calls for more stringent laws and measures, greater restrictions on entry into the United States, and an increase in the number of Mexican inmates housed in U.S. prisons.

2008

- The worst economic crisis since the Great Depression hits the United States, stretching correctional resources to dangerous levels and encouraging states and local governments to start investigating alternatives to prison.

Drugs, Crime, and Politics

After reviewing the history of drugs and crime in the United States, it should be clear that politics plays a leading role in the drug–crime relationship. From the Harrison Act of 1914 to the Anti-Drug Act of 1986 and from Harry Anslinger's efforts to criminalize marijuana to the more recent hysteria surrounding the "crack epidemic," politics, along with the media, have helped shape our views on drugs and crime. Nowhere is this more evident than in America's "War on Drugs." It would appear that the "War on Drugs" has more to do with politics and power acquisition than with public health and law enforcement. Dan Baum views the "War on Drugs" as a classic "smoke and mirrors" tactic that distracts voters from more pressing issues while garnering significant power for those who espouse it.[22] Consequently, the "War on Drugs," like the "noble experiment" of American Prohibition that preceded it, has been an abject failure, though this has not discouraged politicians from using it for political gain. Fear of crime has also been deployed as a weapon in the "War on Drugs" and as a tool in law and order politics.[23]

One thing that Democrats and Republicans can agree upon is that it is good to be reelected. They further understand that they are unlikely to be elected or reelected if they appear soft on crime or weak on drugs, and this is exactly how they will be portrayed by their opponents if they show any leniency on either issue. Conversely, the legal drugs are supported by political lobbies designed to keep the drug legal and accessible to as many people as possible. In 2011, the tobacco and alcoholic beverage industries spent $17 million and $18.9 million, respectively, to promote their interests in Washington and various state capitols.[24] These numbers, although large, are dwarfed by the $149 million dollars spent on lobbying efforts by pharmaceutical manufacturing companies.[25] Between the fear of being seen as soft on crime or weak on drugs and the desire to receive the financial backing of lobbyists pushing legal substances, the status quo is maintained: legal drugs, regardless of their degree of harm, remain legal, and illegal drugs, irrespective of the harm they may or may not create, remain illegal.

When it comes to negotiating the intricate and convoluted path between politics and drug prohibition, no administration has been more adroit or successful than the Clinton administration. In fact, the Clinton administration may have held the most enlightened views on drugs of any American administration in recent memory. Nevertheless, there were limitations to what the Clinton administration could tolerate politically and it would deliberately steer clear of controversial issues such as the possible legalization or decriminalization of drug use. When Joycelyn Elders, Clinton's first Surgeon General, suggested that the issues of drug decriminalization and legalization should be studied she drew immediate fire from conservatives in Congress. Her openness to discussing drug decriminalization and legalization coupled with several statements she made about masturbation at an international AIDS conference sealed her fate and she was asked to resign a week after the conference. This suggests that politics play a potentially important role in defining the relationship between drugs and crime, a relationship that cannot be understood without first understanding the politics involved. The politics of crime as it pertains to DNA testing is highlighted in **News Spot 1-1**.

NEWS SPOT 1-1

Title: Other View: Walker's Proposal to Collect DNA at Arrest Deserves Careful Study
Source: *The Chippewa (Chippewa Falls, WI) Herald*
Reporter: Oshkosh Northwestern
Date: April 15, 2012

A politician can never go wrong by being tough on crime. Every voter wants safe communities and justice for crime victims. But is there such a thing as being too tough on crime?

We ask the question because Gov. Scott Walker proposed last week to expand the collection of DNA samples to include suspects arrested in some felony and sex crimes as an enhanced crime-fighting tool. Currently, DNA only can be collected when police obtain a warrant or upon conviction of a felony or certain misdemeanor sex crimes.

Twenty-two other states have laws requiring collection of DNA samples from suspects arrested in felony, sex or burglary investigations. Walker argued Wisconsin needs similar crime-fighting tools.

DNA science has unquestionably revolutionized crime investigation. DNA evidence has led to convictions in hard-to-prosecute cases and exonerations in other cases where suspects were wrongly convicted. However, the governor's proposal gives us pause for several reasons.

First and foremost is the question the proposal raises regarding civil liberties and the right to privacy. There is nothing more personal than an individual's DNA. Obtaining and cataloging DNA from suspects who are never charged or convicted unfairly brands them a suspect for life. The proposal carries a certain "big brother" connotation that has chilling implications. Not surprisingly the Wisconsin chapter of the American Civil Liberties Union has weighed in against the proposal.

A lesser concern, but one that must be considered, is the practicality and cost of the proposal. Although Walker did not specify which alleged crimes would trigger a DNA sample from a suspect, the proposal could add tens of thousands of DNA samples to the state's database. The question becomes one of cost and logistics. It most certainly would mean expansion of the state crime lab resources to handle the workload. But the governor did not address whether local law enforcement agencies would be reimbursed for the additional costs associated with a significant increase in the number of samples collected….

Questions to Ponder

1. **How far should law enforcement be allowed to go in collecting information on citizens who commit felonies and misdemeanors?**
2. **What might motivate a politician to push for such legislation?**
3. **Do you see any potential problems if such a law were passed?**

Drugs, Crime, and Science

Science is often conceptualized as a means of arriving at some indisputable truth. Although science is one way of accumulating knowledge, it has its limitations. In fact, science is filled with traps, roadblocks, and detours that can mislead rather than inform if one is not careful. Richard Hammersley maintains that by adopting an attitude of **pragmatic realism** we can avoid common traps in the misapplication of scientific methods.[26] These traps can also be avoided by gaining a broader understanding of the knowledge acquisition process.

Pragmatic Realism

By pragmatic realism, Hammersley means that there is no guarantee of us ever knowing the truth about something because our perception of reality is so heavily influenced by our experiences, prejudices, and personal limitations.[27] We should consequently remain skeptical of the methods we use to form our conclusions, being careful not to cross the line into cynicism. Maintaining an attitude of healthy skepticism or pragmatic realism can be helpful in avoiding the conceptual traps and pitfalls set by such knowledge-inhibiting influences as **grand theories**, **reductionism**, and **naïve empiricism**.

Grand theories assume that complex behavior can be explained with a few constructs. The goal of theory building is to simplify but when such simplification leads us to conclude

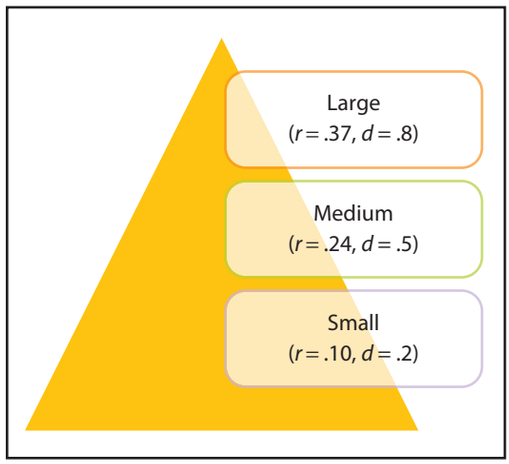
that drug use or crime are caused by one or two factors we are falling into the grand theory trap.[28] Many theories of substance abuse conceptualize drug use as a stable trait impervious to temporary states and situational events such as the user's mind set or the circumstances under which the drug is taken. Many theories of crime are also guilty of grand theorizing as represented by the popularity of single-variable theories in the field of criminology. As important as low self-control,[29] antisocial peers,[30] and secondary deviance[31] are to crime, viewing any one of these factors as a complete explanation for crime is a prime example of the knowledge-inhibiting effects of grand theories.

Reductionism is another common trap confronting those who would follow a rigid path to knowledge acquisition.[32] Because reductionism involves breaking complex phenomena down into their constituent parts, it is grounded in the assumption that the constituent parts fully account for the behavior in question. This is another way of saying that molar constructs are best understood by breaking them down into their molecular subcomponents. The substance abuse field is replete with examples of biological reductionism, whereby the causes of drug use are reduced to the level of the gene or neuron. Sociologic criminology, on the other hand, suffers from the opposite problem, focusing on molar constructs like social structure to the detriment of the decision-making apparatus of the individual actor. A certain degree of reductionism is required in any science; where we run into problems is when we start assuming that reductionism is the only avenue to truth. A systems-within-systems view of science, in which the molar and molecular levels are balanced, would appear to hold greater potential for advancing our understanding of the drug–crime relationship than an exclusive focus on either molar or molecular constructs.

Some researchers seem to be of the opinion that all major scientific questions can be answered with a few well-designed and definitive studies. Fortunately, this is a minority opinion, but when expressed reflects what Hammersley refers to as naïve empiricism.[33] The fact of the matter is that there never will be a definitive study because each study is limited by the sample it selects, the methodology it adopts, the assumptions it makes, and the statistics it uses. This is why virtually every research study published in a peer-reviewed journal has a limitations section. A sample is, by definition, a subcomponent of the population to which we wish to generalize our results. To ensure generalization, the sample we select must adequately cover the groups that comprise the population of interest. Stratified random sampling, where we randomly select participants in proportion to their representation in the overall population, does the best job of creating a sample with good **external validity**, yet it still does not guarantee full **generalizability**. Moreover, the indicators we select to represent the constructs we are investigating are imperfect and subject to criticism. The lesson to be learned from all this is that there is no such thing as a flawless study. We can partially compensate for these limitations, nonetheless, by taking note of the knowledge accumulation process.

Knowledge Accumulation

The best way to compensate for the limitations of individual studies is to examine the results of multiple studies on a single topic. This has traditionally been accomplished with



Data From: Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Figure 1-11
Correlation coefficients and Cohen's *d* values associated with small, medium, and large effect sizes.

a literature review in which the results of different studies are examined, critiqued, and compared. Literature reviews, however, have been characterized as overly subjective, unsystematic, and potentially biased.[34] Many scientists are consequently abandoning the qualitative or narrative literature review for the more objective and quantitative meta-analytic review. A meta-analysis involves pooling the results of multiple studies on the same topic to determine the degree of relationship between two variables or the effect of one variable on another variable. A measure known as the **effect size** is the foundation upon which meta-analyses are based. The effect size is calculated for each study or sample (sometimes there are multiple samples from the same study and these are usually treated separately) and then pooled.

The two most popular effect size measures are Pearson's *r* and Cohen's *d*. Pearson's *r* assesses the correlation or covariation between two variables. It can range from –1.00 (perfect inverse relationship) to +1.00 (perfect direct relationship), with .00 representing a total absence of relationship. Cohen's *d* is computed as the difference between two means divided by the means' pooled standard deviation. The magnitude of effect can be classified as small, medium, and large based on guidelines provided by Cohen for *d* and *r* (see **Figure 1-11**).[35] The effect size results for the different studies in a meta-analysis are pooled and a mean effect size and confidence interval (range of values that contains the true effect size 95% or 99% of the time) calculated. Meta-analysis is a prime example of knowledge accumulation and so the results of meta-analytic studies will be reported whenever they are available to shed light on major aspects of the drug–crime connection.

The Complexity of Drug–Crime Relationships

In this chapter I demonstrate how drugs and crime are linked, how both individually and collectively they have been instrumental at various points in American history, how drug and crime policy can be politically motivated, and how science, despite its limitations, may still be our best means of understanding the drug–crime relationship. We are now in a position to examine these issues in greater detail, particularly as they relate to theory, research, practice, and policy. By understanding that a relationship exists between drugs and crime, we can begin delving into this relationship for the purpose of determining how it can best be managed clinically, practically, and bureaucratically. It is unrealistic to think that there is any one drug–crime relationship, however, and I underscore this point by replacing the term drug–crime relationship with drug–crime relationships from here on in.

It is vital that the reader understand that drug–crime relationships are formidably complex. Before we can understand this complexity, though, we must first appreciate the contextual nature of these relationships. Substance-using offenders treated in

substance abuse programs display reduced levels of both drug use and crime, yet many successful treatment programs for substance-using offenders, such as Moral Reconation Therapy and Thinking for a Change, spend little if any time discussing drugs or drug abuse.[36] Heroin shortages are often accompanied by lower levels of heroin use and decreased levels of drug-related crime, yet shortages can encourage users to switch to other, sometime more dangerous, substances.[37] During Prohibition thousands of Americans died and hundreds of thousands suffered permanent physical disabilities after drinking ethanol substitutes like wood alcohol.[38] In modern-day Russia, addicts who cannot afford heroin inject substitute drugs like Fentanyl, Coaxil, and Desmorphine, better known as "Krokodil" because its poisonous ingredients quickly turn the skin a scaly green (see **News Spot 1-2**).

NEWS SPOT 1-2

Title: DEA Closely Watching Krokodil, a Morphine Derivative That is Deadly
Source: *Detroit Examiner*
Author: Michael Velardo
Date: June 29, 2011

Call it a designer drug on steroids, krokodil is a morphine derivative that is destroying people, and it may be on its way to America.

The Drug Enforcement Administration, (DEA), have their eyes on this reptilian drug madness overseas, and doesn't believe it has hit the U.S. yet DEA spokesman Rusty Payne told FoxNews.com.

Krokodil, or "despmorphine" has been making it's rounds in Russia where about 65 million doses have been confiscated in the first few months of this year according to Russia's Federal Drug Control Service as told to Time.

"To produce the potentially deadly drug, which has a comparable effect to heroin but is much cheaper to make, users mix codeine with gasoline, paint thinner, iodine, hydrochloric acid and red phosphorous.Codeine, a controlled substance in the United States used to treat mild to moderate pain, is widely available over the counter in Russia," reported FoxNews.com.

The drug is at epidemic proportions in Russia where an estimated 1 million people where (sic) injecting this concoction in 2010.

Krokodil, a take on the word crocodile, is so named because the skin at the sites of the injection turn green, and scaly from ruptured blood vessels, and then die.

Reports indicate that the drug first appeared in Siberia in 2002.

"Dr. Lewis Nelson, a medical toxicologist at Bellevue Hospital Center in New York, said he doubts krokodil will reach the United States due to the availability of other cheap, powerful drugs such as black tar heroin and Oxycontin," reported FoxNews.com.

Let's hope Dr. Lewis, and the DEA are right. If this snake of a drug reaches our kids, many of them already experimenting with research chemicals, prescription, and other drugs, krokodil will make those substances look like licking Blow Pop suckers in comparison.

Questions to Ponder

1. **What would possess someone to inject a substance into his or her body that causes the skin to turn green and rot away?**
2. **Relate this situation to Prohibition in American where some people died and went blind from drinking wood alcohol.**
3. **What can law enforcement do to keep Krokodil out of the hands of U.S. citizens?**

The complexity of drug–crime relationships becomes more apparent when we examine drug–crime relationships at the individual level. Turning our attention to individuals we find that in some cases drug use precedes crime, in other cases crime precedes drug use, and in still other cases the two behaviors surface around the same time. Thus, although the correlation between drugs and crime is strong and consistent at the group level, there are many variations at the individual level. Drugs also differ in their **criminogenic** (crime-causing) potential. A drug like heroin or alcohol is more criminogenic than marijuana; but that does not mean marijuana cannot be criminogenic in certain individual cases or under specific environmental conditions. The first step in understanding and potentially altering drug–crime relationships is appreciating the complexity of these behaviors and the relationships that form between them. This chapter takes the first step by providing the reader with an appreciation for the complexity of drugs, crime, and various drug–crime relationships.

Summary and Conclusions

- There is sufficient empirical evidence to support the conclusion that a robust relationship exists between drugs and crime. This support comes from three primary sources: general surveys of high school students and young adults, studies on drug use in criminal populations, and studies on crime in drug using populations.
- The history of drugs and crime begins with Christopher Columbus and continues to the present day. The role of politics, the influence of the media, and the subjugation of science to personal interests is clearly evident in this history.
- Politics clearly influence how society approaches drugs, crime, and their relationships. If significant change is to occur in American drug policy then the politics will have to change as well.
- Science may be our best means of understanding drug–crime relationships but it has its drawbacks. Understanding these drawbacks and working toward knowledge accumulation is one way of compensating for the weaknesses of the scientific method while taking advantage of its strengths.
- There is no single drug–crime relationship but rather multiple drug–crime relationships and the primary objective is to make sense of these relationships.

Key Terms

Arrestee Drug Abuse Monitoring (ADAM II) Data monitoring federal program in which arrestees in 10 U.S. cities are tested for 10 different drugs within 24 hour of arrest.

Confidence Interval Range of values or scores that contain the true population value or score at a specific level of confidence: i.e., 95% of the time in the case of a 95% confidence interval and 99% of the time in the case of a 99% confidence interval.

Criminogenic Capable of causing crime.

Effect Size Measure of the relationship between two variables or the effect of one variable on another.

External Validity (see Generalizability).

Generalizability Extent to which results obtained in a particular sample apply to the population of interest.

Grand Theories Models that presume complex behavior can be explained with a small number of variables.

Meta-Analysis Statistical technique that combines the results of multiple studies.

Moderator Variable Measured variable that affects the direction or size of the relationship between two other variables.

Naïve Empiricism Belief that a scientific study can answer all relevant questions.

National Crime Victimization Survey (NCVS) Stratified multistage cluster sample of American household interviewed to assess the frequency, characteristics, and consequences of victimization.

National Longitudinal Study of Adolescent Health (Add Health) Nationally representative sample of 26,666 American youth collected in four waves.

Pragmatic Realism Perspective that is mindful of the limitations of science.

Reductionism Tendency of a theory to break complex, global phenomena down into simpler and smaller constituent parts.

"War on Drugs" Policy of drug prohibition followed in the United States in which supply-side strategies like interdiction and incarceration of drug users are emphasized over demand-side strategies like treatment and harm reduction.

Youth Risk Behavior Surveillance (YRBS) Nationally representative sample of 14,000 students enrolled in public and private high schools in 50 U.S. states and District of Columbia.

Critical Thinking

1. Which studies do you find most compelling as evidence of a drug–crime connection—general surveys of drug use and delinquency, drug use in criminal populations, or crime in drug-using populations?
2. Can you find anything in the history of crime and drug use in the United States that might explain America's current preoccupation with drugs?
3. How can researchers and scientists avoid falling into the reductionism, grand theorizing, and naïve empiricism traps?

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