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A Comprehensive Analysis of the Drug-Crime Relationship

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DRUGS AND CRIME

A COMPREHENSIVE ANALYSIS OF THE DRUG-CRIME RELATIONSHIP

by

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B.A., Southern Illinois University, 2005

A Research Paper

**Submitted in Partial Fulfillment of the Requirements for the
Master of Arts Degree**

**Department of Criminology and Criminal Justice
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RESEARCH PAPER APPROVAL

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By

Michael Alan Powell

A Research Paper Submitted in Partial

Fulfillment of the Requirements

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Drug-use and drug-related criminal offending are among the greatest concerns of policy-makers, law-enforcement officials, scientists, physicians, and citizens alike. There is a growing interest on the part of all parties to examine the causes, possible correlations, and consequences of the drug-crime relationship.

This research paper examines the conceptions regarding the drug-crime relationship. First, this paper examines past and present United States drug policies that substantially impact how the “war on drugs” is waged from several perspectives. Second, this paper will examine the three explanatory models that encompass the drug-crime relationship: drug use leads to crime, crime leads to drug use, and drug-crime relationship is explained by other causes. Furthermore, the relationship between drug-use leading to crime has three sub-models or theories, which were first introduced by criminologist Paul Goldstein (1985) that will be examined: the psychopharmacological model, economic motivation model, and systemic model. Finally, this paper will examine two popular illicit drugs, heroin and crack-cocaine, and how the use of these drugs relates to criminal offending.

Key findings through this research include high drug use among the arrested population, and high levels of criminal offending among drug users. Furthermore, empirical evidence for the relationship between heroin addicts and violent criminal

offending is virtually nonexistent, thus occurring less frequently than property and other non-violent crimes. Additionally, research has shown that robbery and other property crimes are considerably higher during the heroin addiction period than pre-addiction or non-addiction periods. Studies involving crack-cocaine users typically report that users have higher rates of property and violent crimes than those who do not use crack-cocaine or those who use the drug less frequently.

By examining the drug-crime relationship, three central research questions will be explored.

1. How have US drug policies changed over time, and what impact has it had on drug-use and criminal offending?
2. Why are crimes committed by drug-using offenders?
3. What crimes are being committed by heroin and crack-cocaine users?

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CHAPTER 1

INTRODUCTION

The relationship between illegal drug-use and criminal offending has been one of the most widely studied and challenging issues within the criminology and other social science and medical communities. Literature on this relationship continues to grow since the 1930s when films like *Reefer Madness* (1938) and *The Man with the Golden Arm* (1955) were released, which proclaimed that marijuana and heroin use caused extreme violent behavior. Similarly, in the 1980s, the crack-cocaine epidemic burst onto the scene when crack addicted mothers were giving birth to *crack-babies*. It was thought that these addicted infants would be a burden to society for the rest of their lives and cause society major criminal, social, and medical problems (Goode, 2005). It is clear now that some of these points were greatly exaggerated. Even as early as the 1970s, The National Commission on Marihuana and Drug Abuse (1973) concluded that the health effects of marijuana were minimal. Additionally, the crack-baby syndrome tends to be somewhat fabricated. In 2001, the *Journal of the American Medical Association* released a study which challenged the veracity of the crack-baby syndrome. It summarizes that there is “no consistent negative association between prenatal cocaine exposure and physical growth, developmental test scores, or receptive or expressive language” (Frank et al., 2001, p. 1613). However, increased attention was being directed towards the rise of heroin and crack-cocaine and associated violence, especially in inner cities. As crime and homicides were rising in the 1980s, many experts suggested that it was the instability of the crack-cocaine market. Though the past several years have seen a decrease in crime and homicides, experts conversely suggest that the crack-cocaine market has been

stabilized (White & Gorman, 2000). The same logic can be applied to other illicit drugs regaining popularity such as heroin.

In the sections that follow, this paper will discuss US drug policies since the beginning of the 1900s. Then the paper will discuss drug-crime theories that explain the drug-crime relationship. Finally, this paper will conclude by analyzing heroin and crack-cocaine users and their relationship to criminal offending.

CHAPTER 2

HISTORICAL CONTEXT: DRUG POLICY CHANGES IN THE US

According to McBride et al. (2001), the history of drug policies within the US can be described by discussing five main approaches: prohibition, risk or harm reduction, medicalization, legalization/regulation, and decriminalization. Although there is still future research needed over which policy may be most effective to combat the drug-crime relationship, the prohibition strategy is the main drug policy current government uses. Prohibition emphasizes severe penalties for illegal drug possession, distribution, or production. This policy rests on the position of the deterrence theory. This theory works in two ways. First, swift, severe, and unpleasant punishment is used to teach the offender from right and wrong. Second, punishing a few criminals will act as a warning to the rest of the population (Walker, 2006). “Deterrence is a major form of crime prevention and has served as a cornerstone of criminal justice” (Lab, 2000, p. 109).

Risk or harm reduction is a concept that is sometimes difficult to understand. However, Inciardi (2008) explains that this model “is the attempt to ameliorate the adverse health, social, legal, and/or economic consequences associated with the use of mood-altering drugs” (p. 304). In other words, harm reduction aims for reducing the harm done by the criminal justice system through proper drug education instead of incarceration. An example of harm reduction is methadone clinics. Methadone treatment refers to keeping the addict on heroin through supervised medical care, which eliminates the addict’s need to turn to crime to support their habit (Walker, 2006).

The medicalization model suggests that using drugs is a medical problem, thus requiring physicians to treat drug-users. McBride et al. (2009) state that “since the

medical profession is entrusted with the management of a wide variety of very powerful addictive substances, they are most able to successfully select and manage the drugs that address patient needs” (p. 75). An example of this model is medical marijuana.

Advocates suggest that marijuana can have positive effects for medical patients who cope with certain diseases, such as chemotherapy, AIDS, and multiple sclerosis (Inciardi, 2008).

Legalization/regulation is the opposite of prohibition. This model states that government should regulate the distribution, create minimum legal age of use, and implement other regulatory components, similar to alcohol and tobacco. Inciardi and Saum (1996) assert that four positive effects would occur if the legalization/regulation model were put into effect: “(1) drug prices would fall; (2) users would obtain their drugs at low, government-regulated prices, and they would no longer be forced to resort to crime in order to support their habits; (3) levels of drug-related crime, and particularly violent crime, would significantly decline, resulting in less crowded courts, jails, and prisons; and (4) drug production, distribution, and sale would no longer be controlled by organized crime” (pp. 72-73). Critics of legalization argue that legalizing drugs may actually increase crime. Removing the prohibitionist approach to the “war on drugs” may induce new users, thus creating new addicts who could not support their drug habit through legitimate means and would turn to criminality to support their fix.

Decriminalization refers to the abolishment of all criminal penalties for drugs. With this model the government does not have a role whatsoever in possessing, selling or purchasing any drugs. This policy is typically advocated for marijuana possession. This implies an open-market approach in regards to the distribution of drugs (Goode, 2005).

Lastly, none of its models are mutually exclusive to each other; some may overlap and contain elements of another (Inciardi, 2008).

McBride et al. (2001) state that the US drug policy had begun with traditions that may still have an impact on how drug policies are formed and enforced today. They include libertarianism, the emergence of a relatively open legal market resulting from libertarian, and Puritan moralism. Libertarianism asserts that the government must have a compelling argument as to why they would interfere in the lives of citizens. Similarly to libertarian, the US had a traditionally open market in which government allowed open production and distribution of goods and services. Contrary to libertarianism and the open market approach is the Puritan moralist model. This model contends that negative individual behavior has the potential to affect the community; therefore, legitimate government interference or action is acceptable. This model was widely popular and accepted during the early 1900s where substance use undermined the morality of America.

During the 19th century, opiates and cocaine were legal and sold in grocery and drug stores. The early 20th century under the Roosevelt administration was one of the first successful movements in which the government wanted to legislate the sale, possession, and manufacture of drugs, hence the Pure Food and Drug Act of 1906 was passed. The Pure Food and Drug Act required that certain specified drugs, including alcohol, cocaine, heroin, morphine, and cannabis, be accurately labeled with contents and dosage. Previously, many drugs had been sold as patent medicines with secret ingredients or misleading labels. Cocaine, heroin, cannabis, and other such drugs

continued to be legally available without prescription as long as they were labeled (Goode, 2005).

Following the Pure Food and Drug Act of 1906, which paved the way for future legislation, was the Harrison (Narcotics Tax) Act of 1914. “The Harrison Act required all people who imported, manufactured, produced, compounded, sold, dispensed, or otherwise distributed cocaine and opiate drugs to register with the Treasury Department, pay special taxes, and keep records of all transactions” (Inciardi, 2008, p. 28). With this act, only licensed physicians could allocate narcotics to patients, otherwise it was illegal for the common person to possess or sell these drugs. The purpose was to not reduce recreational use of such narcotics, but to allow physicians to prescribe such narcotics in good faith to their patients legally. Ultimately, physicians were no longer in the business of supplying narcotics to patients and users were forced to seek out their drugs illegally. By its very nature, the Harrison Act of 1914 had created a new kind of criminal and the war on drugs had already begun.

A few decades later, the Marijuana Tax Act of 1937 was passed. Marijuana, known as cannabis or hashish, was the government’s latest evil drug. Marijuana came to the US during the 1920s via Mexican immigrants, and was widely being used by the 1960s. The federal government and media released exaggerated portrayals of marijuana's effects. As previously stated, *Reefer Madness* (1938) was designed to show high school students smoking this drug and committing an array of violent criminal offenses. Scientific publications during the 1930s also fearfully described marijuana's dangers (Musto, 1991). The Commissioner of the Treasury Department’s Bureau of Narcotics (1930) Harry J. Anslinger labeled marijuana as dangerous as a coiled rattlesnake.

Government officials viewed marijuana “as an alien presence, an addictive narcotic no different from opium, and a stimulant to violence, lawlessness, and crime” (Goode, 2005 p. 102). In short, this act banned possessing and selling all marijuana products and was to remain in place until 1970 when the Comprehensive Drug Abuse Prevention and Control Act, otherwise known as the Controlled Substances Act was passed.

The Controlled Substances Act was legislation to research drug rehabilitation and drug education. However, under the Nixon Administration rehab and education took a back seat to law enforcement. This legislation enacted five classifications or schedules based on the specific drugs potential for abuse. Simply, these schedules are classified as I-V. Schedule I drugs have a high potential for abuse and no medical use; these include such drugs as Heroin, LSD, and even Marijuana. Schedule II drugs are deemed as having high potential for abuse and limited medical use. Such drugs include cocaine, morphine, and codeine. Schedule III-IV drugs are labeled as having low potential for abuse and some medical value, which range from anabolic steroids and barbiturates to valium (Goode, 2005).

Besides government legislation, new agencies were quickly implemented such as the Drug Enforcement Agency, US Customs and the Coast Guard and tasked with drug enforcing policy and rooting out drug shipments that came from outside the US. Until the Reagan Administration, government policies towards drugs varied from rehabilitation to enforcement. Usage and arrests were both on the rise through the 1960s and 1970s and marijuana became a focal point for law enforcement agencies. However, it was during the Reagan years that the “War on Drugs” was resurrected and the government coined the term “Just Say No” to discourage drug-use. Federal spending on rehabilitation programs

dropped significantly and Reagan's chief drug advisor Carlton Turner considered soft-core and hard-core drugs and drug addicts and recreational users equally. He believed that the government should get out of the drug business, except for one major aspect; the government's number one priority, enforcement (Massing, 1998).

In the mid-1980s a new drug swept the nation, the crack-cocaine epidemic had erupted, which occupied the attention of politicians and lawmakers at all levels. At the state and local levels, the governor of New York, Mario Cuomo, urged for life-sentences for individuals selling three vials of crack, which had a street value of approximately \$50. The New York City mayor Ed Koch suggested the death penalty for anyone possessing over two pounds of cocaine. President Ronald Reagan petitioned a nationwide crusade against drugs and was willing to spend billions of dollars to aggressively fight this problem. In 1986 the Anti-Drug Abuse Act was born. This act strengthened federal efforts to fight the war on drugs in several notable ways. The Anti-Drug Abuse Act included taxes on imports from countries that do not cooperate with the US efforts to eradicate drugs within the US. Another provision makes seizing of drug offenders' assets, such as personal property easier. The major provision of this act was the introduction of mandatory minimum sentences for criminal offenders who possessed either powder cocaine or crack-cocaine. The penalty was the same for possessing 5 grams of crack-cocaine as for 500 grams of powder cocaine. These mandatory minimum sentences were a staple in drug policy (Goode, 2005). Government officials justified this huge disparity by emphasizing the great social harm that crack-cocaine can cause to Black communities. Additionally, black males are considerably overrepresented among incarcerated populations and in some states more young men were under the supervision

of the criminal justice system than were in college (Daly & Tonry, 1997). Because of mandatory minimum sentencing laws, prisons are reporting severe overcrowding and other deteriorating prison conditions, thus many states were now re-examining mandatory minimum sentencing laws (Cox & Rhodes, 1990).

Clearly, the nation's antidrug attitude was in place during the 1980s and law enforcement was the government's response to control drugs. Policy would not change under H. W. Bush or even the Clinton Administrations. In fact, under Clinton, "federal spending to control drug abuse increased more than tenfold from \$1.5 billion in 1989 to \$18.5 billion in 2000, and drug arrests grew by 400,000" (Goode, pp. 111-112, 2005).

Current drug policy is undergoing rapid change, which in affect the drug-crime relationship. Some of these major policy shifts include medical marijuana or decriminalization of marijuana, lessening the sentencing disparity of cocaine and crack-cocaine, reevaluating the mandatory minimum sentencing concept, and even analyzing treating offenders in lieu incarceration.

CHAPTER 3

COMPLEXITIES OF THE DRUG-CRIME RELATIONSHIP

In order to establish a causal relationship between illicit drug-use and violent behavior, three criteria must be met. First, the relationship must be established between illicit drug-use and subsequent violent outcome. Second, use of the illicit drug must precede the violent outcome. Third, other explanations or contributors to the violent event must be accounted for and controlled or eliminated. White and Gorman (2000) explain the relationship between drugs and crime connection through three explanatory models: “1) substance use leads to crime, 2) crime leads to substance use, and 3) the relationship is either coincidental or explained by a set of common causes” (p. 170). The first model contends that drug use causes criminal behavior through three primary theories; psychopharmacological violence, economic compulsive, and systemic violence, introduced by criminologist Paul Goldstein (1985). These three theories will be discussed and examined in length throughout the rest of the research paper.

The second theory is that crime leads to substance use. It is perceived when examining this relationship that individuals who engage in criminal activity are surrounded in a subculture that encourages or promotes illegal drug-use. Unlike the first theory, which indicates that drug-use causes individuals to commit crime to support their habit, the income generated from the criminal behavior supports the individual’s drug habit (White, 1990).

Lastly, the common cause model suggests that drug-use and criminal activity are not directly associated. This model cites that the drug-crime connection share common variables such as a poor social support system, difficulty in schools, or being introduced

to deviant groups such as gang-membership. Dembo et al. (1994) examined the drug-crime relationship when studying delinquent juveniles. They concluded that several variables such as family alcohol and drug-use, emotional problems, and prior juvenile arrests were all factors in continued drug-use and delinquent offending.

Although there is scholarly evidence that supports each one of these models, the purpose of this research is not to offer a review of the literature of each one of these causal models, but rather to identify specific criminological theories that address drug-crime relationship.

CHAPTER 4

TRIPARTITE CONCEPTUAL FRAMEWORK

Criminologist Paul Goldstein (1985) was one of the first to explain that substance abuse leads to crime, via his tripartite conceptual framework. To explain why this was the case he offered three theories, which include psychopharmacological model, economic compulsive model, and systemic violence model (Goldstein, 1985). The psychopharmacological model proposes that the effects of illegal drug-use cause criminal behavior. These effects can range from neurochemical changes within one's body to altering one's judgment. The economic compulsive model or otherwise known as the economic motivation model suggests the drug-users engage in specific economic driven crime to support their drug habit. These may be violent crimes as in robbery or non-violent crimes such as burglary and/or shoplifting. Lastly, the systemic model suggests that the world of drug dealing is inherently violent. This violence refers to "the traditionally aggressive patterns of interactions within the system of drug distribution and use" (Goldstein, 1985, p. 497).

Several key studies have analyzed these three theories in light of Goldstein's tripartite framework. Of the three previously listed theories, the psychopharmacological violence theory may be the most difficult to accurately test and research. This is because empirical studies tend to lump all illicit drugs together. However, different drugs do have different pharmacological effects, which may or may not influence the user's tendency toward violence. Furthermore, as Kuhns and Clodfelter (2009) articulate that "the likelihood and magnitude of a psychopharmacological reaction of aggressive and violent behavior clearly depends a variety of additional factors including 1) the drug(s) in

question and the purity level of the psychoactive ingredient; 2) the dosage relative to the individual's tolerance, body size, experience; 3) the presence of other psychoactive ingredients that were either mixed with a primary drug and/or are consistently taken concurrently with the drug; 4) gender; 5) hormonal differences and influences; and 6) individual genetic, biological, social or psychological susceptibilities" (p. 71). According to Goldstein (1985) psychopharmacological violence is generally described as violence that occurs as a result of the use of drugs, either by triggering violent behavior or by facilitating violent victimization. A common example of this is a husband consumes alcohol and subsequently physically abuses his wife or a victim in an intoxicated state may be unable to adequately defend himself against the attacker. Another early example of this theory was the violence associated with marijuana use. This assumption has been discredited by numerous studies, including a recent study by Wei et al., (2004) in which she cites that marijuana use had no direct psychopharmacological impact on violence when examined developmentally over time and while controlling for other violence correlates. Empirically speaking Goldstein's (1985) psychopharmacological violence is not a relevant theory in explaining the drug-crime relationship.

When a drug-user needs money to illegally purchase drugs, such as heroin or crack-cocaine, he or she will commit an economic crime. Such crimes may consist of robbery, burglary, shoplifting, and even prostitution, all in order to provide the user with money to get their next high. Goldstein (1985) contends that most of these criminals, especially heroin addicts will not pursue violent crime, rather opting for non-violent solution. In Goldstein's et al. (1989) study [homicide's in New York (which will be discussed later)], only 4 percent were labeled as economically motivated. Studies that

have examined female drug-addicts found they primarily commit non-violent property crimes, such as shoplifting and in many cases prostitution. Prostitution, an illicit economically motivated career is especially common for the female crack-cocaine user.

As previously stated, systemic violence occurs between actors within the drug distribution business. An example of this type of violence is killing someone for selling bad or tainted drugs or even killing to control territory to continue to pedal illicit drugs. This theory accounts for most of the violent drug-related criminal offending, including homicides. Two studies that lent support for Goldstein's (1985) systemic violence theory were that of Tardiff et al. (1986) and Goldstein et al. (1989). The first study examined approximately 600 homicides in Manhattan, NY in 1981. Of those homicides, 38 percent of male victims and 14 percent of female victims were murdered as a result of drug-related activity. Furthermore, "30 percent of male and 20 percent of female victims had one or more drugs in their bodies at the time of death" (Tardiff et al., 1986, p. 141). Morphine was the most common drug found in the homicide victims, accounting for 11 percent, while the presence of cocaine only accounted for 3 percent. In a subsequent study by Goldstein et al. (1989) involving 414 homicides in New York City that occurred over an eight-month period, the police and researchers classified 53 percent as being drug-related homicides. Of these homicides, 65 percent involved crack-cocaine and other 22 percent involved other forms of cocaine (Goldstein, et al. 1989). In both studies, the majority of the drug-related homicides were attributed to systemic violence not physiological effects.

CHAPTER 5

HEROIN, CRACK-COCAINE, AND CRIME

Although there are several different illicit and legal substances, such as alcohol, that lead to crime, this paper will discuss only heroin and crack-cocaine, both of which have led to criminal offending. Past studies have analyzed official arrest records to understand the drug-crime relationship; this was considered a major weakness in the analysis of this relationship. Most studies now are using confidential self-report methods in which skilled interviewers discuss drug-use and criminal offending with the offender. These methods also increase the validity and reliability of such self-reporting data.

Heroin

Heroin derives from morphine and like most drugs has several street names such as smack, black tar, or dope. Dubbed as “the most dangerous substance on earth” (Inciardi, 2008, p. 91.), heroin has a high potential for abuse and is a Schedule I controlled substance. Heroin use dates back to the 1930s in the US, rising steadily during the 1960s, and the US Department of Justice (2007) estimates there were approximately 800,000 heroin users nationwide.

Early criminologists such as Preble and Casey (1969) who studied heroin addicts concluded that the user engaged in not violent crime, but income-generating crime to support the high price of the drug. Therefore, heroin-related crime, violent or non-violent, was economic compulsive rather than psychopharmacological or systemic. Those who support legalization would conclude that if cheap heroin is provided, then there would be no heroin-related crime.

Several studies note that heroin use increases income-generating crimes, but not necessarily violent crime. Inciardi (1979) documented criminality in both male and female heroin users. He interviewed 356 people and found most crimes were committed to support the habit of the user. Furthermore, Inciardi's (1986) sample of 573 Miami narcotic abusers, violent crime comprised only 2.8 percent of all offenses committed by the subjects in the year prior to interview. However, this relatively small percentage amounted to an alarming 6,000 incidents of violent crime, 215,105 offenses were committed. In a recent study conducted by Gottfredson and his colleagues (2008), they test this hypothesis, as well as, treatment reduces drug-use, and thus treatment reduces crime. They interviewed several drug using offenders and examined their drug-use, criminal behavior, and drug treatment over an eleven-month period. Gottfredson et al. (2008) conclude that in fact the use of heroin increases the probability of income-generating crime, but not violent crime, and that the criminality the user engages in is most likely to purchase more illicit drugs. Additionally, drug treatment had a significant effect in decreasing income-generated crimes. Their literature offers support for reducing drug-use through treatment. Additionally, when studying the delinquent habits of heroin users, both studies infer some validity of Goldstein's (1985) economic compulsive theory. In two other studies, Anglin and Speckart (1988) found that 82 percent of a sample of 386 California male narcotic addicts reported involvement in property crime over an average five-year period of daily narcotic use. Anglin and Hser (1987) reported that 77 percent of a sample of 196 female narcotic addicts from California admitted to involvement in property crime during an average six-year narcotic addiction period.

Faupel's study (1987) characterizes heroin addicts and how each role impacts criminality. He summarizes heroin users into four categories: occasional user role, stabilized addict role, free-wheeling addict role, and the street junkie role. The occasional user typically has a high life structure with low drug availability. These individuals are just starting their heroin careers and often do not engage in criminal behavior to support their habit. Instead, the user relies on legitimate employment to purchase their drugs. The stabilized addict typically has a high to moderate life structure with high levels of drug availability. Faupel (1987) notes that during this stage the user "has been experimenting with various types of criminal roles, discovering those hustles with which he or she is most adept and comfortable, and refining the skills necessary to sustain a successful criminal career" (p. 124). These hustles, such as theft and prostitution provide the user with more income to support his/her growing habit. The freewheeling addict lacks daily structure, but has a high level of heroin availability. Because of the higher levels of heroin availability, drug-use can escalate and stable routines, such as being gainfully employed may be suspended for more a lucrative crime. Finally, the street junkie is summarized as having very little life structure and minimal drug availability. With stability and legitimate employment gone, the junkie is most likely living from "fix-to-fix" and may resort to committing out of the ordinary and compulsive crime to obtain that next fix. Some of these junkies often take greater risks in regards to criminal activity and therefore their propensity for detection for arrest are greater than other roles.

However, several other studies attempted to debunk the notion that all heroin users wanted to do was relax, emphasizing the drug's pharmacological effects. McBride

and Swartz (1990) argue that during periods of withdrawal the addicts are in discomfort, irritable, and needing their next fix, conditions that can cause violent activity. Another possible mistake of early research is how the crime of robbery was classified. Early studies suggest that robbery is a non-violent property crime, when in fact robbery is a violent crime and can lead to other crimes of violence (Goode, 2005).

Critics of Goldstein's psychopharmacological violence theory were Hammersley and Morrison's (1987). They studied and interviewed several heroin-using individuals in a drug rehabilitation center. Most interviewees cited that the economic crimes they committed were to supplement their drug habit. Hammersley's and Morrison's (1987) conclusions offer minimal support for psychopharmacological violent behavior and greater support for economic compulsive model.

Crack-Cocaine

Crack, sometimes referred to as rock, is a variety of cocaine base produced by cooking cocaine hydrochloride in boiling water and baking soda. It is popular for several reasons; it is inexpensive, easy to conceal, vaporizes with no odor, and the gratification is more powerful and swift than cocaine. Several early studies that analyzed the relationship between drugs and criminality did not necessarily focus on crack-cocaine; this is because the crack epidemic did not become relevant until the mid-1980s. With the discovery of crack-cocaine in the 1980s, major cities across the US were not only introduced to a new illicit drug, but an illicit market as well. At the same time that the crack market spread from one city to another, the national level of violent crime rose and then began to fall (Inciardi, 2008). Crack-cocaine is a stimulant that produces a very

cheap, intense, yet short high, often leaving the addict craving more. Thus, leaving crack addicted users craving more, but not necessarily having the means to purchase it legally.

Inciardi and Pottieger (1994) specifically studied the relationship between crack-cocaine users and crime by interviewing nearly 700 adults who were avid crack-cocaine users. Of this population sampled, approximately half were in some kind of residential drug treatment program, while the other half was drawn from the streets of Miami, FL. The crack users interviewed in this study had histories of multiple drug involvement. Nearly all of them began their drug-using careers with alcohol, followed by marijuana, and then crack-cocaine. Furthermore, after initial crack-cocaine use, many also experimented with heroin. Involvement in criminal activity was typical of almost all of these crack-cocaine users. In analyzing the two groups, the street sample appeared to be the more deviant group. Most of the crimes committed by both the street and treatment groups were drug business offenses (dealing) and shoplifting. Additionally, approximately 98% of the total crimes committed by the street sample were drug business offenses. Thus, crimes against persons and property by crack-cocaine users in the street sample accounted for less than 2% of the total crimes committed. In contrast, the treatment group accounted for approximately 62% of drug business offenses, while 28% involved crimes against persons and property. The majority of these crimes offer support for Goldstein's economic compulsive theory.

Similarities and Differences of Crack-Cocaine and Heroin Users

Goldstein's (1985) economic compulsive and theory lends the greatest amount of support in analyzing why heroin and crack-cocaine users engage in criminal activity. Typically these drugs have been expensive in the black market or the drug user needs

several “fixes” a day to satisfy their costly habit. The user’s primary motivation is not necessarily to commit violent crime, but to commit crime that is financially prosperous to them. In regards to heroin users, the economic compulsive theory is supported by several criminologists. For example, in Inciardi’s (1979) study most users who were interviewed explained that the crime they commit is so they can purchase drugs to support their illicit habit. Furthermore, Gottfredson and his colleagues’ (2008) offer support to the economic compulsive theory, citing heroin users typically engage in some form of income generating crime to support the user’s habit, not through the use of violence.

In analyzing both Inciardi’s (1979) heroin study and Inciardi’s and Pottieger’s (1994) crack-cocaine study suggest both similarities and differences between both types of drug-users and criminal patterns. The similarities include the initiation of drug-use. Crack-cocaine and heroin is typically used by persons with several years of first experimenting with alcohol and marijuana. Second, both heroin and crack-cocaine users were involved in unexpectedly large numbers of crimes; however, few of these crimes led to arrest. Lastly, the crack and heroin-users show the same kind of relationship between drug-use amount and crime amount. That is, as users increase their drug usage of either crack or heroin; their tendency to commit more crimes will increase (Inciardi & Pottieger, 1994). The most profound difference was in regards to drug offenses, such as dealing. Drug dealing was the first crime committed by two out of three crack-cocaine users, while only one out of eight heroin users were dealing. Crack-users who were dealing had more adequate income and a lifestyle that was more stable and prosperous in comparison to the heroin-user who deals.

CHAPTER 6

CONCLUSION

The drug-crime relationship is absolutely a complex phenomenon. Knowledge and scholarly works regarding the drug-crime relationship have increased since President Reagan re-popularized the term “war on drugs” during the mid-1980s. This study aimed to describe changes in our government’s drug policies, theories that encompass the drug-crime relationship, and what specific crimes heroin and crack-cocaine users commit, through analyzing the three central research questions initially proposed in the abstract: (1) How have US drug policies changed, (2) Why crimes are being committed by drug-using offenders, and (3) What crimes are crimes are committed by heroin and crack-cocaine users?

US drug policies have transitioned from an open market/laissez faire attitude to a more prohibitionist approach with severe penalties attached to them. Empirical evidence suggests that the prohibitionist approach to regulating illicit drugs as well as tougher drug-related prison sentences have not reduced drug-users criminal activity. However, now more than ever drug policy is transitioning to states, which are now passing their own legislation, often conflicting with federal law. For example, in 1996 and 2000 the use of medical marijuana has become legal in the states of California and Arizona (Walker, 2006). Currently, the impact of legalizing illicit drugs and how it will impact crime remains in question, and one that may never be fully answered.

This paper has also discussed Goldstein’s (1985) tripartite framework, which attempts to explain the drug-crime relationship through three theories. He argued that psychopharmacological violence could result directly or indirectly from the biochemical

behavioral consequences of drug-use, economic-compulsive violence could result in addicts to engage in income-generating crimes to obtain money for drugs, and systemic violence could emerge in the context of drug distribution, control of drug markets, and the process of obtaining drugs. Although a single model cannot explain the entire the drug-use/crime connection, there appears to be minimal evidence that supports his psychopharmacological violence theory (with the exception of alcohol/violence connection), while the majority of empirical evidence supports his economic compulsive and systemic violence theories.

Lastly, the criminal offenses of heroin and crack-cocaine users were examined. In summary, little evidence suggests that illicit drugs, when all other variables are removed, are associated with violent crime. Furthermore, in 1991, “The National Criminal Victimization Survey perceived more than one fourth of violent criminal assailants to be under the influence of alcohol, less than 10% of these assailants were reported by victims to be under the influence of illicit drugs” (Parker & Auerhahn, 1998, p. 294). Rather, most illicit drug-users commit less violent economic crimes in order to support their expensive habit. As our society and culture change, new research on the drug-crime relationship seems warranted. For example, crack-cocaine is less popular now than it was in the 1980s, but there are relatively new drugs in our society that need to be and continued to be explored, such as “club drugs,” which can include ecstasy and GHB, that may led to violent assaults and rape, and the rise of methamphetamines which are extremely popular in rural areas.

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