**Chapter 16**

**Drugs and Crime**

**Learning Objectives**

* Distinguish between the different types of drugs
* Identify some trends pertaining to alcohol use in the United States
* Describe some key factors associated with the various trends of substance use in the United States
* Summarize the key links between drugs and crime
* Compare and contrast eradication and interdiction strategies
* Discuss key aspects of drug courts, such as how they differ from traditional criminal courts
* State the main features of harm reduction programs
* Evaluate some of the pros and cons to maintenance and decriminalization policy
* Determine what should be incorporated in future policies on substance use

**Summary**

A key purpose of this chapter is for readers to obtain a greater appreciation of the complex relation between substance use and crime. This relation is dynamic and is influenced by factors on an individual, group, and societal level. First, a review of the various types of drugs reveals that the mere definition of “drugs” is not necessarily simple. For instance, some drugs are legal but highly addictive (e.g., nicotine); some drugs are legally prescribed for medical purposes but can be used illegally (e.g., OxyContin); and some drugs were initially deemed legal but are now considered illegal (e.g., heroin).

To further illustrate this complex link between drug use and crime, we briefly reviewed various trends of substance abuse such as the early history of cocaine and opioid addiction, Prohibition, the “Reefer Madness” era, the 1960s and the baby boomers, the “War on Drugs,” and current patterns of substance abuse. For one to appreciate the current societal perspectives of substance use, it is essential to appreciate the historical context of such trends. For instance, historically some drugs were legal and subsequently designated illegal (e.g., cocaine); or, some substances, such as alcohol were legal, then illegal, and later deemed legal.

The next section discussed the link between substance use and crime. While the general public’s opinion may be that this relation is straightforward, it is essential for readers to appreciate that the link between drugs and crimes is more complex that this simple causal explanation. We then briefly discussed the *Tripartite Conceptual Framework* of the relation between drugs and violence. This framework proposes that substance use and violent behavior are related in three ways: psychopharmacologically, economically compulsive, and systemically.

The following section reviewed modern policies that have been implemented to address the problem of substance use and criminal activity. These include interdiction and eradication strategies, drugs courts, maintenance and decriminalization, as well as harm reduction. It is important for the reader to critically question whether such policies would be effective as well as what other policy approaches should be considered.

**Chapter Outline**

* **Commonly Abused Drugs**
  + **Depressants**
    - Most depressants are prescription drugs.
    - Depressants slow down, or “depress” the normal activity that occurs in the central nervous system (i.e., the brain and spinal cord).
    - **Alcohol**
      * In 2014, 52.7% of Americans age 12 and older reported using **alcohol** at least once in a 30-day period; 59.6% young adults between the ages 18 and 25 were current alcohol users; and 11.5% of adolescents between the ages 12 and 17 were current users of alcohol. Table 16.1 lists the general effects of alcohol, ranging by dose. In terms of binge alcohol use, less than one-quarter (23.0%) of people aged 12 or older reported being binge alcohol users in the past 30 days. See Tables 16.1 and 16.2
      * Alcohol is often the drug of choice.
      * Two tests to determine if alcohol use is a problem
        + The first screening test is called CAGE:

Have you ever felt the need to Cut down on your drinking?

Have you ever felt Annoyed by someone criticizing your drinking?

Have you ever felt Guilty about your drinking?

Have you ever felt the need for an Eye-opener (a drink at the beginning of the day)?

* + - * + **The second screening test is called TWEAK; this has been especially useful with women:**

Tolerance: How many drinks does it take to make you high?

Worried: Have close friends or relatives worried or complained about your drinking?

Eye-opener: Do you sometimes take a drink in the morning to wake up?

Amnesia (memory loss): Has a friend or family member ever told you things you said or did while you were drinking that you could not remember?

(K) Cut: Do you sometimes feel the need to cut down on your drinking?

* + - * An issue related to alcohol use is **binge drinking**.
        + According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking, or heavy episodic drinking (HED), refers to an individual who drinks so much alcohol within a two-hour time period, it results in that individual having at least a .08 blood alcohol concentration (BAC).
        + According to the Substance Abuse and Mental Health Services Administration, binge drinking is defined for males as at least five drinks and for females at least four drinks, on the same occasion (i.e., at the same time or within a few hours of each other) on at least one day.
        + One aspect related to binge drinking are drinking games.

Individuals involved in such drinking games are at a higher risk of heavy alcohol consumption and negative alcohol-related consequences.

* + - * + Binge drinking, however, does vary among various student populations.

African American and Asian, female, and older students are less likely to engage in binge drinking compared to White, male, and younger students.

* + - **Barbiturates**
      * The first barbiturate, Barbital, was discovered in 1903 by two German scientists working at Bayer, Emil Fischer and Joseph von Mering.
      * Currently, there are about a dozen barbiturates in medical use.
      * The various types of barbiturates are often referred to on “the street” by their color.
        + The most common types of barbiturates include Amytal (blue heavens), Nembutal (yellow jackets), Seconal (red birds), Sombulex, and Tuinal (rainbows or reds and blues).
      * Barbiturates can induce a wide continuum of central nervous depression, ranging from mild sedation to coma.
      * Barbiturates can be physically and psychologically addictive.
    - **Tranquilizers (including Benzodiazepines)**
      * Kuhn and her colleagues noted that benzodiazepines are “remarkable because they are one of the closest drugs we have to a ‘magic bullet’ for anxiety.”
      * Benzodiazepines can help individuals with anxiety without disrupting normal functions.
      * These are among the most commonly prescribed drugs.
      * Diazepam (Valium), Alprazolam (Xanax), and Estazolam (ProSom) are some types of benzodiazepines.
      * Problems with benzodiazepines include initial use causes one to be sleepy and uncoordinated; they can affect an individual’s learning process; and they can cause amnesia.
      * Recently, two specific types of **tranquilizers** have received a great deal of media attention and have been dubbed “date rape drugs” or predatory drugs.
        + The first is flunitrazepam; its trade name is Rohypnol.

Some of the street names associated with Rohypnol are forget-me-pill, lunch money drug, roofies, ruffies, wolfies, pingus, and R2.

The Food and Drug Administration has never approved Rohypnol for medicinal use in the United States.

* + - * + The second is gamma hydroxybutyric acid (GHB).

Some of the streets names for GHB include liquid ecstasy, scoop, easy lay, liquid X, and goop.

GHB can either come in the form of an odorless, colorless liquid, or white powder material.

* + **Narcotics**
    - The term “narcotics” has been used historically, and often inaccurately, to refer to *all* illegal drugs.
    - More accurately, however, narcotics refers to opiates (drugs derived from the opium poppy) or to opioids (synthetically produced opiates).
    - **Morphine**
      * The term “morphine” is derived from the Greek god of dreams, Morpheus.
      * In 1805, morphine, the major active ingredient in the opium poppy, was purified.
      * Coupled with the invention of the hypodermic syringe in 1853, the first major wave of addiction to morphine occurred during the American Civil War.
      * Morphine has a high potential for abuse.
      * It is also one of the most effective drugs known for the relief of severe physical pain.
      * Street names include dreamer, God’s drug, Mister Blue, morf, and morpho.
    - **Heroin**
      * The most infamous opiate drug is heroin.
      * It is a chemically modified form of morphine.
      * The color of heroin ranges from white to brown to black.
        + Highly purified heroin is a white powder while on the other end of the continuum heroin can be in the form of a black sticky substance, sometimes referred to as “black tar heroin.”
      * Heroin can be snorted/sniffed, smoked, or injected.
      * For those users who inject heroin, they are at risk for infectious diseases including HIV/AIDS and hepatitis.
      * Further, street heroin usually consists of toxic contaminants or additives that can lead to serious health issues.
    - **Other Synthetic Narcotics**
      * Synthetic narcotics are produced entirely within the laboratory.
      * Examples of synthetic opiates include hydrocodone (Vicodin, Lorcet, and Lortab), hydromorphone (Dilaudid), merperidine (Demerol), **oxycodone** (OxyContin, Percodan, and Percocet), propoxyphene (Darvon), and codeine.
        + Prescriptions for OxyContin have practically doubled every year since its release in 1996. In 2000, physicians issued more than 6.5 million prescriptions for OxyContin.
  + **Stimulants**
    - As the name implies, **stimulant drugs** create a sense of energy, alertness, talkativeness, and well-being that is considered pleasurable to the user.
    - Physiological effects include increased heart rate and blood pressure as well as dilation of the bronchioles (breathing tubes) in the lungs.
    - **Cocaine**
      * Cocaine appears in the leaves of various species of plants grown in Bolivia, Peru, and Colombia.
      * Colombia produces about 90% of the cocaine powder entering the United States.
      * Street names for cocaine include coca, coke, crack, flake, snow, and soda cot.
      * It is usually distributed as a white, crystalline powder that is often diluted or “cut” with various substances such as sugars and local anesthetics.
      * Cocaine base or crack looks like small, irregular shaped pieces or “rocks” consisting of a whitish solid color.
      * Powdered cocaine can be snorted or, after dissolving it in water, injected into the veins.
      * Crack cocaine is smoked, either by itself or on marijuana or tobacco.
      * Known as “speedballing,” sometimes cocaine is used in combination with an opiate like heroin.
    - **Amphetamine**
      * A number of amphetamines are legally prescribed, in some instances to treat attention-deficit hyperactivity disorder (ADHD) and attention-deficit disorder (ADD).
      * Adderall and Dexedrine are some commonly prescribed amphetamines.
      * Street names include bennies, black beauties, crank, ice, speed, and uppers.
      * The effects of amphetamines are similar to cocaine; however, the onset of these effects is slower and the duration is longer.
      * As with cocaine, amphetamines decrease appetite.
      * In fact, these drugs were the first diet pills, with their popularity of use during the 1950s and 1960s.
    - **Methamphetamine**
      * The most common form of amphetamine today is methamphetamine.
      * Methamphetamine can take the form of a white, odorless powder that dissolves in water; clear “chunky” crystals (i.e., “crystal meth”); or small, brightly colored tablets.
      * Street terms include meth, poor man’s cocaine, crystal meth, ice, glass, and speed.
      * Methods of use include injecting, snorting, smoking, and oral ingestion.
      * Some of the consequences associated with methamphetamine use include psychotic behavior and brain damage. Some of the consequences associated with methamphetamine use include psychotic behavior and brain damage.
      * Chronic use can result in violent behavior, anxiety, confusion, insomnia, auditory hallucinations, mood disturbances, delusions, and paranoia; brain damage due to methamphetamine use is similar to Alzheimer’s disease, stroke, and epilepsy.
      * Methamphetamine was created in Japan in 1919; it did not become popular until the 1980s and 1990s.
      * Another problem resulting from the increased popularity of methamphetamine is that a major source of supply for use in the United States is from clandestine laboratories in California and Mexico.
      * Methamphetamine can be made with a number of household products; thus, it makes it difficult to regulate the production of this drug as well as prevent the dangers of such production on people and the environment.
  + **Other Drugs**
    - **Cannabis and Marijuana**
      * Cannabis is an extremely resourceful plant.
        + For instance, hemp is a strong fiber in the stem; it has been used to make rope, cloth, and paper.
        + The leaves and flowers are dried; they are used as marijuana for their psychoactive and medicinal effects.
      * While the cannabis plant consists of hundreds of chemicals that are psychoactive, the most psychoactive chemical is delta-9-tetrahydrocannibinol (THC).
      * Hashish and hashish oil are drugs also derived from the cannabis plant; however, they are stronger than marijuana.
      * Street names for marijuana include Aunt Mary, BC bud, blunts, hash, indo, joint, Mary Jane, pot, reefer, skunk, and weed.
      * It is usually smoked as a cigarette, called a joint, or in a pipe or bong.
      * Marijuana can also be smoked in blunts, which are cigars that have been emptied of tobacco and replaced with marijuana.
      * Some of the psychoactive effects of marijuana include problems with memory and learning, distorted perception, difficulty in thinking, and problem-solving, as well as loss of coordination.
      * Some of the physiological effects include sedation, blood shot eyes, increased heart rate, coughing due to lung irritation, increased appetite, and decreased blood pressure.
    - **Steroids**
      * Anabolic-androgenic steroids are synthetically produced variations of the male sex hormone testosterone.
      * Legitimate use for humans includes replacement therapy for inadequate levels of hormones (e.g., delayed puberty and disease resulting in loss of lean muscle mass such as cancer and AIDS).
      * Steroids are also used in veterinary medicine for improving weight gain, increasing vigor, and enhancing hair coat.
      * Street names include Arnolds, gym candy, pumpers, roids, stackers, weight trainers, gear, and juice.
      * Research has revealed that abuse of steroids can lead to aggression and other negative effects.
      * Steroid abuse can lead to serious, and in some instances, irreversible health problems including liver damage, jaundice, fluid retention, high blood pressure as well as renal failure and severe acne.
    - **Inhalants**
      * The term “inhalants” is used to refer to various substances whose primary trait is that they are rarely taken by any other delivery method other than inhalation.
      * Inhalants are volatile substances that produce chemical vapors.
      * These vapors are inhaled to produce a psychoactive, or mind-altering, effect.
      * The categorization of inhalants is difficult.
        + One classification system identified four general categories: volatile solvents, aerosols, gases, and nitrites.
      * Inhalants use includes “sniffing” or “snorting” fumes from containers; spraying aerosols directly into the nose or mouth; “bagging” which is sniffing or inhaling fumes from substances placed inside a plastic or paper bag; “huffing” which involve stuffing an inhalant-soaked rag in the mouth; and inhaling from balloons filled with nitrous oxide.
      * The effects of intoxication last only a few minutes; thus, abusers often prolong the high by inhaling repeatedly over the course of several hours.
    - **Hallucinogens**
      * Hallucinogens are drugs that alter one’s thought processes, mood, and perceptions.
      * There are three general categories of hallucinogens.
        + The first category, and the most familiar, is lysergic acid diethylamide (LSD).
        + The second major category is belladonna alkaloids.
        + The third category is dissociative anesthetics or “horse tranquilizers,” including phencyclidine (PCP) and ketamine (i.e., an anesthetic for children and in veterinary practices).
      * However, the onset of a “trip” includes nausea, feeling jittery, and a mild increase in blood pressure, heart rate, and breathing.
      * Subsequently, the effects include a slight distortion of sensory perception, with visual effects such as wavering images and distortion of size.
      * In some instances, these drugs can cause schizophrenia-like psychosis.
* **Trends of Drug Usage**
  + The history of drug use can be traced back to at least 10,000 years.
  + People have used drugs for pleasure, social interaction, medicine, rebellion, self-exploration, creativity, religious ceremonies, and as commodities in economic trade.
  + Drugs have been an integral aspect of, and woven into, American history since the arrival of the first European colonists.
  + **Early History of Cocaine and Opioid Addiction**
    - Around the time of the U.S. Civil War (1861–1865), there was an extensive prevalence of opioid addiction.
    - Soldiers were given morphine to not only ease their pain due to injuries but to also relieve the symptoms of dysentery.
    - Some of England’s most well-known literary talents were introduced to opiates through their physicians.
    - In 1898, the Bayer Company developed heroin, an opium derivative which was ten times more powerful than morphine.
      * It was extremely effective in relieving coughs, emphysema, asthma, and tuberculosis.
    - Physicians, pharmacists, and “opportunists” were able to prescribe opioids with no restrictions.
      * Thus, patent medicines, claiming to treat a range of ailments, were often laced with opiates, cocaine, or alcohol.
    - To address the widespread addiction and questionable practices, the government enacted the 1906 Pure Food and Drug Act, which authorized Federal regulations on any medication.
    - This was followed by additional regulations when Congress passed the Harrison Act in 1914.
      * This required doctors to have a license number to prescribe narcotics.
    - Cocaine was introduced in the United States initially through medicinal use, designated as a “wonder drug.”
  + **Prohibition Era**
    - On December 18, 1917, the United States Senate proposed the **Eighteenth Amendment.**
    - National **prohibition** took effect on January 16, 1920.
    - There are two operative sections of the amendment:
      * Section 1: After one year from the ratification of this article the manufacture, sale, or transportation of intoxicating liquors within, the importation thereof into, or the exportation thereof from the United States and all territory subject to the jurisdiction thereof for beverage purposes is hereby prohibited.
      * Section 2: The Congress and the several States shall have concurrent power to enforce this article by appropriate legislation.
    - During the prohibition era, there were some changes in America’s drinking patterns.
      * First, there was a significant drop in alcohol consumption among the working class since prohibition resulted in alcohol being expensive and many of these individuals could not afford to drink.
      * Second, while beer and wine were difficult to manufacture and ship, distilled liquors (e.g., gin, rum, whiskey) were easy to produce and transport, which led to these becoming more popular beverages.
    - One of the most notable, and often cited, outcomes of prohibition was the development of an underground system of producing and distributing alcohol.
    - The onset of prohibition provided gangs an opportunity to engage in criminal activity which changed the order with gang leaders, such as “Dutch Schultz” and Al Capone, to be at the top of the organized crime “ladder.”
    - On December 5, 1933, the **Twenty-first Amendment** was ratified which repealed the Eighteenth Amendment.
  + **“Reefer Madness”**
    - It was not until the early 1900s that the act of smoking marijuana was considered a social problem in the United States.
    - Those who were identified as smoking marijuana were from marginalized groups.
      * Specifically, these individuals included Mexicans who came to America to work in the fields in the Southwest, sailors who brought back marijuana from South and Central American ports, and blacks in the South where it was noted that as early as colonial times they smoked the hemp plant, having been familiar with the drug in Africa.
    - Prior to the mid-1920s, there was not a great deal of public interest or concern about marijuana use.
      * Soon thereafter, there appeared various articles linking marijuana use with criminal activity.
        + For instance, in 1936, the *Scientific American* reported that

Marijuana produces a wide variety of symptoms in the user, including hilarity, swooning, and sexual excitement. Combined with intoxicants, it often makes the smoker vicious, with a desire to fight and kill.

* + - Some have maintained that were it not for the zeal of Harry Anslinger, the Commissioner of the new Federal Bureau of Narcotics in 1931, today marijuana might be legal in the United States.
    - At the Congressional hearings on the **Marihuana Tax Act** in 1937, Anslinger testified that a 21-year-old man from Florida ax-murdered his entire family because he smoked marijuana.
      * However, Anslinger failed to note that the authorities attempted to institutionalize the man for insanity a year before he ever tried marijuana.
    - On August 2, 1937 the 75th Congress passed the 1937 Marihuana Tax Act and it became effective on October 1, 1937.
      * While this federal law did not criminalize marijuana or its preparations, it did tax the grower, distributor, seller, and buyer.
      * In 1969, the United States Supreme Court ruled that the Marihuana Tax Act was unconstitutional.
  + **The 1960s and the Baby Boomers**
    - According to the U.S. Census, the population born between 1946 and 1964 is commonly referred to as the Baby Boom generation.
    - During the 1960s, these individuals were extremely influential to what has been identified as the “counterculture” of that time.
    - Kenneth Westhues identified various characteristics of countercultures including relationships among members tend to be communistic, sexual relationships deviate from the nuclear family, there are claims of superiority over the dominant society, members look to spiritual leaders, and members reject many of the status symbols of the larger society.
    - The cultural movement has also been associated with “mind-opening substances” or drugs such as LSD, mescaline, psilocybin, and other related chemicals, as well as marijuana.
    - Drugs were interwoven in various facets associated with this cultural movement (music and art).
  + **The “War on Drugs” Era**
    - The 1980s initiated what was designated as the “War on Drugs”:
    - A well-known advertising campaign was “Just Say No.”
      * This phrase has been attributed to First Lady Nancy Reagan.
    - In the 1980s, Congress enacted mandatory minimum drug sentencing laws that resulted in lengthy prison terms for individuals convicted of nonviolent drug offenses.
    - In 1986, President Ronald Reagan stressed the need for a “nationwide crusade against drugs” such as $2 billion in federal monies to address the problem.
    - In September of 1986, the House of Representatives approved increased spending for education, treatment programs, and penalties against drug-producing countries.
    - One drug in particular that was often noted during this period was “crack” cocaine.
    - Witkin argues that “crack” became a craze due to mass marketing involving essentially three groups of “sinister geniuses.”
      * The first group was the nameless kitchen chemists and drug traffickers who could set up small-scale operations.
      * The second group comprised of crime organizations, primarily in medium and large American cities; these crime organizations seized the local markets from smaller operators.
      * Finally, the third group comprised of gangs from both the east and west coasts; these gangs franchised crack operations.
      * During the 1990s, there was intense focus and scrutiny on women who used illegal drugs during pregnancy; this was especially evident among women who delivered “crack-babies.”
  + **Current Trends Regarding Drug Use**
    - According to the 2014 National Survey on Drug Use and Health,
      * about 27.0 million Americans aged 12 years or older were current (i.e., in the past month) users of illicit drugs (i.e., marijuana/hashish, cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically), this is about 1 in 10 Americans;
        + marijuana was the most commonly used illicit drug (with 22.2 million users);
      * When comparing the percentage of young adults who were current cocaine users, the 2014 percentage was lower than the percentages in 2002 through 2007, and it was similar for most years between 2008 and 2014;
        + approximately 435,000 people aged 12 years or older were current heroin users in 2014;
      * While nonmedical users of prescription-type psychotherapeutic drugs continues to be the second most common type of illicit drug used in 2014, the percentage has decreased (1.6%) in 2014 compared to most years from 2002 to 2012; and 569,000 individuals used methamphetamine.
    - Prescription drug abuse
      * U.S. Attorney Sally Quillian Yates stated
        + Prescription drug abuse is our nation’s fastest-growing segment of illegal drug use, causing significantly more overdose deaths than cocaine, methamphetamine, and heroin combined. Oxycodone remains one of the most widely abused prescription drugs, and it is also one of the most addictive and deadly drugs when not taken properly. The forging of prescriptions is an especially harmful situation because it completely removes the oversight of a physician from the equation.
      * The 2013 Partnership Attitude Tracking Study revealed that “there is encouraging evidence of behavioral and environmental trends that may help reduce teen misuse and abuse of prescription drugs in the future:
        + The prevalence of teen prescription drug misuse and abuse has remained stable at 23%.
        + There has been a decline over the past five years in the perceived accessibility of prescription opioids and peers’ use of opioids without a prescription.
        + The prevalence rate of prescription misuse or abuse has incrementally decreased over the past three years.
    - The United States and New Zealand are the only countries that allow pharmaceutical companies to advertise their products directly to consumers, called direct-to-consumer advertising.
      * Since their beginning in the 1980s, the amount of advertising among these companies has significantly increased.
      * Researchers found that for every dollar pharmaceutical companies spend on “basic research,” approximately $19 does for promotion and marketing.
      * Access to prescription drugs becomes even more problematic when such drugs are available through the Internet.
      * The Drug Enforcement Administration (DEA) has noted that the Internet has become one of the fastest-growing methods of distributing controlled pharmaceuticals.
    - Due to the growing concern over the distribution of controlled substance via the Internet, the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 went into effect in April of 2009.

Some of the requirements include the following:

Face-to-face requirement for prescribing. With few exceptions, a doctor must conduct at least one in-person medical evaluation of the patient.

* + - * + Endorsement requirement. The DEA must provide an endorsement before a pharmacy can dispense controlled substances via the Internet.
        + Enhanced penalties for Schedules III through V. Penalties will be enhanced for unlawfully dispensing controlled substances in Schedules III through V.
        + Prohibition on advertising illegal sales.
        + Requirement that Internet pharmacies post certain information on their Websites.
    - There has been a growing concern over a group of drugs called designer drugs.
      * Designer drugs are substances considered to be for recreational use; these substances are derivatives of approved drugs so they can circumvent existing legal restrictions.
      * Interestingly, the term was coined by Gary Henderson, Ph.D., at the University of California at Davis in the 1970s.
        + He used the term to refer to analogues of fentanyl, a powerful synthetic opioid used in hospitals.
      * There continues to be a growing number of designer drugs.
        + Two that have been discussed often in the media are “Spice” and “Bath Salts.”

“Spice” refers to a various herbal mixtures that are intended to produce the same experiences as marijuana.

It is sold under different names such as K2, fake weed, Yucatan Fire, Skunk, and Moon Rocks.

These “Spice” mixtures have been easily accessible in head shops (i.e., stores specializing in selling drug paraphernalia), gas stations as well as on the Internet.

The Drug Enforcement Administration has designated five chemicals often found in Spice as schedule I controlled substances; thus, it is illegal to sell, buy, or possess these chemicals.

* + - * + “Bath Salts” is another emerging type of designer drug.

The active chemicals are mephedrone, pyrovalerone, or methylenedioxypyrovalerone (MDPV).

These all have stimulant properties; thus, while they are different than such drugs as amphetamine or cocaine, they have similar effects on the brain.

Bath salts are sold under various brand names such as *Ivory Wave, Bloom, Cloud Nine, Lunar Wave, Vanilla Sky, White Lightning*, and *Scarface*.

The National Institute on Drug Abuse noted that there have been reports of severe intoxication and dangerous health effects related to the use of bath salts.

The effects can include euphoria and increased sociability and sex drive; other can experience paranoia, agitation, and hallucinations.

There have been some instances with individuals displaying psychotic and violent behaviors.

* **The Drugs/Crime Link**
  + The relationship between drugs and crime usually falls into one of three categories:
    - Drug-defined crimes involve the sale and/or possession of an illegal substance.
    - Drug-related crimes involve violent behaviors induced by the effects of a drug or illegal activity that is motivated by continued drug use.
    - Crimes associated with drug use involve illegal activities that may have occurred while a person was under the influence of an illegal substance but those activities were not a direct result of the drug use.
  + The time order of the drugs/crime link (i.e., which came first?) has been the primary research focus for a number of investigators.
    - Studies have revealed that individuals who engage in substance use, such as cocaine, heroin, or marijuana, have engaged in criminal behavior prior to, or while, using illegal drugs is a consistent trend.
    - Further, the research reveals that substance use does not necessarily precipitate an individual’s involvement in criminal activity; however, substance use does influence the extent of crime, the types of crime, as well as the duration an individual engages in criminal behavior.
  + Duane McBride and Clyde McCoy suggest that to enhance our understanding of the relationship between drug use and criminal behavior, one should incorporate an analytical framework that incorporates the following issues:
    - the historical underpinnings of current perspectives;
    - the types of drugs and the types of criminal behavior;
    - the statistical relationship, specifically the extent and type of criminal behavior among different types of drug users as well as the extent and type of drug use among different types of criminals;
    - the etiological nature of the relationship such as causality and interaction;
    - the theoretical interpretations of the relationships; and
    - the policy implications of research conclusions.
  + Benjamin Nordstrom and Charles Dackis sought to assess whether there is support for any of the three leading hypotheses that attempt to explain the drug-crime association:
    - Drug use and criminal behavior have a common cause such as biological, psychological, or sociological;
    - Drug use influences criminal behavior by either disinhibiting behavior or creating the need to finance a drug habit; and
    - Deviance increases the likelihood of drug use later such as in seeking deviant, drug-using peers.
  + **The Tripartite Conceptual Framework**
    - Paul Goldstein developed what has been designated the Tripartite Conceptual Framework of the relation between drugs and violence.
    - This framework suggests that drugs and violence are related to each other in three ways.
      * Psychopharmacological violence.
        + This model of drugs and violence contends that some individuals, due to either short-term or long-term use of certain drugs, may become excitable, irritable, and/or irrational.
        + This may then result in some type of violent behavior.
        + The most relevant drugs within this model include alcohol, stimulants, barbiturates, and PCP.
      * Economically compulsive violence.
        + This model maintains that some substance users engage in violent crime, such as robbery, to support their drug use.
        + Heroin and cocaine are expensive drugs often associated with compulsive use; these substances are germane substances within this model.
        + Individuals within this model are essentially motivated by economic incentives rather than impulses to act violently.
      * Systemic violence.
        + This model denotes the aggressive behaviors associated within the system of drug distribution and use such as [d]isputes over territory between rival drug dealers, assaults, and homicides committed within dealing hierarchies as a means of enforcing normative codes, robberies of drug dealers and the usually violent retaliation by the dealers or their bosses, elimination of informers, disputes over drugs and/or drug paraphernalia, punishment for selling adulterated or phony drugs, punishment for failing to pay one’s debts, and robbery violence related to the social ecology of copping areas.
* **Modern Policies Related to Reducing Drug Use**
  + **Interdiction Strategies**
    - According to the National Interdiction Command and Control Plan, interdiction is a “general term used to describe the multistep, usually sequential continuum of effort/events focused on interrupting illicit drug trafficking.”
    - The various steps in the interdiction continuum start with cueing (providing intelligence) and follow with detection (initial acquisition of a contact), sorting/classifying (distinguishing drug smuggling traffic from legitimate traffic), monitoring (tracking and/or intercept of a contact), hand-off (shifting primary responsibility between forces or actors), disruption (halting an activity, usually the transportation of contraband), apprehension (detention, arrest, or seizure of suspects, evidentiary items, contraband, and/or vehicles), and prosecution (federal activities related to the conduct of criminal proceedings).
    - With the Anti-Drug Abuse Act of 1988, Congress established the High Intensity Drug Trafficking Areas (HIDTA) Program.
      * The program efforts focus on reducing drug trafficking and production in the United States by facilitating cooperation with federal, state, local, and tribal law enforcement agencies such as information and intelligence sharing as well as support coordinated law enforcement strategies to utilize resources.
  + **Eradication Strategies**
    - There are four recognized techniques of eradication: mechanical destruction (i.e., slashing or uprooting), bunting, chemical, and biological (including genetic).
    - Among these four techniques, mechanical and chemical destruction are the most commonly used eradication strategies.
    - Eradication efforts have focused on the opium poppy, the coca bush, and the cannabis plant.
    - According to the U.S. Drug Enforcement Administration, almost 90% of cocaine seized in the United States in 2014 came from Colombia. In terms of heroin, Colombia is the second largest supplier of heroin to the United States
    - According to the DEA Domestic Cannabis Eradication/Suppression Program, in 2014 domestic cannabis eradication remained relatively consistent from 2013
      * In their assessment of cannabis cultivation in the United States, the National Drug Intelligence Center noted the following intelligence gaps
        + No reliable estimates are available regarding the amount of domestically cultivated or processed marijuana.
        + The amount of cannabis cultivated and marijuana produced in the United States by large-scale drug trafficking organizations, including Asian, Caucasian, and Mexican groups, is unknown.
        + The extent of indoor cannabis cultivation in the United States is largely unknown and likely underreported because of the challenges posed to law enforcement entities in locating indoor grow sites.
  + **Drug Courts**
    - In an effort to address the increasing number of drug-using offenders clogging the criminal justice system, drug treatment court programs were established, especially in urban areas of the United States.
    - The first drug court was established in 1989 in Miami, Florida.
    - Arthur Lurigio noted that some of the basic features of drug treatment courts include expedited case processing, outpatient treatment, support services (e.g., job placement and housing), mandatory drug testing, and intensive court or probation supervision.
    - Drug courts consist of the collaborative efforts of justice and treatment professionals to intervene and break the cycle of substance abuse, addiction, and crime.
    - Individuals identified as substance-abusing offenders are placed under ongoing judicial monitoring and community supervision along with long-term treatment services.
    - Specifically, the offender is required to participate in substance abuse treatment, drug testing, and probation supervision as well as report on regularly scheduled status hearings before a judge familiar with the drug court model.
    - Individuals who participate in a drug court program can have their charges dismissed or reduced, address their substance abuse problem, obtain employment, and regain custody of their children.
    - Individuals, who completed a drug court program but are charged or convicted of a drug offense, may be denied welfare benefits, denied access to educational loans, denied public housing as well as denied voting rights.
  + **Maintenance and Decriminalization**
    - A maintenance, or legalization and regulation, policy advocates for the accessibility of drugs through governmental regulation such as distribution and legal age of use.
    - A decriminalization policy supports the end of using criminal sanctions to address individual drug use. Often, this policy is advocated for marijuana possession.
    - Three Models of Drug Maintenance/Decriminalization
      * Dangerous drugs can be dispensed only through government-controlled clinics or specially licensed medical personnel and only for short-term treatment purposes; unauthorized sale or possession entails criminal penalties. Long-term maintenance is limited to the use of methadone. This is basically the approach currently used in England.
      * Dangerous drugs can be prescribed by an authorized medical practitioner for treatment or maintenance; criminal penalties are imposed for sale of possession outside medical auspices. This is the old British system.
      * Dangerous drugs can be sold and used as tobacco and alcohol products are; that is, nonprescription use by adults is permitted. This was the case in the United States before the Harrison Act.
    - The pros for a maintenance/decriminalization policy are as follows:
      * The resources that have been allocated for law enforcement efforts could be shifted to other areas of crime control as well as treatment and education.
      * Due to the low cost of psychoactive substances, there would be a reduction in secondary crime.
      * Criminal organizations would no longer remain viable if they continue in drug trafficking.
      * The aggressive marketing strategies of traffickers would no longer by operative.
      * Individuals dependent on psychoactive substances could lead more productive lives; abusers would have an opportunity to become contributing members of society.
      * Individuals using heroin intravenously would not be at risk for getting AIDS or hepatitis because each user would have his or her own hypodermic kit.
      * Decriminalization would enable the use of social controls that inhibit antisocial, although legal, behavior.
    - The cons for a maintenance/decriminalization policy are as follows:
      * Drugs such as cocaine, amphetamines, and heroin that are easily available to adults could also be abused by youths like cigarettes and alcohol.
      * More people would be tempted to try legalized controlled substance which could result in an increase in abuse-related problems.
      * Legalizing psychoactive substances would convey some form of acceptance of their use, similar to alcohol and tobacco use.
      * Making psychoactive substances legal may reduce the incentive for individuals, addicted to these substances, less likely to enter drug treatment or pursue a drug-free lifestyle.
    - One current policy that continues to be controversial is legal medical marijuana.
      * Currently, there are sixteen states and the District of Columbia, that have enacted laws to legalize medical marijuana: Alaska, Arizona, California, Colorado, Delaware, Hawaii, Maine, Michigan, Montana, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington.
      * In 1996, California was the first state to pass a legal medical marijuana law, designated as the Compassionate Use Act of 1996.
    - In November of 2012, Colorado and Washington voters supported a measure that made it legal to smoke marijuana recreationally, without the required prescription or medical excuse.
  + **Harm Reduction**
    - A harm reduction policy attempts to incorporate a public health approach to lessen the risks and harms associated with illegal drug use.
    - Harm reduction includes
      * The provision of sterile injecting equipment (i.e., needle exchange),
      * Outreach and peer education efforts, and
      * Substitution therapies such as methadone and supervised injection facilities.
* **Recommendations for Future Policies**
  + McBride and McCoy maintain there are three policy implications resulting from the current research on the relation between drugs and crime:
    - While there is no clear causal relation between drugs and crime, there is a link between substance use and levels of criminal involvement. Policy should be directed toward providing treatment services for drug users who are involved in criminal activity. Such an approach has the potential to reduce levels of crime.
    - It is essential to appreciate that the history of drug use entangled with the differential social, political, and economic opportunities of certain marginalized groups. Policy needs to incorporate efforts to enhance educational and economic opportunities. Such efforts need to be a priority on both the local and national level.
    - Any drug policy that is implemented must never compromise an individual’s civil rights. “Drug law enforcement must never be an excuse for a retreat on hard-won legal and civil rights, and drug law and policy must rest on a strong public support base.”
  + Elliott Currie argues that substance abuse is not an isolated problem limited to certain communities and groups; rather, substance abuse is intertwined with broader social problems such as family dissolution, child abuse and neglect, and alcohol abuse.