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CRIMINALS? THEORIES OF THE
DRUG-CRIME RELATIONSHIP***

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Criminal Addicts or Addicted Criminals? Theories of the Drug-Crime Relationship

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This distance learning coursework was developed for CEU Matrix by Robert A. Shearer, Ph.D.

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About the Instructor:

Dr. Robert A. Shearer is a retired professor of Criminal Justice, Sam Houston State University. He received his Ph.D. in Counseling and Psychology from Texas A & M University, Commerce. Prior to teaching Criminal Justice, he taught Educational Psychology at Mississippi State University on campus and in the extension program across rural Mississippi during the civil rights era.

He has been teaching, training, consulting and conducting research in the fields of Criminal Justice, human behavior, and addictions for over thirty-six years. He is the author of over sixty professional and refereed articles in Criminal Justice and behavior. He is also the author of *Interviewing: Theories, techniques, and practices, 5th edition* published by Prentice Hall. Dr. Shearer has also created over a dozen measurement, research, and assessment instruments in Criminal Justice and addictions.

He has been a psychotherapist in private practice and served as a consultant to dozens of local, state, and national agencies. His interests continue to be substance abuse program assessment and evaluation. He has taught courses in interviewing, human behavior, substance abuse counseling, drugs-crime-social policy, assessment and treatment planning, and educational psychology. He has also taught several university level psychology courses in the Texas Department of Criminal Justice Institutional Division, led group therapy in prison, trained group therapists, and served as an expert witness in various courts of law.

He has been the president of the International Association of Addictions and Offender Counseling and the editor of the *Journal of Addictions and Offender Counseling* as well as a member of many Criminal Justice, criminology, and counseling professional organizations prior to retirement.

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Criminal Addicts or Addicted Criminals?: Theories of the Drug-Crime Relationship

by Robert A. Shearer, Ph.D.

Goal of the Course

The goal of this course is for the learner to understand the theories of the complex relationship between drugs and crime.

Objectives of the Course

The objectives of this course are:

1. To understand the research relationship between drugs and crime.
2. To understand the research relationship between drugs and crime when gender, age, and ethnic differences are considered.
3. To understand the onset of drug use and crime.
4. To understand the psychopharmacological model of the drug-crime relationship.
5. To understand the economic motivation model of the drug-crime relationship.
6. To understand the systemic model of the drug-crime relationship.
7. To understand the common cause model of the drug-crime relationship.
8. To understand the contingent causation model of the drug-crime relationship.
9. To understand the common finding of the drug-crime relationship.
10. To understand the policy implications based on what we know about the drug-crime relationship.

The relationship between drug use and crime is complex. There are several explanatory models for the relationship between alcohol/drug use and crime. (1) Drug use causes crime, (2) crime causes drug use, (3) drug use involves a third variable, and (4) there is a reciprocal relationship between drugs and crime.

In thinking about these relationships, several factors need to be kept in mind.

1. The deaths related to tobacco use and overeating/diet/activity far exceed the number of deaths from alcohol and illicit drugs use. These deaths are directly related to the epidemic of obesity and diabetes.
2. Legal pharmacology has vastly improved the lives of more people than illegal pharmacology has destroyed. This has been primarily due to the sophistication of drugs such as:
 - a. pain killers
 - b. anti-anxiety agents
 - c. anti-psychotics
 - d. anti-depressants.
3. Most traditional psychological, sociological, and criminological theories either assume a sober individual or group of individuals or they don't consider any level of alcohol or drug induced impairment.
4. Many drug crimes involve illegally obtained or ingested legally prescribed drugs. This involves *diversion*. This unlawful channeling of regulated pharmaceuticals from legal sources can occur along all points in the drug delivery process. Diversion typically occurs in a number of ways:
 - a. The illegal sale of prescriptions by physicians and pharmacists.
 - b. "Doctor shopping" by individuals who visit multiple physicians to obtain prescriptions.
 - c. Theft, forgery, or alteration of prescriptions by patients.
 - d. Robberies and thefts from manufactures, distributors, and pharmacies.
 - e. Thefts of prescription pads and institutional drug supplies.
 - f. Residential burglaries.
 - g. Cross-border smuggling by traffickers and tourists.
 - h. Medicine cabinet thefts by housekeepers, home repair personnel, and family members, and
 - i. Wholesale and retail shipments purchased over the internet.

5. Though rare, a legally prescribed incorrect prescription can lead to crime. An overdose or underdose of a drug can lead to violent behavior and criminal acts.

This can occur through:

- a. Patient non-compliance with recommended medications.
 - b. A physician stopping a prescription.
 - c. A physician recommending too much or not enough of a medication.
6. Attempts to control drugs and alcohol through drug legislation may increase crime. Prohibition has traditionally led to violence and organized crime.
 7. Attempts to control drugs, because they are related to crime, may be a method to control unruly minorities and immigrants. For example, at the turn of the twentieth century the New York state prisons contained large numbers of Irish immigrants convicted of public drunkenness.

Theoretical Issues

One causal model posits that alcohol and drug use lead to crime because of the psychopharmacological properties of drugs, the economic motivation to get drugs, or the systemic violence associated with the illegal drug market. The *psychopharmacological* model proposes that the effects of intoxication (including disinhibition, cognitive-perceptual distortions, attention deficits, bad judgment, and neurochemical changes) cause criminal (especially violent) behavior. In addition, chronic intoxication may also contribute to subsequent aggression and crime, due to factors such as withdrawal, sleep deprivation, nutritional deficits, impairment of neuropsychological functioning, or enhancement of psychopathologic personality disorders. The *economic motivation model* assumes that drug users need to generate illicit income to support their drug habit. Thus, they engage in crimes such as robbery, burglary, and prostitution to get drugs or the money to buy them.

During the 1980s, attention began to focus on the *systemic model*, which posits that the system of drug distribution and use is inherently connected with violent crime. Systemic types of crimes surrounding drug distribution include fights over organizational and territorial issues, enforcement of rules, punishments of and efforts to protect buyers and sellers, and transaction-related crimes (such as robberies of dealers or buyers, assaults to collect debts, and resolution of disputes over quality or amount). In addition, there is often third-

party violence, such as bystander shootings or assaults on prostitutes who sell drugs. Further, drug markets can create community disorganization, which, in turn, affects the norms and behaviors of individuals who live in the community. Such community disorganization may be associated with increases in crime that are not directly related to drug selling.

Crime leads to substance use

This model is based on the assumption that deviant individuals are more likely than nondeviant individuals to select or be pushed into social situations and subcultures in which heavy drinking and drug use are condoned or encouraged. According to this explanation, involvement in a criminal subculture provides the context, the reference group, and the definitions of a situation that are conducive to subsequent involvement with drugs. For example, rather than the need for a drug compelling an individual to commit robbery, the income generated from robbery might provide the individual with extra money to secure drugs and therefore place the individual in an environment that supports drug use. It has also been suggested that several aspects of the professional criminal lifestyle are conducive to heavy drinking and drug use, such as working periodically, partying between jobs, being unmarried, and being geographically mobile. In addition to subcultural and lifestyle explanations, it has been proposed that deviant individuals may use drugs in order to self-medicate or to give themselves an excuse to act in a deviant manner.

It is also possible that both of the above models are correct and that the relationship between substance use and crime is reciprocal. That is, substance use and crime may be causally linked and mutually reinforcing and, thus, drinking and drug use may lead to more criminal behavior and criminal behavior may lead to more drinking and drug use. For example, when an addict has an easy opportunity to commit robbery, he or she will commit it and then buy drugs with the money gained, not out of a compulsion but rather as a consumer expenditure. Conversely, when the need for drugs is great, users will commit crimes to get money to buy drugs.

The relationship is due to common causes

The common cause model postulates that substance use and crime do not have a direct causal link. Rather, they are related because they share common causes (such as genetic or temperamental traits, antisocial personality disorder, parental alcoholism, and poor relations with parents). For example, young males account for a disproportionate share of crime and are also the heaviest drinkers and drug users; being male is the common link (whether due to

biological or social factors). In addition, subcultural norms may reinforce both criminal behavior and substance use. That is, certain subcultures (e.g. youth gangs) may promote both crime and drug use as proof of masculinity, which would spuriously inflate the relationship between these two behaviors.

In addition to such individual-level and interpersonal-level influences, drug use and crime may have common environmental and situational causes. Research shows, for example, that rates of violent crime and delinquency are high in neighborhoods that are poor, densely populated, racially segregated, and composed of a transient population. Social disorganization and lack of social capital appear to be the crucial mechanisms linking these structural characteristics to crime. Exposure to drugs and sustained drug use are also more common among residents of disadvantaged and disorganized neighborhoods, probably because the illicit drug market is concentrated in such communities. Available research does not indicate the exact nature of the relationship between drug use, crime, and social deprivation and disorder, although it is fairly clear that these factors interact in many poor urban environments to create a spiral of decline in which each problem is amplified over time.

Certain types of places and situations also generate both greater rates of drug use and crime. For example, crime rates are high when and where people (especially young males) are drinking, such as at bars and sports stadiums, and at night and on weekends. Proponents of the routine activities perspectives argue that bars are crime hot spots because they bring together motivated offenders and suitable targets in the absence of effective guardianship. Thus, situational factors such as location, access, and type of clientele contribute to a spurious relationship between alcohol use and crime.

In the following section, the empirical data is examined that support or refute these theoretical models.

Empirical Research on the Association between Drug Use and Crime

Degree of association

In a meta-analysis of cross-sectional studies examining the alcohol-violence relationship, researchers found significant, although very modest, effect sizes for both acute and chronic associations. They also found that the associations between alcohol and violent crime were weaker than those between alcohol and nonviolent crime. The relationships were stronger in criminal and psychiatric samples than in general population samples. Further, when studies controlled for confounding variables, the alcohol-violence correlation was reduced substantially. Thus, it was concluded that the association between alcohol and violence probably represents a relationship that is confounded by other factors such as sociodemographic and personality characteristics. The meta-analysis identified weak associations between alcohol use and violence across time: the average correlation between Time 1 alcohol use and Time 2 violence was 0.01, and between Time 1 violence and Time 2 alcohol use, 0.09 (suggesting that violence was more strongly related to later alcohol use than alcohol use was to later violence).

A similar meta-analysis on marijuana use and delinquency found that individuals who used marijuana were more likely than those who did not to concurrently engage in nonviolent delinquency. However, prior marijuana use did not increase the risk of later violent or nonviolent delinquency. On the other hand, prior delinquency was related to later marijuana use. The strongest relationship between marijuana and aggression occurred in early adolescence, but the analysis did not find a consistent relationship between marijuana and aggressive delinquency after early adolescence. Researchers concluded that use of marijuana does not establish a developmental trajectory to aggressive behaviors.

Studies examining the association between various stages of drug use and delinquency have reported a high degree of synchrony in the progression. Abstainers and alcohol-only users are most likely to be nondelinquents; compared with only alcohol users, those who use both alcohol and marijuana are more likely to be delinquent; and those who progress to the use of other drugs, compared with those who do not, are most likely to also progress to involvement in more serious forms of delinquency. Yet, these types of analyses have also indicated that there are several heterogeneous groups of adolescents; for some, drug use and delinquency are closely related, and for others they are independent of each other. In addition, these typological studies indicate that the strength of the associations between substance use and delinquency depends on the severity of the delinquency and the types of substances used, as well as

the age, sex, and nature of the sample examined. Further, some studies report an asymmetry in the relationship. Researchers found that delinquency increased as drug use became more serious, but that drug use was not related to seriousness of offenses. Among both males and females, it was found that many serious offenders were not serious drug users and that most did not have drug problems. In contrast, as many as two-thirds of the male problem drug users were also serious offenders. It was argued that the fact that most serious delinquents are not serious drug users calls into question the existence of a single-problem behavior syndrome. In contrast, other researchers found that the majority of serious delinquent were also serious drug users, whereas only one-third of the serious drug users were also serious delinquents. The difference in findings between these two studies probably reflects variations in the nature of samples and historical changes in drug use.

Studies of adult populations also support a progressive relationship between frequency of drug use and amount of crime, especially during periods of addiction versus nonaddiction (see the section on the economic motivation model). For example, researchers found that among street opiate users, daily users, compared with nondaily users, committed more drug-related and nondrug-related crimes. In addition, it was found that heroin users, compared with other criminal offenders, committed more crimes and more serious types of crimes and were involved in a greater variety of offenders.

In examining the degree of association between crime and drug use, it must be recognized that only a small group of individuals are criminal offenders and heavy drug users. For example, in a notionally representative sample of youths, it was found that less than 5 percent of all youths reported committing serious crimes and using hard drugs. This small group accounted for approximately half or more of all serious offenses and 60 percent of all occasions of hard drug use. Similarly, among street opiate users, criminal offenders who committed at least one crime per week also committed the majority of all crimes, regardless of type. It was found that 254 crack-using youths in Miami accounted for more than 200,000 criminal offenses in 1 year. It should be noted, however, that 61 percent of these offenses were drug related (e.g., drug possession and distribution).

Statistics on the rates of alcohol use by offenders at the time of an offense provide strong support for the alcohol-violence relationship. Although the rates vary greatly across studies, they generally indicate that more than half of all homicides and assaults are committed when the offender, victim, or both have been drinking. About 40 percent of adults in local jails and State prisons in 1996 reported committing a violent crime, and about one-third of that group reported committing a property crime while drinking. In one study, however, though more than 50 percent of the assaultive offenders reported drinking at the time of their offences, 59 percent of those drinking did not think that drinking was relevant to

the commission of the crime. In a study of incarcerated offenders, it was concluded that it was acute episodes, rather than chronic patterns of alcohol use, that better predicted violent offending. Yet, a recent study found that although usual drinking pattern was not related to the prevalence of assault, once other moderating variables were controlled, usual drinking pattern and acute use of alcohol preceding an assault were both independently related to frequency of assault.

In 1996, more than one-third of jail inmates reported that they were under the influence of drugs at the time of their offense. The primary drugs were marijuana/hashish and cocaine/crack. Among local jail inmates in 1996, 60 percent were under the influence: of alcohol only (25 percent), drugs only (20 percent), or both (16 percent) at the time of their offense. The overall percentages were the same for property and violent crimes, although more violent crime than property crime was committed under the influence of alcohol alone (27 percent versus 18 percent), and more property crime than violent crime was committed under the influence of only drugs (21 percent versus 14 percent). Based on DUF data, it was reported that the relationship between arrests for aggressive crime and substance use was in the opposite direction for alcohol compared with illicit drugs. Arrests for aggressive crimes were more strongly related to reports of frequent alcohol use than to testing positive for illicit drugs. In fact, persons who tested positive for illicit drugs were less likely to be involved in aggressive crime than those who tested negative. It was found that 53 percent of State prison inmates in Massachusetts reported that their drug use played a significant role in the commission of the crime for which they were incarcerated. Further, almost all the inmates had been incarcerated at some time for a crime related to drug use.

Across various cities in the United States, about one-fourth to one-half of all homicides are drug related. Drug-related homicides appear to involve young (late teens through twenties) men, especially African-Americans and Hispanics. Further, about half of all victims of homicide have drugs (usually cocaine or a cocaine metabolite) in their body. It was found that about one-fifth of all homicides were reported to be related to alcohol use, although in about half of these cases, the respondent was also high on another drug (usually marijuana). It was found that variations exist across cities in terms of increases and decreases. It was concluded that homicide rates from 1985 through 1989 are not associated with rates of crack use and crack distribution and that the association between crack use and violence varies by location.

Victimization studies also provided empirical support for the alcohol-violence relationship, although the rates vary considerably. A study in Thunder Bay, Canada, showed that 54 percent of all violent incidents (which included nonserious types of violence such as pushing and shoving) were alcohol-related.

In contrast, data from NCVS indicate that only 28 percent of all violent crimes are alcohol related.

Gender, age, and ethnic differences in the nature of the drug-crime relationship have been observed. Rates of alcohol-related violent offenses appear to be higher for males than for females and highest to the 20- to 30- year – old age group, as compared with younger or older samples. Gender by age interactions are also noteworthy. Although some research indicates that drug-related violence is increasing for women, there is debate as to whether rates are actually increasing or whether official labeling of females is increasing. In a recent study of arrestees in California, gender was not a significant predictor of violent offenses when alcohol and drug use and demographic variables were controlled. Further, this study found no significant differences between men and women in the proportion charged with violent, drug-related, or alcohol-related offenses.

The data on ethnic differences in the drug-crime association are inconsistent and indicate complex gender-by-ethnicity interactions. One study reported by more males than females, and more whites than blacks, were under the influence of alcohol at the time they committed a homicide. In contrast, the rate of those under the influence of illicit drugs was consistent across genders and races. Another study identified a moderating effect of ethnicity on the drug-crime relationship among male arrestees in San Antonio. Whites were more likely to be involved in aggressive crimes than Mexican-Americans. Further, the combined use of alcohol and drugs was more strongly associated with aggressive crimes for Mexican-Americans than for whites, whereas the use of alcohol alone was more strongly associated for whites. For both whites and Mexican-Americans, heavy drinkers were just as likely to commit property crimes as violent crimes. Although several researchers have found ethnic differences in the association between drug use and crime, others have not.

Research on arrested adolescent offenders indicates that they also report being under the influence of alcohol and drugs when they commit crimes. In 1993, 8 percent and 10 percent, respectively, of all youths in custody in State institutions reported that they were under the influence of only alcohol when they committed a violent or a property crime. Similarly, 12 percent committed a violent offense and 17 percent a property crime while under the influence of only drugs. Approximately one-fourth committed property or violent crimes while under the influence of both drugs and alcohol.

In contrast, data from community samples of adolescents do not provide strong support for a direct association between alcohol/drug use and violence. In a national sample of adolescents, researchers examined self-reports of the use of alcohol and drugs immediately prior to commission of index offenses. They found no relationship between acute drug use and property or violent crime. For

alcohol, however, they found a definite relationship for sexual assaults and a probable relationship for aggravated assaults. However, the association between alcohol use and violent crime was stronger in young adulthood than in adolescence, suggesting that the nature of the relationship may change over the life course. After a review of the literature on alcohol, drug, and violence among youths, it was concluded that there was little evidence that substance use makes an independent contribution to adolescent violence.

In addition to individual-level analyses, support for an alcohol-violence association comes from macro-level studies of the relationship between alcohol availability and rates of violence. Rates of homicide and other forms of violence have been related to alcohol availability and per-capita consumption in international as well as in U.S. State comparisons, although the strength of the relationship is reduced when other variables, such as poverty, are controlled. Further, efforts to reduce drinking (e.g., by increasing the tax on alcohol) have been shown to decrease violent crime.

It is generally recognized that the relationship between alcohol availability and crime is best studied using small geographic areas no larger than cities. Using city-level data, it was found that increases in alcohol availability helped explain why the homicide rate was positively related to beer consumption and negatively related to increases in the minimum drinking age. A recent study of cities in Los Angeles County found that 70 percent of violent crime could be explained by a community's sociodemographic characteristics, but that an additional 7 percent of the variability in violent crime could be explained by alcohol outlet densities. However, these findings were not entirely replicated in a study of more than 200 New Jersey municipalities: Alcohol outlet densities did not significantly contribute to violent crime rates after controlling for the same sociodemographic characteristics. In a further study focused on the relationship between alcohol outlet density and violence within a single New Jersey municipality, alcohol outlet density was found to be the best predictor of violent crime. Alcohol outlet density was also a significant predictor of neighborhood variations in the level of violent crime in studies conducted in several other U.S. cities.

Overall, this research suggests that moderate restrictions on alcohol availability may reduce violence. However, several researchers argue that the existing studies do not establish a causal relationship because the findings have been equivocal, there is uncertainty about what other variables should be controlled, and the full range of possible confounding factors has not been examined. Moreover, even if a causal relationship between outlet density and rates of violence were to be established, the underlying mechanism would also need to be specified before policies could be developed. For example, the association between alcohol availability and violent crime may be due to the effects of alcohol on individuals' psychological functioning: The more outlets

there are in a community, the greater the number of people drinking and therefore subject to the cognitive effects of alcohol (see section on the pharmacological model). Alternately, it may be the drinking context—principally, drinking in public places—that explains the association between alcohol availability and violence. From this perspective, alcohol itself plays a relatively minor role; rather, it is the features of bars and other drinking places that matter.

Timing Onset

Studies of development trajectories of drug use and crime indicate very different patterns. That is, onset of delinquency peaks in mid-adolescence and then declines dramatically after age 18. On the other hand, illicit drug use usually begins in mid-adolescence, and initiation of some substances continues into young adulthood. It was found that rates for serious delinquency decreased by 70 percent as their sample aged from adolescence to young adulthood. On the other hand, rates for polydrug use increased by 350 percent during this same time period.

Researchers have examined the temporal order timing between various stages of drug use and delinquency. It was found that, among subjects who initiated delinquency and polydrug use, minor delinquency almost always came first and, in fact, no one initiated marijuana or polydrug use before minor delinquency. Alcohol use came second, although a substantial percentage of subjects initiated Index offenses prior to alcohol use. In general, however, alcohol use was followed by marijuana use, then Index offending, and, finally, polydrug use. Among subjects who initiated both marijuana use and Index offending, Index offending was more likely to precede marijuana use than vice-versa. It has been noted, however, that whereas delinquency is more likely to influence the onset of drug use than the reverse, serious drug use (repeated polydrug use) is more likely to influence the maintenance of serious delinquency. In other words, if drug use does influence delinquency, it may be by reducing the probability of terminating, rather than increasing, the probability of initiating delinquent behavior.

Research on the long-term association between drug use and crime presents mixed finding. It was found that males who were aggressive in childhood or adolescence were more likely to be heavier drinkers and drug takers in adulthood. It was suggested that this continuity is probably not specific to aggression, but rather it is part of a general continuity in antisocial behavior from childhood to adulthood. Others found that, among adolescent males, early aggressive behavior compared with alcohol use was a better predictor of later alcohol-related aggression. Findings suggested that males who engage in alcohol-related aggression are aggressive from early adolescence and behave aggressively whether or not they use alcohol. Alternatively, a study of juvenile

offenders in Finland found that those juveniles who had arrests for drunkenness were more likely to have arrests for violent crimes 5 to 10 years later. In another study of adolescent offenders, it was also found that alcohol use predicted violent offending approximately 1 year later.

Recently, researchers examined the acute and long-term associations between alcohol, marijuana and cocaine use and aggression from early adolescence into adulthood. Overall, their results suggested that the long-term and acute relationships between aggression and drug use vary by drug type and stage of the life cycle. For example, whereas alcohol use was not significantly related to later aggressive behavior at any age, both marijuana and cocaine use in middle to late adolescence were significantly related to increased aggression in adulthood. In complement, it was found that drug use in adolescence predicted increase aggression in adulthood, although the predictive utility was weak. It was also found that among males, early delinquency predicted later drug use, but early drug use did not predict later delinquency. For females they found that illicit drug use in adolescence predicted delinquency in adulthood. A recent structural equation model test using high-risk samples found that current alcohol and cocaine use had a direct effect on increased criminality, whereas marijuana use did not. In addition to these drug type differences, longitudinal studies suggest that there are gender and age difference that affect the long-term associations between drug use and delinquency.

In sum, longitudinal studies that have examined the temporal associations between drug use and criminal behavior report mixed findings. Most studies have found that early aggression and delinquency predict later alcohol problems, yet the findings are equivocal as to whether early alcohol use predicts later aggression. Many studies have found that early drug use predicts later aggression and crime. Further, longitudinal research indicates that initiation into delinquency precedes drug use; however, changes in drug use affect changes in criminal behavior. Although the data indicates that, for most people, aggressive behavior precedes initiation into drug use, it does not mean that acute or chronic use of drugs does not lead to subsequent violent behavior. The data supporting a causal relationship will be reviewed separately for the psychopharmacological, economic motivation, systemic, common cause, and contingent causation models. These models can be seen in **Figure 1**.

Figure 1: Models of the Drug-Crime Relationship	
Psychopharmacological	<ol style="list-style-type: none"> 1. Lowered self-control 2. Alcohol and violence 3. Disinhibition
Economic Motivation	<ol style="list-style-type: none"> 1. Drugs are expensive 2. Illegal drugs are addictive 3. Feed expensive habit
Systemic	<ol style="list-style-type: none"> 1. Illegal drug market 2. Violent/deviant individuals 3. Drug related homicides
Common Cause	<ol style="list-style-type: none"> 1. Cluster of behaviors 2. Antisocial personality disorder 3. Risk factors
Contingent Causation	<ol style="list-style-type: none"> 1. Violence conducive social situations 2. Certain conditions 3. Contingencies

The Psychopharmacological Model

The psychopharmacological model has gained greater support in the alcohol literature than in literature about other drugs. Support for this model comes from laboratory studies of animals and humans. Although studies of animals demonstrate that low to moderate doses of alcohol increase aggressiveness, there are many problems in generalizing from animal aggression to human violence. Here we discuss only studies of humans.

Controlled laboratory studies have consistently found that acute intoxication by alcohol (below sedating levels) is related to aggression when the subject is provoked. However, it has also been demonstrated that the relationship between alcohol use and aggression is moderated by subject characteristics (e.g., gender, aggressive tendencies, cognitive abilities), experimental design conditions (e.g., provocation, nonaggressive response alternative, peer pressure, normative standards), and beverage characteristics (e.g., dose, type). In a recent meta-analysis, it was reported that increased aggression under conditions of alcohol intoxication in the laboratory cannot be explained by either physiological disinhibition of alcohol or alcohol expectancies. Rather, alcohol increase aggression by causing changes within the person that increase the risk for aggression, such as reduced intellectual functioning, reduced self-awareness, and inaccurate assessment of risks. These same alcohol-induced changes may put a person at risk for nonaggressive crimes, although less research and theorizing has been applied to

psychopharmacological explanations for property crime. Numerous biological and neuropsychological mechanisms have been proffered to explain how alcohol use increases the risk of violence.

The psychopharmacological explanation for the drug-violence association has largely been refuted in the literature with regard to heroin and marijuana, but it has received strong support with regard to barbiturates and tranquilizers. Laboratory studies indicate that marijuana and opiates have the opposite effect of alcohol in the laboratory cannot be explained by either physiological disinhibition of alcohol or alcohol expectancies. Rather, alcohol increases aggression by causing changes within the person that increase the risk for aggression, such as reduced intellectual functioning, reduced self-awareness, and inaccurate assessment of risks. These same alcohol-induced changes may put a person at risk for nonaggressive crimes, although less research and theorizing has been applied to psychopharmacological explanations for property crime. Numerous biological and neuropsychological mechanisms have been proffered to explain how alcohol use increases the risk of violence.

The psychopharmacological explanation for the drug-violence association has largely been refuted in the literature with regard to heroin and marijuana, but it has received strong support with regard to barbiturates and tranquilizers. Laboratory studies indicate that marijuana and opiates have the opposite effect of alcohol in that moderate doses temporarily inhibit aggression and violence, although withdrawal from opiates increase aggression. There is some research to indicate that chronic use of marijuana, opiates, and amphetamines increase the risk of violent behavior. No conclusive evidence supports a direct association between cocaine use and violence. As well, there has been no evidence (except anecdotal and small samples) that acute use of PCP (phencyclidine) and LSD (lysergic acid diethylamide) is associated with violent behavior, except when use enhances already existing psychopathology. Similarly, cocaine and amphetamine use can increase paranoia, which might result in violence. However, the intoxicating effects of all of these drugs account for very little drug-related violent crime. It is also possible that drug and alcohol use may interact to affect violent behavior.

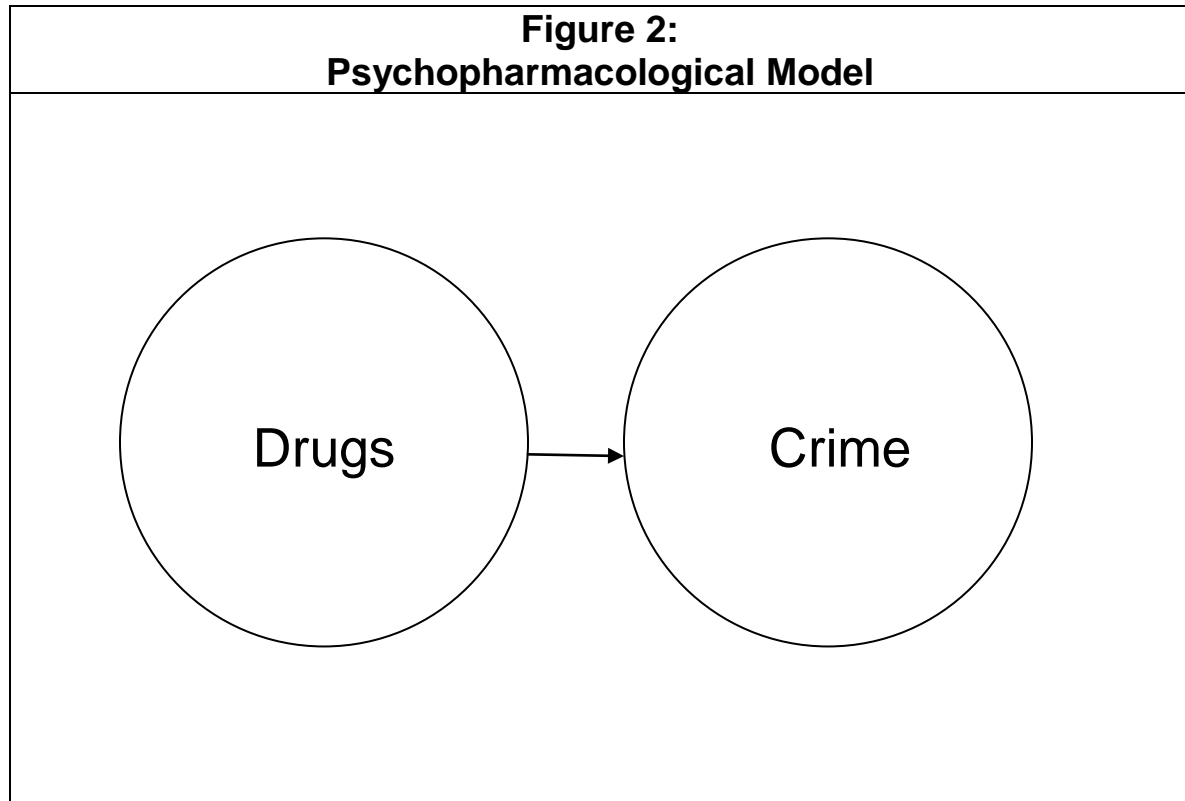
In a study of drug-related homicides in New York City, only 14 percent were classified as psychopharmacological. Whereas all homicides committed while the offender was under the influence of alcohol but no other drug were classified as psychopharmacological, few such cases involving the use of another drug without alcohol were so classified. Researchers found that the association between alcohol use and homicide held true for both juvenile and adult offender, with about on-third of the offenders reporting that they had used alcohol prior to committing the offense.

As in other areas, there are important gender, ethnic, and age differences found in the research. Studies that have examined the role of alcohol and other drugs in violent crime indicate that the psychopharmacological model predominates for females and that the predominant drug is alcohol. Further, men who are killed by women often have alcohol in their blood at the time of death. Interestingly, alcohol and drugs appear to play a greater role in homicides of intimates than nonintimates among women than with men. Alcohol is also the predominant drug in the psychopharmacological model for males, although the systemic model is predominant found that Hispanics, compared with whites and blacks, had the strongest association between alcohol use and psychopharmacological violence, although alcohol was the drug most often associated with psychopharmacological violence for all three ethnic groups.

The psychopharmacological model has received little support in the adolescent literature. However, in one study of adolescents who were adjudicated for a violent crime, more than half said that taking alcohol or drugs contributed to their violent acts, and almost half of them had used either alcohol or drugs immediately prior to their adjudicated violent offense. Note, however, that the rates were higher for other drugs than for alcohol. Further, in a study of incarcerated adolescents, it was found that more than two-thirds of the incidents of physically assaultive crime involved acute intoxication involved alcohol either alone or in combination with another drug. Similarly, a large majority of the drug-related sexually assaultive crimes involved alcohol use. On the other hand, marijuana use was underreported in offenses against persons. It is possible in both these studies that arrested juveniles over reported alcohol or drug use prior to their offense in order to justify their behavior.

In sum, the psychopharmacological model appears relevant for explaining a potential causal relationship between alcohol and violence among adults but little of the relationship between drugs and crime. However, after a thorough review of the existing literature, it is concluded that the social environment is a more powerful contributor to violence than are the pharmacological effects of any drug, including alcohol. A visual representation of this model can be seen in **Figure 2**.

**Figure 2:
Psychopharmacological Model**



Economic Motivation Model

Support for the economic motivation model comes from literature on heroin addicts, which indicates that raising or lowering the frequency of substance use among addicts raises or lowers their frequency of crime, especially property crime. In addition, criminal activity is significantly greater following addiction to drugs than before addiction. Although heroin use may not initiate crime, addiction is often a key, point in the acceleration of an existing criminal career. For those already criminally involved prior to addiction, the addiction increases their criminal activities only somewhat. However, for those not seriously involved with crime prior to addiction, there is a much sharper increase in criminal activity related to addiction status. Thus, for addicts with little prior criminal involvement, the data support an economic motivation model; for those with heavier criminal involvement, the data support a common cause model.

Containment of heroin use through treatment and close supervision appears to lead to dramatic reductions in both drug use and crime. But recent research suggests that there are individual differences in the effects of treatment on reducing crime. It was found that a reduction only occurred for individuals

with previously low levels of criminal activity. Those individuals with criminally derived incomes (i.e., those who did not commit crimes only to get money for drugs) prior to treatment, remained criminally active after treatment. Further, there appear to be ethnic/racial differences in the effects of treatment on crime reduction.

All of this research points to the need to differentiate among different types of drug users when studying the drug-crime association. Some addicts are criminal prior to, and regardless of, their drug use, although their crime rates may increase during heightened periods of addiction. Eliminating their drug use would probably reduce, but not necessarily eliminate, their criminal behavior. Other addicts become involved in crime as a result of their addiction. Eliminating their drug use would probably also eliminate their criminal behavior. Finally, there are some addicts who avoid criminal activities (except, of course, illegal drug possession and use) altogether. Reducing drug use among this group would have no effect on rates of crime. In fact, most drug users, and even some drug addicts, do not commit crimes, especially when one excludes drug dealing. Just as there are many types of criminals and noncriminals among drug users, there are also many types of drug users and nonusers among criminals. Nevertheless, among criminals, those who are frequent drug users are likely to be frequent offenders and use many kinds of drugs regardless of sex, race/ethnicity, age, and place of residence.

It has been argued that the association between drugs and property crime is not universal. That is, in countries such as Britain and the Netherlands, where drug maintenance and treatment are provided by the government, there are much lower levels of property crime attributed to narcotics use. Further, social class will affect the drug-crime relationship. Not only will income affect whether crimes are committed, but drug users who are poor will have higher arrest and conviction rates. The nature of economically motivated crime also varies by type of drug use. In one study of cocaine-heroin users, robbery was associated with cocaine use, but not with marijuana, pill, or alcohol use before, during, or after crime commission.

The fact that treatment reduces income-generating crimes rather than all crimes supports the economic motivation model. In contrast, self-report data do not provide unequivocal support for an economic motivation theory. In 1997, only 16 percent of male inmates reported having committed a crime to get money for drugs, and more property (26 percent) crimes than violent (9 percent) crimes were committed to get money for drugs. Data from adult inmates have shown that only about one-fourth cite drug involvement as their main reason for first becoming involved in crime. Also, in a study of homicides in New York City, only 4 percent of all drug-related homicides were classified as economically motivated, and cocaine was the drug most often associated with economically

motivated homicides. It was also found a stronger association between heroin use and economically motivated crimes for Hispanics than for blacks or whites.

Studies of female addicts suggest that they tend to commit primarily nonviolent income-generating crimes, especially prostitution, drug selling, and shoplifting, although female drug users engage in a variety of crimes. Not only do women engage in prostitution to get money for drugs, they often barter sex for drugs. Much of the research on prostitution, similar to research conducted on other criminal behavior among male and female drug abusers, suggests that many prostitutes committed crimes prior to becoming addicted to drugs and that prostitution served as a means of making a living, not just a means of obtaining drugs. Even if these women had not previously engaged in prostitution, they had engaged in some types of criminal behavior prior to addiction. In other words, drug use does not cause prostitution; rather, individuals who are prone to drug use are also prone to criminal behavior of all kinds.

The role of prostitution among female addicts has changed in response to variations in drug epidemics. Although studies in the 1970s found that more female drug users were prostitutes than were drug dealers, as crack selling became profitable, some women gave up prostitution in favor of dealing. Still, many women who use crack continue to be heavily involved in prostitution, and the economic motive is clear. In other words, the crack epidemic provided female prostitutes with a high-income-generating alternative to prostitution, but it also immersed female users deeper in prostitution. Crack cocaine affected the drug-prostitution association by lowering the price of sex for street prostitutes, lowering the social status of cocaine, and increasing the level of social disorganization and street violence related to prostitution. Research, however, challenges the notion that most female addicts are forced to become prostitutes.

The economic motivation explanation has not been supported among adolescents. Intensive drug users and highly delinquent youths do not report committing crimes to raise money for drugs. Adolescents in the community report committing crimes to have fun, to obtain valued goods, or to get money. They claim to be able to obtain drugs within their usual budgets and maintain that other commodities are purchased using the profits of crime. The current involvement of many youths in the crack market may provide enough income to reduce their need for economically motivated crime.

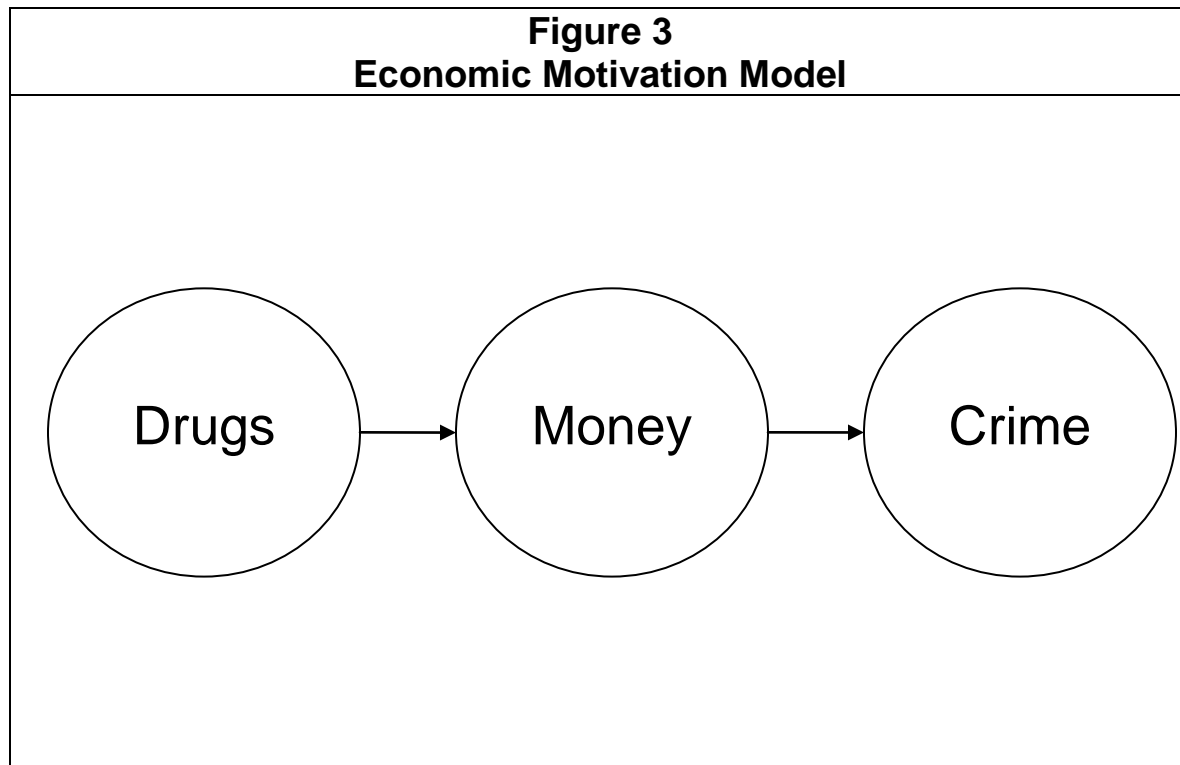
In fact, across age groups, there appears to be much less economically motivated, predatory crime related to crack than there was to heroin in the 1970s and 1980s. The reduction in property crime since the beginning of the crack epidemic supports this view. Because there is more money in crack distribution than in previous illegal drug markets, drug dealing may have obviated the need to commit property crimes and income-generating violent crimes. Thus, much of

the recent research dispels the assumption of economically motivated crime, excluding drug dealing.

The major illegal activity for heroin-cocaine users is drug distribution, and this is true even for less drug-involved criminals. The selling of crack surfaced in 1984, and by 1988, it became the most frequently committed crime, regardless of prior drug use or criminal involvement. Further, crack became the most economically valuable drug for dealers. The number of drug-dealing opportunities reduces the necessity of property crime because it provides drugs and/or alternative income. Recent research suggests that, although the crack era is in decline, crack sales have stabilized. Users are moderating their use, but crack cocaine is still a permanent part of the drug economy and community.

We have chosen to exclude dealing as a drug-related crime and will only briefly discuss the intricacies of drug use and drug dealing. It should be noted that rates of drug use vary considerably among dealers. That is, many dealers, especially at the higher levels, do not use drugs or do so moderately. In fact, for many young crack dealers, selling is an economic opportunity rather than a means of financing their own drug use. Yet, at lower levels, most dealers use drugs. Further, many, if not most, serious drug users at some time are involved in dealing activities. Females are often dealers, although in relation to males, fewer women participate in drug distribution. Further, women's roles are mostly confined to the lower levels of the business.

Studies consistently show that crack users are heavily involved in dealing, but they are also involved in nondrug criminality. In a study of in-custody, inner-city male adolescents, researchers found that large percentages of dealers did not use cocaine or crack, but few crack or cocaine users did not also deal. Comparing crack abusers with other drug users and it was found that, in general, crack abusers used drugs at a much higher rate, were more involved in drug dealing, and had higher frequencies of nondrug crimes (except compared with heroin users). Crack selling, however, was also prevalent among cocaine snorters and marijuana users. In fact, for all illicit drug users, crack selling was the most frequent crime and generated the largest cash income. Violence was related to crack selling rather than use, and those selling in groups had higher rates of violence than those selling alone. Findings support other research that indicates the association of crack use with violence is due to distribution rather than use. This type of violence has been labeled "systemic" and is discussed in greater detail in the next section. A visual representation of the economic motivation model can be seen in figure 3.



The Systemic Model

The systemic model explains drug-related crime as resulting from negative interactions in the illegal drug market. This model probably accounts for most of the current violence related to illicit drug use, especially drug-related homicides, which increased significantly with the appearance of crack in 1985 (although they are currently declining). In a 1988 study in New York City, three-quarters of drug-related (including alcohol-related) homicides were systemic. The major drug of involvement was crack, followed by powder cocaine. Only 3 of 218 homicides involved heroin. In a 1984 study of New York State (excluding alcohol-related), the majority of drug-related homicides were found to be psychopharmacological. It was suggested that the difference in findings from the 1984 study to the 1988 study probably reflects the more rural nature and the poorer documentation in police records in the former study as well as the fact that the latter study occurred during the peak year of crack use and distribution.

Whereas most research finds that only a small proportion of females are perpetrators of systemic violence, recent studies suggest that women's roles in the illicit drug market are increasing. Hence, we expect to see higher rates of drug-related systemic violence among females. Further, women are often victims of cocaine-related violence. Drug sellers are often victims of assaults,

robberies, and homicides. In addition, police, potential witnesses, and informants are often victims of systemic violence. With the increase of systemic violence, some studies that use law enforcement data have reported that Hispanics and blacks are more likely than whites to be perpetrators and victims of systemic violence, although findings on ethnic/racial differences are inconsistent across studies.

It has been suggested that at any given time, systemic violence is associated with whatever drug is most popular. There is a cyclical nature of the association. When the drug first increases in popularity, there is little violence, probably because there is great demand that dealers cannot meet (thereby reducing competition for customers). This stage lasts about 6 months. As the number of new users levels off, violence begins to rise. Dealers now have enough supply to meet demand, and they need to compete for territory. At this point, dealers also increase their awareness of subordinates who may be stealing money for drugs from them, leading to more violence. Finally, individuals who are heavily involved with the new drug begin to perpetrate con games to support their continued use, and these can also result in violence. Homicides increase at this point because many dealers carry firearms and use these weapons to kill rivals or subordinates who have broken rules. Violence eventually declines as drug distribution becomes stabilized and as community norms begin to reject the behavioral excesses associated with drug use and dealing. Many of the individuals involved in the drug scene are violent, and some of their violent behavior serves the purpose of saving face. Thus, even if the drug scene disappeared, these same individuals would still engage in violence.

Research supports the prominence of the systemic model and dispels many myths about the drug-crime relationship. That is, research indicates that very little violence is caused by individuals who are high on illicit drugs (i.e., pharmacological violence) and that little drug-related violence is economically motivated. Thus, public safety is not threatened by drug users who commit predatory acts to get money for drugs or who are under the influence of drugs. Yet, some robberies and the resulting assaults or homicides that have been categorized as systemic violence probably involve an economic motivation.

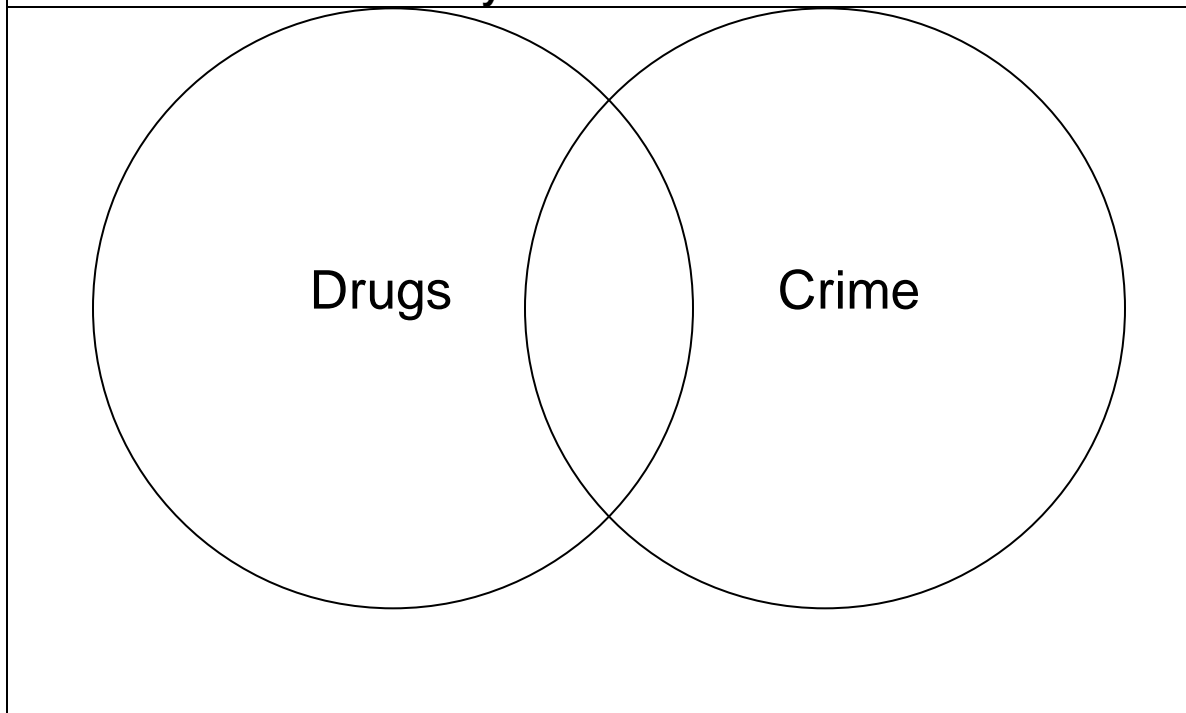
Studies conducted in the 1980s suggested that the systemic model was not applicable to the majority of youthful drug users because few were involved in distribution at a high enough level. More recent studies suggest that the systemic model can probably account for a significant amount of drug-related violence among youths in inner cities. The crack market has attracted a younger group of sellers than previous drug markets, possibly because the demand for crack makes dealing easy and profitable, the business provides opportunities for advancements and feeling of achievement, and dealing creates a challenge for youths.

Some researchers have blamed the increased violence related to drug dealing on youth gangs. In general, however, studies show that there are numerous types of gangs, many of which do not sell or use drugs. Further, dealing is equally prevalent among gang members as among nongang members. In addition, there are no data to suggest that drug-related activities per se increase gang violence. Apparently, increase and decrease in gang violence have little to do with drugs.

Researchers have demonstrated that previous involvement in violent crime increased the risk of drug dealing for male adolescents, as did previous involvement in property crime. Thus, individuals drawn to dealing are already violent and delinquent and, once involved in drug use or dealing, their level of violent behavior (including weapons possession) increase. It was also found that crack use did not increase initiation rates for violent crimes such as assault, robbery, or rape. Similarly, it was found that crack dealers, when compared with those with little or no involvement in crack sales, were younger when they began their criminal careers and had been involved in criminal activity (including sale of marijuana) prior to becoming crack dealers. However, involvement in dealing accelerated delinquency involvement. It has been argued that violence in the crack trade is a result of violent individuals selecting themselves for this line of work as well as being recruited into it (to provide protection, maintain discipline, and fight for turf).

Overall, the results of these studies suggest that deviant individuals are attracted to drug selling, rather than that drug selling causes individuals to become criminals. Hence, these results support a common cause rather than a direct causal model. We discuss the common cause model in greater detail in the next section. A visual representation of the systemic model can be seen in **Figure 4**.

Figure 4
Systemic Model



The Common Cause Model

Researchers have identified a problem behavior syndrome in which cigarette use, precocious sexual behavior, problem drinking, use of marijuana and other drugs, stealing, and aggression were clustered together. They found that this cluster of behaviors was explained by the same set of environmental and personality variables and was negatively related to conventional behavior. Other researchers, however, have argued that problem behaviors constitute several distinct factors rather than a single construct. Overall, the literature suggests that substance use and delinquency share several common causes or predictors, although there are also specific factors (e.g., coping style and opportunity) that determine which adolescents specialize in each behavior.

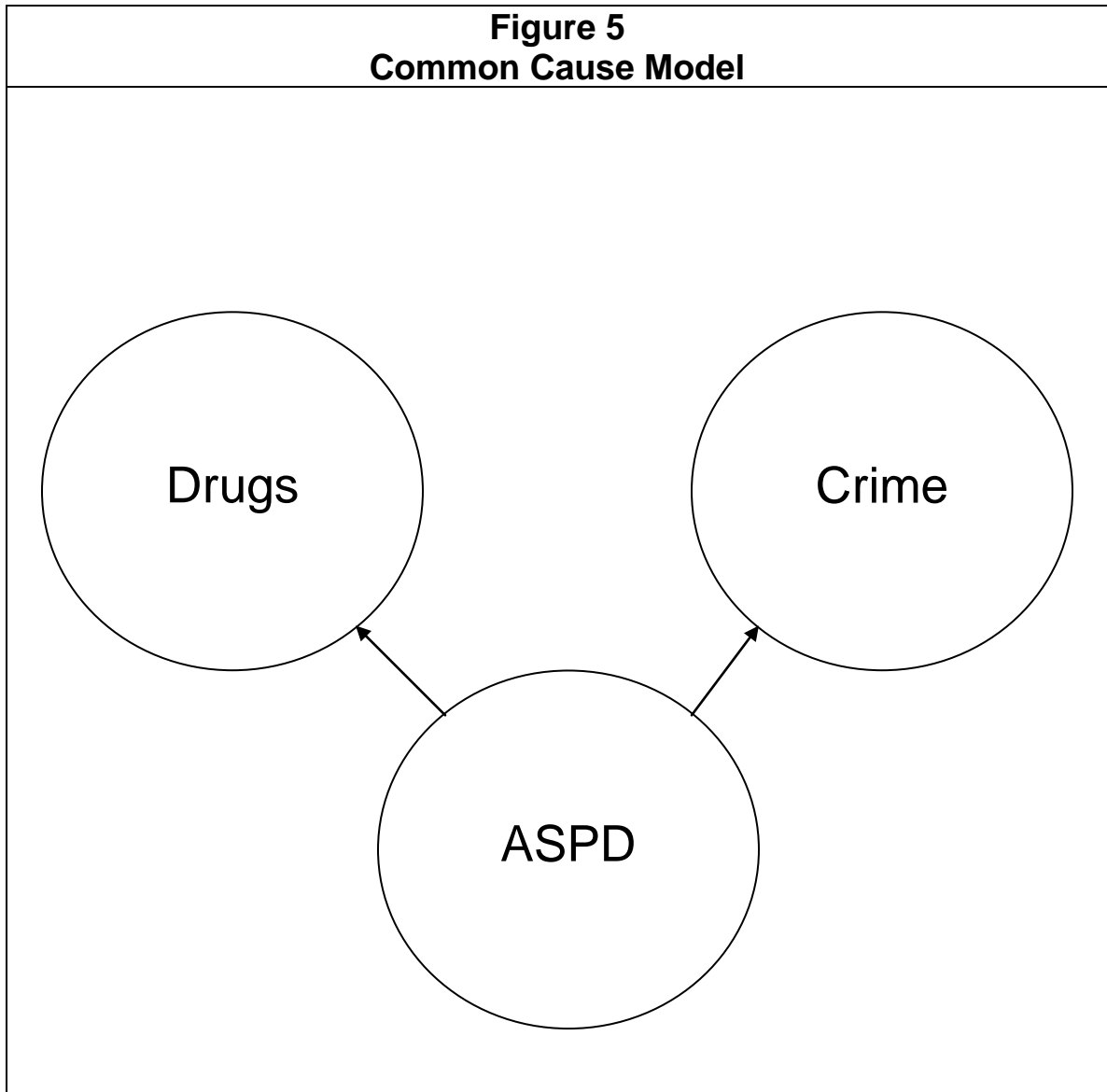
Given that problem behaviors share several common causes, the same individuals would be expected to engage in both substance use and crime. For example, many of the childhood risk factors for violence identified in the National Research Council report on violence have also been identified as risk factors for teenage drug use and for adult alcohol and drug problems. Some of the common risk factors are hyperactivity, impulsiveness, risk taking, inability to delay gratification, abuse or rejection in the family, lack of parental nurture, early

school failure, peer rejection, social disorganization, and availability of drugs and/or weapons. However, in a study of a high-risk sample, it was found that there were different predictors of alcoholism and violence. For example, early aggression and poor school attendance in the first grade predicted violence, but not alcoholism, in adulthood. Further, risk factors for alcoholism and violence differed by gender. It has been demonstrated that there are both specific and common antecedents for drug use, theft, and aggression. A number of predictors from several different domains found that drug use and theft share more similar antecedents than aggression. Clinical and community data clearly support a comorbidity between alcohol/drug abuse and antisocial personality disorder (ASPD). The data on comorbidity suggest that individuals with ASPD are likely to be heavily involved with alcohol and drugs and that those drugs and alcohol disorders are often diagnosed with ASPD. Yet there is no evidence to show that one disorder causes the other. Rather, there may be a set of predisposing personality or temperament factors (e.g., impulsiveness) or family background factors (e.g., parental alcoholism) that may contribute to both. Some of these factors may even have a genetic basis, although more research is needed to provide conclusive evidence.

Criminal justice statistics indicate that offenders are heavier drinkers and drug users than the rest of the population. Data indicate that about one-third of inmates in local jails and State prisons are daily drinkers. Two-thirds of the jail inmates sample drinkers and one-third to one-half of the prison sample drinkers reported having been in a treatment program for alcohol dependence. In addition, most jail inmates reported having used illicit drugs (82 percent), and two-thirds were regular users (i.e., used at least once a week for a month). The predominant drug was marijuana, although more than half reported having used cocaine or crack at any time, and 31 percent reported regular use of cocaine. Further, 42 percent of jail inmates had received substance abuse treatment. In one study of prison inmates, 56 percent were diagnosed with alcohol abuse or dependence at some time in their lives, compared with approximately 19 to 29 percent of those living in the community. Researchers used structured clinical interviews to diagnose alcohol and drug dependence among male State prison inmates in Massachusetts. They found that 95 percent of those interviewed met DSM-II-R (Diagnostic and Statistical Manual of mental Disorders) diagnosis of abuse or dependence for at least one substance.

Similarly, recent data from the DUF/ADAM study indicate that between 51 percent (in San Jose) and 80 percent (in Chicago) of male arrestees and between 38 percent (in San Antonio) and 81 percent (in Manhattan) of female arrestees tested positive for any drug. Almost half of the males and 65 percent of the females arrested for homicide tested positive for drugs. Analyses of the DUF/ADAM data have found that more women test positive for drugs than men. This gender difference could result from the fact that only the most deviant women get arrested. Data from studies of urine testing of adolescent offenders

also indicate high rates of drug use. These drug-testing results do not necessarily shed light on a causal relationship because these rates reflect drug use at the time of the arrest, not necessarily the time of offense. Thus, these data simply demonstrate that many criminal offenders are also drug users. A visual representation of the Common Cause Model can be seen in Figure 5.



Contingent Causation Model

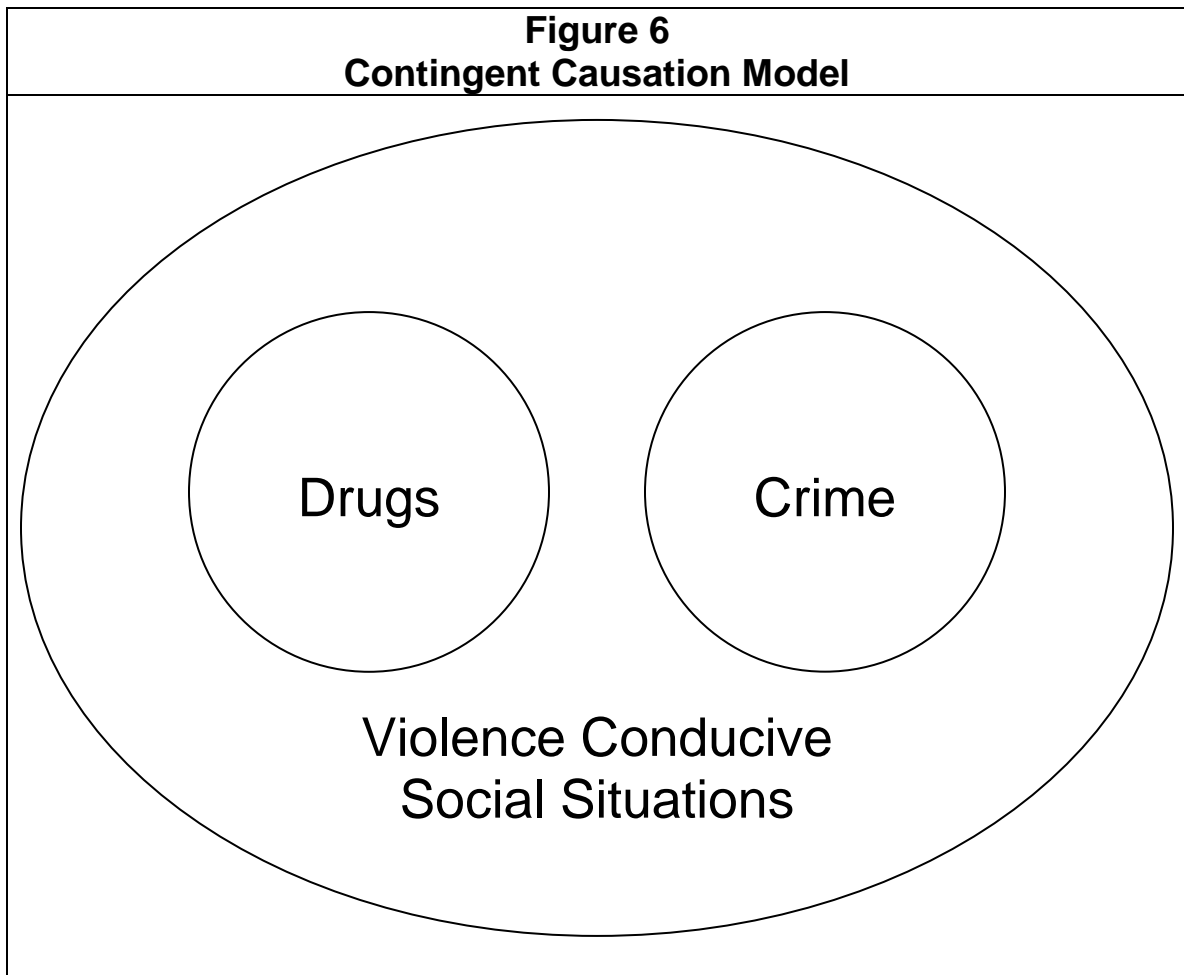
The violence models presented above have become so entrenched in the U.S. psyche that it is now conventional wisdom that homicide and illegal drug markets are indelibly connected. However, it has been suggested that, “there is no iron law that illicit markets will generate a high body count”. As evidence, there are several factors. First, the “systemic” drug-related violence issue is completely absent from scholarly writings on the illicit drug problem in European countries such as Italy and the Netherlands. Second, despite considerable documentation suggesting that drug markets are a problem in virtually every industrialized country, the literature indicates that drug-market-associated lethal violence is a problem in few of these countries. Third, a 1994 Council of Europe study of drug markets in 13 major European cities does not give a single mention to the systemic violence problem. Finally, the explosion of drug trafficking during England’s heroin epidemic of the 1980s resulted in little, if any, rise in lethal violence rates.

Given the absence of evidence for drug market-related lethal violence in international data, it would be tempting to completely discount the view that drug markets are associated with homicide rates. However, results from U.S.-based studies are too compelling to be considered coincidental. Therefore, an alternative hypothesis has been proposed regarding the link between illicit drug markets and homicide. Specifically, it is suggested that the creation and expansion of illegal markets will produce extra homicides when social circumstances conducive to lethal violence already exist. Thus, from this perspective, the apparent international disparities in the drug market-homicide association can be attributed to the fact that the social context of the United States is more favorable to violence than is the social context in most European countries.

To the extent that the drug market-homicide relationship is variable, the challenge for researchers is to determine which social circumstances facilitate and which inhibit this relationship. Unfortunately, there is little specific guidance as to what constitutes “violence conducive social conditions.” Nevertheless, as an initial step in specifying the important contingencies, extant criminological literature identifies several structural features of urban areas that may reasonably be considered violence conducive social conditions. These are:

- a. Resource deprivation (poverty, unemployment, etc.)
- b. Population structure (dense, large centers)
- c. Percentage divorced (social disintegration)
- d. Southern region (subculture of violence)
- e. Percentage aged 15-29 (risk and experimentation)

A visual representation of the Contingent Causation Model can be seen in **Figure 6**.



Summary of Empirical Research

It is obvious from the previous review of empirical research that a single model cannot account for the drug-crime relationship among all people. Rather, there are some individuals for whom the acute, and possibly chronic, cognitive effects of some drugs, such as alcohol, increase the propensity toward criminal behaviors. For others, involvement in deviant behavior weakens bonds to conventional norms and increases involvement in deviant subcultures (including the illicit drug market) that provide opportunities and reinforcement for increased deviant behavior, including drug use. Finally, for others, probably a majority, biopsychological factors (e.g., temperament) and early parent-child interactions, in combination with socioenvironmental factors, increase the risk for involvement in all types of deviant behavior.

In short, the drug-using/crime-committing population is not homogeneous; rather, it is composed of subgroups of individuals displaying different causal paths. This should come as no surprise because research has long shown that both drug users and criminals are not homogeneous groups with single developmental trajectories. Of prime importance in this regard is distinguishing between individuals for whom the problem (whether drug use, delinquency/crime, or a combination of both) is limited to adolescence and those individuals for whom it persists into adulthood. The former type of behavior has been shown to be predicted by normal socialization process, whereas the latter typically has an earlier onset, is more extreme in its manifestations, and is predicted by personality and behavioral variables. This developmental heterogeneity of both drug use and delinquency necessitates approaches to intervention that are developmentally appropriate, not monothematic or focused on a narrow range of risk factors.

Conclusions

Several general findings have emerged from this view:

- Drug users, and even drug addicts, are heterogeneous in terms of their levels of criminality and their patterns of crime.
- Criminal offenders are heterogeneous in terms of their levels of drug use and pattern of use.
- Most drug users do not commit any crimes, with the exception of obvious drug-related crimes (i.e., possession and dealing).
- Most criminally involved male and female drugs users do not specialize in only one type of crime.
- Although there are common causal factors in both alcohol/drug use and delinquent and criminal behavior, there exist various subgroups displaying different causal paths.
- For most criminally involved drug users, drug use does not cause initial criminal involvement.
- Alcohol is the drug most often associated with psychopharmacologically motivated violent crime.
- A large proportion of drug-related crime, especially violent crime, is a result of drug market forces.

- It is not the type of drug per se, but rather the economic conditions of the drug market that appear to influence the drug-crime connection.
- What is especially obvious from this review is the fact that there is substantial variation in all of the issues surrounding drug use and crime. Thus, stereotypes of drug use and crime are often inaccurate.

Broad Policy Options

Although violent crime rates have dropped significantly during the 1990s, current concern about the drug-crime nexus is focused primarily on drug use and violence. There are many different types of individuals involved in drug-related violence. Hence, prevention and intervention policies should differ, depending on which type of violent offenders we are trying to reach. Some individuals are violent regardless of whether they drink or use drugs. Targeted interventions to reduce aggressive tendencies would be most promising for them. Yet, for some individuals, the state of intoxication (especially from alcohol), the setting, and specific provocation interact on a specific occasion to cause an isolated incident of violent behavior. Responsible drinking campaigns aimed at reducing high-quantity consumption would be most appropriate for this group, as well as situational controls (such as responsible beverage service training) and community-based actions designed to limit access.

Reduction of most of the violence related to illicit drug use would have to focus on the illegal drug trade. Drug control efforts for much of this century, and especially since the late 1980s, have attempted to address this issue through interdiction designed to disrupt the importation of drugs into the country and law enforcement strategies designed to arrest, prosecute, and imprison those involved in the domestic market. This has resulted in record numbers of offenders being arrested and incarcerated for drug-related offenses. Critics argue that this approach has failed to curtail drug use or violent crime and that change in U. S. drug policy are required. For some, a shift of resources from supply reduction to demand reduction, through prevention and treatment of drug abuse, would be effective in reducing both drug use and systemic violence. A far more radical alternative strategy, and one that is extremely controversial in the United States, is legalization of drugs. This, it is argued, would remove the profit from drug dealing, and, without profits, dealers would leave the business and no longer push drugs on young people. In addition, disputes related to illegal distribution would be eliminated.

As discussed at the beginning of this section, a variety of harm-reduction models occupy the vast area between the war on drugs and outright drug legalization. Australia and a few European countries employ harm-reduction strategies, and some researchers have noted the lower rates of drug-related

crime in such places. Others suggest that if drug abusers had easier access to drugs (e.g., in the form of maintenance drugs) and to finances (e.g., in the form of welfare), then there would be little criminal involvement on their part. They also argue that the high rates of illicit drug use and violent crime in the United States are a direct result of the social policies in our country. However, one needs to exercise caution in drawing inferences from the policies that exist in other countries, as American society might differ in other ways that have more important effects on drug consumption and related consequences than policy. In addition, it is worth noting that the country with the best-known harm-reduction-based policies, The Netherlands, has experienced a shift toward more punitive sanctions in recent years, primarily as a result of public fear of crime.

Others argue that even if we were to eliminate or substantially curtail the drug economy, we would not necessarily reduce violence because much of the drug-related violence results from the recruitment of violent individuals from violent communities. It is also possible that if the drug market were reduced or eliminated, some criminals who profit financially from the drug trade would revert to alternative crimes to get money, including violent crimes such as robbery. In this case, prevention and treatment efforts may be better spent concentrating on violent individuals and the sources of their violence. These changes would entail providing youths with noncriminal routes to social status, including better paying jobs, better schools, and more opportunities, as well as remedying community disorganization and economic hardships. For example, others argue that drug use per se is not the root cause of criminality for most street drug users. Rather, the real cause of the problem is urban poverty and the complex problems surrounding it, such as lack of skills, education failure, and inadequate parental socialization.

Still others maintain that both drug use and crime are part of a broader decline in morality and civility in the United States. Proponents of this perspective argue that retreating from current drug control policies would simply signal a further lowering of moral standards and hasten the descent into social disorder.

Although there are no easy solutions to the problems that face us, especially those concerning drug use among youths and the increasingly punitive nature of our response to it, a more open debate of the issues and policy options available would surely benefit society. Fortunately, there are some initial signs that such a debate may, at last, be feasible.

Implications for the Future

In recent years, we have witnessed a large decrease in homicidal violence, although the reasons for the decline are not known. Some experts believe the decline was due to an increased number of police officers on the streets, and others believe it was due to changing demographics, increased violence prevention programs, or improvements in the economy. However, this decrease may be due to the stabilization of drug markets. The peak in homicide rates in 1979-81 was followed by a two-decade low in 1985. This decline was due to the fact that the powder cocaine market stabilized. Similarly, the sharp increase in homicides in the late 1980s was due to instability in the crack market and the subsequent decline that occurred after the market stabilized in the 1990s. There is, of course, no way to be sure of the exact cause or causes for the recent decline in violent crime. However, if we assume that drug use or drug dealing contributed to the sharp increase in violence of the mid-to late 1980s, then it would be logical to assume that changes in drug use or the drug economy may have contributed to its more recent decline.

As new illegal drugs come on the market or old ones regain popularity, and if there is chaos in distribution of these drugs, we may again see increases in drug-related violence. For example, there have been recent increases in heroin use and in organization of heroin dealing. If heroin dealing becomes as profitable as cocaine/crack dealing, then we may see an increase in systemic violence. Alternatively, if users and addicts cannot make enough money dealing, then it is possible that property crime may increase. Over the past several years, the largest increase in illicit drug use among youths has occurred for marijuana. Although marijuana is not as addictive as cocaine/crack or heroin, little is known about the market for marijuana. With the resurgence of marijuana popularity and the increase in quality and price, we may begin to see more systemic violence related to sale of the drug. If the market becomes more organized, then we also risk more dealers selling a variety of drugs. Further, with increases in prices for high-quality marijuana, perhaps we will see more economically motivated crimes.

The fact that the newest generation of drug users has largely avoided the use of hard drugs (such as cocaine and heroin) has optimistic implications for their future. That is, this generation should experience fewer negative health outcomes and less involvement in criminal activities. Nevertheless, because of poor socialization, economic hardship, and the lack of skills and opportunities, many of these individuals may still be forced into crime as a means of economic survival.

In contrast to illicit drug market changes, it has been argued that the decreases in homicide rates and other forms of violence in large cities during the mid-1990s were preceded by significant declines in alcohol consumption in the

United States. The worry is that as alcohol use regains popularity, we will again see increases in violence. In addition, if the recent increase in methamphetamine use continues, we may see more psychopharmacologically induced violence. There also has been a noted increase in use of some fad drugs in different areas of the country, including Ketamine (an animal tranquilizer, Rohypnol (a date rape drug), GHB (gamma hydroxyl butyrate, a date rape drug), and MDMA (methylene dioxymethamphetamine, a hallucinogen). Use of drugs such as Rohypnol and Ketamine, which are sedatives that act similarly to alcohol, may also lead to increases in violence. Analyses of DUF/ADAM data, as well as research by others, indicate that factors pertaining to drug markets and their relation to the commission of different types of crime will vary by geographic location, presumably because the conditions that affect these outcomes differ from place to place. Thus, interventions designed to positively affect such factors must be adapted to address specific local circumstances and engage community agencies and members in defining problems and finding solutions.

A review of this multifaceted literature, presents one clear thing. There are definitely drug epidemics that are cohort specific, and they come and go quickly. As researchers begin to study these epidemics, and especially by the time that empirical findings are published, the epidemics often dissipate. Hence, the conclusions reached and their policy implications become outdated too soon. In other words, it may be impossible to stay on top of the drug-crime relationship because of its constantly changing nature.

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Appendix A: Post Test and Evaluation for *Criminal Addicts or Addicted Criminals? Theories of the Drug-Crime Relationship*

Directions: To receive credits for this course, you are required to take a post test and receive a passing score. We have set a minimum standard of 80% as the passing score to assure the highest standard of knowledge retention and understanding. The test is comprised of multiple choice and/or true/false questions that will investigate your knowledge and understanding of the materials found in this CEU Matrix – The Institute for Addiction and Criminal Justice distance learning course.

After you complete your reading and review of this material, you will need to answer each of the test questions. Then, submit your test to us for processing. This can be done in any **one** of the following manners:

1. *Submit your test via the Internet.* All of our tests are posted electronically, allowing immediate test results and quicker processing. First, you may want to answer your post test questions using the answer sheet found at the end of this appendix. Then, return to your browser and go to the Student Center located at:

<http://www.ceumatrix.com/studentcenter>

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Take Exam' and you will be presented with the electronic exam.

To take the exam, simply select from the choices of "a" through "e" for each multiple choice question. For true/false questions, select either "a" for true, or "b" for false. Once you are done, simply click on the submit button at the bottom of the page. Your exam will be graded and you will receive your results immediately. If your score is 80% or greater, you will receive a link to the course evaluation. , which is the final step in the process. Once you submit the evaluation, you will receive a link to the Certificate of Completion. This is the final step in the process, and you may save and / or print your Certificate of Completion.

If, however, you do not achieve a passing score of at least 80%, you will need to review the course material and return to the Student Center to resubmit your answers.

OR

2. *Submit your test by mail using the answer sheet found at the end of this package.* First, complete the cover page that will identify the course and provide us with the information that will be included in your Certificate of Completion. Then, answer each of the questions by selecting the best response available and marking your answers on the sheet. The final step is to complete the course evaluation (most certifying bodies require a course evaluation before certificates of completion can be issued). Once completed, mail the information, answer and evaluation sheets to this address:

**CEU Matrix - The Institute for Addiction and Criminal Justice Studies
P.O. Box 2000
Georgetown, TX 78627**

Once we receive your exam and evaluation sheets, we will grade your test and notify you of the results.

If successful, you will be able to access your Certificate of Completion and print it. Access your browser and go to the Student Center located at:

<http://www.ceumatrix.com/studentcenter>

Once there, log in as a Returning Customer using your Email Address and Password. Then click on 'Certificate' and you will be presented with a download of your Certificate of Completion that you may save / and or print. If you would rather have your Certificate of Completion mailed to you, please let us know when you mail your exam and evaluation sheets; or contact us at ceumatrix@ceumatrix.com or 800.421.4609.

If you do not obtain the required 80% score, we will provide you with feedback and instructions for retesting.

OR

3. *Submit your test by fax.* Simply follow the instructions above, but rather than mailing your sheets, fax them to us at ((512) 863-2231).

If you have any difficulty with this process, or need assistance, please e-mail us at ceumatrix@ceumatrix.com and ask for help.

Answer the following questions by selecting the most appropriate response.

1. One of the explanatory models of the relationship between drugs and crime is that it is:
 - a. reconstructive
 - b. retroactive
 - c. reactive
 - d. residual
 - e. reciprocal

2. Most traditional theories assume:
 - a. sobriety
 - b. intoxication
 - c. rationality
 - d. morality
 - e. a higher power

3. Illegally obtained or ingested legal drugs is termed:
 - a. divesture
 - b. deception
 - c. diversion
 - d. emersion
 - e. conversion

4. Alteration of prescriptions by patients is termed:
 - a. divesture
 - b. deception
 - c. diversion
 - d. emersion
 - e. conversion

5. Smuggling drugs across the borders by tourists is termed:
 - a. divesture
 - b. deception
 - c. diversion
 - d. emersion
 - e. coyotes

6. Historically, attempts to control drugs may be a method to control:
 - a. doctors
 - b. immigrants
 - c. prisons
 - d. women
 - e. coyotes

7. Making bad judgments because of the effects of intoxication would fit which model?
 - a. psychological
 - b. sociological
 - c. capitalistic
 - d. diversion
 - e. psychopharmacological

8. Disinhibition due to the effects of a drug would fit which model?
 - a. systemic
 - b. common cause
 - c. diversion
 - d. incapacitation
 - e. psychopharmacological

9. Which of the following would support the Economic Motivation Model?
 - a. prostitution
 - b. restitution
 - c. prostration
 - d. prostation
 - e. ASPD

10. Robberies of dealers is characteristic of which model of the drug-crime relationship?
 - a. endemic
 - b. systemic
 - c. decentralized
 - d. economic motivation
 - e. reaction

11. Deviant individuals may use drugs to:
- a. self-conceptualize
 - b. self select
 - c. create ASPD
 - d. self-medicate
 - e. dilute ASPD
12. Which of the following is characteristic of the professional criminal lifestyle?
- a. working periodically
 - b. being unmarried
 - c. being mobile
 - d. all of the above
 - e. none of the above
13. The Common Cause Model postulates that substance use and crime _____ have a direct causal link.
- a. should
 - b. could
 - c. may
 - d. do
 - e. do not
14. Which of the following is the common link between crime and drug use?
- a. being male
 - b. being female
 - c. being old
 - d. being poor
 - e. being a prostitute
15. Which of the following situations is likely to create both greater rates of crime and drug use?
- a. bars
 - b. sports stadiums
 - c. at night
 - d. all of the above
 - e. none of the above

16. Researchers have concluded that:
 - a. marijuana leads to aggressive behaviors
 - b. marijuana does not lead to aggressive behaviors
 - c. marijuana leads to crime
 - d. all of the above
 - e. none of the above

17. In a nationally representative sample of youth, what percent reported committing serious crimes and using hard drugs?
 - a. 63 percent
 - b. 0 percent
 - c. 50 percent
 - d. 20 percent
 - e. 5 percent

18. Which of the following drugs is strongly related to violence?
 - a. marijuana
 - b. alcohol
 - c. LSD
 - d. all of the above
 - e. none of the above

19. What percent of jail inmates in 1996 reported they were under the influence of drugs at the time of their arrest?
 - a. one-half
 - b. two-thirds
 - c. one-third
 - d. one-fourth
 - e. one-tenth

20. Drug-related homicides appear to involve:
 - a. young men
 - b. African American men
 - c. Hispanic men
 - d. all of the above
 - e. none of the above

21. Longitudinal studies that have examined the temporal associations between drug use and crime report:
- a. vague findings
 - b. mixed findings
 - c. strong findings
 - d. direct findings
 - e. systemic findings
22. Studies of animals demonstrate that low to moderate doses of alcohol:
- a. cause sleep
 - b. cause drowsiness
 - c. decrease aggressiveness
 - d. increase aggressiveness
 - e. produce the same effects in humans
23. Acute intoxication by alcohol is related to aggression when a person is:
- a. driving
 - b. sleeping
 - c. provoked
 - d. depressed
 - e. manic
24. Which of the following has not received strong support for the drug violence association?
- a. alcohol
 - b. amphetamines
 - c. barbiturates
 - d. tranquilizers
 - e. heroin
25. Support for the Economic Motivation Model comes from literature on:
- a. PCP
 - b. heroin
 - c. tranquilizers
 - d. cocaine
 - e. marijuana

26. The Economic Motivation Model has not been supported among:
- females
 - traffickers
 - dealers
 - prostitutes
 - adolescents
27. The systemic model explains drug-related crime as resulting from negative interactions in:
- chemicals
 - gangs
 - society
 - the illegal drug market
 - the system
28. Systemic violence is associated with whatever drug is most:
- potent
 - popular
 - prevalent
 - persistent
 - pure
29. Researchers have identified a problem behavioral syndrome that includes:
- stealing
 - cigarette use
 - precocious sexual behavior
 - all of the above
 - none of the above
30. Clinical and community data support a comorbidity between alcohol/drug use and:
- ASPD
 - PTSD
 - DPSA
 - DSM
 - ADAM

31. What percent of those interviewed met the DSM-II-R diagnosis of abuse or dependence for at least one substance?
- a. 25
 - b. 50
 - c. 95
 - d. 60
 - e. 5
32. Which of the following factors was not found in the National Research Council Report as childhood risk factors for violence?
- a. impulsiveness
 - b. ethnicity
 - c. peer rejection
 - d. risk taking
 - e. availability of weapons
33. Risk factors for alcoholism and violence differ by:
- a. ASPD
 - b. very little
 - c. geography
 - d. ethnicity
 - e. gender
34. The DUF/ADAM study indicated that what percent of females arrested for homicide tested positive for drugs?
- a. 65
 - b. 40
 - c. 90
 - d. 10
 - e. none of the above
35. Which of the following models is completely absent from European studies?
- a. psychopharmacological
 - b. economic
 - c. systemic
 - d. common cause
 - e. criminological

Fax/Mail Answer Sheet
CEU Matrix - The Institute for Addiction and Criminal Justice Studies

Test results for the course "Criminal Addicts or Addicted Criminals?
Theories of the Drug-Crime Relationship"

If you submit your test results online, you do not need to return this form.

Name*: _____
(* Please print your name as you want it to appear on your certificate)

Address: _____

City: _____

State: _____

Zip Code: _____

Social Security #*: _____
(*Most certifying bodies require a personal identification number of some sort – last 4 digits or License is perfect.)

Phone Number: _____

Fax Number: _____

E-mail Address: _____

On the following sheet, mark your answers clearly. Once you have completed the test, please return this sheet and the answer sheet in one of the following ways:

1. Fax your answer sheets to the following phone number: (512) 863-2231. This fax machine is available 24 hours per day. **OR**
2. Send the answer sheet to:
CEU Matrix - The Institute for Addiction and Criminal Justice Studies
P.O. Box 2000
Georgetown, TX 78627

You will receive notification of your score within 48 business hours of our receipt of the answer sheet. If you do not pass the exam, you will receive instructions at that time.

Name: _____

Course: Criminal Addicts or Addicted Criminals? Theories of the Drug-Crime Relationship

- | | | |
|-------------------------|-------------------------|-------------------------|
| 1. [A] [B] [C] [D] [E] | 13. [A] [B] [C] [D] [E] | 25. [A] [B] [C] [D] [E] |
| 2. [A] [B] [C] [D] [E] | 14. [A] [B] [C] [D] [E] | 26. [A] [B] [C] [D] [E] |
| 3. [A] [B] [C] [D] [E] | 15. [A] [B] [C] [D] [E] | 27. [A] [B] [C] [D] [E] |
| 4. [A] [B] [C] [D] [E] | 16. [A] [B] [C] [D] [E] | 28. [A] [B] [C] [D] [E] |
| 5. [A] [B] [C] [D] [E] | 17. [A] [B] [C] [D] [E] | 29. [A] [B] [C] [D] [E] |
| 6. [A] [B] [C] [D] [E] | 18. [A] [B] [C] [D] [E] | 30. [A] [B] [C] [D] [E] |
| 7. [A] [B] [C] [D] [E] | 19. [A] [B] [C] [D] [E] | 31. [A] [B] [C] [D] [E] |
| 8. [A] [B] [C] [D] [E] | 20. [A] [B] [C] [D] [E] | 32. [A] [B] [C] [D] [E] |
| 9. [A] [B] [C] [D] [E] | 21. [A] [B] [C] [D] [E] | 33. [A] [B] [C] [D] [E] |
| 10. [A] [B] [C] [D] [E] | 22. [A] [B] [C] [D] [E] | 34. [A] [B] [C] [D] [E] |
| 11. [A] [B] [C] [D] [E] | 23. [A] [B] [C] [D] [E] | 35. [A] [B] [C] [D] [E] |
| 12. [A] [B] [C] [D] [E] | 24. [A] [B] [C] [D] [E] | |

CEU Matrix

The Institute for Addiction and Criminal Justice Studies

Course Evaluation – Hard Copy Format

The final step in the process required to obtain your course certificate is to complete this course evaluation. These evaluations are used to assist us in making sure that the course content meets the needs and expectations of our students. Please fill in the information completely and include any comments in the spaces provided. Then, if mailing or faxing your test results, return this form along with your answer sheet for processing. **If you submit your evaluation online, you do not need to return this form.**

NAME: _____

COURSE TITLE: **Criminal Addicts or Addicted Criminals? Theories of the Drug-Crime Relationship**

DATE: _____

COURSE CONTENT		
Information presented met the goals and objectives stated for this course	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Information was relevant	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Information was interesting	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Information will be useful in my work	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Format of course was clear	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
POST TEST		
Questions covered course materials	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Questions were clear	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Answer sheet was easy to use	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good

COURSE MECHANICS		
Course materials were well organized	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Materials were received in a timely manner	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
Cost of course was reasonable	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
OVERALL RATING		
I give this distance learning course an overall rating of:	<input type="checkbox"/> Start Over <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Needs work <input type="checkbox"/> Very Good
FEEDBACK		
How did you hear about CEU Matrix?	<input type="checkbox"/> Web Search Engine <input type="checkbox"/> Mailing <input type="checkbox"/> Telephone Contact <input type="checkbox"/> E-mail posting <input type="checkbox"/> Other Linkage <input type="checkbox"/> FMS Advertisement <input type="checkbox"/> Other: _____	
What I liked BEST about this course:		
I would suggest the following IMPROVEMENTS:		
Please tell us how long it took you to complete the course, post-test and evaluation:	_____ minutes were spent on this course.	
Other COMMENTS:		

