

REVIEW ARTICLE

DRUG ABUSE AND RELATED CRIMES

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ABSTRACT

Drug abuse is an intense desire to obtain increasing amounts of a particular drug or substance to the exclusion of all other activities. There is a magnificent increase, everywhere, in the number of drug abusers who are the members of dominant culture. These abusers turn to some form of crude amateur crime like burglary, robbery and even prostitution to support their habits. This paper presents a review of issues in the literature to highlight the pattern and trends pertaining to drug abuse and crime as regards the effects of drug abuse on different crimes with emphasis on the issues of the topic in Egypt. It discusses whether drug abuse leads to crime or crime leads to drug abuse. Economic-related crimes are where an individual commits a crime in order to fund a drug habit. System-related crimes result from the structure of the drug system that includes crimes of production, manufacture, transportation, and sale of drugs. Serious drug abuse can amplify and perpetuate pre-existing criminal activity.

Key words- Drug abuse, Crime.

INTRODUCTION

The Australian Drug Foundation has defined drugs as any substance which changes the way the body or mind functions. Drug-taking can be legal or illegal. The caffeine in coffee and tea is a licit drug and is unregulated. Alcohol is licit, as is tobacco, but both are more heavily regulated. Prescription drugs like benzodiazepine (sleeping pills) and steroids are licit when prescribed but illicit if used by someone without a prescription. Cannabis, heroin, ecstasy, hallucinogens and others are illicit drugs (**ICPC, 2012**).

Drug abuse is the recurrent use of illegal drugs, or the misuse of prescription or over-the-counter drugs with negative

consequences. These consequences may involve problems at work, school, home or in interpersonal relationships. It involves also problems with the law and physical risks that come with using drugs in dangerous situations (**UMMC, 2016**).

Addiction is defined as a chronic relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain, i.e. they change its structure and how it works. These brain changes can be long lasting, and can lead to the harmful behaviors seen in people who abuse drugs (**NIDA, 2014**).

Drugs are related to crime in multiple ways. Most directly, it is a crime to use, possess, manufacture, or distribute drugs classified as having a potential for abuse. Cocaine, heroin, marijuana, and amphetamines are examples of drugs classified to have abuse potential. Drugs are also related to crime through the effects they have on the user's behavior and by generating violence and other illegal activity in connection with drug trafficking (**Reno et al., 1999**).

Provisional data show, that among adult respondents (ages 18–49), those who use cannabis (marijuana) or cocaine were much more likely to commit crimes of all types than those who did not use these substances (**Deitch et al., 2000**). Methamphetamine users were significantly more likely than heroin users to have committed violent crime (**Darke et al., 2010**).

This article is a review of issues in the literature to highlight the pattern and trends pertaining to drug abuse and crime as regards the relationship with different models and the effects of drug abuse on different crimes with emphasis on the issues of the topic in Egypt.

DRUGS AND CRIME RELATIONSHIP

Reno et al. (1999) summarized the various ways that drugs and crime are related as drug-defined offenses, violations of laws prohibiting or regulating the possession, distribution, production, manufacture of illegal drugs, e.g. drug possession or use, marijuana cultivation, methamphetamine production, cocaine, heroin, or marijuana sales. Drug-related offences are offenses which result from a drug's pharmacologic effects that

contribute to offenses motivated by the user's need for money to support continued use and offenses connected to drug distribution itself. Drug-using is a deviant lifestyle in which drug abuse and crimes are common aspects. The likelihood and frequency of involvement in illegal activity is increased because drug users may not participate in the legitimate economy and are exposed to situations that encourage crime. Opportunities to offend, resulting from contacts with offenders and illegal markets as criminal skills, are learnt from other offenders.

The three basic explanatory models for the relationship between drug use and crime are:

(1) Substance use leads to crime, (2) Crime leads to substance use, and (3) the relationship is either coincidental or explained by a set of common causes (**White, 1990**).

Substance use may 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 (**Goldstein, 1985**).

The **psychopharmacological model** proposed that the effects of intoxication such as disinhibition, cognitive-perceptual distortions, attention deficits, bad judgment, and neurochemical changes, cause criminal (especially violent) behavior (**Collins, 1981 and Fagan, 1990**). Chronic intoxication, due to factors such as withdrawal, sleep deprivation, nutritional deficits, impairment of neuropsychological functioning, or enhancement of psychopathological personality disorders, may also contribute to subsequent

aggression and crime (**Virkkunen and Linnoila, 1993**). This model had gained greater support in the alcohol literature than in literature about other drugs. Numerous biological and neuropsychological mechanisms had been proffered to explain how alcohol use increased the risk of violence (**Pihl et al., 1993**). Chronic use of marijuana, opiates, and amphetamines increase the risks of violent behaviour, but no conclusive evidence supports a direct association between cocaine use and violence (**Miczek et al., 1994**). As well, there has been no evidence that acute use of PCP (phencyclidine) and LSD (lysergic acid diethylamide) were associated with violent behavior, except when the use enhanced already in existing psychopathology (**Parker and Kathleen, 1998**). It is also possible that drug and alcohol use may interact to affect violent behavior (**Denison et al., 1997**).

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. 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 (**Nurco et al., 1984; Chaiken & Chaiken, 1990 and Anglin & Perrochet, 1998**).

The **systemic model** posits that the system of drug distribution and use is inherently connected with violent crime. Systemic types of crimes in relation to 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 (**Miczek et al., 1994**). 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. This model probably accounts for most of the current violence related to illicit drug use, especially drug-related homicides (**Blumstein, 1995**). **Goldstein (1997)** suggested that at any given time, systemic violence is associated with whatever drug is most popular. 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.

Crime leads to substance use is based on the assumption that deviant individuals are more likely than non-deviant individuals to select or be pushed into social situations and subcultures in which heavy drinking and drug use are condoned or encouraged. For example, rather than the need for a drug compelling an individual to commit robbery, the income generated from a robbery might provide the individual with extra money to secure drugs and, therefore, place the individual in an environment that supports drug use (**Collins et al., 1985**). 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 (**Collins and Messerschmidt, 1993**). In addition, it has been proposed that deviant individuals may use drugs in order to self-medicate (**Khantzian, 1985**), 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, i.e. substance use and crime may be causally linked and mutually reinforcing. 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 consumer expenditure. Conversely, when the need for drugs is great, users will commit crimes to get money to buy drugs (**Goldstein 1981**).

The common cause model postulates that substance abuse and crime are related because they share common causes such as genetic or temperamental traits, antisocial personality disorder, parental alcoholism, and poor relations with parents. Many young people also struggle to cope with school, their emotions, social situations and other types of stress. Variables, such as: poverty, social support structure, peer influences, unsteady employment and family environment all contribute to reasons for both drug abuse as well as risk factors for committing crime. Those children who grow up in a society of illicit- drugs used to see their parents using drugs. This may put them at a higher risk for developing an addiction (**White et al., 1993**). In addition, drug abuse and crime may have common environmental and situational causes. Rates of violent crimes and

delinquency are high in neighborhoods that are poor, densely populated, racially segregated, and composed of a transient population (**Sampson et al., 1997**).

Alcohol is a strong triggering risk factor for violent crime, constant across males and females as well as individuals with or without behavioral and psychiatric vulnerability. Intake of high doses of benzodiazepines is associated with an increased risk for violent crime. Cannabis use is associated with an increased risk of using the lethal suicide method of jumping from a height. Perpetrators with drug use at the time of the assault resulted in a greater likelihood of concurrent violence including hitting, slapping, kicking, use of a weapon, threats to harm or kill, physical injury during the assault and, as a result, assault victims experienced more injury regardless of the relationship of the perpetrator to the victim. Drugs make the victim less aware of, and less responsive to, cues of forthcoming violence. Less able to escape, the victim is more likely to fight back, thus increasing the likelihood of serious injury (**Lundholm et al., 2010**).

Some benzodiazepines are more associated with crime than others especially when abused or taken in combination with alcohol. The potent benzodiazepine, flunitrazepam (Rohypno), which has strong amnesia-producing effects can cause abusers to become ruthless. This has led to some acts of extreme violence to others, often leaving abusers with no recollection of what they have done in their drug-induced state. It has been proposed that criminal and violent acts brought on by benzodiazepine abuse may be related to lowered serotonin

levels via enhanced GAB Aergic effects (D?derman and Lidberg, 1999).

Marwa (2011) concluded from her study carried on the patients who presented to the Poison Control Center of Ain Shams University Hospitals (PCC-ASU), Egypt, 2010, that significantly notable increasing violence forms are closely related to drug abuse. Tramadol's prevalence is the mostly noted due to its wider availability and cheaper prices than other types of abused drugs. An increasingly alarming phenomenon of tramadol drug abuse has been demonstrated in the Egyptian community. The alleged usages of tramadol had also contributed greatly to its popularity and massive use especially among Egyptian youth as a remedy for premature ejaculatory function and for extended orgasm and increase sexual pleasure as promoted through many online drug stores and media. The unplanned indirect media advertising for tramadol abuse through movies and show series also played a remarkable role in promoting tramadol abuse. **El Masry (2013)**, in the annual report of Ain Shams (2011), proved that tramadol was the first drug involved in poisoning with prevalence of 7.4 % (1595 cases) of all poisoning cases(10064 cases) received at poison control center.

Hamdi et al. (2013) showed that, in a total of 44,000 subjects interviewed from 8 governorates in Egypt, a total of 4832 subjects were identified as using illicit substances at least once in their life (9.6%), including 1329 experimental and social use (3.3%), 1860 regular use (4.64%), and 629 substance dependence (1.6%). The prevalence of substance use in males is 13.2% and 1.1% in females. Prevalence increases significantly in

males of Bedouin origin, in seaside governorates, with lesser levels of education, and in certain occupations. The 15-19 age group showed the highest onset of substance use. Cannabis is the drug mostly misused in Egypt; alcohol is a distant second. **Bassiony et al. (2015)** found that in a total of 204 students, aged 13-18 years, from six schools in Zagazig. The prevalence of tramadol use was 8.8% among school students and the average age at onset of tramadol use was 16.5 ± 1.1 . 83% of the users were using tramadol alone, while the rest (17%) were using a combination of tramadol, alcohol, and cannabis. Over one third of tramadol users had drug related problems, and 6% had dependence. According to Egyptian national council for childhood and motherhood, drug addicts from the high class are exceeding and the starting age of drug addiction in the rich high class decreased to reach to 12 years old for the males and females. Drugs like Hashish and "Bango" are very common among the working low classes in Egypt and, according to the Health Committee in the Egyptian assembly, 15% of the university students are drug addicts (**Egyptian Chronicle, 2008**). Street children from resource-constrained settings reported high life-time substance use. Inhalants are the predominant substances used, followed by tobacco, alcohol and cannabis (**Embleton et al., 2013**). Familial neglect and lack of supervision were the main social motivations reported by street youth for misusing volatile substances. One-third reported inhaling "Kolla", a commercial glue (**Elkoussi and Bakheet, 2011**).

DRUG RELATED CRIMES

Drinking and drugged driving is the number one cause of death, injury and disability of young people under the age

of 21, Many prescription drugs including opioid pain relievers and benzodiazepenes prescribed for anxiety or sleep disorders come with warnings against the operation of machinery -- including motor vehicles - - for a specified period of time after use. When prescription drugs are abused (taken without medical supervision), impaired driving and other harmful reactions become much more likely. Use of illegal drugs or misuse of prescription drugs can make driving a car unsafe-just like driving after drinking alcohol. Drugged driving puts not only the driver but also passengers and others who share the road at risk (NIDA, 2014). Yassa et al. (2009) found that bango abuse, in drivers, was concentrated in age group (21 -31 years) and in those driving microbus, van and half van. In students, abuse concentrated in male students and in those with high daily fund. The abused students tend to be more aggressive and may be associated with antisocial and violent behavior. Cannabinoids can slow reaction time, impair judgment of time and distance, and decrease motor coordination. Drivers who have used cocaine or methamphetamine can be aggressive and reckless when driving. Certain kinds of sedatives, called benzodiazepines, can cause dizziness and drowsiness, which can lead to accidents. Teens are more likely than older drivers to underestimate or not recognize dangerous situations. They are also more likely to speed and allow less distance between vehicles. When lack of driving experience is combined with drug use, the results can be tragic.

Domestic violence includes verbal, emotional, physical intimidation, i.e. destruction of the victim's possessions maiming or killing pets threats forced sex

and slapping, punching, kicking, choking, burning, stabbing, shooting, and killing victims. Spouses, parents, stepparents, children, siblings, elderly relatives, and intimate partners may all be targets of domestic violence (Boston, 1995). Researchers have found that one- fourth to one-half of men who commit acts of domestic violence also have substance abuse problems (Leonard and Jacob, 1987). Women who abuse alcohol and other drugs are more likely to become victims of domestic violence (Miller et al., 1989), and victims of domestic violence are more likely to receive prescriptions for and become dependent on tranquilizers, sedatives, stimulants, pain killers, and are more likely to abuse alcohol (Stark and Flitcraft, 1988). Childhood physical abuse is associated with later substance abuse by youth (Dembo et al., 1987).

Eighty per cent of child abuse cases are associated with the use of alcohol and other drugs (McCurdy and Daro, 1994). The link between child abuse and other forms of domestic violence is well established. Fifty per cent of perpetrators are believed to have had "addiction" problems (Faller, 1988). Alcoholic women are more likely to report a history of childhood physical and emotional abuse than are non-alcoholic women (Hein and Scheier, 1996).

Substance Addiction and Sexual Assault

Victims of rape are 13.4 times more likely to develop two or more alcohol related problems and 26 times more likely to have two or more serious drug abuse-related problems (Kilpatrick and Aciemo, 2003). In a study of male

survivors sexually abused as children, over 80% had a history of substance abuse, 50% had suicidal thoughts, 23% attempted suicide, and almost 70% received psychological treatment (**Lisak, 1994**). 75% of women in treatment programs for drug and alcohol abuse report having been sexually abused (**Najavits et al., 1997**). In a study of 100 adult patients with polytoxic drug abuse, 70% of the female and 56% of the male drug abusers had been sexually abused prior to the age of sixteen. Nearly 90% of women with alcohol dependency were sexually abused as children or suffered severe violence at the hands of a parent (**Mueser et al., 2002**).

Teenagers with alcohol and drug problems are 6 to 12 times more likely to have a history of being physically abused and 18 to 21 times more likely to have been sexually abused than those without alcohol and drug problems (**Clark et al., 1997**). From a sample of 100 male and female subjects receiving treatment for substance abuse, more than a third was diagnosed with some form of a dissociative disorder stemming from childhood sexual or physical abuse (**Ross et al., 1992**).

Drug facilitated sexual assault, also known as predator rape, is a sexual assault (rape or otherwise) carried out on a person after the person has become incapacitated due to being under the influence of any mind-altering substances, such as having consumed alcohol or been intentionally administered another date rape drug. Alcohol facilitated rape is the most common form of sexual violence against women. As other types of rape, it is a crime of physical violence, and can be

a result of sexual hedonism and entitlement. Most victims are women and perpetrators men. Commonly used substances are alcohol, GHB, GLB benzodiazepines, rohypnol, ketamine and ecstasy (**Welner et al., 2009**).

The risks of homicide and suicide associated with alcohol or illicit drug use are high. In addition, non-drinkers living in a home with alcohol users were at increased risk of homicide, and non-drug using individuals residing in homes with illicit drug users were at greatly increased risk of homicide (**Rivara et al., 1997**).

There is a number of factors that increase the likelihood a person will take his or her own life; one of these is abusing substances. Depression, substance abuse, and aggressive behavior disorders have shown to be among the most influential risk factors for suicide in community and clinical studies of adolescents and adults. Increasing evidence suggests that adolescents who use and abuse alcohol and drugs are at increased risk for suicidal ideation, attempted suicide, and completed suicide. Drug abuse is second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior (**Wilcox, 2004 and Pompili et al., 2010**).

In the study of **Miller et al. (1991)** it was found that over fifty per cent of all suicides were associated with alcohol and drug dependence and at least 25% of alcoholics and drug addicts commit suicide. Over 70% of adolescent suicides may be complicated by drug and alcohol use and dependence.

Drug-related poisoning mortality risk continued to increase beyond 45 years, and there are age-related increases for

specific causes of death (infections, cancer, liver cirrhosis, and homicide). A gender by age-group interaction revealed that, whilst men have a greater drug-related poisoning mortality risk than women at younger ages, the difference narrows with increasing age (**Pierce et al., 2015**). The four leading causes of death in order were accidental poisoning/overdose, suicide, mental and behavioral disorders and circulatory system diseases. Younger abusers died from acute effects of drug use, while older abusers died more from chronic health conditions (**Onyeka, 2014**).

Drug-related homicide can include murders related to drug distribution, murders committed while using drugs, murders committed in the act of a crime to get money for drugs, or murders that simply occur in high-drug-use neighborhoods include shoplifting, property crime, drug dealing, violence and aggression (**NDLERF, 2007**).

Benzodiazepines have been used as a tool of murder by serial killers, and other murderers, such as those with the condition Munchausen Syndrome by Proxy (**Valentine et al., 1997**).

Deaths caused by ingestion, injection, snorting, or inhalation of drugs fall into four categories by manner: homicide, suicide, accident, and undetermined. The last category is used when a decision as to manner of death cannot be made. Poly drug use was found in all manners of death. The drug profile as well as the mean number of substances (illicit drugs and medicinal products) varied from 2.9 to 4.6 substances per case (**Lehrmann et al., 2008**).

Body packing or internal concealment used by drug dealers to smuggle illicit substances puts the body packer at risk of both imprisonment and death. Body packers usually carry about one kg (2.2 lb) of drug, divided into 50 – 100 packets of 8 – 10 g each. Each packet of opium, heroin, cocaine, or amphetamine contains a life-threatening dose of the drug. These drugs are wrapped in the forms of capsules, condoms, balloons, plastic bags, or finger of latex gloves and located in various anatomic cavities or body orifices. The most frequent cause of the death among body packers is acute drug intoxication due to rupture of the package(s) within the gastrointestinal tract (**Koehler et al., 2005**).

CONCLUSION

Scope for crime and violence is enhanced because of the economic opportunities provided to criminal groups by illicit drug markets, as criminals compete for a share of those markets. That, in turn, may have dire consequences for the local community. The stress, anxiety and fear generated by exposure to crime and violence, interfere with the daily lives and normal developmental progress of people. Thus, the social harm caused to communities by the involvement of both adults and young people in drug-related crime and violence is immense. The very fabric of society is challenged by the continued presence in communities of drug-related crime.

Relationship between drug abuse and crime is complex and that relationship destroys our community in small scale and the nation and the world in large scale. The evidence indicates that drug users are more likely than non-users to commit

crimes. That arrestees and inmates were often under the influence of a drug at the time they committed their offense, and that drug trafficking generates violence. Though there are different theories (psychopharmacological, economic motivation, systemic, crime leading to drug abuse and common cause theory) that explain relationship between drug abuse and crime, assessing the nature and extent of the influence of drugs on crime requires that reliable information about the offense and the offender is available. In face of problematic evidence, it is impossible to say quantitatively how much drugs influence the occurrence of crime.

Research works in Egypt are mandatory and still far away from evaluating the relationship and effects in our community. Expanding research initiatives and conducting longitudinal studies is necessary to understand the risk and protective factors associated with substance use in our population.

REFERENCES

1. Anglin M.D. and Perrochet B. (1998): Drug use and crime: A historical review of research conducted by the UCLA Drug Abuse Research Center. *Substance Use & Misuse*, 33:1871–914.

2. Bassiony M.M. , Salah ElDeen G.M., Yousef U, Raya Y, Abd el Ghani M.M., ElGohari H, and Atwa S.A. (2015): Adolescent tramadol use and abuse in Egypt. *Am J Drug Alcohol Abuse*, 41(3):206-11.

3. Blumstein A. (1995): Youth violence, guns and the illicit-drug industry. In Block C, Block R, editors. *Trends, risks, and interventions in lethal violence: Proceedings of the third annual spring symposium of the Homicide Research Working Group*, Research Report, NCJ 154254. Washington D.C.: U.S. Department of Justice, National Institute of Justice, p. 12-15.

4. Boston, M.A. (1995): Domestic Violence: The Facts handbook. Pbl. Peace at Home Inc, p.2-21.

5. Chaiken J.M. and Chaiken M.R. (1990): Drugs and predatory crime. In: Tonry M, Wilson JQ editors. *Crime and justice: A review of research*, Vol. 13: Drugs and crime. Pbl. Chicago: University of Chicago Press, p.320-332.

6. Clark H.W., McClanahan T.M. and Sees K.L. (1997): Cultural Aspects of Adolescent Addiction and Treatment, *Valparaiso University Law Review*, 31(2): 34-36.

7. Collins J.J. (1981): Drinking and Crime - Perspectives on the Relationships Between Alcohol Consumption and Criminal Behavior. Collins JJ editor, Pbl. Guilford Publications, Inc. New York, NY 10012, p. 220-221.

8. Collins J.J., Hubbard R.L. and Rachal J.V. (1985): Expensive drugs use and illegal income: A test of explanatory hypotheses. *Criminology*, 23:743–64.

9. Collins J.J. and Messerschmidt P.M. (1993): Epidemiology of alcohol-related violence. *Alcohol Health and Research World*, 17:93–100.

10. D?derman A. and Lidberg L. (1999): Rohypnol should be classified as a narcotic. *L?kartidningen*. 96 (9): 1005–7.

11. Darke S., Torok M., Kaye S., Ross J. and McKetin R. (2010): Comparative rates of violent crime among regular methamphetamine and opioid users: Offending and victimization. *Addiction*, 105(5): 916-9.

12. Deitch D., Koutsenok I. and Ruiz A. (2000): Relationship Between Crime and Drugs. *Journal of Psychoactive Drugs*, 32 (4): 391-7.

13. Dembo R., Dertke M., LaVoie L., Borders S., Washburn M. and Schmeidler, J. (1987): Physical abuse, sexual victimization, and illicit drug use: A structural analysis among high risk adolescents. *Journal of Adolescence*, 10:13–33.

14. Denison M.E., Paredes A, and Booth J.B. (1997): Alcohol and cocaine interactions and aggressive behaviors. In: Marc G editor. *Recent developments in alcoholism*, volume 13:

- Alcohol and violence. Pbl. New York: Plenum Press, p. 54-61.
15. **Egyptian Chronicales (2008):** The Language of Numbers: Drug addiction and use in Egypt. Available from: <http://egyptianchronicales.blogspot.com/2008/01/languageofnumbers-drugaddictionand.html>.
 16. **Elkoussi A. and Bakheet S. (2011):** Volatile substance misuse among street children in Upper Egypt. *Subst Use Misuse*, 46 Suppl (1): 35-9.
 17. **El Masry M. (2013):** Annual Report of the Poison Control Centre of Ain Shams University Hospital, Cairo, Egypt. *Ain Shams Journal of Forensic Medicine and Clinical Toxicology*, 20: 10-17.
 18. **Embleton L., Mwangi A., Vreeman R., Ayuku D. and Braitstein P. (2013):** The epidemiology of substance use among street children in resource-constrained settings: a systematic review and meta-analysis. *Addiction*, 108(10):1722-33.
 19. **Fagan J. (1990):** Intoxication and aggression In: Tonry M, Wilson JQ editors. *Crime and justice: A review of research*, Vol. 13: Drugs and Crime, Pbl. Chicago: University of Chicago Press, p. 21-30.
 20. **Faller, K.C. (1988):** Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment, Pbl. New York: Columbia University Press, p.46-49.
 21. **Goldstein P.J. (1981):** Getting over: Economic alternatives to predatory crime among street drug users. In: Inciardi JA editor. *The drugs-crime connection*. Pbl. Beverly Hills: Sage Publications, p. 112-119.
 22. **Goldstein P.J. (1985):** The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues*; 15: 493-506.
 23. **Goldstein P.J. (1997):** The relationship between drugs and violence in the United States of America. *World drug report: United Nations International Drug Control Program*. Oxford: Pbl. Oxford University Press, p. 26-30.
 24. **Goldstein P.J., Brownstein H.H., Ryan P.J. and Bellucci P.A. (1989):** Crack and homicide in New York City, 1988: A conceptually based event analysis. *Contemporary drug problems*, 16:651-87.
 25. **Hamdi E. , Gawad T., Khoweiled A., Sidrak A.E., Amer D., Mamdouh R., Fathi H. and Loza M. (2013):** Lifetime prevalence of alcohol and substance use in Egypt. *Substance Abuse*, 34(2): 97-104.
 26. **Hein H.D. and Scheier J. (1996):** Trauma and short-term outcome for women in detoxification. *Journal of Substance Abuse Treatment*, 13:227-231.
 27. **ICPC (2012):** Drug related crime. Crime Prevention and Community Safety Learning Circles. Available from: [http://www.crimeprevention.gov.au/Information resources/ Documents](http://www.crimeprevention.gov.au/Information%20resources/ Documents).
 28. **Khantzian E.J. (1985):** The self-medication hypothesis of addictive disorders: Focus on heroin and cocaine dependence. *American Journal of Psychiatry*, 142: 1259-64.
 29. **Kilpatrick D.G. and Aciemo R. (2003):** Mental Health Needs of Crime Victims: Epidemiology and Outcomes. *J Trauma Stress*, 16 (2):119-32.
 30. **Koehler S.A, Ladham S., Rozin L., Shakir A., Omalu B., Dominick J. and Wecht C.H. (2005):** The risk of body packing: a case of a fatal cocaine overdose. *Forensic Sci Int*, 151 (1): 81-4.
 31. **Lehrmann1 E., Afanador Z.R., Soboslay, Gallegos G., Darwin W.D., Lowe R.H., Barnes A.J/, Huestis M.A., Cadet J.L., Herman M.M., Hyde T.M., Kleinman J.E. and Freed W.J. (2008):** Postmortem diagnosis and toxicological validation of illicit substance use *Addict Biol.*, 13(1): 105-117.
 32. **Leonard K.E. and Jacob T. (1987):** Alcohol, alcoholism, and family violence. In: Van Hasselt, V.D.; Morrison, R.L.; Bellack, A.S.; and Herson, M., eds. *Handbook of Family Violence*. Pbl. New York: Plenum, p. 383-406.
 33. **Lisak D. (1994):** The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors. *Journal of Traumatic Stress*, 7(4): 525-548
 34. **Lundholm, L., K?il, K., Wallis, S. and Thiblin, I. (2010):** Use of anabolic androgenic

- steroids in substance abusers arrested for a crime. *Drug and Alcohol Dependence*, 111(3):222-6
35. **Marwa M. F. (2011):** Some medicolegal aspects concerning tramadol abuse: The new Middle East youth plague 2010. An Egyptian overview. *Egyptian Journal of Forensic Sciences*, 1(2): 99–102.
36. **McCurdy, K., and Daro, D. (1994):** Child maltreatment: A national survey of reports and fatalities. *Journal of Interpersonal Violence*, 1:75–94.
37. **Miczek K.A, DeBold J.F, Haney M., Tidey J., Vivian J. and Weerts E.M. (1994):** Alcohol, drugs of abuse, aggression, and violence. In Reiss AJ, Roth JA editors. *Understanding and preventing violence*, vol (3), Pbl. Washington D.C.: National Academy Press, p. 291-316.
38. **Miller B.A., Downs W.R. and Gondoli D.M. (1989):** Spousal violence among alcoholic women as compared to a random household sample of women. *Journal of Studies on Alcoholism*, 50(6): 533–540.
39. **Miller N.S., Mahler J.C. and Gold M.S. (1991):** Suicide risk associated with drug and alcohol dependence. *J Addict Dis*, 10(3): 49-61.
40. **Mueser K.T., Rosenberg S.D., Goodman L.A. and Trumbetta, S.L. (2002):** Trauma, PTSD, and the Course of Severe Mental Illness: An Interactive Model. *Schizophrenia Research*, 53:1-2 and 123-143.
41. **Najavits L.M., Weiss R.D., and Shaw S.R. (1997):** The Link between Substance Abuse and Posttraumatic Stress Disorder in Women: A Research Review. *American Journal on Addictions*, 6:273-283.
42. **NIDA (2014):** The Science of Drug Abuse and Addiction: The Basics. National Institute on Drug Abuse. Available at: <http://www.drug-abuse.gov/publications/media-guide/science-drug-abuse-addiction-basics>.
43. **NDLERF (2007):** National Drug Law Enforcement Research Fund, Australian Government, Benzodiazepine and pharmaceutical opioid misuse and their relationship to crime. An examination of illicit prescription drug markets in Melbourne, Hobart and Darwin. Available at: <http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph21>.
44. **Nurco D.N., Shaffer J.C., Ball J.C. and Kinlock WT. (1984):** Trends in the commission of crime among narcotic addicts over successive periods of addiction. *American Journal of Drug and Alcohol Abuse*, 10:481–9.
45. **Onyeka I.N., Beynon C.M., Hannila M.L, Tiuhonen J., F?hr J., Tuomola P., Kuikanm?ki O., Tasa N., Paasolainen M. and Kauhanen J. (2014):** Patterns and 14-year trends in mortality among illicit drug users in Finland: the HUUTI study. *Int. J Drug Policy*, 25(6):1047-53.
46. **Paranjape N.V. (2010):** Alcoholism, Drug Addiction and Crime in Criminology and Penology, Paranjape NV editor, 14th ed., Pbl. New Delhi: Central Law Publications, p. 231-260.
47. **Parker R.N. and Kathleen A. (1998):** Alcohol, drugs, and violence. *Annual Review of Sociology*, 24:291–311.
48. **Pierce M., Bird S.M., Hickman M. and Millar T. (2015):** National record linkage study of mortality for a large cohort of opioid users ascertained by drug treatment or criminal justice sources in England, 2005-2009. *Drug Alcohol Depend*, 1:146:17-23
49. **Pihl R.O., Peterson J.B. and Lau M.A. (1993):** A biosocial model of the alcohol-aggression relationship. *Journal of Studies on Alcohol*, p. 128–39.
50. **Pinel J.P.J. (2010):** Biopsychology. 7th ed., Pbl. Boston: MA. Pearson Education Inc, p. 230-254.
51. **Pompili M., Serafini G., Innamorati M., Dominici G., Stefano F, Giorgio D. Kotzalidis, Serra G., Paolo G. ,Luigi J., Roberto T., Leo S. and David L. (2010):** Suicidal Behaviour and Alcohol Abuse. *Int. J Environ Res Public Health*, 7(4): 1392–1431.
52. **Reno J., Marcus D., Leary M. L. and Samuels M. (1999):** Extent, Nature, and Consequences of Intimate Partner Violence U.S. Department of Justice, National Institute of Justice.1998 Drug Use Forecasting: Annual Report on Adult and Juvenile Arrestees,

- Research Report, Pbl.Washington D.C.: U.S. GPO, p. 4-62
- 53. Rivara F.P., Mueller B.A., Somes G., Mendoza C.T, Rushforth N.B. and Kellermann A.L. (1997):** Alcohol and illicit drug abuse and the risk of violent death in the home, *JAMA*, 278(7):569-75.
- 54. Ross, C.A., Kronson, J., Koensgen,S., Barkman, K., Clark, P. and Rockman G. (1992):** Dissociation Comorbidity in 100 Chemically Dependent Patients, Hospital and community. *Psychiatry*, 43(8): 840-42.
- Sampson R.J., Raudenbush S.W. and Earls F.(1997):** Neighbourhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277: 918-24.
- 55. Stark E. and Flitcraft A. (1988):** Violence among intimates: An epidemiological review. In: Van Hasselt, V.D.; Morrison, R.L.; Bellack, A.S.; and Herson, M., eds. *Handbook of Family Violence*, Pbl. New York: Plenum, p. 159-199.
- 56. UMMC (2016):** The University of Mississippi Medical Center (UMMC) Bulletin. Available at: <http://umm.edu/health/medical/ency/articles/drug-abuse>.
- 57. Valentine J.L., Schexnayder S., Jones J.G. and Sturner W.Q. (1997):** Clinical and toxicological findings in two young siblings and autopsy findings in one sibling with multiple hospital admissions resulting in death. Evidence suggesting Munchausen Syndrome by Proxy, *The Am J Forensic Medicine and Pathology*, 18 (3): 276-81.
- 58. Virkkunen M. and Linnoila M. (1993):** Brain serotonin, type II alcoholism, and impulsive violence. *Journal of Studies on Alcohol*, (supplement 11): 163-9.
- 59. Welner M. and Welner B. (2009):** Chapter 23: Drug-Facilitated Sex Assault, In Hazelwood, Robert R.; Burgess, Ann Wolbert. *Practical Aspects of Rape Investigation: A Multidisciplinary Approach* (4th ed.). Pbl. CRC Press, p. 445-462.
- 60. White H.R. (1990):** The drug use-delinquency connection in adolescence. In: Weisheit R. editor. *Drugs, crime, and criminal justice.*, Pbl. Cincinnati: Ohio Anderson Publishing Company, p. 215-256.
- 61. White H.R, Brick J. and Hansell S. (1993):** A longitudinal investigation of alcohol use and aggression in adolescence. *Journal of Studies on Alcohol* (Suppl. 11): 62-77.
- 62. White H.R. (1997):** Alcohol, illicit drugs, and violence. In: Stoff D.M, Breiling J., Maser J.D. editors. *Handbook of antisocial behaviour*, Pbl. New York: John Wiley and Sons, p. 511-524.
- 63. Wilcox H. C. (2004):** Epidemiological Evidence on the Link Between Drug Use and Suicidal Behaviors Among Adolescents, *Can. Child Adolesc. Psychiatr. Rev.*, 13(2): 27-30.
- 64. Yassa H.A. , Dawood AelW., Shehata M.M., Abd elHady R.H. and Abd elAal K.M. (2009):** Risk factors for bango abuse in upper Egypt, *Environ. Toxicol. Pharmacol.*, 28 (3): 397-402.

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إن الرغبة الشديدة والملحة لدى المتعاطي والمدمن للحصول على المخدرات بصورة متزايدة تؤدي به للعزف عن كل نشاطات الحياة المختلفة، وينحرف بعدها وبسببها لممارسة الجريمة بأشكالها المختلفة مثل السرقة والدعارة من أجل الحصول على المال. ومن الملحوظ أن أعداد المتعاطين من كل فئات المجتمع وبخاصة الشباب قد زادت بالمدن الكبرى مما شكل ضرراً كبيراً للمجتمع في كل الجوانب.

وهناك علاقة معقدة بين تعاطي المخدرات وإنتشار الجريمة، إذ أن كلَّ منهما قد يؤدي للآخر أو يلزمه.

وتهدف هذه المقالة إلى مراجعة وتحليل ما نشر من مقالات عن حقيقة العلاقة بين تعاطي المخدرات والجريمة من حيث أشكال العلاقة وأنواعها وآثار كل منهما على الآخر، مع دراسة ما نشر بمصر. وحاولت الدراسة الحالية الإجابة على السؤال الهام ألا وهو هل الجريمة هي التي تؤدي للتعاطي أم العكس صحيح؟ .

وتوضح المقالة الحالية أن هناك أنماطاً مختلفة لتلك العلاقة، فهناك متعاطين تحولوا لمجرمين بسبب تأثير الدواء عليهم، ومتعاطين قاموا بأفعال إجرامية كالسرقة والدعارة من أجل الحصول على المال لإشباع رغبتهم الملحة للحصول على المخدرات، والنمط الأخطر هو لتجار ومروجي المخدرات من عصابات .

ومن خلال المقال الحالي تبين قلة ما نشر من أبحاث وبخاصة عن المجتمع المصري فيما يخص علاقة المخدرات بالجريمة.