Three Categories of Criminological Theory Used to Explain Drug Use

Posted on October 23, 2018

View this essay online:
https://academic-master.com/the-three-categories-of-criminological-theory-used-to-explain-drug-use/

Introduction

Drug use and substance use disorders cannot be explained by a single defective personality, one gene, or one social environment. People use psychoactive substances for different reasons, including pleasure, curiosity, pain relief, coping, social belonging, performance, ritual, and dependence. Most people who try a drug do not automatically develop a substance use disorder, while some people become much more vulnerable because of the interaction among biological sensitivity, early development, trauma, mental health, social learning, inequality, drug availability, and repeated exposure. Contemporary research therefore supports a biopsychosocial approach rather than one explanation that claims to account for every pattern of use.

Criminological theories add another level of analysis by asking how peer groups, strain, social bonds, labeling, opportunity, inequality, drug markets, and law influence behavior. These perspectives are important because “drug use” and “drug crime” are not identical concepts. A clinical disorder involves impaired control and continued use despite harm, whereas criminality depends partly on how particular substances and behaviors are regulated. A strong explanation must therefore distinguish health consequences from the effects of prohibition, policing, and illegal markets (Akers et al., 2017).

Biological Vulnerability and Neuroadaptation

Biological explanations examine genetic variation, brain development, metabolism, stress systems, reward learning, and the effects of repeated exposure. No single “addiction gene” determines whether a person will develop a substance use disorder. The National Institute on Drug Abuse emphasizes that vulnerability differs among people and that no one factor determines addiction (National Institute on Drug Abuse [NIDA], 2026a). Risk generally rises as multiple biological and environmental factors accumulate.

Adolescence is an important developmental period because the brain continues to mature while novelty seeking, emotional intensity, and peer influence may be high. Early drug use is associated with greater later risk, although early initiation can also be a marker for family problems, trauma, poor supervision, neighborhood availability, or other pre-existing vulnerabilities. Biology and

environment therefore cannot be separated cleanly.

Repeated exposure can also alter reward, stress, learning, and habit systems. Tolerance may develop, requiring larger amounts to produce the same effect, while withdrawal can motivate further use. Environmental cues such as people, places, emotions, or routines may become strongly associated with substance effects and later trigger craving. These processes help explain why severe addiction should not be reduced to weak willpower. They also do not mean recovery is impossible. Models of behavior change emphasize that recovery develops through stages, repeated attempts, self-efficacy, and adaptation rather than one all-or-nothing decision (DiClemente, 2018). Brain plasticity supports both the development of compulsive patterns and the possibility of improvement through treatment, changed environments, learning, and time.

Psychological Explanations: Learning, Coping, and Cognition

Psychological theories focus on learning, expectations, emotion, trauma, impulsivity, coping, self-efficacy, and decision-making. Older descriptions sometimes characterize people who use drugs as possessing a defective personality. That claim is both inaccurate and stigmatizing. Personality traits can influence risk, but no particular trait is necessary or sufficient to explain drug use.

Classical and operant conditioning provide useful mechanisms. Through classical conditioning, drug effects can become associated with places, people, music, stress, or routines. Through operant conditioning, pleasurable effects can reinforce use, while relief from pain, anxiety, withdrawal, or traumatic memories can negatively reinforce continued use. Treatment can use the same learning principles by changing cues, building alternative sources of reward, practicing coping responses, and using approaches such as contingency management.

Cognitive factors also shape behavior. A person who believes alcohol is necessary for confidence or stimulants are essential for performance may be more likely to use them in relevant situations. Immediate rewards can receive greater weight than distant consequences, especially under stress. Cognitive behavioral approaches can help identify high-risk situations, examine beliefs, develop problem-solving skills, and plan alternative responses. Such strategies are more effective when housing, healthcare, relationships, and other environmental conditions make the alternative behavior realistic.

Trauma, Mental Health, and Development

Trauma and adverse experiences are associated with increased substance-related risk because they can affect stress regulation, sleep, trust, mood, and coping. Childhood abuse, neglect, community violence, displacement, discrimination, or repeated loss may make short-term relief from substances

especially reinforcing. However, trauma does not inevitably lead to drug use, and not every person with a substance use disorder has a known trauma history.

Co-occurring mental health conditions also matter. Depression, anxiety, post-traumatic symptoms, attention problems, psychosis, and other disorders may precede, follow, or interact with substance use. The relationship can move in both directions. A person may use a substance to cope with anxiety, while repeated use can worsen anxiety over time. A stimulant may temporarily increase concentration while creating sleep disruption or paranoia. Clinical assessment therefore needs to examine timing rather than assume one condition caused the other.

A developmental perspective is particularly useful because risk changes across the life course. School transitions, employment, intimate relationships, parenthood, illness, incarceration, and housing can alter behavior. Substance use may be experimental, episodic, persistent, or recurrent. Turning points such as stable employment or supportive relationships can assist recovery, but their effect depends on quality; precarious work or abusive relationships may add rather than reduce strain.

Social Learning, Differential Association, and Peer Networks

Sociological and criminological theories examine how behavior is shaped by relationships and institutions. Akers's social learning theory proposes that behavior is influenced by association, definitions, reinforcement, and imitation. Drug use becomes more likely when important peers model it, approve it, provide access, or reward participation. People may also learn definitions that present use as harmless, normal, exciting, necessary, or justified.

Sutherland's differential association theory similarly argues that criminal behavior is learned through interaction with others, including techniques and definitions favorable to law violation. Applied to illegal drug activity, it can help explain how individuals learn where to obtain substances, how to conceal transactions, or how to justify prohibited behavior. The theory is less complete for use that begins through medical prescribing, solitary experimentation, or broad cultural exposure, which is why modern social-learning approaches incorporate reinforcement and cognition.

Peer influence is not inherently harmful. Recovery groups, mentors, supportive family members, and non-using peers can model and reinforce healthier behavior. Prevention should therefore strengthen positive social networks rather than simply warn that peers are dangerous.

Strain, Social Bonds, and Labeling

Strain theories connect deviance with blocked goals, negative relationships, loss, and stressful conditions (Agnew, 2006). Merton emphasized the gap between culturally valued success and

legitimate means, while later general strain theory expanded the concept to include failure to achieve goals, loss of valued relationships or conditions, and exposure to negative treatment. Substance use may become a coping strategy, an income source, or part of an oppositional identity under these circumstances. Yet most people experiencing strain do not use drugs or commit crime. Social support, coping ability, moral beliefs, opportunity, and community institutions affect the response.

Control theories ask why people conform. Attachment to family, commitment to school or employment, involvement in conventional activities, and belief in rules can reduce illegal behavior by increasing both connection and the cost of deviance. Strong bonds are not automatically protective, however. A tightly connected network that normalizes heavy drug use can increase risk. The quality and norms of the relationship matter as much as its strength.

Labeling theory focuses on what happens after society officially identifies someone as a drug user, offender, or addict. Arrest, stigma, and a criminal record can restrict education, employment, housing, and social relationships. Those exclusions may increase association with deviant networks and make the label more central to identity. Labeling theory does not claim that social reaction creates every initial act; it helps explain how institutional responses can influence later behavior.

Conflict, Opportunity, and the Drug-Crime Relationship

Conflict and critical theories examine who has the power to define prohibited substances, regulate markets, and distribute punishment. Drug laws have been shaped by medical knowledge but also by political, racial, colonial, economic, and cultural forces. Enforcement can fall unevenly even when underlying use is distributed more broadly. This perspective is valuable because it prevents researchers from treating legal categories as neutral reflections of pharmacological harm.

Critical analysis does not mean all drug control is unnecessary. Intoxicated driving, contaminated supplies, exploitation, unsafe prescribing, organized violence, and sales to minors create legitimate regulatory concerns. The policy question is whether a particular response reduces harm fairly or generates additional harm through criminalization, market instability, stigma, or exclusion.

Routine activity theory contributes a situational perspective. Drug transactions and related offenses are influenced by where people meet, how payment occurs, whether guardians are present, which digital platforms are used, and how opportunities are structured. Prevention can alter environments through secure medication storage, responsible prescribing systems, venue management, improved guardianship, or disruption of dangerous markets. Opportunity reduction should be assessed carefully because suppressing activity in one location may displace it to another, potentially more dangerous setting.

An Integrated Biopsychosocial and Criminological Model

The most useful contemporary framework integrates levels rather than declaring one theory the winner. Genetic vulnerability may affect reward sensitivity; trauma may alter stress responses; depression may increase the desire for short-term relief; peers may normalize use; neighborhood availability may provide access; economic strain may make illegal markets attractive; and criminalization may create later barriers to employment and housing. Each factor can change the effect of another.

Risk is probabilistic rather than deterministic. Protective factors include parental monitoring, supportive relationships, good self-control, school connection, meaningful employment, access to healthcare, stable housing, positive community resources, and opportunities that make long-term goals realistic. NIDA's prevention framework emphasizes that risk and protective factors change across development and operate in multiple settings (NIDA, 2026b). Effective prevention therefore needs to match the age, substance, population, and local context rather than relying on one universal message.

This integrated view also improves the interpretation of functionalism. The existence of police, courts, treatment centers, or regulatory jobs is a social consequence of drug problems, not evidence that drug-related harm is beneficial because it creates employment. A more useful functional analysis asks how medical systems, law, family norms, markets, and social-control institutions respond to substance use and whether those responses support social stability or create new dysfunction.

Implications for Prevention, Treatment, and Policy

Prevention should strengthen protective conditions while reducing exposure to avoidable risk. Family support, school connection, accurate drug education, safe prescribing, early mental-health treatment, secure medication storage, and community resources can all contribute. Fear-based messaging and exaggerated claims can reduce credibility, particularly when young people observe that the message does not match reality.

Treatment should be based on the substance, severity, individual goals, and co-occurring conditions. Behavioral therapies, medications where evidence supports them, peer support, harm-reduction services, and treatment of mental and physical health conditions may all be appropriate. Opioid use disorder, for example, can be treated with effective medications; dismissing those treatments because they themselves involve medication misunderstands the clinical evidence.

Criminal-justice systems may connect some people to care, but coercion, incarceration-related treatment interruption, stigma, and criminal records can also undermine recovery. Outcomes should

therefore be evaluated through health, overdose, functioning, safety, treatment retention, public disorder, racial equity, and market effects rather than using arrest counts alone as evidence of success.

Decriminalization and legalization should also be distinguished. Removing criminal penalties for possession is not the same as creating a legal commercial supply system. Policy reforms can have different effects depending on treatment availability, enforcement practice, pricing, product regulation, and local services. Criminological theory is most useful when it generates testable questions about these outcomes rather than predetermined ideological conclusions.

Conclusion

Biological, psychological, sociological, and criminological theories each explain part of drug use, but none is sufficient alone. Biology helps explain inherited vulnerability, development, reward learning, and neuroadaptation. Psychology explains coping, cognition, conditioning, trauma, and decision-making. Sociology and criminology reveal peer influence, strain, social bonds, labeling, opportunity, inequality, market organization, and the role of law.

The strongest approach is therefore an integrated biopsychosocial and developmental model informed by criminology. It avoids stigmatizing people as biologically or morally defective and recognizes that substance use disorders are health conditions shaped by behavior and environment, while drug-related crime is also influenced by policy and market structure. Effective prevention and treatment reduce risk at several levels at once and judge success by whether harm, illness, exclusion, and unsafe behavior actually decline.

References

National Institute on Drug Abuse. (2026a). *Drugs, Brains, and Behavior: The Science of Addiction*.

National Institute on Drug Abuse. (2026b). *Prevention*.

Akers, R. L., Sellers, C. S., & Jennings, W. G. (2017). *Criminological Theories*. Oxford University Press.

Agnew, R. (2006). *Pressured into Crime*. Oxford University Press.

DiClemente, C. C. (2018). *Addiction and Change* (2nd ed.). Guilford Press.