Three Categories of Criminological Theory Used to Explain Drug Use

Posted on October 23, 2018

Introduction

Drug use and substance use disorders cannot be explained by one defective personality, one gene, or one social environment. People use psychoactive substances for many reasons, including pleasure, curiosity, pain relief, social belonging, coping, performance, ritual, and dependence. Most people who use a drug do not automatically develop a substance use disorder, while some people become vulnerable through a combination of biological sensitivity, trauma, mental health, availability, social learning, inequality, and repeated exposure.

The original essay organizes explanations into biological, psychological, and sociological categories, which is a useful starting point. It describes drug users as having personality defects and says sociological theory is necessarily the best basis for policy. Contemporary science supports a biopsychosocial approach: biological, psychological, and social factors interact over time. Criminological theories add analysis of learning, strain, control, labeling, opportunity, markets, and law. They help explain patterns of use and criminalization, but they should not replace medical knowledge about addiction. (National Institute on Drug Abuse)

Drug Use, Addiction, and Crime

Drug use is behavior; substance use disorder is a clinical condition involving impaired control, risky use, social impairment, and physiological features in some cases. “Addiction” commonly refers to severe, compulsive substance use despite harm. Crime enters the analysis in several ways: possession or supply may be illegal, intoxication can affect offending risk in some contexts, people may commit income-generating crime, and illegal markets generate violence and enforcement.

These relationships are not automatic. Most people with substance use disorders are not violent. Legal substances can cause major harm, and illegal status reflects political history as well as pharmacology. Criminological analysis should distinguish drug-related harm from the consequences of prohibition and enforcement.

Biological Explanations

Biological theories examine genetics, brain development, stress systems, metabolism, reward

learning, and the effects of repeated exposure. Genetic variation can influence vulnerability, but no single “addiction gene” determines destiny. Heritability estimates describe variation in populations under particular conditions; they do not predict one person with certainty.

Adolescence is a period of continued brain development, increased novelty seeking, and strong peer influence. Early initiation is associated with greater risk, though early use may also indicate family, trauma, or environmental problems. Biological risk interacts with availability and experience.

Neuroadaptation

Repeated drug exposure can change reward, stress, habit, and decision systems. Tolerance may develop, meaning a person needs more of a substance to produce the same effect. Withdrawal can motivate continued use. Environmental cues become associated with the drug and can trigger craving long after abstinence.

These changes help explain why severe addiction cannot be reduced to weak willpower. They do not mean people lose all agency or cannot recover. Brain plasticity supports both the development of compulsive patterns and improvement through treatment, changed environments, and time.

Psychological Explanations

Psychological theories study learning, coping, expectations, impulsivity, trauma, mood, personality traits, and decision-making. Traits can influence risk, but it is inaccurate and stigmatizing to say drug users possess defective personalities. Low self-esteem is neither necessary nor sufficient for substance use.

People may use substances to reduce anxiety, avoid traumatic memories, manage depression, sleep, increase energy, or feel socially comfortable. Short-term relief can reinforce use even when long-term consequences worsen the original problem.

Classical and Operant Conditioning

Classical conditioning links drug effects with people, places, emotions, and routines. Operant conditioning explains how rewarding effects increase behavior and how relief from pain or withdrawal negatively reinforces continued use.

Prevention and treatment can use these principles by changing cues, building alternative rewards, practicing coping responses, and using contingency management. Punishment alone may suppress visible behavior temporarily without creating a safer alternative.

Cognitive Explanations

Expectations influence use. A person who believes alcohol is necessary for confidence or that stimulants guarantee performance may be more likely to use in those situations. Attention can become biased toward substance cues, and immediate rewards may outweigh delayed harms.

Cognitive-behavioral approaches help people identify high-risk situations, question beliefs, solve problems, and plan responses. Such approaches work best when housing, healthcare, and social support make new behavior possible.

Trauma and Adverse Experience

Childhood adversity, violence, neglect, displacement, and discrimination are associated with increased substance-related risk. Trauma can affect stress regulation, trust, sleep, and coping. Yet trauma does not inevitably lead to drug use, and not every person with addiction has a known trauma history.

Trauma-informed systems emphasize safety, choice, collaboration, and avoidance of unnecessary re-traumatization. They should not assume that every behavior is a trauma symptom or lower standards of accountability for harmful conduct.

Sociological Explanations

Sociological theories examine how families, peers, neighborhoods, schools, work, inequality, culture, markets, and institutions shape behavior. They explain why drug use clusters in networks and why the same substance has different meanings across groups.

Social environment affects access, norms, stress, supervision, opportunity, and consequences. It also determines who is arrested, who receives treatment, and whose use is interpreted as experimentation rather than criminality.

Social Learning Theory

Akers’s social learning theory proposes that behavior is learned through association, definitions, reinforcement, and imitation. People are more likely to use drugs when important peers approve, model use, provide access, and reward participation. Definitions can neutralize risk by presenting use as normal, harmless, or necessary.

Prevention can strengthen relationships and norms that support nonuse or lower-risk behavior. It should not assume all peer influence is negative. Recovery communities, mentors, and family

members can model and reinforce change.

Differential Association

Sutherland's differential association theory argues that criminal behavior is learned through interaction with others, including techniques and definitions favorable to law violation. Applied to illegal drug use, it helps explain initiation into markets, methods of concealment, and justification of conduct.

The theory is less able to explain use that begins through medical prescribing, solitary experimentation, or broad cultural exposure. Modern social learning models add reinforcement and cognition to address these gaps.

Strain and Anomie

Strain theories link deviance to blocked goals, negative relationships, loss, and pressure. Merton emphasized the gap between culturally valued success and legitimate means. Agnew's general strain theory includes failure to achieve goals, loss of valued conditions, and exposure to negative stimuli.

Substances may become coping tools, sources of income, or part of oppositional identity. However, most people under strain do not use drugs or offend. Social support, coping skills, opportunity, moral beliefs, and community institutions influence the response.

Social Control and Social Bonds

Control theories ask why people conform. Attachment to family, commitment to education or work, involvement in conventional activity, and belief in rules can discourage illegal behavior. Weak or disrupted bonds may reduce the cost of deviance.

Strong bonds are not always protective if the bonded group supports drug use. A gang, exploitative workplace, or substance-using peer network can provide belonging while increasing risk. The quality and norms of relationships matter.

Labeling Theory

Labeling theory examines how official and social reactions shape identity and future opportunity. An arrest or stigmatizing diagnosis can limit education, employment, housing, and relationships. Exclusion may strengthen involvement in deviant networks and make a drug-user identity more central.

This theory does not claim that labels create every initial act. It explains secondary consequences. Diversion, record relief, confidential treatment, and non-stigmatizing language can reduce avoidable harm while maintaining responses to serious conduct.

Conflict and Critical Theories

Conflict theories ask who has power to define drugs, regulate markets, and distribute punishment. Drug laws have often been shaped by racial, colonial, class, and political interests. Enforcement can fall unequally even where use rates are similar.

Critical analysis should not imply that all drug control is merely oppression. Contaminated supplies, impaired driving, exploitation, and organized violence require regulation. The question is whether laws reduce harm fairly or create greater harm through criminalization and exclusion.

Routine Activity and Opportunity

Routine activity theory focuses on situations where a motivated actor, suitable target, and absence of capable guardians converge. In drug markets, place, transportation, digital platforms, payment systems, and policing shape opportunity.

Environmental prevention can improve lighting, guardianship, prescription systems, secure storage, and venue management. Opportunity reduction should avoid merely displacing activity into more dangerous settings.

Life-Course Theory

Life-course criminology examines onset, persistence, and desistance over time. School transitions, employment, partnership, parenthood, incarceration, illness, and housing can alter pathways. Substance use may be episodic, age-limited, or chronic.

Turning points work differently across people. A job can support recovery if it is stable and respectful; precarious work may increase stress. Policy should support positive transitions rather than assuming maturity alone resolves risk.

Functionalism

The original essay selects functionalism as the most useful prevention theory and notes that drug markets create employment in criminal justice and treatment. Functional analysis can identify how institutions respond to a social problem, but calling those jobs a “function” of illegal drugs can

confuse consequence with social benefit. (National Institute on Drug Abuse)

Police and treatment employment does not justify harm, and institutions may develop interests in maintaining current policy. A better functionalist question is how drug norms, medicine, ritual, markets, and social control contribute to social order or dysfunction, and how institutions adapt when the balance changes.

A Biopsychosocial and Developmental Model

The strongest current approach integrates levels. Genetic vulnerability may affect reward sensitivity; childhood adversity may alter stress responses; peers may normalize use; neighborhood availability may provide access; and criminalization may create lasting exclusion. Each factor changes the influence of others.

Risk is probabilistic, not deterministic. Protective factors include supportive relationships, financial stability, school connection, accessible healthcare, meaningful activity, and safe communities. Prevention should strengthen protection while reducing exposure.

Implications for Prevention

NIDA emphasizes prevention across developmental stages and settings. Effective programs are matched to age and local risk, strengthen family and school relationships, teach skills, and address access. Fear-based messages and exaggerated claims can damage credibility.

Prevention should also include safe prescribing, overdose education, naloxone access, secure medication storage, early mental-health care, and policies addressing housing and economic instability. Different substances and populations require different strategies.

Implications for Treatment

Treatment can include medications, behavioral therapies, peer support, harm reduction, and services for mental and physical health. Opioid use disorder has effective medications, and denying them because they are also substances misunderstands treatment evidence.

Criminal justice systems can connect people to care, but coercion, interrupted medication, and stigma can undermine recovery. Treatment quality should be measured through health, safety, functioning, and patient goals rather than abstinence alone in every case.

Policy and Decriminalization

Criminological theories support evaluation of whether punishment deters use, increases labeling, or changes market violence. Decriminalizing possession is not the same as legalizing commercial supply, and policies vary in treatment access and enforcement.

Reform should be evaluated through overdose, initiation, treatment, racial equity, public disorder, market behavior, and unintended effects. Ideological labels should not replace evidence.

Conclusion

Biological, psychological, and sociological theories each explain part of drug use, but none is sufficient alone. Biology identifies inherited vulnerability, development, and neuroadaptation. Psychology explains learning, expectations, coping, trauma, and decision processes. Sociology and criminology reveal peer influence, strain, social bonds, labeling, inequality, opportunity, and institutional power.

Theories should guide humane and testable policy rather than stigmatize people as defective. Substance use disorders are health conditions shaped by environment and behavior, while drug-related crime also reflects law and markets. Effective prevention and treatment combine individual support with family, community, economic, and institutional reform. The best theory is not the one that declares one level superior; it is the model that explains interaction and helps reduce harm without creating new injustice.

References

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

National Institute on Drug Abuse. *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.