Violence and Drugs

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For me the issue of drugs and violence triggers an intense and personal review of the experience of the last 30 years with these contentious and vital problems, and most of all the questions of how they are related to each other and what can be done to substantially reduce both violence and drug use.

In 1967, after completing a psychiatric residency at Harvard and as I was finishing my two-year stint in the U.S. Public Health Service Commissioned Corps (an alternative to military service during the Vietnam War), I looked for my first job outside of medical training. Inspired by the lives of my two heroes, John F. Kennedy and Martin Luther King, Jr., I turned to the goal of reducing serious crime which was then just becoming epidemic. I saw the best opportunity in the application of public health principles, working directly with convicted criminals. Giving a medical twist to the adage of the time, attributed to bank robber Willie Sutton, who, when asked why he robbed banks, responded simply "Because that's where the money is," I reasoned that if I could do something to help those folks with the worst criminal records, I could help not only them, but also their families and their communities. To achieve this goal, I went to work full-time at the District of Columbia Department of Corrections, setting up an office in Lorton, Virginia, in one of the nation's most notorious prison complexes.

Although my initial ideas focused on community-based alternatives to incarceration (which necessitated high-intensity care in the model of the therapeutic community) I was quickly convinced that the rapid rise in heroin addiction was one of the root causes of the escalation in crime in the nation's capital (DuPont 1972, 1971). I looked for ways to reduce the rates of heroin use in the community, working with the heaviest users of heroin, convicted felons who were released to the community on parole and probation. Using the multi modality treatment approach pioneered in Chicago by Jerome H. Jaffe, M.D., with a major emphasis on methadone maintenance, I started the first corrections-based comprehensive addiction treatment program in 1969, while I served as head of the city's parole program (DuPont & Greene 1973).

On February 18, 1970, the mayor of Washington, D.C. asked me to extend my work beyond corrections to establish a city-wide treatment system in the District of Columbia. Thus was born the Narcotics Treatment Administration (NTA). By the middle of 1973, NTA had treated more than 15,000 heroin addicts from 20 treatment centers located in all parts of the city with a staff of more than 400. At that point I was chosen by President Nixon to succeed the distinguished Dr. Jaffe as the country's second White House Drug Czar, and to start the National Institute on Drug Abuse (NIDA), where I served as the first director from 1973 to 1978. While many considered this a promotion, I had a great feeling of loss leaving corrections and my original goal and, equally troubling, leaving direct patient care at the community level for the rarefied bureaucratic air of the federal government.

As the 1990s draw to a close, the United States continues to grapple with the twin scourges of addiction and crime. The search for viable solutions is as urgent today as it was 30 years ago (Weissman & DuPont 1982). The expenditures now being made in both criminal justice and the prevention and treatment of addiction are staggeringly large compared to the expenditures in the late 1960s. They exceed even the most aggressive plans of that era. Despite these efforts, the problems of drugs and crime remain huge, although most people would now describe them as "endemic" rather than "epidemic" since they have become chronic and apparently intractable (DuPont & MacKenzie 1994). There are those who would "solve" the drug problem by legalization of prohibited drugs, a solution that makes as much sense as solving the problem of bank robberies by legalizing that prohibited behavior. But the siren call of legalization finds a responsive chord in many people in all parts of America today precisely because of the failure of
the good ideas of the past three decades to solve the problems of drugs and crime (DuPont & Voth 1995). Even the linkage of drug use and crime remains fraught with controversy as many people believe that the connection is no more than coincidental. While the historically important Drug Use Forecasting Data (DUF) pioneered by Eric Wish, Ph.D., has given us the best evidence of the high correlation of illegal drug use and crime, the doubters can point to an equally high correlation of crime and cigarette smoking, saying, "You don't claim that cigarette smoking causes crime even though a larger percentage of incarcerated felons smoke cigarettes than the general population. How can you claim that heroin or cocaine use, much less alcohol or marijuana use, causes crime?"

At the heart of this controversial connection of crime and drugs is the concern not about all crime or even about all serious crime, but about violence (including assault, robbery, rape, and murder), the most frightening manifestation of criminal behavior (Roth 1994a). While some are filled with doubt about the connection of alcohol and other drug use and violence, I have a different perspective based on 30 years of working with individual criminals. It is clear to me that the desire to get money for prohibited drugs is only one of many ways that drugs cause crime.

The most important ways that alcohol and other drug use are related to violence are these: first, the self-centered, the most reliable and the most effective path is through impulsive, and hedonistic values that underpin crime also underlie the use of illicit drugs. Values matter a lot in human behavior and they matter especially in both crime and drug use. When people get well from both crime and addiction, they develop new values that place concern for others and delayed gratification, to say nothing of religion, on far higher levels of importance than when they were pursuing deadly careers as criminals and drug addicts. Second, alcohol and other addictive drugs (not including nicotine) cause the users' brains to work poorly. The intoxicated brain is an impaired and a "selfish brain" (DuPont 1997). This intoxicated impairment quite literally leads people to commit impulsive, destructive crimes, including crimes of violence.

People who are stoned, high, and wasted are likely to commit crimes of all kinds, including violent crimes such available to cut the rate of crimes, including violent crimes as assault, robbery, rape, and murder (Roth 1994b). Intoxicated people are also more likely to cause accidents and to be the victims of accidents, including motor vehicle accidents, than are people whose brains are working without the impairing effects of alcohol and other drugs. Alcohol use is a major cause of violence, although alcohol is so cheap that even the poorest people can get it without committing income-generating crimes. The connection of alcohol use and violence should give the would-be legalizers cause for second thoughts.

If the major way drug use was linked to crime, including violence, was high cost of prohibited cost of prohibited drugs, then, reduction or legalization to make heroin, cocaine, marijuana, LSD, and other prohibited drugs available might make sense as a crime reduction strategy.

However, since making drugs more available and cheaper would inevitably lead to greater levels of use, it follows that if the major way drug use is linked to violence is through impairing effects of this use on brain functioning, this a would make the problems of crime (including violence) worse. That, put simply and directly, is my belief: the major way alcohol and other drug use causes violence is through altered brain functioning. Therefore, making drugs more available would worsen the problem of violence in our communities. Greater drug availability would make the lives of both the perpetrators and the victims of violence worse. It would also worsen the corrosive fear of crime, which is a major negative effect of crime in modern America. When it comes to getting well from addiction, the best active
participation in the 12-Step programs, including Alcoholics Anonymous and Narcotics Anonymous (DuPont & McGovern 1994). A few years ago, I had one sentence quoted on network TV news summarizing my work as the White House Drug Czar. My one line was, "The 12-Step programs are the secret weapons in the war against drugs." People often complain about the media shortchanging them. I had, in this case, the opposite feeling. In that short quote I had a simple and powerful summary of all that I had learned in the past 30 years of dealing with the closely linked problems of drug abuse and crime.

My dream of helping to solve the crime problem is alive and well, as is my conviction that reducing the use of nonmedical drugs is the single most powerful strategy (Roth & Moore 1995). I welcome others, including readers of this issue of the Journal of Psychoactive Drugs, to join in this effort to use effective treatment and prevention of addiction to alcohol and other drugs as a powerful tool to curb violence in our communities. In this issue of the Journal of Psychoactive Drugs is found some of the best thinking in the country on these topics. It is my privilege to introduce these articles to you with this personal, and passionate, memoir.

REFERENCES


