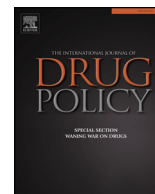




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## Research Paper

## Drug-related homicide in Europe—First review of data and sources

Roel de Bont<sup>a,1</sup>, Teodora Groshkova<sup>b,\*,1</sup>, Andrew Cunningham<sup>b</sup>, Marieke Liem<sup>a,\*</sup><sup>a</sup> Institute of Security and Global Affairs (ISGA), Leiden University, Turfmarkt 99, 2511 DP The Hague, Netherlands<sup>b</sup> European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Praça Europa 1, Cais do Sodré, 1249-289 Lisbon, Portugal

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## ABSTRACT

**Background:** Drugs can act as facilitators for all types of violence, including drug-related homicide (DRH). Addressing this phenomenon is not only of importance given the severity of a homicide event and its high costs on society, but also because DRH has the potential to act as a valuable indicator or proxy of wider drug-related violent crime. However, there appears to be an important gap in terms of available European data on DRH. This study aimed to identify relevant European data sources on DRH, to assess the role of drugs in national homicide data, and to assess these sources and data in terms of monitoring potential.

**Methods:** A critical review was conducted of existing national and international homicide data sources. A three-step approach was adopted, including systematic searches for data sources and literature, snowballing methods, and contacting professionals.

**Results:** Data on DRH is systematically prepared in the Czech Republic, Denmark, Finland, Germany, Italy, the Netherlands, Norway, Slovakia, Sweden, and the United Kingdom (England, Wales, and Scotland). Available data suggests both between- and within country variability in relation to the role of drugs in homicide events. Based on these findings, four key obstacles can be identified in terms of the current ability to monitor DRH: missing data, fragmented data, comparability issues and data quality reservations.

**Conclusion:** To overcome these obstacles, there is a need for an international monitoring system that incorporates DRH. Ideally, the system should employ a single shared definition, standardised terminology, one coordinating body, and the use of multiple data sources. There are several approaches towards such a system, notably expanding the European Homicide Monitor (EHM) framework. Options should be explored to incorporate DRH into this existing and growing monitoring system.

## Introduction

Drug use and drug markets can act as crosscutting facilitators for all types of violence (EMCDDA & EUROPOL, 2016) and can hence inflict an extensive burden on societies (Thomson, 2017). Not surprisingly, drug-related violence constitutes an important topic for policymakers and practitioners across Europe (Ajzenman, Galiani, & Seira, 2015). One of the crimes within this wider category of drug-related violence is homicide (DRH), which is generally considered as one of the most serious types of crime (Smit, De Jong, & Bijleveld, 2012). As the dark figure of homicide is relatively low compared to other violent crimes, homicide is oftentimes used as an indicator for violent crime in general (e.g. see Fajnzylber, Lederman, & Loayza, 2002; UNODC, 2014). In similar vein, drug-related homicide has the potential to act as a valuable indicator or proxy of wider drug-related violent crime. Addressing the phenomenon of drug-related homicide is therefore not only of importance given the severity of a homicide event and its high costs on

society, but also because drug-related homicide can provide insights into wider drug-related violence.

Comparing DRH levels between countries can be a valuable tool for identifying trends and new threats, for benchmarking, or to consider the impact of policies and programs. Recent European efforts have expanded into including measures of wider drug-related crime, including drug/related homicide (EMCDDA, 2017; Singleton, Cunningham, Groshkova, Royela, & Sedefov, 2018).

Yet, drug-related homicide appears to constitute an important gap in terms of available data and knowledge. While homicide is generally well recorded (Eisner, 2008), this appears to be less the case for DRH. This creates an important scientific and practical vacuum, as prevention efforts are best designed based on registered data. There is a need to identify suitable national and international data sources and/or proxies to increase our ability to monitor and as a result, better understand this phenomenon. Therefore, while other contributions in this special issue focus on national drug policies, this paper discusses the status quo of

\* Corresponding authors.

E-mail addresses: [Teodora.Groshkova@emcdda.europa.eu](mailto:Teodora.Groshkova@emcdda.europa.eu) (T. Groshkova), [m.c.a.liem@fgga.leidenuniv.nl](mailto:m.c.a.liem@fgga.leidenuniv.nl) (M. Liem).<sup>1</sup> Joint first authors.<https://doi.org/10.1016/j.drugpo.2018.03.006>

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national data collection efforts.

Against this backdrop, the aims of this study are at least fourfold: to (1) map existing data sources on homicide in European countries, (2) estimate the extent of drug involvement in national homicides by European country, (3) assess obstacles in terms of monitoring, and (4) outline practical implications for DRH monitoring on the European level.

### The drug-violence relationship

There is an increasing body of literature on the relationship between psychoactive substances and violence, proposing various mechanisms that serve to conceptualize this nexus (e.g. see Goldstein, 1985; Parker & Auerhahn, 1998; Pernanen, 1981; Snowden, 2015; Steele & Josephs, 1990; Van Hasselt, 2016). A large part of this scholarly work is devoted to the use of alcohol (e.g. see Bye, 2008, 2012; Lehti & Kivivuori, 2005; Pridemore, 2002). A smaller number of studies focus on the drug-violence relationship. Both niches have yet to fully grasp the extent and complexity of the relationship between psychoactive substances and the use of violence (Brownstein et al., 2012). Although associations between violence and drugs and drug markets are well established (see Brownstein et al., 2000 for an overview), few studies have examined causal relationships (Resignato, 2010). Different illicit drugs have different effects and as such, some drugs may be related to violence and homicide more than others. Individual personality and biological factors, situational factors (the setting in which drug use occurs) and socio-cultural factors are all influential in this relationship (Boles & Miotto, 2003).

A now classic framework developed by Goldstein (1985) describes and explains the relationship between drugs and violence. In order to facilitate understanding and analysis of different aspects of the phenomenon, it distinguishes three non-mutually exclusive mechanisms on the drug-violence nexus: psychopharmacological violence, economic-compulsive violence, and systemic violence.

#### Psychopharmacological violence

The first element of Goldstein's tripartite model is psychopharmacological violence, which views the relationship between drugs and violence as a direct relation in which the violent crime involves drug use by victim and/or perpetrator. This type of violence thus stems from the properties of the drug itself. The psychopharmacological model suggests that "some individuals, as a result of short or long term ingestion of specific substances, may become excitable, irrational, and may exhibit violent behavior" (Goldstein, 1985: p. 494). A range of drugs, particularly cocaine and amphetamines (including methamphetamine), has been found to increase aggressive and violent behavior (Anderson & Bokor, 2012; Boles & Miotto, 2003; Centre for Public Health, 2006; Davis, 1996; Moore & Stuart, 2003; Neumann, Soyka, & Franke, 2017; Sommers, Baskin, & Baskin-Sommers, 2006). Individuals under the influence of benzodiazepines have been found to be more likely to act aggressively than non-intoxicated individuals. However, such findings may be due to high levels of pre-existing hostility and aggressive dispositions (Ben-Porath & Taylor, 2002). The non-prescribed use of anabolic-androgenic steroids (AAS, though not typically considered drugs of misuse) has also been associated with a number of behavioral changes including aggression, which in some cases may lead to violence (Anderson & Bokor, 2012; Centre for Public Health, 2006). As with other drugs, whether such effects are caused by AAS use, or whether users are predisposed to such effects, is unclear (Klötz, Petersson, Isacson, & Thiblin, 2007). Part of the reason for this is that "certain drugs [...] act on specific areas of the nervous system, including the frontal lobe and the limbic system, where the centres of aggressiveness and impulsiveness are located" (Brochu, 2001). In practice, the psychopharmacological effects of drugs on crime are also likely to be influenced by contextual factors, which can create a stage in

which intoxication can lead to violence (Bennet & Holloway, 2005; Parker & Auerhahn, 1998). In addition to an intoxicated offender, psychopharmacological violence may also involve drug use by the victim, as the use of drugs may also alter a person's behavior in such a way that it contributes that person's violent victimization (Goldstein, 1985).<sup>2</sup>

#### Economic-compulsive violence

Economic-compulsive violence is violence associated with the high costs of obtaining illicit drugs. The model suggests an indirect relation between drugs and violence, and asserts that some drug users engage in economically oriented violent crime in order to support costly drug use (Goldstein, 1985). The primary motivation to commit a violent crime is thus to obtain drugs or money to buy drugs. This type of economic-compulsive violence especially occurs in cases of addiction to more expensive drugs typified by compulsive patterns of use, such as cocaine (in particular, crack cocaine) and heroin (Bennett, Holloway, & Farrington, 2008; Goldstein, 1985). Even though research indicates that most heroin and opiate users tend to avoid resorting to violence when non-violent alternatives exist to acquire money or drugs (e.g. see Gould, 1974; Johnson et al., 1985), some, however, do engage in violent acquisitive crimes such as robbery, assault or homicide. Furthermore, some studies suggest that withdrawal from long-term use of these drugs is associated with aggression (e.g. see Kuhns, 2005).

#### Systemic violence

The systemic model conceptually differs from the previous two models in that it does not directly attribute the violence to the perpetrator's dependence on drugs. Rather, "systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use" (Goldstein, 1985: p. 497). In other words, violence is a product of the structure of the illicit market and hence intrinsic to the very involvement with illicit substances (Inciardi, 1999). Examples of systemic violence include turf wars, rip deals and retaliations. The latter are violent responses to normative violations within the drug market, such as failure to pay debts or becoming an informant to the police (Dickinson, 2015; Polk, 1995). This type of violence is, however, not equally apparent in all types of illicit drug markets. For instance, in the case of cannabis, competitive or transactional disputes generally do not spark much violence (Reuter, 2009) – although there are examples of violent struggles for market shares in the cannabis market (e.g. see Moeller, 2009). Nonetheless, the retailing of crack cocaine in the US in the 1980s and drug trafficking of cocaine and heroin in Mexico has triggered far higher levels of violence (Reuter, 2009). Furthermore, the relationship between violence and drug markets is not linear. High-volume drug trafficking and undisturbed markets may coincide with lower levels of violence. This situation may change when the balance of power shifts or when competition increases (Lappi-Seppälä & Lehti, 2014).

### Methodology

#### Scope

Given the aims of this study, a critical review of relevant existing national and international homicide sources was conducted, focusing on a total of 30 European countries (the 28 EU Member states, Norway and Turkey), over 16 years (January 2000–December 2015).

<sup>2</sup> It is noteworthy to mention that literature suggests that the substance that has the strongest association with psychopharmacological violence is not in fact illicit drugs, but alcohol (Brochu, 2001; Goldstein, 1985; Martin, Maxwell, White, & Zhang, 2004; McClelland & Teplin, 2001).

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