

Psychological Trauma Encountered by Drug Dealers: A Narrative Review

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Abstract

Introduction: Much of the focus on drug trafficking is on the deed rather than the individual. This is likely to be carried out by personnel who are drug users themselves, while drug use is sometimes a mechanism for coping with symptoms of psychological trauma. However, with specific reference to drug dealers, their exposure to psychological trauma has not been examined in detail. **Methods:** A literature search on PubMed and PsycINFO was conducted using specified search terms, with a paucity of academic literature about drug dealers and psychological trauma demonstrated. The findings were supplemented by selected information from Google search results to provide a balanced perspective on the topic. **Results:** Even prior to dealing drugs, drug dealers tend to endorse having numerous encounters with psychological trauma, both direct and vicarious. In the course of being a drug dealer, they take on both the role of perpetrator and victim of psychological trauma across the span of time. Some of their risk of being subject to violence is known to persist even after they were no longer active in dealing drugs. **Implications:** More research is needed to deepen the current understanding about the role of trauma exposure in individuals who go on to become drug dealers, in terms of whether and how this impacts their decision to take on this role. Given the exposure of drug dealers to a substantial multitude of traumatic events, in both quantitative and qualitative terms, a trauma-informed approach would be definitely required by clinicians working with these individuals.

Keywords: Drug trafficker; Drug dealer; Psychological trauma; Trauma-informed care.

1. Introduction

The most recent World Drug Report 2020 [1] by United Nations (UN) Office on Drugs and Crime had reported 269 million drug users worldwide in 2018, with drug use on an increasing trend. With this in mind, the trafficking trade would undoubtedly have seen a corresponding proliferation.

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Drug trafficking has been defined by the UN as a global illicit trade involving the cultivation, manufacture, distribution and sale of substances which are subject to drug prohibition laws. As an illicit process with significant costs and immense health, legal, economic and social consequences, the UN had identified this to be a transnational threat [2].

In the process of drug trafficking, the drug dealer is an enigmatic curiosity. It would be hardly surprising that drug dealers tend to also use the drugs themselves [3], with the profits being used to fund their own drug use. In the context of a forensic assessment, the author encountered an alleged offender who identified his own drug usage to have gotten him “a foot in the door” towards dealing drugs. From the client’s perspective, the progression from drug user towards becoming a drug dealer seemed like the natural order of things.

In spite of their drug use, they would presumably not be severely affected by the extensively-detailed adverse cognitive effects such as to render them incapable of functioning as a drug dealer. Drug dealers require significant levels of cognitive functioning to fulfil their role. In having to liaise with customers, keep track of their stock and retail prices, supply customers with accurate quantities of the “products” which they purchase, and handle potentially-complex financial transactions, the drug dealers would function in a similar manner to how a business entrepreneur would. This is with the added challenge of having to evade being apprehended, by means of “flying under the radar” in their transactions to avoid drawing suspicion.

It is known that one of the reasons for use of illicit drug substances amongst those who had experienced traumatic events is an attempt at self-medication in order to contain symptoms of Post-Traumatic Stress Disorder (PTSD), with Substance Use Disorders as a commonly identified comorbid mental health condition related to PTSD. At the same time, a substantial proportion of criminal offenders have encountered psychological trauma in their lives, with the trauma experienced either directly firsthand or vicariously as a witness.

Despite the impact of drug trafficking, not much is known about the group of individuals who engage in drug dealing, with regards to their encounters with psychological trauma. This review article sought to depict the exposure of drug dealers to psychological trauma.

2. Method

A review of recent literature on mental health in drug traffickers was conducted on PubMed and PsycINFO, using the search terms “drug trafficker” or “drug dealer”, supplemented by “trauma”. The inclusion criteria pertained to peer-reviewed articles of relevance to the topic. Exclusion criteria involved non-English papers. This search strategy was carried on out 24 November 2020. This yielded just 2 articles on PubMed and 5 articles on PsycINFO.

It was worthwhile to note that with the implementation of “drug trafficking” as a search term in lieu of “drug trafficker” or “drug dealer”, this yielded substantially more findings (70 articles on PubMed and 111 articles on PsycINFO). However, these essentially expounded on drug trafficking as an entity at the macro-level, with a focus on the quantity and mode of drugs being trafficked, with little consideration at the micro-level of the individual perpetrators.

These findings were evaluated by the author in relation to the topic at hand, with relevant articles included in the review article. Articles which had references of relevance were also included by extension.

In view of the paucity of academic literature, the content was synthesized with a corresponding Google search of the same terms, with the inclusion of selected information to offer a more balanced perspective on the topic.

3. Results

3.1 Trauma came first – A lot of it

It would appear that drug dealers have had prior exposure to more than their fair share of violent trauma. A study of active youth gang members from the US found polytraumatization, inclusive of both direct and vicarious forms of trauma, to be significantly associated with drug distribution. The disproportionately high levels of trauma experienced had accounted for 22.5% of the variance in drug distribution beyond demographic covariates [4]. This was notably higher than the proportion of the variance for other outcomes such as delinquency, depressive symptoms and even PTSD symptoms.

This was echoed by a study on former drug cartel soldiers from Brazil, with 83.5% of the participants endorsing more than five traumatic events [5]. Historically, a sizeable number of drug cartel soldiers were known to come from children involved in drug trafficking.

3.2 Drug dealers as perpetrators of trauma

Acts of violence perpetrated by drug dealers were reported to be witnessed within the recent 6 months by 44% of drug users surveyed [6]. This violence was documented to be both physical and verbal in nature. On one hand, verbally-aggressive encounters included verbal assaults and threats of violence, with coercion noted by a minority of drug users in the range of 10% to 12% endorsed being forced or intimidated to purchase drugs from specified dealers. Witnessed physical violence, on the other hand, spanned from someone being pursued, someone assaulted with weapons, to someone shot or even outright killed by a drug dealer.

3.2 Drug dealers as victims of trauma

Being a drug dealer was identified a risk factor for becoming a repeat victim of violence in a study done by authors from a surgical trauma centre [7]. Compared to the control population, current drug dealers were 22 times more likely to be subject to repeated violent-related injury. The shadow of violence continued to plague those who had ceased dealing drugs - while the risk was decreased amongst this group, they were still 7 times more likely to emerge as victims of violent incidents.

From the admission by Mexican authorities, nearly 62,000 people had vanished since the war of drugs in 2006 [8]. In the year 2019 alone, a total of 31,000 people had died from homicide. Despite the difficulties associated with determination of the actual death toll and which of the homicides were specifically related to drug trafficking, it is fair to assume that drug trafficking is inseparable from its fair share of trauma, ranging from violence to death.

At the same time, not all the trauma encountered by drug dealers come under the violent nature. During an interview [9], a drug dealer recounted coming to know that his customers had died from lethal drug overdoses. This was to the extent that he described his social media to resemble an obituary at one point, when he was losing five people a month. His involvement was even greater in some of the deaths, where he had introduced friends to their first intravenous drug injection and transacted with others merely hours before their death. This would presumably have evoked a stronger sentiment of guilt and was described to have taken “a piece out of me [him]”.

4. Directions for Future Research

It would be useful for future studies to examine the impact of early exposure to trauma on individuals who go on to become drug dealers, through a prospective lens. The unanswered research question in the author’s mind remains as to why individuals decide to go into dealing drugs, out of the millions of drug users. Further qualitative studies through interviews examining the impact of their exposure to trauma on their decision to go into dealing drugs might shed light on this.

5. Conclusion

Psychological trauma appears to have a truly intricate relationship with drug dealers. Starting from early exposure to numerous violent encounters, drug dealers eventually find themselves both as perpetrators and on the receiving end of trauma. Given their proclivity for exposure to substantial amounts of psychological trauma, in both qualitative and quantitative terms, there is an undoubted requirement for a trauma-informed approach by clinicians working with this group of personnel. One might go as far as to wonder whether the “standard” trauma-informed approach might suffice for this group, or whether this needs to be catered to their distinct experiences.

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7. Declaration of Competing Interest

The author does not have any conflict of interest.

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