

The Global Epidemic of Prescription Drug Abuse: The American Experience

Ferris Roger Byxbe, Ph.D.

Professor of Criminal Justice

Sul Ross State University,

Rio Grande College

Del Rio, Texas

Martin Guevara Urbina, Ph.D.

Professor of Criminal Justice

Sul Ross State University,

Rio Grande College

Eagle Pass, Texas

ABSTRACT

The globalization of drug abuse has become a world-wide epidemic and a national threat to youths in all countries. The newest phenomenon is prescription drug abuse. It began in Germany and spread throughout Europe, then to England, and to the United States. Teenagers and young adults in contemporary society are not using as much illicit drugs (like methamphetamines, ecstasy, heroin, and cocaine) as those of previous years. They have found other ways and means to get high, with painkillers and other prescription drugs being abused at record levels. This generation of teens has been given the name "Generation Rx." Teens are often getting caught raiding their parents (or grandparents) medicine cabinets in order to get high. For the first time, national studies show that today's teens are more likely to have abused a prescription painkiller than any illicit drug. Most teens have a tendency to feel indestructible and immune to the problems that others experience. Some teens will experience and stop, while others may continue to use occasionally without any significant problems. Then there are those who develop a dependency; subsequently, these are the ones that need immediate intervention and help learning to make better decisions. Prescription drug abuse is increasing primarily because they are easily accessible, easy to explain, and even easier to score for today's youth. Unfortunately, kids do not realize how deadly their new drugs of choice can be. Nearly one in five (4.5 million) teens admit to abusing medications not prescribed to them, according to the Partnership for a Drug-Free America. Pharmaceutical abuse has become so commonplace that it has filtered down to younger kids. Prescription drugs are now the number one illicit drug among 12 to 16 year-old children according to the National Survey on Drug Use and Health. More importantly, the arrest of children, or even conviction, is not the worst thing parents have to fear from this epidemic. Prescription drugs do not have to be smuggled into the country, nor cooked in a make-shift laboratory. However, they are equally dangerous and addictive. What drugs are teens ingesting these days? This article purports to explain this phenomenon from an American perspective.

THE STORY OF EVAN ELAM

It was just after noon on one of the hottest sticky days in August when the sun is relentless and will fry an egg on concrete like a sizzling skillet. A large contingent of law enforcement officers had parked their vehicles on the streets of a small upscale community on the outskirts of a west Texas municipality. They drove past rows of brick-sided colonial styled mini-mansions with matching Palladian windows with basketball hoops decorating each carport and quietly nestled sports cars and SUVs. Similar to officers in nearby townships, they parked in silence and waited, sweat streaming under their bullet-proof vests. Several agencies, city police, sheriff's office, and the Bureau of Narcotics, were all linked by radio to DEA headquarters. Officers were pumped with the kind of adrenaline rush that comes from being part of a major raid. Less than an hour later numerous kids and young adults in t-shirts, jeans, and leather sandals were informed by their shocked parents that the police were at the door. They were to be processed into central booking on criminal charges. Among their number were recent graduates, star athletes and cheerleaders, and notable scholastic students from some of the most prestigious families in the community. Their wrists were secured behind their backs with plastic ties used as handcuffs, much like those seen on TV programs like *Law & Order*.

At the center of the hoopla was a neonate introverted 17 year-old with gelled-spiked hair that was one semester shy of graduation at the local high school. He was described as "cute, goofy, and fun to be around." However, for months leading up to this sweltering day in August 2010, the police, joined by the prosecutor's office, in Operation Pharmacy had been investigating this young man along with other students and recent graduates involved in the drug ring he ran, which distributed and annually sold more than a half-million dollars of prescription pain medication, *Oxycondone*, mostly to other students and recent graduates. Almost daily officers in the small West Texas community had scanned the increasingly multi-faceted board at headquarters to map out the key players in the drug ring, "praying" that the names of their own children would not appear. Considering that drug use was so rampant in the school system kids called it "*perc*," after the popular painkiller *Percocet*. Everyone at school knew that anyone could get pills from this student, if they were friends with him, and almost all were good friends.

Statistically, the officers had reason to worry. Although illicit drug use in high schools is down across the country, in the last 10 years the rate of prescription drug abuse among teens has risen steadily. Nearly one in five (4.5 million) teens admit to abusing medications not prescribed to them, as reported by the Partnership for a Drug-Free America [1]. At the sentencing related to the bust, the presiding district court judge described the teens' activities as a "large-scale drug distribution syndicate," adding that the abuse of prescription drugs ". . . is not so much a plague on our society as a cancer that continues to grow." The judge sentenced this teen to seven years in state prison and he must serve a minimum of five years.

A TWENTY-FIRST CENTURY AMERICAN DILEMMA

Schools throughout the United States have problems much like those found in this Texas case. The only difference is that in the above situation the authorities took action. Law enforcement officials elsewhere, however, are just now catching on. Many youths are being arrested for distributing prescription painkillers such as *Vicodin* and *Klonopinas* well as *Marijuana* to other high school students [2]. In May 2008, for instance, students at San Diego State University were arrested in a massive drug-bust where the police confiscated vast quantities of illicit and prescription drugs and a large cache of cash [3]. Among the coeds arrested were several criminal justice undergraduates and a few homeland security graduate students. Perhaps even more disturbing is the fact that numerous junior high school students have been caught using and distributing *Vicodin* and *Oxycondone*, acts that would be a felony if committed by an adult. In 2012, 17

students at Texas Christian University were arrested for the distribution of prescription drugs and marijuana, including six members of the football team.

Though, such incidents were not a surprise to some critics. Pharmaceutical abuse has become so commonplace that it has filtered down to younger kids. In fact, prescription drugs are now the number one illicit drug among 12 to 16 year-old children, according to the National Survey on Drug Use and Health [4]. Further, the arrest of children, or even conviction, is in fact not the worst thing parents have to fear from this emerging globalised epidemic. While adults think of prescription drugs purely as medicine, some kids have come up with ways to create effects similar to what they would experience from illicit street drugs, from crushing pills to circumvent timed-release controls to doubling or tripling dosages or simply gorging a handful of pills. Critically, parents who are in the dark regarding the potential for abuse of such drugs are also often blind to how deadly drug can be [5]. As parents, Americans should worry about designer drugs, marijuana, opiates, cocaine, and methamphetamines, but also come to the realization that prescription drugs are the new “trend” for youngsters. For example, many kids are overdosing on *Vicodine*, *Valium*, and other painkillers [6]. Yet, with minimal academic exposure regarding the consequences of drug abuse, most kids feel that prescription drugs are not dangerous and even deadly because otherwise doctors would not prescribe them and pharmacist would not distribute them.

THE FATAL DANGERS OF PRESCRIPTION DRUGS

Accidental poisoning deaths among youths ages 12 to 21 increased 113 percent between 2004 and 2012, mostly due to prescription drug abuse, according to the Center for disease Control and Prevention [7]. Five out of ten teens believe that prescription medications are much safer to use than illicit drugs, even when they are not prescribed by a doctor. In fact, one-third of these teens believe that such drugs are not addictive [8]. Kids trust prescription drugs because they are mass-produced, FDA approved, familiar medicines. Even their street names, like “jif,” “Z-bar,” and “cotton,” suggest childlike treats and comfort food. Many kids say, “. . . I’m not doing hard drugs. I wouldn’t use them.” However, opiates like *OxyContin* are the pharmaceutical equivalent of heroin [9]. Unlike new illicit drugs, such as Cheese (black tar heroin blended with Tylenol) and Strawberry Mary (methamphetamine blended with flavored powders) which have been created solely to create the next generation of young addicts to enhance drug cartel profits, prescription drugs do not have to be smuggled into the U.S., nor cooked in a make-shift laboratory risking exposure to volatile chemicals. However, they are equally addictive and dangerous [10].

THE DRUGS OF CHOICE FOR THE NEW GENERATION

Depressants

What are kids taking these days? Prescription drugs can be classified into three categories: depressants, stimulants, and painkillers. As for depressants, *xanax* often referred to by the nickname Z-bar, bricks, and Benzos. Its generic name is *alprazolam*. Its legitimate use is to treat anxiety and sleeplessness, and it is an anticonvulsant. Kids take this drug orally, or occasionally by crushing and snorting. The physical effects are wooziness, floating feeling, mind-and-body numbness. *Valium* is called blues, with its generic name being *diazepam*. Its legitimate use is also to treat anxiety and sleeplessness, and it too is an anticonvulsant. Like *alprazolam*, kids generally take this drug orally, or occasionally by crushing and snorting, producing Euphoria and sleepiness.

Stimulants

Ritalin and *concerta* are called Rid, vitamin R, Jif, R-ball, Ritty, and Rits. The generic name is *methylphenidate*, and it is used to treat attention deficit hyperactivity disorder (ADHD) in both children and

adults. As other drugs, kids take this drug orally, and on occasion, it is crushed and snorted, producing intense feelings of energy and increased concentration. *Adderall* is often referred to on the street as beans, black beauties, Christmas trees, double trouble. Its generic name is *amphetamine* and *dextroamphetamine*, and it is used legitimately to treat ADHD. Again, it is generally taken orally and crushing and snorting is common, producing feelings of energy and increased concentration.

Painkillers

Painkiller drugs include *Vicodin*, *Vicoprofen*, *Tussionex*, *Lortab*, and *Norco*. Nicknames are Vike, Watson-387, and Tuss. Its generic name is *hydrocodone*, and it is used to treat pain. As various other drugs, kids take this drug orally, sometimes by crushing and snorting, producing intense euphoria. *OxyContin*, *Percodan*, and *Percocet* (referred to by the nickname of OC, cotton, and percs), with the generic name of *oxycodone*, is legitimately used to treat pain. As most other drugs, kids induce this drug orally, or by crushing and snorting, producing feelings of intense euphoria. *Avinza*, *Kadian*, *MS Contin*, *MSIR*, *Oramorph SR*, *Rescudose*, *Roxanol* (referred to as morph) go by the generic name of *morphine*, and, of course, its legitimate use is to treat pain. Again, as with the majority of other drugs, kids take these drugs orally, sometimes by crushing and snorting, producing euphoria and hallucinations.

Some teens who experiment with these drugs never use them again, while some try them and never use illegal drugs but become addicted to prescription medications. Others, however, acquire a physical dependency and progress to illicit drugs. Like adults, kids can build a tolerance to these drugs, and crave them in even greater quantities. In fact, the common practice of teens to mix prescription pills (Synergism) with alcohol, street drugs, or OTC products like cough syrup, increases the risk exponentially, and thus creating a greater chance of accidental overdose. In effect, considering the unpredictability of drug usage and effects, “. . . you just don’t know how you’ll react” [11].

THE DYNAMICS OF PRESCRIPTION DRUGS IN THE AMERICAN SOCIETY

Teens often do not have to leave home to get their first taste of a prescription drug. It is not like most parents are keeping unused marijuana or cocaine in the medicine cabinet. Parents often have old pills that they do not keep track. More than three in five teens say prescription pain medications are easy to get from their parents’ medicine chest and half say there are easily obtained through the prescriptions of other people and many more admit that painkillers are available everywhere. In addition to “borrowing” from relatives and bartering with friends, hooked kids often get their fix by buying from street dealers, both teens and career criminals with a history of distribution. These dealers, as well as more enterprising kids, may fill their supplies by using falsified prescriptions, by visiting multiple physicians, and going to pharmacies with legal prescriptions, or out-and-out theft from a drugstore or homes [12]. Further, once a common practice, internet drug dealers now have a much tougher time selling to kids. In April 2008, the senate passed the Ryan Haight Online Pharmacy Consumer Protection Act, which forbids U.S. online (rogue) pharmacies to supply controlled substances to people without a valid prescription from a doctor whom they have met with at least once [13]. Easy availability, combined with teenage misconception of prescription drug safety, may explain why pill-popping has become accepted as part of the weed-and-alcohol culture of high school parties. In fact, some critics believe that pill-popping is no worse than drinking or smoking. As some people often charge, “Yes, it’s illegal, but taking pills doesn’t make you a bad person by any means.” Nearly one-third of teens believe that there is “nothing wrong” with occasional use of prescription drugs without having a legitimate prescription [14].

Socially, the way kids are taking drugs these days underscores this relaxed attitude. Society is finding that teens are no longer having “pharm parties” where they get together and bring all the pills they

can find, the way they did in years past. Instead, they take them throughout the day, as a routine part of everyday life. School is thought to be really stressful, so kids pop pills or snort drugs, such as *Adderall*, during class to make it go faster. Many students report that they enjoy taking *Vicodine* because it makes them feel like “God.” Students also report that they have more power and confidence on pills, and it is estimated that 50 percent of high school freshmen use prescription drugs [15]. Any kid, including bright, motivated, high achievers, can be lured by prescription drugs. Many counselors see some common threads in that many students have self-esteem issues [16], and thus they start using pills as a way to self-medicate for school or family problems and underlying depression and anxiety [17]. Psychologists report that many children have parent-child relationship problems, such as serious breakdowns in communications and mutual respect [18]. Research also indicates that using drugs can make kids feel more independent and mature. Since kids tend to see drug use as an adult behavior, teenagers who use alcohol or any kind of illegal drugs report feeling older than their actual age. In retrospect, a few months following Operation Pharmacy, with a new found awareness of their drug problem, the townspeople implemented a new concept of community-oriented policing whereby police officers were stationed at school full-time to get to know the kids and keep an eye on their activities. A random drug-screening policy was implemented whereby parents were notified if the results were positive; subsequently, showing to have a deterrent effect, as kids are now afraid of getting caught and they do not want to lose on-campus extracurricular privileges, risk suspension, or delay graduation.

THE GLOBAL NATURE OF PRESCRIPTION DRUGS

Worldwide abuse of prescription drugs will soon exceed illicit drug use, warned a United Nations panel charged with monitoring global patterns of drug abuse. In its 2012 report, the International Narcotics Control Board (INCB), based in Vienna, Austria, noted that medications containing narcotics or psychotropic drugs are becoming the drugs of choice for many abusers, and that drug traffickers are responding to the demand through increased diversion and the production of counterfeit drugs [19]. The problem is particularly acute in the United States, where cannabis is the only illicit drug that is more widely abused than prescription drugs, including analgesics, stimulants, sedatives, and tranquilizers. According to INCB, between 2002 and 2012, the number of individuals in the U.S. abusing prescription drugs increased from 7.8 million to 15.1 million. Clearly, demand for prescription drugs for the purpose of abuse is fueling the production of counterfeits. In North America, such demand has led to the distribution of counterfeit oxycodone containing illegally produced fentanyl. In developing countries, where poverty and lack of access to health care force many to seek medications on the black market, 25 percent to 50 percent of medicines consumed may be counterfeit, according to World Health Organization.

With the advent of the worldwide web, the growing use of the internet as a global drug market has also made increasing amounts of prescription drugs and their counterfeit counterparts available for abuse, resulting in grave consequences. Increasing numbers of deaths associated with abuse of narcotics such as fentanyl and oxycodone are being reported in the United States and Europe. What abusers might not realize is that abuse of prescription drugs can be more risky than the abuse of illicitly manufactured drugs, as the high potency of some of these synthetic narcotic drugs present a higher overdose risk than the abuse of illicit drugs. Another detrimental trend reported by the World Health Organization is a growing abuse of prescription anorectics, stimulants with an appetite-suppressing effect that are used in the treatment of obesity, narcolepsy, or attention deficit disorder. With weight being a socially sensitive issue in various segments of society, this trend is being driven by an obsession with thinness, and thus the use of anorectic drugs are highest among young females in the Americas.

RECOMMENDATIONS: THINKING AHEAD

In all, the use of prescription drugs has become a pressing social issue, with corresponding ramifications, and thus school officials, parents, policy makers, and society at large must ensure that mechanisms are properly situated to prevent the continuation of such consequential drug trend. However, regardless of what measures may be taken by schools, the primary responsibility for keeping kids drug-free remains with parents. Parents should talk with their kids, “not just to them.” Parents can *learn so much more* when they allow teenagers to talk, and once they know parents are being receptive, they are not afraid to open up to their parents. Logically, there are no easy answers or solutions that apply to all families. As parents, we know our children and what they will respond to more appropriately. As such, parental attitude is of utmost importance. If parents are seen as disciplinarians, rather than nurturing, children will probably become defensive and simply tune their parents out. Again, if parents want their children to be safe, this is possibly the most important message that needs to be strategically communicated to them. The conversation must be brief, as according to psychologists the effectiveness of the discussion diminishes after the first few minutes—the initial conversation must be followed by a series of open and sincere conversations, to establish a long-lasting level of trust and respect. This is easier to accomplish when there is a strong, communicative relationship; however, if a strong bond does not exist, psychologists recommend bringing in outside help. While parents may feel conflicted about antagonizing their children with accusations, discovering the truth and following with appropriate steps to resolve the situation should take precedence. As reported by some experts, nurturance, counseling, and treatment often prove far more successful than punishment, lecturing, or grounding, which often produces more confusion, anger, isolation, stress, and depression.

Another critical step is to remove “temptation” from the home. While it may sound obvious, few parents take the precaution of locking up their prescriptions, noting on the bottles how many pills should remain in each bottle, and checking them periodically. In other words, “if you buy a gun, don’t just leave it lying around.” The Partnership for Drug-Free America suggests that parents dispose of any left-over pills by mixing them with kitty-litter or coffee grounds to make them unpalatable, putting them in an empty can or bag, and disposing them in the trash but do not dispose pills down drains, as they can leach into the water supply.

Lastly, parents should also look for behavioral changes. For instance, signs could be alterations in the child’s sleep cycle or mood patterns, a new level of secret/covert activities, or sneaking around. In effect, specific indications can be as seemingly minor as a child’s writing lyrics about drugs in a notebook. Granted, all these things can occur normally during adolescence and every child is different, but parents tend to know their children well, allowing them to see when changes begin to unfold [20]. For school-age children, for example, grades will plunge, children become more quiet than usual, sleep more, start hanging out with the wrong crowd, and use irrational excuses. Subsequently, everyone and everything is to blame, except the drugs.

DISCUSSION AND CONCLUSION

While not highly publicized, prescription drugs are now the second most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine, and other drugs. The National Institutes of Health estimates that nearly 20 percent of teens in the United States have used prescription drugs for non-medical reasons and that some prescription drugs can become addictive, especially when they are used in a manner inconsistent with their actual medical usage, both medical purpose and dosage. As noted herein, these include narcotic painkillers like OxyContin or Vicodin, sedatives and tranquilizers like Xanax or Valium, and stimulants like Dexedrine, Adderall, or Ritalin. In 2012, about 43 percent of hospital emergency admissions for drug overdoses were the result of abused prescription drugs, a percentage that is

likely to increase due to the easy availability of drugs. As for gender variation, prescription drug abuse is generally the same between males and females, except among 12 to 17 year olds. In this age group, according to the National Institute on Drug Abuse, females are more likely to use psychotherapeutic drugs for non-medical purposes. Research also shows that females in general are more likely to use narcotic pain relievers and tranquilizers for non-medical purposes. In fact, the number of teens and young adults (ages 12 to 25) who were new abusers of prescription painkillers grew from 500,000 in the late 1990s to 2 million in 2012, and abusers of tranquilizers, which are normally used to treat anxiety or tension, increased nearly 50 percent between 1990 and 2012 alone, according to the Substance Abuse and Mental Health Services Administration. Invariably, since drug addiction is a biological and pathological process that alters brain functioning, prolonged prescription drug abuse in teenagers and young adults alters the brain in detrimental and long-lasting ways. Clearly, considering the implications and consequences of drug abuse in the United States, parents and all people vested in positive social transformation must strategically intervene to avoid further detriment in the twenty-first century.

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Author's BIOGRAPHY

Ferris Roger Byxbe, Ph.D., is a professor of criminal justice in the Department of Natural & Behavioral sciences at Sul Ross State University-Rio Grande College. He received his doctorate from The University of Southern Mississippi. His career spans numerous years as a law enforcement practitioner and 25 years as a university professor in Mississippi, Georgia and Texas. His teaching and research interests are premised on law enforcement policy, practice and education. He has authored numerous articles in international, national and regional journals relating to contemporary criminal justice issues. For a complete review of Byxbe's academic profile, research, and publications visit his website at <http://faculty.sulross.edu/fbyxbe>.

Martin Guevara Urbina, Ph.D., is a Professor of Criminal Justice in the Department of Natural & Behavioral Sciences at Sul Ross State University. Professor Urbina has taught at New Mexico State University, Western Michigan University, University of Wisconsin—Milwaukee, Howard College, and Texas A&M University—Central Texas. Dr. Urbina is author, co-author, or editor of over 50 scholarly publications on a wide range of topics, including several academic books. His books include *Latino Police Officers in the United States: An Examination of Emerging Trends and Issues* (forthcoming); *Twenty-First Century Dynamics of Multiculturalism: Beyond Post-Racial America* (2014); *Ethnic Realities of Mexican Americans: From Colonialism to 21st Century Globalization* (2014); *Capital Punishment in America: Race and the Death Penalty Over Time* (2012); *Hispanics in the U.S. Criminal Justice System: The New American Demography* (2012); *Capital Punishment and Latino Offenders: Racial and Ethnic Differences in Death Sentences* (2003, 2011); and *A Comprehensive Study of Female Offenders: Life Before, During, and After Incarceration* (2008). Currently, Urbina is working on three new academic books: *Making Sense of the American Juvenile Justice System: Race, Ethnicity, and Social Control*; *Immigration and the Law: From Conquest to the War on Terrorism*; and *The Color of Justice—The Price of Injustice: Ethnicity, Race, and the American Imagination*. His work has been published in national and international academic journals, to include *Justice Quarterly*; *Critical Criminology: An International Journal*; *Social Justice: A Journal of Crime, Conflict & World Order*; and *Criminal Law Bulletin*. For a complete list of Urbina's research and publications, visit his website at: <http://faculty.sulross.edu/murbina/>.