

# Policies Regarding the Use of Designer Drugs among Youth—Theoretical Aspects

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## Abstract

Designer drugs, materials synthetically planned to imitate the effects of controlled substances, such as cannabis or ecstasy, while avoiding existing drug regulations have become an increasing problem for public health and law enforcement officers. The use of designer drugs among adolescents has increased in recent years, and despite various attempts to eradicate the phenomenon, it has only grown stronger. This article attempts to explain the use of designer drugs, particularly among adolescents, through traditional criminological theories. The paper also aims to evaluate current reduction strategies and proposes recommendations to mitigate the adverse effects of designer drugs on Israeli society.

## Keywords

Designer Drugs, Youth, Theories, Legitimation

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## 1. Introduction

Designer drugs present unique challenges for Israeli drug regulations.

The substances, which aim to mimic the effects of controlled substances, have become a growing industry in Israel, with the illicit market adapting to circumvent existing regulations.

In recent years, we have witnessed numerous studies examining deviant and criminal behavior among Israeli youth. Research on youth cultures and juvenile delinquency. Some researches emphasizes that part of the maturation process inherently includes antisocial behavior, rebellion against social conventions, and thrill-seeking behaviors, which may include deviant and criminal behaviors, among them the use of drugs and alcohol (Edelstein, 2018).

This phenomenon involves significant risks to the mental and physical well-

being of individuals involved and their environment (Chen & Gueta, 2015).

One of the most popular substances among youth and high-risk groups in Israel, as in many other countries, is known as “designer drugs” or “kiosk drugs”.

Despite being sold legally in some regions, they pose grave risks to individuals and communities due to their potency and lack of regulation.

The drugs which include synthetic cannabinoids and other novel psychoactive substances (NPS), have emerged as a social issue.

These substances have also become increasingly attractive and common among Israeli youth, due to their potent effects (synthetic cannabinoids are 40 times stronger than THC, the psychoactive component in marijuana) and their relatively low prices compared to other psychoactive substances.

The State of Israel, like many countries worldwide, views the use of psychoactive substances—tobacco, alcohol, medications, and drugs—as an immoral phenomenon that harms individual health and damages the social environment.

To address the designer drug issue, a comprehensive approach that includes prevention, education, and stronger regulation is necessary.

It is well known, that society establishes behavioral rules through legislation. The trend in Western countries, including Israel, over the last century has been to impose an absolute ban on drug use and restrict alcohol use (Edelstein, 2018).

It appears that “traditional” criminological theories are appropriately applicable to provide theoretical explanations regarding youth use of designer drugs. However, from a research perspective, no comprehensive study has recently been conducted on youth usage patterns of these drugs. Simultaneously, the Israeli Police cannot present data on law enforcement against users and sellers, and it does not appear that the police have made it a priority to significantly combat this phenomenon.

## 2. Literature Review

The “Dangerous Drugs Ordinance” in Israel was designed to legally establish which drugs, their compositions, and families are prohibited by law due to their classification as dangerous drugs, except when held and administered for medical and other purposes with special authorization.

Over the years, many substances have been added to the Dangerous Drugs Ordinance, but there exists a constant “whack-a-mole” situation for law enforcements, who must respond to new drugs as they emerge.

When a new type of drug arrives in the country, which is essentially a derivative of a drug prohibited by law, it is added to the Dangerous Drugs Ordinance. However, until it is recognized, it was effectively “not prohibited” by law (Wacht, Melch-Shalom, & Grinstein-Cohen, 2018).

Many designer drugs are created by small modifications to the chemical structure of substances already classified as illegal, thus enabling manufacturers to stay ahead of legislation and evade law enforcement efforts until they are spe-

cifically banned.

Similar to other countries, Israel faces the challenge of responding to the rapid evolution of designer drug, which requires the addition of a new substance to the Drug Ordinance (a process that takes an average of about a year).

This leads to a continuous cycle of legislation that struggles to keep pace with the introduction of new substances (Fraser & Moore, 2011a).

Additional advantages for criminal elements producing these substances lies in their low production cost.

Faced with such an impossible situation Israel has taken several steps to regulate designer drugs.

When different derivatives of the same drug kept appearing, it was decided in 2013 to add what is called the “Derivatives Law” to the Dangerous Drugs Ordinance. This addition to the ordinance meant that different drugs and chemical classes derived from the same primary substance and are derivatives of a prohibited drug are automatically included in the Dangerous Drugs Ordinance.

The additions to the law were indeed accepted, but this article will examine whether and to what extent the addition of derivatives has effectively overcome the “sense of void” or the gap between the Dangerous Drugs Ordinance and the types of dangerous drugs sold freely.

### 3. Designer Drugs

“Designer drugs” is a comprehensive term referring to synthetic substances with psychoactive effects. The production process of designer drugs is ancient and has accompanied legislation regarding prohibited substances for over a hundred years (Luethi & Liechti, 2020).

The drugs often act on the neurotransmitter systems, imitating and altering the activity of natural compounds like dopamine, serotonin, and others.

The origins of designer drugs can be traced back to the early 1980s when pharmacists began to develop artificial alternatives to known controlled substances in an effort to evade existing drug laws (Collins, 2011).

One of the earliest examples was the formation of synthetic cannabinoids, compounds that imitate the effects of tetrahydrocannabinol (THC), the active ingredient in cannabis. These materials were initially developed for research purposes but soon found their way into the recreational drug market, often under brand names like “Spice” or “K2”.

As the demand for the substances grew, so did the complexity of their synthesis. The chemical structures of designer drugs are frequently modified in small, elusive ways to ensure that they fall outside of the legal definitions of controlled substances. As a result, many designer drugs are endlessly evolving, with new mixtures being introduced to the market at a fast pace (Gurney, 2014).

In summary, the major advantage of designer drugs lies in the fact that they can be designed on demand, including concentration, changes in chemical formula (to adapt them to the Dangerous Drugs Ordinance), appearance, and external de-

sign (Madras, 2012).

#### 4. Designer Drugs in Israel

One of the first designer drugs in Israel was “Hagigat.” This drug contained cathinone, from the amphetamine family (stimulant drugs).

These drugs have been linked to violent behavior, hallucinations, and overdose incidents.

When the substance was added to the Drug Ordinance in 2004, criminal elements in Israel produced another substance not appearing in the Drug Ordinance, making it impossible to prohibit its sale.

The designer drug market in Israel was dynamic, with new substances repetitively appearing as older compounds were banned.

For example, in 2007, a new drug called PMMA arrived on Israeli streets, which received the name “White Dream” in Israel (according to Israeli Police data, 14 teenagers died that year as a result of PMMA consumption).

In 2008, PMMA was outlawed, which led criminal elements to design a new substance to take its place, and so on (Weinstein et al., 2017).

It is estimated that about forty thousand teenagers use these drugs regularly.

It's important to note that the use of “designer drugs” is not unique to Israel, and in many countries worldwide where the Drug Ordinance is similar to the Israeli ordinance, criminal elements make minor changes to the chemical structure of various psychoactive substances (Fraser & Moore, 2011b).

#### 5. Theoretical Explanations for Designer Drug Use

Many explanations have been given over the years for the use of psychoactive substances among adolescents. The purpose of this article is not to rehash them repeatedly but to propose the application of criminological theories (psychological and sociological) to explain the great attraction of these drugs to adolescents.

##### Routine Activities Theory

(Cohen & Felson, 1979) This theory argues that for a crime to occur, three variables are needed: a potential offender (the kiosk owner and import chain), a potential victim (teenagers), and lack of protection for the victim (absence of deterrence, legitimacy of purchase location, and lack of proper education).

The availability of these substances in clubs, festivals, and street markets makes them easily accessible to teenagers.

##### Rational Choice Theory

(Gibbs, 1968) This theory stems from the classical school in criminology, suggesting that humans are rational beings, and therefore, when engaging in prohibited behavior, they will make a rational calculation of the punishment versus the gain from the action if caught.

Many young users may be unaware of the serious risks associated with synthetic drugs, further exacerbating public health concerns.

##### Differential Association Theory

(Sutherland, 1947) This theory refers to all acts of crime as acts preceded by learning both the techniques (drug use) and justifications for committing the offense.

The primary appeal of designer drugs lies in their ability to produce effects similar to controlled substances but without being classified by others as illegal.

#### Lower Class Culture Theory

(Miller, 1958) Although drug use exists in all sectors of society, designer drugs are considered more characteristic of the lower class, and more kiosks are found in these neighborhoods.

## 6. Summary and Conclusion

Despite being sold legally in some regions, designer drugs pose serious risks to individuals and communities due to their potency, unpredictable effects, and lack of regulation.

To date, 18 “synthetic cannabinoids” have been added to the Dangerous Drugs Ordinance, but even today, additional dangerous substances not yet included in the ordinance are sold in kiosks and social networks.

These measures have proven to be inadequate in halting the influx of new designer drugs. There are several reasons for this:

- 1) Criminal elements distributing these substances are one step ahead of legislators and law enforcement agencies.
- 2) Bureaucracy—the process of adding a suspected prohibited substance to the list is lengthy.
- 3) Due to the chemical composition and ability to design the drug from various materials, it's impossible to clean the market of “precursor materials”.

The interesting question after presenting possible explanations for the use of these specific drugs is what is the prevalence of the phenomenon and the frequency of indictments against sellers.

Israel has also adopted measures to criminalize the production and sale of these substances, but enforcement remains difficult due to the covert nature of the market.

To examine the prevalence of the phenomenon, a comprehensive study among children and adolescents is needed, which is currently unavailable. Regarding law enforcement of this offense, the police cannot present data on the matter, and there is a kind of turning a blind eye to the issue.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

## References

- Chen, G., & Gueta, K. (2015). Child Abuse, Drug Addiction and Mental Health Problems of Incarcerated Women in Israel. *International Journal of Law and Psychiatry*, 39, 36-45. <https://doi.org/10.1016/j.ijlp.2015.01.019>

- Cohen, L. E., & Felson, M. (1979). Social Change and Crime Rate Trends: A Routine Activity Approach. *American Sociological Review*, *44*, 588. <https://doi.org/10.2307/2094589>
- Collins, J. W. (2011). Sending a Message: Ecstasy, Ecstasy and the Media Politics of Drug Classification. *Health, Risk & Society*, *13*, 221-237. <https://doi.org/10.1080/13698575.2011.558622>
- Edelstein, A. (2018). Reducing Recidivism with the Chances Program: Immigrant Juvenile Delinquents in Israel. *Sociology Study*, *8*, 232-250. <https://doi.org/10.17265/2159-5526/2018.05.004>
- Fraser, S., & Moore, D. (2011a). Introduction. In S. Fraser, & D. Moore (Eds.), *The Drug Effect: Health, Crime and Society* (pp. 1-16). Cambridge University Press. <https://doi.org/10.1017/cbo9781139162142.001>
- Fraser, S., & Moore, D. (2011b). Governing through Problems: The Formulation of Policy on Amphetamine-Type Stimulants (ATS) in Australia. *International Journal of Drug Policy*, *22*, 498-506. <https://doi.org/10.1016/j.drugpo.2011.09.004>
- Gibbs, J. (1968). Crime, Punishment and Deterrence. *Southwestern Social Science Quarterly*, *48*, 515-530
- Gurney, S. (2014). Pharmacology, Toxicology, and Adverse Effects of Synthetic Cannabinoid Drugs. *Forensic Science Review*, *26*, 53-78.
- Luethi, D., & Liechti, M. E. (2020). Designer Drugs: Mechanism of Action and Adverse Effects. *Archives of Toxicology*, *94*, 1085-1133. <https://doi.org/10.1007/s00204-020-02693-7>
- Madras, B. K. (2012). Designer Drugs: An Escalating Public Health Challenge. *Journal of Global Drug Policy and Practice*, *6*, 206-222.
- Miller, W. B. (1958). Lower Class Culture as a Generating Milieu of Gang Delinquency. *Journal of Social Issues*, *14*, 5-19. <https://doi.org/10.1111/j.1540-4560.1958.tb01413.x>
- Sutherland, E. (1947). *Principles of Criminology*. Lippincott.
- Wacht, O., Melech-Shalom, S., & Grinstein-Cohen, O. (2018). Synthetic Cannabis Use in Israel: "Nice or Bad Guy—Spice". *International Journal of Mental Health and Addiction*, *16*, 871-873. <https://doi.org/10.1007/s11469-018-9907-7>
- Weinstein, A. M., Rosca, P., Fattore, L., & London, E. D. (2017). Synthetic Cathinone and Cannabinoid Designer Drugs Pose a Major Risk for Public Health. *Frontiers in Psychiatry*, *8*, 156-169. <https://doi.org/10.3389/fpsyt.2017.00156>