Substance Abuse and Violent Extremism

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Introduction

Research on the relationship between substance abuse and violent extremism (VE) is limited, but a growing body of work suggests that these two phenomena intersect in ways that carry meaningful implications for VE prevention and intervention efforts. Individuals involved in or suspected of VE appear to have higher rates of substance abuse or substance use disorders (SUDs)* relative to the general population.

One article identified seven mechanisms that contribute to both SUDs and VE: triggers in a person's environment, the brain's reward system, the role of stress in compulsive behavior, features of chronic disease, co-occurring mental health conditions, the role of social relationships, and geographic patterns. These shared factors may explain why the two co-occur and why both can be so resistant to intervention.[1]

A better understanding of this connection could improve how both fields identify, assess, and work with individuals who may be at risk of radicalization, substance abuse, or both. In this paper, we review what the research currently tells us about the relationship between substance abuse and VE, identify what remains unknown, and conclude with implications for practitioners.

Rates of Substance Abuse Among Violent Extremists

Studies have consistently found that people involved in VE have higher rates of substance abuse compared to the rates in the general male population.† Approximately 14 percent of American men have a self-reported history of substance abuse,[2] 14.6 percent of European men have alcohol use disorder,[3] and 3 percent of European men have drug use disorders.[4]

* This paper uses the terms *substance use disorder (SUD)* and *substance abuse* based on the terminology used in each article. *SUD* is a clinical term defined by the DSM-5 as a medical condition characterized by the inability to control the use of a substance despite harmful consequences, with severity ranging from mild to severe based on how many of 11 diagnostic criteria are met. *Substance abuse* is a broader and less-precise term that appears widely in research, policy, and practice contexts, even though it does not map onto a specific diagnostic threshold. In general, readers can understand *substance abuse* as referring to harmful patterns of drug or alcohol use that may or may not meet the formal diagnostic threshold for SUDs. See Stacy Mosel, "What Is a Substance Use Disorder (SUD)?" American Addiction Centers, Dec. 23, 2025, https://americanaddictioncenters.org/rehab-guide/substance-use-disorder.

† We use men's rates of substance abuse for comparison because research samples of violent extremist populations are composed predominantly of men. According to Fangen and Skjelsbæk (2025), "Roughly 90 percent of terrorist attacks in recent decades have been perpetrated by male actors," and studies have consistently found that radicalized individuals are disproportionately male compared to the general population. As such, comparing extremist samples to general male population rates provides the most appropriate baseline. See Katrine Fangen and Inger Skjelsbæk, "The Complex Relationship Between Gender and Violent Extremism," C-REX – Center for Research on Extremism, Oct. 6, 2025, https://www.sv.uio.no/c-rex/english/news-and-events/right-now/2025/the-complex-relationship-between-gender-and-violen.html.

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In comparison, rates across a range of violent extremist samples (consisting predominantly of American and European men) range from 23 percent to 75 percent. These rates vary depending on the population studied and how substance abuse is measured, but they remain significantly higher among violent extremists than among the general population of men.[5, 6]

One study conducted in-depth life history interviews of former members of violent white supremacist groups in the United States. Of the 44 former extremists interviewed, 72 percent reported experiencing alcohol or illegal drug dependence earlier in life.[7] Studies of jihadist extremism in Europe found similarly high rates. One case study of 147 European jihadists, both violent and nonviolent, found that more than 60 percent of them had a history of drug use before radicalization.[8] Another study of 52 Islamist men in Europe who carried out suicide attacks between 2012 and 2017 found that 75 percent had a history of chronic substance use.[9] Across all three studies, substance abuse overwhelmingly preceded radicalization. Though these studies used slightly different terminology for substance abuse (e.g., *substance dependence*, *history of drug use*, *chronic substance use*), each found that the population under study had a substantially higher rate of substance abuse than the general male population did.

A clinical review of 34 people suspected of VE and enrolled in an extremism prevention program in Amsterdam also found higher rates of SUDs than in the broader population. Specifically, the authors found that 35.3 percent of enrollees had a diagnosable substance-related disorder at the time of evaluation. Substance-related disorders were the second-most prevalent psychiatric category after personality disorders (41.2 percent).[10] Note that this study examined only current or recent abuse, not lifetime history.

Studies of lone-actor extremists have found considerably lower rates of substance abuse (but still higher than those of the general male population). A study of 119 individuals who engaged in or planned to engage in lone-actor terrorism in the United States and Europe found that approximately 23 percent had publicly reported histories of substance abuse.[11] This lower figure may reflect real differences in this population in comparison to members of extremist groups, or it may partly reflect this study's reliance on public legal records and court documents, which are less likely to capture substance use histories than interviews or clinical assessments.

Taken together, these findings establish that co-occurrence between substance abuse and VE is real and documented.

Substance Abuse in the Radicalization Timeline

For practitioners working with these populations, it may be helpful to know when and how substance abuse is likely to occur in relation to radicalization. In this section, we discuss research into substance abuse that occurred before radicalization, during active extremist involvement, and upon exiting an extremist group or lifestyle. Orienting the findings along this timeline may help practitioners tailor their interventions to vulnerable periods.

Before radicalization

Substance abuse tends to precede radicalization.[12,13] As a result, some research frames substance abuse as a risk factor for radicalization.[14] However, this sequence doesn't necessarily mean one causes the other. Both behaviors appear to draw on a common set of underlying vulnerabilities: social isolation, loss of purpose, damaged relationships, involvement in the criminal justice system, guilt, and helplessness.[15] Some extremist groups target individuals with these conditions, viewing them as vulnerable to exploitation. Groups that offer belonging, meaning, structure, and a clear sense of identity can be powerfully appealing to people with lives destabilized by SUDs.[16] For some individuals, substance abuse and extremist involvement may act as alternative ways of coping with the same underlying pressures, rather than one definitively leading to the other in a fixed sequence.[17] Substance abuse is also strongly connected with mental illness and prior trauma, both of which are considered common risk factors for radicalization, suggesting these shared

roots may better explain the co-occurrence than a one-directional causal relationship.[18]

As one research team noted, recruitment also frequently takes place in bars and drinking spaces, with political ideology introduced only after social bonds have been formed through shared substance use.[19]

However, the evidence does not show that substance abuse causes extremism. The fact that substance abuse usually precedes radicalization reflects a pattern, but the available evidence cannot rule out underlying factors that may elevate both substance abuse and radicalization risk. Critically, substance use or abuse alone should not be interpreted as a reliable predictor of radicalization.[20]

During extremist involvement

Substance abuse prior to joining extremist groups has been well studied, but less is known about substance abuse during active membership. According to the research, substance use forms part of the social fabric of some extremist groups, and alcohol consumption can be integral to group recruitment, socialization, and cohesion.[21] Evidence also indicates that extremist group membership is highly stressful and psychologically taxing, so high lifetime substance abuse rates among extremists may be a consequence of that stress.[22]

Despite elevated rates of lifetime substance abuse, there is evidence that people who commit extremist violence are usually *not* under the influence at the time of the attack. The study of 119 lone-actor terrorists cited previously found that only 4.2 percent used drugs or alcohol immediately before carrying out their attack.[23] Behavioral threat assessment guidance has also emphasized that significant substance abuse histories are common among perpetrators of targeted violence; however, active intoxication during an attack is not.[24]

There may be a relationship between joining extremist groups and (at least temporarily) stopping substance abuse. According to one study of 80 violent offenders, 74 percent had abused drugs prior to radicalization, but 75 percent of them stopped their abuse of stimulants and drugs when they joined extremist activity.[25] This finding suggests that for some individuals, extremist ideology may serve as a substitute for problematic substance use, potentially because it provides meaning, community, identity, routine, and a sense of purpose. In this framing, extremist group membership may not co-occur with substance abuse but may actually replace it, even if only temporarily.

Upon exit

Least studied is the relationship between substance abuse and individuals who exit an extremist group or lifestyle. Even if a person has not engaged in substance abuse, the act of leaving an extremist group can produce withdrawal-like physical and psychological effects.[26] One well-documented case involved a former extremist who relapsed into substance use for the first time in 14 years after exiting a group. He explained that the extremist ideology had been functioning as a replacement for his addiction, and when he left the group without addressing the underlying factors related to his extremism and substance abuse, those needs resurfaced.[27, 28]

Researchers have cautioned that deradicalization work that addresses only ideological disengagement, without considering and addressing underlying vulnerabilities such as substance abuse, is incomplete. One expert stated, "Where addiction is present, it is the single biggest obstacle in ensuring that the person successfully exits [the extremist group]."[29]

What We Don't Know

Although the existing research does identify a connection between substance abuse and VE, it leaves several important questions unanswered.

Most studies found that substance abuse occurs before radicalization, but they did not establish cause and effect. Such factors as trauma history, adverse childhood experiences, mental health vulnerabilities, and social marginalization could independently increase the risk of both substance abuse and radicalization without one directly causing the other. These potential contributing variables have not been

sufficiently studied, leaving a significant gap in our understanding of why substance abuse and VE so frequently co-occur.

The research is also heavily concentrated on two demographic groups: violent white supremacists and European Islamist extremists. We know very little about whether these patterns hold for other groups, such as anti-government movements, single-issue extremists, or incel extremists. In addition, the groups and individuals studied have been predominately male; we have no research or evidence to suggest that this pattern holds for women.

Implications for Practitioners

For substance abuse or SUD treatment providers:

- Caseloads likely include individuals at elevated risk for radicalization. Practitioners should develop basic familiarity with radicalization warning signs and clear referral pathways to VE practitioners or threat assessment professionals.
- Providers should also be aware that the stress and social disruption of recovery may itself create vulnerability to radicalization. The psychological upheaval of confronting addiction, including feelings of lost identity, lack of purpose, and shame or guilt, can increase susceptibility to extremist recruitment; this vulnerability may persist even after recovery.[30]

For practitioners working on deradicalization or countering violent extremism:

- Individuals in the process of exiting extremist movements experience significant psychological and social upheaval. The literature on both substance abuse and deradicalization suggests that this period carries elevated relapse risk, both for substance use and for re-engagement with extremist networks.[31]
- Substance abuse treatment and VE intervention should be understood as complementary rather than sequential efforts; ideally, each should be delivered with deliberate attention paid to the other.[32]
- Substance abuse history and any current use should be incorporated into intake and ongoing assessments to ensure that individuals are pointed toward needed resources. VE practitioners who do not already have substance abuse resources available to clients should develop partnerships or referral protocols before they are needed.

References

1. Ryan A. Brown, Rajeev Ramchand, and Terry C. Helmus, *What Prevention and Treatment of Substance Use Disorder Can Tell Us About Addressing Violent Extremism*, RAND Corporation, 2022.
2. Christopher M. Jones, Rita K. Noonan, and Wilson M. Compton, "Prevalence and Correlates of Ever Having a Substance Use Problem and Substance Use Recovery Status Among Adults in the United States, 2018," *Drug and Alcohol Dependence* 214 (2020): 108169.
3. Hilary S. Connery, R. Kathryn McHugh, Meghan Reilly, Sonya Shin, and Shelly F. Greenfield, "Substance Use Disorders in Global Mental Health Delivery: Epidemiology, Treatment Gap, and Implementation of Evidence-Based Treatments," *Harvard Review of Psychiatry* 28, no. 5 (2020): 316–327.
4. Jürgen Rehm, Robin Room, Wim van den Brink, and Ludwig Kraus, "Problematic Drug Use and Drug Use Disorders in EU Countries and Norway: An Overview of the Epidemiology," *European Neuropsychopharmacology* 15, no. 4 (2005): 389–397.
5. Paul Gill, John Horgan, and Paige Deckert, "Bombing Alone: Tracing the Motivations and Antecedent Behaviors of Lone-Actor Terrorists," *Journal of Forensic Sciences* 59, no. 2 (2014): 425–435.
6. Rajan Basra, *Drugs and Terrorism: The Overlaps in Europe*, International Centre for the Study of Radicalisation and Political Violence, 2019.
7. START (National Consortium for the Study of Terrorism and Responses to Terrorism), *Trauma as a Precursor to Violent Extremism: How Non-Ideological Factors Can Influence Joining an Extremist Group*, 2015.
8. Basra, *Drugs and Terrorism: The Overlaps in Europe*.
9. Lewis Herrington, "Predicting and Preventing Radicalisation: An Alternative Approach to Suicide Terrorism in Europe," *Intelligence and National Security* 34, no. 4 (2019): 480–502.
10. Christel Grimbergen and Thijs Fassaert, "Occurrence of Psychiatric Disorders, Self-Sufficiency Problems and Adverse Childhood Experiences in a Population Suspected of Violent Extremism," *Frontiers in Psychiatry* 13 (2022).
11. Gill, Horgan, and Deckert, "Bombing Alone: Tracing the Motivations and Antecedent Behaviors of Lone-Actor Terrorists."
12. Basra, *Drugs and Terrorism: The Overlaps in Europe*.
13. Herrington, "Predicting and Preventing Radicalisation: An Alternative Approach to Suicide Terrorism in Europe."
14. Michael Wolfowicz, Yael Litmanovitz, David Weisburd, and Badi Hasisi, "Cognitive and Behavioral Radicalization: A Systematic Review of the Putative Risk and Protective Factors," *Campbell Systematic Reviews* 17, no. 3 (2021): e1174.
15. Dominika Pacholska and Tadeusz Wojciechowski, "Substance Abuse and the Radicalisation Process," *Terroryzm: Studia, Analizy, Prewencja* 3 (2023).
16. Lotta Carlsson, *Substance Use and Violent Extremism*, Radicalisation Awareness Network / European Commission, 2021.
17. Pacholska and Wojciechowski, "Substance Abuse and the Radicalisation Process."
18. Gill, Horgan, and Deckert, "Bombing Alone: Tracing the Motivations and Antecedent Behaviors of Lone-Actor Terrorists."
19. Carlsson, *Substance Use and Violent Extremism*.
20. Wolfowicz et al., "Cognitive and Behavioral Radicalization: A Systematic Review of the Putative Risk and Protective Factors."

21. Carlsson, *Substance Use and Violent Extremism*.

22. Carlsson, *Substance Use and Violent Extremism*.

23. Gill, Horgan, and Deckert, "Bombing Alone: Tracing the Motivations and Antecedent Behaviors of Lone-Actor Terrorists."

24. Gene Deisinger and W. Payne Marks, *A Community Approach to Behavioral Threat Assessment and Management in Virginia: A Practitioner's Guide*, Virginia Department of Criminal Justice Services and Virginia Center for School and Campus Safety, 2024.

25. Lewis Herrington, *Understanding Islamist Terrorism in Europe: Drugs, Jihad and the Pursuit of Martyrdom* (London: Imperial College Press, 2022).

26. Carlsson, *Substance Use and Violent Extremism*.

27. Carlsson, *Substance Use and Violent Extremism*.

28. Rachel Weiner, "Man Who Turned Away from Radical Islam Arrested on Drug, Prostitution Charges," *Washington Post*, Jan. 25, 2017.

29. Carlsson, *Substance Use and Violent Extremism*, p. 11.

30. Pacholska and Wojciechowski, "Substance Abuse and the Radicalisation Process."

31. Carlsson, *Substance Use and Violent Extremism*.

32. Brown, Ramchand, and Helmus, *What Prevention and Treatment of Substance Use Disorder Can Tell Us About Addressing Violent Extremism*.

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