

Violent offending among substance users: The role of individual level characteristics

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Introduction

Violent offending is almost ubiquitous among those who abuse or are dependent on illicit drugs, with up to 90% having ever committed a violent offence, and between 46 and 75% having done so within a 12 month period¹⁻⁴. The factors which underpin the substance use-violence association, however, remain unclear.

In the drug and alcohol literature, violent offending has commonly been understood as a consequence of pharmacological, systemic and economic risks directly associated with illicit drug use⁵. Whilst well supported, this framework provides an overly homogeneous understanding of the issue. No consideration is given to the role that individual characteristics may play in predisposing substance users to violence. It is important to address the role of predisposing factors (psychopathology, personality traits) to violence as the circumstances that cause violent behaviour in one person will not necessarily do so in another. Instead of typifying substance users as violent offenders due to their substance use *per se* we should be seeking to understand the characteristics that increase susceptibility to offending among this high risk group.

Aims: This research aims to provide an overview of the prevalence and characteristics of violent offending among persons who inject drugs (PWIDs), and to identify the correlates of violence, accounting for both substance use and psychopathologic/personality risk factors.

Method

A cross-sectional face-to-face interview was conducted with 300 injecting illicit polysubstance users recruited from Needle and Syringe Programs in the greater Sydney area. Interviews took approximately 30 minutes to complete and were all anonymous and confidential.

The interview addressed demographics, substance use histories (lifetime & past 6 months), alcohol use (AUDIT screener), violent offending histories (arrest and non-arrest), psychiatric disorders (Conduct Disorder [CD], Borderline Personality Disorder [BPD], Attention deficit hyperactivity disorder [ADHD]) and personality constructs (impulsivity and aggression).

Results

Sample Characteristics

The majority (70%) were male with a mean age of 37.1 years (SD 7.9). They had completed a mean 9.8 years of schooling, and 85% were unemployed. Two-thirds had been incarcerated. All were injecting polysubstance users, having ever used a mean of 9.0 drug classes and a mean of 5.9 classes in the past six months. There was extensive psychiatric comorbidity, with 46% screening positive for 2 or more psychiatric disorders (Figure 1).

Sample Characteristics continued...

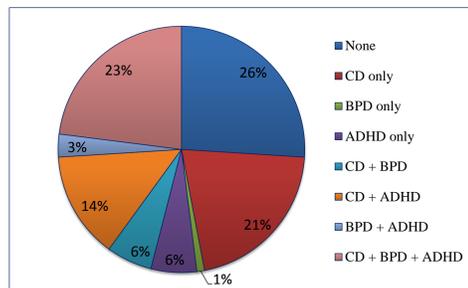


Figure 1: Psychiatric comorbidity between Conduct Disorder (CD), Borderline Personality Disorder (BPD) and Attention-Deficit Hyperactivity Disorder (ADHD)

Violent offending characteristics

The majority (76%) had ever committed a violent offence, and 45% had done so in the past 12 months. Eight percent had committed violence in the month preceding interview. Over half (54%) had committed a violent offence before initiating illicit drug use.

Table 1 describes the types of violent offences committed by the sample, including arrest and non-arrest data.

Table 1. Violent offending and arrest characteristics (N=300)

	Ever committed %	Age onset [^] (mean, SD)	Ever charged [#] %	Charged past 12 months [#] %
Common assault	76	17.5 (6.1)	62	17
Aggravated assault	37	21.4 (7.6)	77	5
Aggravated robbery	19	20.9 (5.1)	72	7
Murder	0.5	24.0 (-)	100	0
Attempted murder	2	29.0 (12.7)	100	20
Manslaughter	2	19.8 (2.2)	100	0
Sexual Assault	0.5	17.0 (-)	100	0

[^]Analyses includes only those who reported committing the violent offence; [#]analyses includes only those who were charged with the violent offence

Of those who had been violent, a median of 10.0 lifetime violent offences had been committed. Forty percent reported that they were 'never' or 'rarely' under the influence of drug and/or alcohol during violent offending, and over half (57%) had 'never' or 'rarely' committed violence for drug related reasons.

Violent offending correlates

Those in the violent group typically displayed more serious substance use patterns, far more severe psychopathology, and significantly higher scores for impulsivity and aggression than those who had not committed violence.

Table 2. Correlates of violent offending

	Violent n=228	Non-violent n=72	Comparisons 95% CI
Substance Use			
No. drug classes used			
Lifetime (M, SD)	9.3 (1.7)	8.5 (1.9)	$t_{298} = -3.72^{***}$
Past 6 months (M, SD)	6.1 (1.6)	5.3 (1.6)	$t_{298} = -4.32^{***}$
Drug dependent %	94	94	0.97 (0.31-3.08)
Alcohol score (M, SD)	10.5 (9.9)	5.3 (5.7)	$t_{298} = -4.15^{***}$
Psychopathology			
CD positive %	75	27	8.33 (4.49-15.46)***
BPD positive %	41	7	8.62 (3.34-22.27)***
Child ADHD positive %	29	14	2.53 (1.22 - 5.22)*
Adult ADHD positive %	43	29	1.83 (1.03-3.24)*
Personality Traits			
Impulsivity score (M, SD)	42.3 (9.7)	36.5 (9.3)	$t_{298} = -2.14^{***}$
Aggression score (M, SD)	41.3 (11.7)	24.7 (10.2)	$t_{298} = -10.84^{***}$

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Multivariate logistic regression was conducted to determine what factors predicted lifetime risk of violent offending. The final model was significant ($\chi^2_{4df} = 112.4, p < 0.001$) with a good fit to the data (Hosmer & Lemeshow: $\chi^2 = 6.6, p = 0.58$), explaining between 31% and 48% of variance. The factors which remained significant were: higher aggression scores, higher impulsivity scores, screening positive for CD, and greater number of drug classes used.

Conclusions

Violent offending is a major problem among illicit drug users, with approximately three-quarters having committed a violent offence. Bivariate analyses showed that whilst those who committed violence did engage in more serious patterns of substance use (indicated by greater polydrug use and riskier alcohol use), they were also significantly more likely to have extensive psychopathological histories, meeting criteria for both childhood and adulthood diagnoses, and higher levels of trait impulsivity and aggression as compared to substance users who did not commit violence. Multivariate analyses further confirmed that characteristics unique to the individual were independently correlated with lifetime offending. The findings indicate a strong predisposition towards aggression and physical violence amongst violent illicit drug users. This underlying susceptibility, however, appears to be heightened by comorbid substance use, rather substance use determining risk of offending. It may be the case that illicit drug markets are appealing to those with strong tendencies towards violence as the absence of legal recourse in such markets fosters violent norms.

Overall, the findings from this study suggest that the 'substance use leads to violence' model which typifies research in this area does not sufficiently explain the risk for violent offending. We need to move away from theorising which defines substance users as a homogeneous group with equal risk of offending in order to reach a more nuanced understanding of why rates of violent offending are elevated among this population, and who those are who are most at risk of offending.

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