



Investigating heterogeneity in violent offending liability among injection drug users from a developmental perspective



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HIGHLIGHTS

- This review examined the effectiveness of awareness campaigns in preventing suicide.
- Awareness campaigns were not effective when implemented as a standalone strategy.
- Suicide literacy increased post-intervention but effects were not maintained.
- Impact and repeat exposure underpinned campaign efficacy, but difficult to sustain.
- Increased use of social media to deliver campaigns could better reach those at risk.

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ABSTRACT

Introduction: Violence is a major burden of harm among injecting drug users (IDU), however, the liability to violent offending is not well understood. The current study aimed to better understand differences in the liability to violence by determining whether IDU could be disaggregated into distinct violent offending classes, and determining the correlates of class membership.

Methods: A total of 300 IDU from Sydney, Australia were administered a structured interview examining the prevalence and severity of drug use and violent offending histories, as well as early life risk factors (maltreatment, childhood mental disorder, trait personality).

Results: IDU were disaggregated into four distinct latent classes, comprising a non-violent class (24%), an adolescent-onset persistent class (33%), an adult-onset transient class (24%) and an early-onset, chronic class (19%). Pairwise and group comparisons of classes on predispositional and substance use risks showed that the EARLY class had the poorest psychosocial risk profile, while the NON class had the most favourable. Multinomial logistic regression revealed that higher trait impulsivity and aggression scores, having a history of conduct disorder, frequent childhood abuse, and more problematic alcohol use, were independently associated with more temporally stable and severe violent offending. The model explained 67% of variance in class membership ($\chi^2 = 207.7$, $df = 51$, $p < 0.001$).

Conclusions: IDU can be meaningfully disaggregated into distinct violent offending classes using developmental criteria. The age of onset of violence was indicative of class membership inasmuch as that the extent of early life risk exposure was differentially associated with greater long-term liability to violence and drug use.

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1. Introduction

Despite widespread evidence that violent offending is a major burden of harm among injecting drug users [IDU] (Darke, Torok, Kaye, Ross, & McKetin, 2010; Torok, Darke, Shand, & Kaye, 2014), the mechanisms underpinning this association are unclear. A key difficulty in

understanding how drug use and violent behaviour are associated is, in part, attributable to the use of inadequate theoretical frameworks, which translates to insubstantial findings. Indeed, the majority of empirical research on the drug use-violent offending association has studied violence homogeneously, whereby drug use is hypothesised to cause violence (Goldstein, 1985). Given that up to 90% of dependent drug users have reportedly engaged in violence (Darke et al., 2010; Torok et al., 2014), postulating that drug use is a key predictor makes sense. The evidence, however, does not support this model. In order to advance our understanding of the liability to violent offending among IDU, it is necessary to look beyond linear drug use influences.

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An ecological developmental framework may be the answer, such as that proposed by Moffitt (Moffitt, 1993), which hypothesises that the age of onset of antisocial behaviour strongly predicts different trajectories to offending and related externalising behaviours. Moffitt posits that negative externalising traits and behaviours which onset in childhood (e.g., aggression), increase liability to a stable, severe trajectory characterised by diverse phenotypic behaviour, which includes violence and drug use (Moffitt, 1993). In this trajectory, antisocial traits have a longer time to establish themselves due to early-onset, and tend to become established rapidly and severely as a result of concurrent exposure to criminogenic environments (e.g., harsh, inconsistent parenting responses, parental substance use). Because intervention usually does not occur, the conditions for chronic antisociality are created. Violent offending is most strongly associated with this trajectory. In contrast, antisocial behaviour that emerges in adolescence is typically transient (desists by early adulthood), less serious (e.g. non-violent), and driven by proximal social expectations rather than inherent antisociality (Moffitt, 1993).

In Moffitt's original developmental model, a single risk pathway to violent offending and a single risk pathway to non-violent offending is proposed. However, subsequent testing of the 'violent trajectory' has been undertaken in a limited number of studies of juvenile delinquent males. These studies consistently found that this single trajectory can actually be meaningfully disaggregated into three to four violent trajectories (Broidy et al., 2003; Fergusson, Horwood, & Nagin, 2000; Kratzer & Hodgins, 1999; Loeber, Lacourse, & Homish, 2005; Nagin & Tremblay, 1999; Piquero, 2008; Tremblay, 2006). These trajectories represent varying degrees of seriousness and chronicity, however, in the bulk of them, violent behaviour is characterised by an onset in mid- to-late adolescence and desistance in early-to-mid adulthood. Only 4%–7% are generally classified as persistent, early-onset, violent offenders (Nagin & Tremblay, 1999). These findings have implications for the management and prevention of violence.

1.1. The current study

To date, this developmental approach has not yet been used as a model to examine drug related violence, but doing so is important for a number of reasons. Firstly, it will help clarify what theoretical approach best suits empirical investigation of violence in the context of drug and alcohol use. If this study can demonstrate that using developmental criteria to explain heterogeneity among IDU is valid, it will advance our understanding of causality. Secondly, the identification of whether heterogeneity exists, and to what extent, is important for developing effective prevention strategies. It is well recognised that IDU have widespread exposure to the multiple early life risks that underpin differences in the liability to serious offending, as posited by Moffitt (e.g., aggression, impulsivity, child abuse, parental substance use) (Conroy, Degenhardt, Mattick, & Nelson, 2009; Lo & Cheng, 2007; Sommers, Baskin, & Baskin-Sommers, 2006). As such, it is possible that heterogeneity in violent patterns and risk may not exist for this population. If a single risk trajectory is confirmed, there is a strong case for universal prevention strategies. If multicausal pathways are identified, targeted interventions will be needed. Finally, little research is available regarding *how* violent classes or trajectories are differentiated from each other, with previous research focusing only on trajectory identification (Loeber et al., 2005; Nagin & Tremblay, 1999; Tremblay, 2006). The identification of such factors is, again, central to determining how to most effectively respond to this issue.

1.2. Study aims

The current study aims to examine the association of drug use and violent offending among IDU, in accordance with the

'violent trajectory' described by Moffitt. Specifically, the study aimed to:

- (1) Determine whether IDU can be disaggregated into different classes of violent (and non-violent) offenders based on age of onset, frequency and duration criteria, consistent with Moffitt's theory;
- (2) Determine the correlates of latent class membership.

2. Methods

2.1. Procedure

A sample of 300 regular (i.e. weekly or more) IDU (201 males, 99 females) were recruited from four needle and syringe programs (NSPs) located throughout the greater Sydney metropolitan area, as well as by word of mouth. Participants were recruited from a single NSP at a time, to reduce the risk of interviewing the same participant multiple times. Typically, two researchers visited an NSP for a total period of 2 months, and no further recruitment conducted at that site. Recruitment took place from August 2011 until August 2012. Flyers were placed in NSPs and interested persons were required to contact the interviewer. Respondents were screened for eligibility, either in person or by phone. To be eligible, participants had to be aged 18 years or older and to have injected illicit or prescription opiates and/or psychostimulants, on average, weekly or more in the past 12 months. Respondents who reported significant periods of incarceration or abstinence from injection drug use in the past 12 months, whose averaged out use was less than weekly (as based on separate occasions of use) were excluded. Additionally, respondents were asked a number of dummy questions to minimise false reporting. In total, 313 respondents were screened. 13 did not meet study criteria. Eligible participants were administered a face-to-face structured questionnaire, which took approximately 30 min to complete. Participation was voluntary. Participants were assured of confidentiality and anonymity during consenting. Upon completion, participants were reimbursed AU\$30, and provided with contact numbers for mental health and social support services. Ethical approval was obtained from UNSW and the Sydney South West Area Health Service Human Research Ethics Committee.

2.2. Measures

The structured interview addressed demographics, substance use, violent offending, child psychopathology, trait personality and child maltreatment. Substance use questions were adapted from the Australian Treatment Outcome Study (Darke et al., 2005). Specific drug classes asked about (lifetime, past six months) were: alcohol, tobacco, heroin, other opioids, methamphetamine, cocaine, ecstasy, benzodiazepines, hallucinogens, antidepressants, inhalants, and cannabis. A dummy 'polysubstance' variable was created which was the sum of the number of alcohol, tobacco and illicit drug classes ever used, and a similar dummy variable was created for total use in the past six months. Ages of onset of illicit drug and alcohol use were obtained. Harmful alcohol use was screened for using the Alcohol Use Disorders Identification Test (AUDIT), which has a Cronbach alpha value of 0.83 (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). Past month drug dealing was measured using the Opiate Treatment Index (OTI) (Darke, Hall, Heather, Wodak, & Ward, 1992). The Cronbach alpha range for this scale is 0.34–0.93 (Adelekan et al., 1996). Participants were asked whether either of their parents had had a substance use problem.

Questions were asked about having committed the following violent offences (lifetime, past six months): common assault (non-injurious), aggravated assault (e.g. grievous bodily harm, weapon involvement), aggravated robbery (e.g. armed robbery), aggravated sexual assault (e.g. penetrative sexual assault), manslaughter, attempted murder and murder. Violent offences were coded according to the 2011 Australian

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