

Problem drug users and assault

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Abstract

Cross-sectional data collected as part of an ongoing longitudinal study are presented on 560 drug users (the great majority of them heroin users) beginning treatment in a range of drug services across Scotland. Multivariate analyses were conducted to examine factors associated with reports of recently committing assault and with reports of recently being assaulted. Nearly one in five respondents (18%) had committed assault in the last 3 months and 25% had been assaulted in the last 6 months (8% had both committed assault and been an assault victim). Four of the five factors that were independently associated with committing a recent assault were also independently associated with being a victim of recent assault, namely being male; use of crack in the last 90 days; having slept rough or in a hostel in the last 6 months; and having been physically abused. Additionally, selling or supplying drugs was independently associated with committing a recent assault, and not having used heroin in the last 90 days was independently associated with having been recently assaulted. The findings suggest that drug treatment providers have roles to play in addressing the violent tendencies of, and high levels of victimisation experienced by, their clients. However, this will require drug agency staff to work collaboratively with other professional groups to offer flexible forms of support that address clients' multiple needs.

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Introduction

The use of drugs is widely associated with violent and aggressive behaviour. Alcohol and illicit substances are frequently present in both offenders and victims involved in violent incidents (Boles & Miotto, 2003). Equally, individuals in substance abuse treatment report significantly higher rates of both expressed and received violence than community-based samples (Brown, Werk, Caplan, Shields, & Seraganian, 1998; Chermack, Fuller, & Blow, 2000; Walton, Chermack, & Blow, 2002). In communities, street dealing is regularly accompanied by disruptive behaviour, threats to local residents, home break-ins and robberies. These can heighten fear amongst residents, which in turn triggers a downward spiral of crime, fear of crime and neighbourhood deterioration

(Davis & Lurigio, 1996; Skogan, 1990; Wilson & Kelling, 1982). Even amongst school children, there is evidence of increased propensity to violence when drugs have been used. For example, a Scottish study of 3121 students aged 11–16 found that both males and females who had taken drugs were more likely to carry weapons (63.5% of male drug users versus 20.5% of non-users and 22.8% of female drug users versus 3.7% of non-users) (McKeganey & Norrie, 2000).

Despite these repeated associations, the relationship between substance use and violence is complex and contested. Paul Goldstein (1985) has argued that drugs and violence can be related to each other in three particular ways: *psychopharmacologically*, *economic-compulsively* and *systemically*. According to Goldstein, *psychopharmacological violence* occurs because the chemical properties of illegal drugs induce aggressive behaviour. So, drug ingestion can cause individuals to become excitable, irrational and/or paranoid. Individuals may also become violent because of the irritability and desperation associated with drug withdrawal

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symptoms. Additionally, the consumption of drugs may make individuals more susceptible to the violence of others. This is because intoxicated individuals can become difficult or argumentative or they may appear sleepy or not fully aware of their surroundings, and so easy targets for assault or robbery.

Economic-compulsive violence occurs as a direct or indirect result of the economic crimes drug users often commit in order to obtain money for drugs. Some economic crime (such as robbery) is inherently violent. Other economic crime that is not meant to be violent, such as shoplifting, may accidentally become violent if the social context of the crime is suddenly changed. This might occur if the drug user becomes nervous and panics, if the victim reacts unexpectedly or if a bystander intervenes. All of these unanticipated events may cause the individuals involved to behave irrationally and this can increase the likelihood of a violent confrontation. Although economic-compulsive violence is most commonly associated with expensive drugs, such as heroin and cocaine, it can apply to all substances for which there is no legal market (Boles & Miotto, 2003; Lavine, 1997).

Finally, *systemic violence* is violence that occurs as part of the lawless drug distribution system. Because the possession and sale of drugs are illegal, transactions between dealers and between dealers and users are beyond the control and regulation of the law. Consequently, violence and the threat of violence are the major means of resolving disputes within drug distribution networks. Examples of systemic violence include territorial disputes between rival dealers; assaults and homicides committed within particular drug-dealing operations in order to enforce normative codes; the punishment of individuals for selling adulterated or bogus drugs; assaults committed in order to collect drug-related debts; the elimination of informers; and battles with the police. As individuals' drug-taking careers progress, many participate in drug distribution activities and their risk of becoming a victim or perpetrator of systemic violence rises accordingly (Goldstein, 1985).

Although Goldstein's categorisation provides a useful framework for examining the links between drugs and violence, his work has been widely criticised. Various studies have shown that drug users actually commit few violent offences (Ball, Shaffer, & Nurco, 1983; Hunt, Lipton, & Spunt, 1984); numerous acts of violence do not involve substance use (Chermack & Blow, 2002); and the distribution of violent crimes committed by drug users is not related to the frequency of their drug consumption (Harrison & Blackenheimer, 1998; Watters, Reinerman, & Fagan, 1985). In addition, the pharmacological effects of drugs (other than alcohol) do not appear to account for much interpersonal violence once demographic and other correlates of violence (such as age, gender, neighbourhood and homelessness) have been taken into account (Collins, 1990; Power, 1986). Indeed, drugs such as opiates and benzodiazepines are valued for their euphoria-inducing and tranquillising effects and not as aids to aggression (Power, 1986). Finally, many drug users become involved in criminal activities before they become addicted

to drugs (Gossop, 1998; Inciardi, 1980; Nurco, Kinlock, & Balter, 1993). It is, therefore, possible that they engage in violence for many of the same reasons that they experiment with drugs—that is, it seems an attractive lifestyle or they have been excluded from mainstream society and feel that they have nothing to lose.

In short, it is difficult to ascertain whether drug use leads to violence, or early criminal and violent behaviour increase the likelihood of subsequent experimentation with drugs, or drug taking and crime/violence occur simultaneously in some individuals. Certainly, each person's propensity to act violently appears to be related to a complex constellation of individual, cultural and structural factors (Collins, 1990; Power, 1986). These include their age and gender (males aged 16–24 years being most likely to engage in violent acts); their psychological make-up; developmental influences (such as childhood experiences of abuse or neglect, harsh discipline, family aggression and lack of parental supervision); cultural norms, values and beliefs; and social and economic circumstances (such as poverty, unemployment, living in a deprived community, social exclusion and community disorganisation). As Seddon (2000) has argued in respect of drugs and crime more generally, these various factors are inter-related in an interactive rather than unidirectional way. Also, the relationships between factors are better described in terms of tendencies or probabilities rather than as determined or inevitable.

Further to the above, the connections between drugs and violence will depend on the type(s) of substances used and situational factors, such as when, where, how and with whom consumption occurred. For example, research has shown that alcohol is the drug most frequently linked to aggressive and violent behaviour (Bachman, 1994; Tonry & Wilson, 1990; Zhang, Wiczorek, & Welte, 1997). Cocaine use can cause irritability and physical aggression, which are in turn associated with the perpetration of crime and violence (Kosten & Singha, 1999). However, crack has a higher association with violence than cocaine (Boles & Miotto, 2003). This relates to the rapid onset and offset of the effects of crack, which seem to produce greater levels of irritability and aggressiveness (Kleber, 1995). Also, crack dealers tend to be more violent than other types of dealers (Fagan & Chin, 1990). In contrast, there is very little evidence to support a connection between opioid use and violence, although the withdrawal from opioids tends to exaggerate both aggressive and defensive responses to provocation (Roth, 1994). Cannabis tends either to decrease or have no effect on violent behaviour (Boles & Miotto, 2003; Reiss & Roth, 1993).

Although it is not common to think of people who use and deal drugs as victims of crime and violence, drug market participants—as indicated above—are often victimised. Indeed, Johnson et al. (1985) concluded that amongst the heroin users in their study, the roles of victim and victimiser were so closely intertwined that addicts could be considered *victimised victimisers* in almost all aspects of their lives. Because users and dealers often carry large amounts of cash and/or drugs on their persons, they are lucrative targets for

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