

**Submission
No 70**

**INQUIRY INTO DOMESTIC VIOLENCE TRENDS AND
ISSUES IN NSW**

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SUBMISSION TO:
LEGISLATIVE COUNCIL
STANDING COMMITTEE ON SOCIAL ISSUES

INQUIRY INTO TRENDS AND ISSUES IN DOMESTIC VIOLENCE IN NSW.

ISSUES AFFECTING DOMESTIC VIOLENCE

Introduction

I would like to thank the committee for the opportunity to do a late submission and commend the committee for addressing such an important issue.

While appreciating the wide scope of this inquiry, I wish to raise a few issues that I believe could be overlooked, the implication of illicit drugs on increasing violence levels. I draw attention to those drugs commonly called anabolic steroids used for body building and body enhancement, and then briefly address the issue of illicit drugs generally.

While the evidence is well accepted regarding increased violence associated with a high intake of alcohol, there is, in the literature, a growing body of evidence linking violent behaviour to the intake of illicit substances. Studies have linked increased aggressive and violent behaviours with anabolic steroid use, but there is concern that more research is needed in the area so as to assess the role of social other factors. I also believe that there may be concerns related to the abuse of prescription drugs.

Another matter that I am aware of is the potential misuse of legal processes for the purpose of addressing a risk situation and the possibility that this could be due to the lack of services available and or the delays in family law matters being processed.

I encourage the Committee to ensure that it addresses same sex domestic violence as well as gender issues in relation to perpetrators and victims.

Anabolic Steroids

Anabolic steroids are drugs which are derived from the male hormone testosterone. They are taken, mostly by males for body building purposes. Serious body builders take the steroids in cycles often under medical supervision. There are general practitioners who specialise in sports medicine and who prescribe steroids to body builders. Supervised drug-enhanced body building is often carried out in cycles, with anabolic steroid use coinciding with periods of intense training followed by periods of less intense training and drug use.

The majority of anabolic steroid users are young males who want to increase their muscular tissue and/or sporting prowess. Some are supplied with the anabolic steroids, some find their own sources including veterinary supplies but more recently the internet where it is readily available. Most users combine the use of anabolic steroids with body building exercises or sport training.

It is difficult to assess how widespread the use is, especially as users tend to consider themselves as 'body enhancers' rather than 'drug users' and therefore they are often outside data captured in 'illicit drug' research. However, a study on injecting trends from 1995 to 2010 indicates that 5% of injecting illicit drug users use anabolic steroids.

<http://ajp.psychiatryonline.org/cgi/reprint/150/2/348a.pdf>

Roid rage

Roid rage is a term associated with anabolic steroid use and describes violent aggressive behaviour, typically as a random outburst. Brian Corrigan writing in the Medical Journal of Australia this year in an article called 'Steroids and the Mind' notes that with larger doses and a longer time frame, there are psychological effects including increased aggression against property, people and even self.

Below are quotes from his article

'Partners of anabolic steroid users are at particular risk of serious injury, and there is even a self-help group, Anabolic Steroid Wives Association, ²¹ to help provide them with support. One group of men who often take anabolic steroids in high doses are those working as security officers or nightclub bouncers; ²² under the influence of the drug they may be provoked into a rage and seriously injure people, and at least one person has been killed as a result. ²²'

How common these rages are is not known. There is often a great reluctance by anabolic steroid users to report them to doctors, but they may be reported at times by the family. Rages generally result from taking a high dose for a prolonged period; how high a dose and for how long are yet to be defined. In addition, not all people taking high doses develop steroid rages. On the other hand, there are a few reports of rages in those taking quite low doses. ^{17,23-25}

<http://www.mja.com.au/public/issues/aug19/corrigan/corrigan.html>

Other studies support these findings.

- Adele Lubell, writing in the journal Sportsmedicine in 1989 noted that the serious social consequences (like domestic violence) associated with the use of anabolic steroids is underestimated and that some lawyers in some cases use these secondary effects to reduce the culpability of perpetrators of criminal violence.

<https://www.ncjrs.gov/App/publications/Abstract.aspx?id=129911>

- Beaver et al in their 2008 study found that young adult males who used steroids reported a greater involvement in violent behaviour compared to individuals who did not use steroids. In their study they controlled for the effects of key demographic variables and polydrug use.

<http://ajph.aphapublications.org/cgi/content/abstract/98/12/2185>

- In a Crime and Justice Bulletin (July 1997) from NSW Bureau of Crime Statistics and Research, the authors note that 'roid rage' is more severe while the anabolic steroids drugs are being taken and that the effect persists after use. They do conclude that its effects are more pronounced in some people already disposed to aggression and violence and query how much of the effect is due to the drugs and how much is due to their disposition.

[http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/CJB35.pdf/\\$file/CJB35.pdf#target='_blank'](http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/CJB35.pdf/$file/CJB35.pdf#target='_blank')

- Similarly, Klotz et al in their 2006 study on Criminality among individuals testing positive for anabolic androgenic steroids, concluded that studies do show that there is a relationship between anabolic steroid use and increased violence. But they also caution that more research is needed to assess the significance of antisocial lifestyles and criminality factors in the users.

Other illicit drugs and violence

On a more general note, the World Health Organisation released a publication titled 'Interpersonal Violence and Illicit Drug Use', selecting the drugs cannabis, amphetamines, ecstasy, cocaine and heroin and looking at violence committed by young people, violence against partners, against children, against older people and sexual violence. Their study covered Europe, Asia, the Americas, Oceania and Africa.

Some of their data draws significant connections between violence and specific drugs. Eg In USA 35% of methamphetamine users aged 18-25 years old were found to have committed violence while under the influence of the drug. In Memphis USA, victims of partner abuse believed that the perpetrator had used a combination of cocaine and alcohol in 67% of the cases. Violence in youth holiday resorts in Europe found that with cocaine use violence increased three fold and with cannabis use, it increased twice as much. Other data involved cocaine and opiate use. When the victims used, there was also an increase in violence.

Violence can be experienced because of the drug itself and in addition because violent behaviour becomes 'the norm' as it is often associated with obtaining the drug. There does appear to be a pattern of more intense illicit drug use resulting in a higher level of violence.

In summary, some drugs including crack/cocaine, amphetamines and benzodiazepines have been found to increase violent behaviour, while cannabis and heroin can reduce the likelihood of violence during use, but withdrawal can be associated with aggression. A significant factor is the drug culture, which in itself is often associated with violence. Other factors also play an important part in the drug/violence relationship. It is more common with young users. Mental ill health adds further complications and exposure to risk of harm.

The WHO report takes note of the huge burden that drug related violence is placing on the health and well being of the victims as well as the perpetrators. Aside from physical injuries, psychiatric effects are also evident with studies finding an association between violence exposure, subsequent PTSD (post traumatic stress disorder) and severity of substance use. The cyclical nature of drugs and violence means children of drug using parents are at increased risk of experiencing maltreatment and neglect. Furthermore, witnessing or experiencing violence during childhood can heighten the risk of drug use in later life.

Prevention

Rigorous studies on the effectiveness of prevention initiatives specifically addressing drug-related violence are scarce. However available evidence suggests that programs that aim to prevent violence in drug-users, or seek to reduce violence and illicit drug use simultaneously, can have positive effects.

In general, strategies to reduce drug related violence should incorporate a range of approaches that seek to address the individual, relationship, societal and environmental factors that contribute to both violence and illicit drug use.

http://www.who.int/violenceprevention/interpersonal_violence_and_illicit_drug_use.pdf