Preventing violence through preventing and treating the harmful use of alcohol and other drugs

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The complex interplay between violence and alcohol and other drug (AOD) use

- Both are major contributors to burden of disease.
- AOD use increases risk of violence perpetration (Choenni et al., 2015; Corrigall & Matzopoulos, 2013).
- Exposure to violence increases risk of AOD use (Myers et al., 2014; Myers et al., 2015).
- AOD use increases risk of exposure to violence and violence-related injuries (Stickley & Pridemore, 2010) and risk of re-victimization (El-Bassel et al., 2005).
- Preventing and treating the harmful use of AODs is therefore an important component of any strategy to prevent violence and injury.
A social ecological approach to understanding how to prevent AOD-related violence
Population-level risks and interventions

Reducing affordability

- Alcohol policies: pricing and taxation

Evidence for Effectiveness

- Some evidence to suggest increasing taxes reduces consumption
- Only weak or indirect evidence to suggest increasing price of alcohol reduces IPV (Kearns et al., 2015; Wilson et al., 2014).
Community-level risks and interventions

AOD availability

• Availability hypothesis
• Reducing availability through alcohol sales restrictions (hours and days of sale)

Evidence for Effectiveness

• Review of 10 studies: Extending hours of sale (>2 hours) increased alcohol related harms (Hahn et al., 2010).
• Review of 11 studies: Decreasing days of sale generally reduced alcohol harms (Middelton et al., 2010)
• Evidence for effect on IPV is weak (Kearns et al., 2015; Wilson et al., 2014)
Community-level risks and interventions

Interventions to restrict availability

• Alcohol outlet density

Evidence for Effectiveness


• Natural experiments restricting densities show weak effects

• Outlet density associated with higher rates of IPV (Kearns et al., 2015)
Community-level risks and interventions

Community conditions that allow AOD use to flourish (structural drivers)

Potential targets for interventions

• Poverty and lack of employment: Increased risk of gang involvement, AOD selling, and violence (Myers et al., 2015).

• Neighbourhood disadvantage: creating safe environments, resources for recreation and education.

• Social capital (Stickley & Pridemore, 2010):
  – Productive (social cohesion, networks and institutions) vs perverse.
  – Norms around AOD use and violence.
Interpersonal risks and interventions

Parent-child relationship

• Exposure to childhood trauma and punitive parenting are shared risks for violence perpetration and AOD use (Waller et al., 2014).

Evidence for effectiveness

• Evidence that universal prevention interventions aimed at improving the parent-child relationship prevents childhood aggression, conduct problems and initiation of AOD use (e.g. “Strengthening Families”).

• Evidence that targeted interventions for high risk families reduce early exposure to violence. E.g. home visitation programmes that provide parenting skills and support (NFP; Early Start).
Interpersonal risks and interventions

Couples-based interventions to prevent recurring violence

• E.g. Behavioural Couples Therapy
• Assumption: alcohol use and underlying relationship problems contribute to violence.

Evidence for effectiveness

• Evidence that effective for reducing alcohol use and improving relationships.
• Some evidence of reductions in male perpetrated violence and aggression, and improvements in relationship equity (e.g. Minnis et al., 2015).
• Studies are mostly uncontrolled studies (Wilson et al., 2014).
Individual-level risks and interventions

Brief interventions to reduce harmful AOD use and recurring exposure to violence and injury

Evidence for effectiveness:

- Systematic reviews show promising effects for reducing alcohol use, violence perpetration and exposure to violence (D’Onofrio et al., 2002; Elzerbi et al., 2015; Kaner et al., 2007).
- Less evidence for effectiveness among adolescents (Yama-Guerrero et al., 2013) and for illicit substances.
- Questions about durability of effects.
Individual-level risks and interventions

AOD treatment for perpetrators

• To the extent that AOD use is linked to violence perpetration, reducing AOD use could be expected to reduce violence perpetration.

Evidence for effectiveness

• Evidence suggests that treating AOD problems among AOD-using perpetrators of violence reduces violence (Kraanen et al., 2013).
• Few studies have compared the effectiveness of programmes that combine treatment for AOD use and IPV vs. AOD treatments alone.
• Limited evidence in favour of combined treatment approaches.
Individual-level risks and interventions

AOD treatment for people with experiences of violence

- Reducing AOD use among people with experiences of violence may decrease risk of re-exposure.

Evidence for effectiveness

- Women with traumatic experiences have poorer AOD treatment outcomes (Reed et al., 2013).
- Evidence that women with AOD use and trauma have better AOD outcomes if AOD use and trauma is addressed in an integrated manner (Cohen et al., 2013; Lopez-Castro et al., 2015).
- Little evidence that treating AOD use reduces risk of re-exposure to violence.
Concluding Statements

• To achieve MDG 3.5, multi-level interventions are needed to comprehensively address risks for the initiation and maintenance of AOD use.

• There is good evidence in support of AOD treatment as a means of preventing further perpetration and exposure to violence - challenge is to implement these more broadly.

• Such individual-level interventions are unlikely to have sustained effects unless they are accompanied by preventative interventions that address the appeal, accessibility and underlying structural drivers of AOD use.

• Well-designed research that produces high quality evidence is needed to secure political support and investment in these structural interventions.