CRIMINAL HISTORY IN A GROUP OF PATIENTS WITH CO-OCCURRENCE OF MENTAL ILLNESS AND SUBSTANCE USE DISORDER

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INTRODUCTION

Dual diagnosis (co-occurrence of mental illness and substance use disorder) has been associated with increased risk of criminal justice system involvement. An estimated 24–34% of females and 12–15% of males in the criminal justice system have dual diagnosis. In comparison, the rate of cooccurring serious mental illness and substance use disorders is approximately 1.3% in the general population [1], [2].

OBJECTIVES

To describe the differential characteristics of a subgroup of patients admitted to a psychiatric unit along three years who had criminal reports (CR; N=203) with rest of patients admitted during the same period (nonCR; N=772).

MATERIAL AND METHODS

Data on demographic, family, and clinical factors were gathered among subjects admitted to our dual diagnosis unit during 3-year period. Psychiatric diagnosis was made according to DSM-IV-R criteria. To explore the psychometric characteristics, we used the Temperament and Character Inventory-Revised (TCI-R). Statistical analysis was performed by using SPSS program.

RESULTS

The overall sample included 975 subjects, mainly male (71,7%) with a mean age of 39,2±9,9 years and a duration of 19,0±18,9 income days. In our sample, most common substances of abuse were alcohol (40,4%), cocaine (31,8%), cannabis (13,8%) and heroine (4,8%). Most prevalent non-SUD psychiatric disorders were Psychotic disorder (42,6%), Personality disorder (29,7%), Depressive disorder (8,3%), Bipolar disorder (6,2%) and Adjustment disorder (4,6%).

Main reason for admittance were Hallucinations/delusions (34,8%), Conduct disorder (24,7%), Suicide ideation/attempt (19,4%), Depression (11%), Agitation/aggression (3,9%), Anxiety (3,5%) and Mania (2,8%).

CR sample were younger (37,5±9,8 vs. 39,7±9,9; p=0,004) and showed higher proportion of males (86,2% vs. 67,9%; p<0,001), and lower prevalence of active working (4,9% vs. 17,5%, p<0,001). In respect to serology status, they had a higher prevalence of HIV (20,2% vs. 10,9%; p>0,001), HCV (36,5% vs. 18,8%; p<0,001) and HCV-HIV comorbidity (20,2% vs. 7,9%; p<0,001). A higher prevalence of comorbid personality disorders was observed (49,8% vs. 27,3%; p<0,001).

In the group of CR patients, the most prevalent psychiatric diagnoses were personality disorders (47,8%), while in the nonCR group, psychotic disorders were the most observed (44,3%).

In respect to substance use, CR group had higher prevalence of cannabis use disorder, opioids use disorder and sedatives use disorder as well as polydrug use. These patients had an earlier first contact with cocaine, cannabis, alcohol, sedatives, amphetamines, and nicotine as well as and earlier onset of problematic consumption of cocaine, cannabis, alcohol, opioid, sedatives, amphetamines, and nicotine.
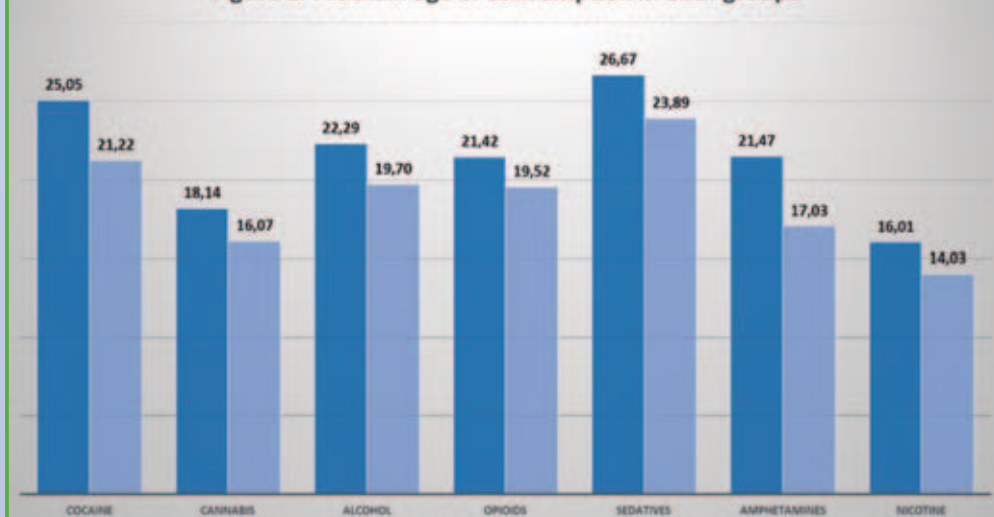
Referring to personality profile we found that CR group was characterized by higher disorderliness (enclosed in novelty seeking dimension in TCI-R test).

Severity scales at admission and at discharged were similar in both groups

Figure 1. Starting Age of Consumption in both groups

Figure 2. Problem age of consumption in both groups

CONCLUSIONS

Dual patients with a criminal record show a profile of greater severity of substance abuse and a worse organic status. However, psychiatric conditions were not related to criminal background.

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