

# **SUBSTANCE MISUSE, MENTAL HEALTH, OFFENDING & TRAUMA**

## **(Part 1)**

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### **Abstract**

The aim of this article is to draw together the triad of substance misuse, mental health and offending, and to explore the links that it has with trauma, as the literature is scant when this dimension is added. It overviews some of the considerations and implications for treatment interventions. Addressing the literature from this viewpoint aims to provide an insight into, and stimulate thought and discussion surrounding, the complexity of individuals currently met by forensic and other services.

### **Introduction**

Dual diagnosis, with respect to co-morbid mental health and substance use disorders, has been prevalent for many decades, but it is only more recently that it has been given the full focus and attention that is needed. The accelerating pace of research continues to provide new insight into factors such as the nature, prevalence and treatment of those with dual diagnosis. Of interest to those in the forensic field is the interplay of this diagnosis with offending behaviour. Adding a further dynamic, is that traumatic experiences are frequently evident in histories of individuals who have mental health issues, misuse substances and / or offend, which may serve to exacerbate these factors (Boles, Joshi, Grella, & Wellish, 2005; de Zulueta, 2006; Yehuda, Shalev, & McFarlane, 1998).

### **Mental health and substance misuse**

The Department of Health ([DH], 2002a) reported that between a third to a half of all patients with mental health difficulties have substance misuse problems. Mears, Clancy, Banerjee, Crome, and Agbo-Quaye (2001) reported that 33% of psychiatric patients with mental illness have a substance misuse problem, but Cohen and Levy (1992) suggested that it could be as high as 60%. Regier et al (1990) found that people diagnosed with mental disorders have three times the risk of developing substance misuse problems than those without mental disorders.

The Department of Health's policy on Dual Diagnosis (DH, 2002a) reported that substance misuse amongst individuals with psychiatric disorders is associated with the worsening of psychiatric symptoms, increased use of institutional services, poor medication compliance, homelessness, increased risk of HIV infection, poor social outcomes which includes the impact on carers and family, and contact with the criminal justice system. There is also evidence (DH, 2002; Johns, 2001) to suggest that mental health stability for those with mental health problems, may be affected even when only small amounts of substances are used. Both a range of psychosocial problems, and consequently an increased demand on services, is associated with even relatively low-level substance use in individuals with a psychotic illness (Hipwell, Singh, & Clark, 2000). The damaging effects of substance misuse not only impacts on the immediate mood and behaviour of individuals, but it inevitably has an accumulative and widespread effect that impinges upon interpersonal relationships, psychological well-being, finances, physical health, and general level of functioning.

Cuffel (1996) found that individuals with schizophrenia and bipolar disorder are especially prone to developing substance misuse problems. Reiger et al (1990) reported that, in the United States, 50% of patients with a diagnosis of schizophrenia had a substance misuse disorder, and Menezes et

al (1996) found that 36% of psychotic patients within an inner London district had misused drugs or alcohol. Dixon, Haas, Weiden, Sweeny, and Frances (1991) reported that an otherwise less severe case of schizophrenia could be complicated by the misuse of substances, and Menezes et al (1996) found that 'entry-level' substances (e.g. alcohol, cannabis), as opposed to 'harder' drugs, are more likely to be used by individuals with schizophrenia. Conversely, Hipwell et al (2000) summarised from various studies that drugs such as cocaine, cannabis, amphetamines and hallucinogens are preferred by people with schizophrenia because of their power to induce psychotic symptoms and / or counteract negative symptoms. In contrast, Corbett, Duggan, and Larkin (1998) concluded that availability is the determining factor of who abuses which substance.

The Department of Health (DH, 2003), in 'Personality Disorder: No longer a diagnosis of exclusion', reported that individuals with a personality disorder are more likely than those who have not, to experience substance misuse problems. Although estimates of prevalence vary, Verheul's (2001) review of literature regarding personality disorder amongst substance abusers reported that the median prevalence of co-occurring personality disorders with substance misuse disorder was 56.5%. More specifically, the median prevalence of antisocial personality disorder was 22.9%, and borderline personality disorder was 17.7%. Cecero, Ball, Tennen, Kranzler, and Rounsaville (1999) reported that the co-occurrence of antisocial with other personality disorders (particularly borderline) is associated with severity of substance misuse. However, Verheul, van den Brink, and Hartgers (1995) suggest that personality disorders are less prevalent in individuals with alcohol, as opposed to drug use, disorders.

### **Mental health, substance misuse and offending**

The Office of National Statistics ([ONS], 1999) concluded, in a survey of substance misuse amongst prisoners, that over 85% reported either smoking, hazardous drinking or drug dependence in the year prior to prison, and that 73% of males on remand, 68% of both male sentenced and female remand and 55% of female sentenced prisoners reported having two or more of the three dependencies. White (2002) highlighted that research indicates the commonality of alcohol misuse by women prisoners, as well as a dependency on drugs (especially heroin). Moreover, Loughran and King (2004) found that substance misuse was increasingly linked to offending by females over the age of 16 years.

A survey of one in six prisoners in England and Wales, conducted by the ONS in 1997, reported that a large proportion of prisoners have some form of mental health problems. Results showed that 39% of sentenced males and 75% of female remand prisoners had mental health difficulties (Singleton, Meltzer, Gatward, Coid, & Deasy, 1998). Furthermore, 14% of women, 10% of men on remand, and 7% of sentenced men were assessed as having a functional psychosis, and White (2002) reported that two thirds of women prisoners are classified as having a mental disorder which may contribute to their offending behaviour. Singleton et al (1998) reported on the prevalence of personality disorder, which was found to be 78% for males on remand, 64% for sentenced males, and 50% for female prisoners. Antisocial personality disorder was the most prevalent amongst prisoners, followed by paranoid and borderline personality disorder.

Beck, Burns, and Hunt (2003) reported that forensic populations show a disproportionate over-representation of mental health problems, such as schizophrenia and affective disorder, that are associated with a higher risk of co-morbid substance abuse. The ONS (1999) reported high rates of co-occurrence of mental disorder and substance misuse: of those assessed as hazardous drinkers, 59% of male sentenced prisoners and 87% of female remand prisoners were also assessed as having an additional two or more mental disorders. Over 75% of prisoners in all sample groups who were drug dependent before prison were assessed as having two or more other mental disorders.

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The Department of Health (2002a) reported on the association between substance misuse and increased rates of violence and suicidal behaviour, as did Soyka (2000) who found that a significant risk factor for violence was substance misuse. Both Thomson (1999) and Beck et al (2003) refer to the interaction between mental health and substance use, and its effect on increased violence. In the Safety First Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (Appleby, 2002; Appleby et al, 2001) it was concluded that substance misuse was identified as a factor in over half of the cases of homicide, and substance misuse was over-represented amongst those who commit suicide. Furthermore, findings from Steadman et al's (1998) study of community violence by people discharged from acute psychiatric facilities (which included a comparison group of other residents in the same area) indicated that the highest risk of violence was found in individuals with a combination of substance misuse and personality or adjustment disorder.

Hipwell et al (2000) found that individuals with a psychotic illness who were regular substance users, were more likely than individuals with psychotic illness who did not use substances, to have been charged with a criminal offence, specifically causing an affray and possessing drugs. In addition, Wright, Gournay, Glorney, and Thornicroft (2002) found that substance misuse indicated a lifetime history of offending behaviour in those individuals with psychosis, in comparison to individuals with psychosis who did not misuse substances.

Bartlett (2002) reported that schizophrenia, personality disorder and alcohol problems have been found to be more common in women who offend, and offend violently, than those in the general

population. Corbett et al (1998) carried out a comparison of English special hospital in-patients. They concluded that patients with a personality disorder and history of substance misuse were significantly more likely to have consumed alcohol at the time of a violent offence. This is in comparison to individuals with either a personality disorder or schizophrenia without a history of substance misuse, but also in comparison to patients with schizophrenia and a history of substance misuse

Providing an overview of literature pertaining to personality disorders and substance misuse, Welch (2003) documents that personality disorders, in particular antisocial and borderline diagnoses, are highly prevalent amongst substance misusers in both treatment and custodial settings. Moran and Hodgins (2004) reported that antisocial personality disorder was associated with substance use in childhood and alcohol abuse (or dependency) as an adult. Their research also found that a greater number of men with comorbid antisocial personality disorder, as opposed to those with only schizophrenia, were found to be abusing or dependent on alcohol and drugs. Furthermore, this group of men were reported to have committed a greater number of crimes in total, and they were also more likely to have started to offend before their first admission to psychiatric services. Noordsy, McQuade, and Mueser (2003) stated that clinically there is a high correlation between substance abuse and the following: depression, suicidality, violent and / or disruptive behaviour and antisocial personality disorder.

Coid, Kahtan, Gault, and Jarman's (1999) study of patients in secure hospital settings determined from patient histories and formal diagnoses of substance dependence, that 53% of personality disordered patients were judged as having lifetime alcohol misuse diagnoses, and 47% were considered to have a lifetime drug misuse diagnosis. Importantly, they reported that these figures were based only on formal diagnoses of substance dependence, but that the rates of co-morbidity are probably much higher as it is frequently the case that many individuals who have chaotic polysubstance misuse are not given a formal diagnosis of substance dependence. Clinical experience has shown that a formal diagnosis of substance dependency is frequently excluded if a mental illness or personality disorder diagnosis is present.

The evidence at both a research and clinical level for the link between mental stability, offending behaviour and substance misuse is clear. Surprisingly, it was only in 2002 that the Department of Health began to address this issue at a service level. In their document 'Dual diagnosis good practice guide' (DH, 2002a) they highlighted the neglected area of treatment for those with mental health and substance misuse problems. The document emphasised the importance and necessity of addressing substance misuse problems at all levels of care, and no longer only in designated drug dependency units that, in the past, mostly treated those with heroin addictions. The policy advocates a thorough assessment to establish the severity of substance abuse, health, social and psychological problems. It places the responsibility of providing such assessment and treatment on health care providers when comorbid diagnoses are evident, and it states that all users should have access to services, and not only those who have a full-blown dependency problem, which includes mentally disordered offenders and those with personality disorders.

### **Trauma, substance misuse, mental health and offending**

Whereas the link between substance misuse, mental stability and offending behaviour is well documented (DH, 2002a; Hough, 1996; Johns, 1998; ONS, 1999), what is less well documented is the impact of trauma upon these issues. The dearth of research drawing these four factors together does not reflect the extent of the impact that traumatic experiences have on so many individuals who fall within the tripartite of mental health, substance misuse and offending.

The ramifications of abuse, particularly sexual abuse, appear to be more readily recognised amongst female than male patients in clinical settings (Holmes & Slap, 1998). However, abuse can take many forms, whether it be sexual, physical or emotional. Neglect and deprivation (emotional or physical) are also forms of abuse whose impact is profound, but often overlooked. In addition, clinical experience and research (Holmes, Offen, & Waller, 1997) show that male patients frequently do not receive the same dynamic understanding associated with their experiences of abuse as do female patients, particularly regarding sexual abuse. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) in their Treatment Improvement Protocol (TIP) Series 36 (2000), state that there are fewer studies available that investigate abuse (all forms) on men, and findings in this area are less consistent in comparison to those on women. They emphasize the fact that both males and females are equally susceptible to the emotional damage that can result from childhood abuse, which is often a profound betrayal of their trust in the adults whose role it is to care for them (SAMHSA/CSAT Tip 36, 2000).

There is accumulating research that physical, sexual, and emotional abuse and neglect during childhood increases an individual's risk of developing substance use disorders (US Department of Health and Human Services, 1999). The SAMHSA/CSAT Tip 36 (2000) documentation states that as many as two thirds of women and men receiving treatment for substance abuse report experiencing childhood abuse or neglect. Boles et al (2005) found that 27.2% of females and 9.2% of males who had substance misuse problems had also experienced sexual abuse as a child. However, Walsh and Frankland (2005) summarised that studies have shown a prevalence of between 50 and 99% of women with substance misuse problems who suffered from physical and sexual abuse as children.

Drawing from the findings of several studies, Walsh and Frankland (2005) concluded that the prevalence of women with both substance abuse disorder and PTSD is reported to be between 30% and 59%. SAMHSA/CSAT Tip 36 (2000) summarise a substantial amount of research into individuals who have been abused as children. Findings concluded that PTSD is more common amongst such individuals, as are other mental health and social problems (e.g. antisocial personality disorder and legal problems), although research is inconclusive regarding depression. Findings also showed that these individuals are more likely to attempt, and re-attempt, suicide.

Alexander (1996) found that women with dual diagnosis are more likely than those with mental illness alone to have experienced childhood physical and sexual abuse. Gearon, Kaltman, Brown, and Bellack (2003) studied a sample of female psychiatric outpatients with schizophrenia or schizoaffective disorder and co-morbid substance abuse or dependency. They found that high rates of trauma were reported, and that physical abuse was as high as 81%, as well as re-victimisation (i.e. abused as a child and adult). PTSD was found to be significantly associated with both childhood sexual abuse and re-victimisation. Further, Thompson et al (2003) found that women who had experienced sexual trauma, as opposed to women who had not, were more likely to exhibit psychopathology, and were also at a higher risk of substance dependency.

A study conducted by Mueser et al and the 5 Site Health and Risk Study Research Committee (2004) investigated interpersonal trauma and posttraumatic stress disorder in patients with severe mental illness. Within their cohort of 782 males and females, they found that 84% had experienced lifetime physical assault. In the past year, men had experienced more assaults, but both men and women had experienced similar levels in childhood, adulthood and lifetime. 52% had been subjected to lifetime sexual assault, with women experiencing more than men. 34.8% of the sample had met the criteria for PTSD, which was more common in individuals with mood disorder (compared to schizophrenia or schizoaffective disorder), current alcohol use disorder, more psychiatric hospitalisations in the past year; and significantly more mental health problems.

Yehuda et al (1998) reported that as well as PTSD, other psychiatric disorders such as major depression and substance abuse can be precipitated by traumatic events. A trauma model, as discussed by Walsh and Frankland (2005), would imply that early developmental experiences could be a causative factor in both substance misuse and mental illness. Ullman and Brecklin (2003) found that the point during the life phase (i.e. childhood, adulthood, or both) at which sexual trauma occurred affected why women had contact with healthcare services. To illustrate, women who were victimised in both life stages were more likely to have lifetime contact with services for alcohol dependency symptoms and / or PTSD. Those victimised in one life stage were more likely to seek help for depression. Although beyond the scope of this article, this is a significant and important consideration that deserves further attention.

Ditton (1999) found that 78% of mentally ill females and 33% of mentally ill males in state prisons are said to have experienced physical and / or sexual abuse at some point in their lives. Male sexual abuse victims, compared with other males, are more likely (amongst other factors) to suffer a major depression, develop an antisocial personality disorder, have behavioural problems and have legal problems (Holmes & Slap, 1998). Boles et al (2005) compared individuals with substance misuse problems, to individuals with substance misuse problems and a history of childhood sexual abuse. In comparison, the latter cohort was more likely, in comparison, to have a comorbid mental disorder and exhibited higher levels of criminal activities. Zlotnick, Najavits, Rohsenow, and Johnson (2003) reported that compared to the general population, the imprisoned female population have higher rates of PTSD and substance use disorder.

Yen and Shea (2001) state that the association between trauma and personality disorder (particularly borderline type) has been well established, but highlight that the etiologic role of trauma in the development of personality disorders is a source of debate. Steiner Crane, Henson, Colliver, and MacLean (1988) reported that emotional and behavioural symptoms exhibited by adult survivors of childhood sexual abuse can include alcohol or other substance abuse, personality disorders, multiple personality disorders and adjustment disorder. Further support is provided by van den Bosch, Verheul, Langeland, and van den Brink (2003), who reported that the prevalence of PTSD in their sample of women with borderline personality disorder was clearly associated with severity of childhood sexual abuse.

The NHS Plan (DH, 2000) raised the issue of improving the mental health of offenders, and identified the need to address factors such as personality disorder, substance misuse and abuse. Jordan, Schlenger, Fairbank, and Caddell (1996) compared an imprisoned female population with community samples and found that the former cohort had high rates of substance abuse and dependency, personality disorder (borderline and antisocial) and exposure to traumatic events. Bartlett (2002) drew on evidence from the population of female prisoners and concluded that there are definite links between a history of trauma, ongoing experience of adverse personal circumstances, drug and alcohol problems and personality disorder, and within Loughran and King's (2004) sample of female prisoners, there was a high incidence of personality disorders with over 85% having substance misuse problems, and half having experienced an abusive background.

The burgeoning area of neuroscience is providing particularly pertinent information on the impact of trauma on a physiological level that translates into emotional and cognitive responses to stimuli (Bremner, 1999; Kendall-Tackett 2000; Perry, 1976; van der Kolk, McFarlane, & Weisaeth, 1996; Rezek, 2003 unpublished). Whilst recognising its profound importance and relevance, due to the vast amount of research in this field, it is not appropriate to provide an exploration and explanation within the context of this article. However, the authors would certainly recommend further reading in this area because of its implications for understanding, treating and managing associated behaviours and disorders.