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Does substance use predict contact with the criminal justice system for people with intellectual disabilities?

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Abstract

Purpose – The purpose of this paper is to examine how substances misuse impacts on exposure to the criminal justice system for people with intellectual disabilities (ID).

Design/methodology/approach – An electronic case-register of mental health patients was used to examine the clinical records of 411 patients with ID. \(\chi^2\) analysis was performed to test the association between variables and logistic regression to generate estimates for statistically significant association variables.

Findings – Of 411 cases, 98 (23 per cent) of patient had a history of substance use, with affective disorders strongly associated with alcohol misuse \(\chi^2 = 4.135, \text{df} = 1\) (\(p < 0.042\)). Similarly statistically significant predictor for alcohol misuse OR: 1.7, 95 per cent CI (1.02-2.72) (\(p < 0.043\)). Patients with a history of offending behaviour had three-folds higher risk to misuse drugs compared to those without a forensic conviction OR: 3.17, 95 per cent CI (1.35-7.44) (\(p < 0.008\)). Those with a history of offending were more likely to have had a history of substance use.

Originality/value – Substance use and its impact on offending by people with ID is still poorly understood. This paper adds new information to this under researched area.

Keywords Personality disorder, Criminal justice system, Disposal, Substance use, Mental health, Intellectual disability

Paper type Research paper

Introduction

Substance use is estimated as an issue for up to half of offenders in UK forensic intellectual disabilities (ID) services (Plant et al., 2011). This study explores the relationship between alcohol and illicit substance use with involvement in the criminal justice system (CJS) for adults with ID.

Background

The association between ID mental health and substance misuse is complex and reflects a wide range of environmental, psychological, biological and socio-economic factors (Klimcik et al., 1994; DOH, 2009; Drake and Wallach, 2008). The lifetime prevalence of illicit substance use is 36.4 per cent, in the general population (The NHS Information Centre, 2011), with 6,640 of hospital admissions having a primary diagnosis of a drug-related mental health and behavioural disorder. Although individuals with ID have higher rates of mental health problems than the general population (Brunette et al., 2004; Cooper et al., 2007) it is estimated they have a lower prevalence of substance misuse compared to both the general and psychiatric populations (Taggart et al., 2006; Sturmey et al., 2003).
ID and substance use

Prevalence estimates of substance use in ID are highly variable. A study of adults referred to a specialist mental health service for people with ID found approximately 15 per cent of patients had a reported history of substance use (Chaplin et al., 2011). Similar findings were published by Sinclair (2004), who reported co-occurring substance misuse ranging from 7 to 20 per cent; and Plant (2011), who reported alcohol as the most common substance being used, followed by cannabis, then cocaine, stimulants and opiates. Although the evidence points to alcohol as the most frequently used substance it is thought to be consumed at significantly lower rates than people without ID (Barrett and Paschos, 2006; Chapman et al., 2012; McGillicuddy, 2006).

Alcohol and illicit substance use have been widely linked with criminal behaviour in the general population (Craig et al., 2010). It is believed that substance use can be predictive of offending or contact with the CJS due to its effects, e.g., disinhibition, paranoia, altered sense of impaired judgement and risk taking (McGillivray and Moore, 2001; Kerr et al., 2012). It is estimated that up to a third of people with ID who use substances end up in contact with the criminal justice system (Chaplin et al., 2011; Sendenaa et al., 2008); and those with a forensic history are around five times more likely to have current substance use problems (Chaplin et al., 2011). In a case control study, 30 young adult offenders with mild ID were found to be more likely to use both legal and illicit substances when compared to a matched group of non-offending counterparts. The offender group were also found to be more likely to be under the influence of alcohol or illicit drugs at the time of committing the offence (McGillivray and Moore, 2001).

The estimated number of people with ID who enter the CJS is highly variable. A study of 237 people within a community ID forensic service, reported that 49 had prior contact with the CJS, with the remainder referred for anti-social behaviour (Wheeler et al., 2009). Another study of 1,326 adults known to ID services in southwest England, reported 7 per cent came into contact with the CJS, of these 3 per cent had been convicted and 0.8 per cent were serving a current sentence (McBrien et al., 2003). Overall it is estimated that between 0.5-13 per cent of prisoners have ID (McGillivray and Moore, 2001; Sendenaa et al., 2008; Harrington, 2009).

An international review of 12,000 prisoners, estimated prevalence rates of ID (confirmed by a formal diagnosis) ranged from 0 to 2.9 per cent (Fazel et al., 2008). Studies that have screened participants for ID as opposed to making a formal diagnosis have reported much higher rates. The No one knows report suggests that up to 7 per cent of prisoners have an IQ of less than 70 with a further 25 per cent having an IQ of less than 80 (Talbot, 2009; Talbot and Riley, 2007).

In terms of substance use as a predictor of offending and going to prison, Klimecki et al., (1994) found that 45.1 per cent of first offenders with ID had a history of substance use, rising to 87.5 per cent by the fourth offence suggesting a link to repeat offending.

Methodology

This study used a retrospective case design using the Case Register Interactive Search (CRIS) database. (This is a case register maintained by the NIHR Specialist Biomedical Research Centre for Mental Health and holds approximately 150,000 case records (Stewart et al., 2009)). The cohort was made up of patients who were active to South London and Maudsley NHS Trust Mental Health in Learning Disability services between December 2011 and July 2012, and who were aged 18 years and older.

The CRIS search returned 411 cases; of these 168 (40.9 per cent) were female, and 243 (59.1 per cent) male. Of these 236 (57.4 per cent) had mild ID, 88 (23.8 per cent) had moderate ID and 56 (13.6 per cent) had moderate ID. The remaining 21 (5.1 per cent) although in receipt of specialist ID services did not have a formal diagnosis of ID.

The following variables were recorded and considered: age, ethnicity, gender, level of ID disability, ICD-10 diagnoses (including schizophrenia, affective disorder, autism spectrum disorder, personality disorder, hyperkinetic disorder/ADHD, conduct disorder), level of involvement with the CJS (arrested by the police, went to court, sent to prison), types of
offences committed (violence against the person, acquisitive offences, arson, sexual offences, other offences) and past/present substance use (including type of substance used: alcohol, cannabis, cocaine, other drugs). The term “substance use” term was used synonymously with substance “misuse” and defined as either “continuous/heavy” or “recreational/occasional” use.

The Statistical Package for Social Sciences (SPSS 20) was used for statistical analyses and was focused on the role of mental disorder, substance use and level of functioning on offending.

Results

From the sample, 86 (20.9 per cent) had alcohol use mentioned in their clinical records. Of these 38 (9.2 per cent) had a history of continuous/heavy use. Male gender was predictive of both continuous/heavy and recreational/occasional use, as was mild ID 12.2 per cent \( n = 50 \), compared to moderate ID 5.3 per cent \( n = 22 \) and severe ID 2.9 per cent \( n = 12 \).

In terms of illegal substances 36 (8.8 per cent) were identified as using cannabis currently or in the past, with 19 (4.6 per cent) current continuous/heavy users. Overall males were more likely to use cannabis \( n = 23 \), although for heavy use there was little difference between the proportion of males 10.45 per cent \( n = 10 \) compared to 8.3 per cent \( n = 9 \) of females. As expected individuals with mild ID were more likely to use cannabis, with individuals with moderate ID also reported to use.

A small number 2.7 per cent \( n = 11 \) were found to have used cocaine and/or have a history of cocaine misuse, 0.7 per cent \( n = 3 \) were currently heavy users and 0.5 per cent \( n = 2 \) were current recreational/occasional users. Just over 1 per cent 4/411 of past users used cocaine on a heavy bases, compared to 0.5 per cent \( n = 2 \) recreational/occasional. In terms of gender five females and six males were identified has having used cocaine. Other substances including heroin, solvents and amphetamines had been used in 13 (3.2 per cent) cases.

In terms of CJS contact, 47 (11.4 per cent) had been arrested by the police, 26 (6.3 per cent) had appeared in court and 32 (7.8 per cent) had been sentenced, 23 (5.6 per cent) of whom received a custodial sentence. Offence-related behaviours included violence against the person 44 (10.7 per cent), acquisitive offences 19 (4.6 per cent), fire setting six (1.5 per cent), sex offences 17 (4.1 per cent) and with 35 (8.5 per cent) incidents of other offending activity recorded.

\( \chi^2 \) analysis indicated a significant association between having a history of illicit substance and/or alcohol misuse and appearing in court \( (\chi^2 = 7.977, df = 1, p = 0.005) \) and going to prison \( (\chi^2 = 8.601, df = 1, p = 0.003) \). A history of alcohol misuse was specifically associated with appearing in court \( (\chi^2 = 6.375, df = 1, p = 0.012) \), and going to prison \( (\chi^2 = 7.49, df = 1, p = 0.006) \) as was having a history of cannabis misuse \( (\chi^2 = 3.986, df = 1, p = 0.046) \).

In order to explore the association between substance misuse and involvement with the CJS, logistic regression analysis was performed to control for the effect of other clinical and demographic variables. The logistic regression model contained nine independent variables (gender, age, level of ID, diagnosis of psychotic disorders, diagnosis of affective disorders, diagnosis of personality disorders, diagnosis of autism spectrum disorders, diagnosis of hyperkinetic disorder, history of substance and/or alcohol misuse). Only three of the independent variables made a statistically significant contribution to the model: male gender, a diagnosis of personality disorder and a history of substance misuse were predictors of court appearance and of going to prison. The strongest predictor of appearing in court and of going to prison was a diagnosis of personality disorder with an odds ratio of 7.67 for appearing in court and 11.23 for going to prison; males were three times more likely to appear in court (odds ratio of 3.01) and eight times more likely to go to prison (odds ratio of 7.99). Those with a history of substance misuse were over twice more likely to appear in court (odds ratio of 2.43) and over three times more likely to go to prison (odds ratio of 3.67).

Discussion

It is widely accepted that a geographical disparity exists between countries in the rates of reported offending and/or contact with the CJS for individuals with ID (Lindsay et al., 2013) and
that within the UK this disparity exists within local regions. Substance use is a complex issue and factors such as poverty, employment, access to day activities and location are all predictive of increased use them (Weaver et al., 2003; Barrett and Paschos, 2006). Often the findings from studies are difficult to generalise and the true extent of CJS involvement for individuals with ID is therefore difficult to determine for a number of reasons e.g., the definition of ID used (often with those with borderline intellectual functioning are included), how crime is defined, reported, recorded and managed and the geographical and variation in service provision. Issues of social depravation, lack of employment, poverty, isolation and other factors, independently associated with ID and criminality, serve only to make any association or correlation less clear (Harding et al., 2009).

Substances use and ID is still an under researched area and as a result local services response to this group is inconsistent. Although individuals with ID should be using local substance misuse services, the reality is these teams are likely to struggle providing their services to individuals with ID. This is a situation that is unlikely to improve if these services are not supported to adapt their approach. Currently individuals with ID will often not meet eligibility criteria for health and social care services. This is a problem as individuals can often be in crisis before they receive treatment, which as a result may mean more restrictive options are used. For example individuals may be placed out of area in secure services due to the lack of early intervention and/or specialist services.

Being treated solely within ID or adult mental health teams may be problematic due to a lack of clinical expertise. This means that treatment is unlikely to be offered at the same level as it would be within specialist substance misuse services. Therefore the most appropriate interventions aimed at addressing substance misuse may not be accessible to individuals with ID. In some cases ID services may see substance use as a “lifestyle” choice and therefore not prioritise it as an issue in spite of increased risk of physical and mental health problems, anti-social and offending behaviour and poor quality of life. Although substance use can be a significant problem the use of a retrospective design meant that the views of service users were unavailable. The reasons why people with ID use substances is unclear; and although we can hypothesise that those with mild ID may have similar motivations for substance use as the wider population the reasons and circumstances in which those with severe ID use alcohol is unclear.

In terms contact with the CJS. Cannabis use was predictive of appearing in court. Overall men with ID were three times more likely to go to court and eight times more likely to go to prison than women with ID. It is widely acknowledged that an emphasis on punitive sentencing for women may do more harm than good (Prison Reform Trust, 2012) given the increased abuse experienced by women (Corston, 2007; Ministry of Justice, 2012) and the fact that over 80 per cent of women in prison have been convicted of non-violent offences (Ministry of Justice, 2013).

Overall 23 of the 32 individuals in this study received a custodial sentence, even though community options are normally the most frequently used method of disposal by the court. However, the reasons why community-based sentences are not seen as an option in more cases for the court for those with ID is not clear.

It is likely the risk factors for offending are similar to those in the wider population (Fitzgerald et al., 2011). The current study identified: male gender, personality disorder and history of substance as the best predictors of going to court and prison. There is evidence that individuals with ID experience a higher rate of rearrest than other offenders (Cockram, 2005). A lack of adequate support on release may partly explain. This may mean individuals may be more likely to default and be recalled.

Finally this study was completed using data from CRIS, an anonymised psychiatric case register. Psychiatric case registers have been defined as a patient-centred longitudinal record of contacts within a defined set of psychiatric services originating from a defined population (Perera et al., 2009). Lichtenberg et al. (1999) asserts that case registers are an important tool in many aspects of mental health care planning, such as delineating problem populations, developing interventions, assessing the ramifications of policies, enacting programmes for quality control.
and conducting research. It is suggested that many psychiatric case registers that cover both inpatient and various outpatient services, provide a fuller picture of a patient’s treatment history as they move through both the hospital and the community (Lichtenberg et al., 1999; Wierdsma et al., 2008). Although case registers provide access to large data sets, one still needs to be mindful of their limitations, e.g., the information they contain the data available will be variable and dependent on the quality of clinicians entering the records.

Conclusion

Substance use in individuals with ID is both poorly understood and an issue of concern as is its relationship to offending and challenging behaviour. More studies with robust methodology are needed to explore the links between substance misuse and offending. This includes a need for qualitative studies to help understand the experiences individuals with ID in order to develop person centred care, policy and strategy.

In terms of clinical implications we found that substance misuse was a significant problem for some patients and was associated with an increased involvement with the CJS. This has implications for how services are configured in order to identify patients earlier for treatment. Although individuals with ID form a small proportion of the prison population if those with borderline intellectual functioning are included it is estimated they account for nearly a quarter of those in prison. This is a significant problem that needs further examination to provide early intervention strategies and to address the lack of alternative disposals to prison.

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Further reading


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