The Problem of Co-Occurring Disorders among Jail Detainees

Antisocial Disorder, Alcoholism, Drug Abuse, and Depression*

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This paper documents the degree and pattern of overlap of antisocial disorder, alcoholism, drug use disorders, and major depression among 688 randomly selected male jail detainees. Diagnostic assessments were made using the NIMH Diagnostic Interview Schedule. Data indicate that multiple disorders are a serious problem among male detainees. Detainees were more likely to have two or three disorders than to have a single disorder. Of detainees, 44% had a lifetime prevalence of two or more of these syndromes. Few subjects with multiple disorders were found to have primary, or initial onset of, substance abuse disorders or primary depression. Rather, antisocial disorder predominated as the primary syndrome in diagnostic profiles. The preponderance of antisocial disorder among codisordered detainees is disturbing because it is a poor prognostic indicator. Implications for substance abuse intervention, treatment of depression, and intervention with antisocial personality disorder among detainees are discussed.

Many investigations have documented the prevalence rates of psychiatric disorders and substance abuse among convicted offenders and jail detainees (Guy, Platt, Zwerling, & Bullock, 1985; Petrich, 1976a, 1976b; Schuckit, Herrmann, & Schuckit, 1977; Teplin, 1990). However, despite the clinical importance of

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delineating co-occurring disorders (Guze, Woodruff, & Clayton, 1971; Hesselbrock, Meyer, & Keener, 1985; Lewis, Rice, & Helzer, 1983; Schuckit, 1985; Weissman, Pottenger, Kleber, Rubin, & Williams, 1977; Woody, McLellan, Luborsky, & O'Brien, 1985), studies of detainees have rarely investigated coprevalence rates and have documented only the prevalence of singular disorders. This study shows the degree and pattern of overlap of four prominent disorders affecting jail detainees: antisocial disorder, alcoholism, drug use disorders, and depression.

The Problem

The presence of a co-occurring disorder can substantially alter the course of a given syndrome and its impact on an individual's behavior. The manner in which two disorders interact can vary. On the one hand, a codisorder may be subsumed under the dominant influence of a primary disorder and exert little influence. For example, depression, when developing secondarily to a substance abuse disorder, tends to remit without pharmacological intervention once the patient abstains from the abused substance (Hesselbrock et al., 1985; Schuckit, 1983, 1985). Secondary depression has a relatively minor impact on the course of the substance abuse disorder and the patient will follow the typical course of an addict (Croughan, Miller, Koepke, & Whitman, 1981; Dorus & Senay, 1980; Guze et al., 1971; Schuckit, 1983; Weissman et al., 1977). On the other hand, two disorders may interact so as to potentiate the symptoms of one or both disorders. For example, antisocial alcoholics tend to consume more alcohol than nonantisocial alcoholics (Jaffe & Schuckit, 1981; Schuckit et al., 1977).

The intervention strategy for a psychiatric disorder is partially determined by the nature and constellation of other disorders that are present. We can neither assess nor provide for the psychiatric needs of the criminal population without studying the prevalence and interrelationships of the most frequent and severe diagnoses. Despite the need for such epidemiological data, to date there has been no methodologically sound investigation of the co-occurrence of mental disorders among jail detainees.

The Specific Disorders

This study was limited to the disorders of alcoholism, drug use, major depression, and antisocial personality for two reasons. First, although there are discrepancies in reported prevalence rates (Teplin, 1983), there is little doubt that these disorders are widespread among detainees. Various studies of jail detainees have found prevalence rates for alcoholism from 15% (Schuckit et al., 1977) to 26% (Petrich, 1976a); for drug use from 6% (Swank & Winer, 1976) to 51% (Petrich, 1976a); for antisocial personality disorder from 13% (Swank & Winer, 1976) to 45% (Petrich, 1976a); and for depression from 1% (Guy et al., 1985) to 17% (Petrich, 1976a). By most accounts, these disorders are a significant problem among detainees.

Second, studies of psychiatric emergency room patients (Robins, Gentry,