UNDERSTANDING SUBSTANCE USE PATTERNS IN OFFENDERS WITH MENTAL ILLNESS FOLLOWING DISCHARGE INTO THE COMMUNITY: A COHORT STUDY

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Background

There are high rates of substance use and mental illness within forensic populations, often co-occurring (Baranyi et al., 2022). Substance misuse can increase the risk of both mental illness and offending (Lamsma et al., 2020) as well as having a detrimental impact on physical and mental wellbeing (Young et al., 2018). Unfortunately, relapse in substance use is common (Fleury et al., 2016). Within forensic settings, major mental illness with cooccurring substance use is a critical area for intervention.

Community Forensic Teams (CFT) provide treatment, supervision, and management to individuals with a diagnosed major mental illness that is directly linked to a risk of serious offending, once they have been discharged into the community from secure services. Based on the above, it is imperative for the CFT to be able to offer appropriate treatment and supervision in this area.

Research Questions

The aim of this study is to understand the pattern and profiles of post-discharge substance use in individuals who have a diagnosed mental illness and have committed serious offences, with a view to inform practice and interventions. Specifically, we aimed to:

- Explore the proportion of service users that have used substances prior to admission to hospital and following discharge to a community forensic team
- Outline profiles of substance use within the service users in terms of types of substances used and frequency of use.
- Identify the association between pre-admission and post-discharge substance use as well as with outcomes including reoffending and readmission to hospital

Method

Participants

N= 66 patients under the care of a CFT over the past 10 years (2014-2024) was extracted (15 females, mean age 38.42 years).

Diagnoses included Paranoid Schizophrenia, Schizoaffective Disorder, and Bipolar Affective Disorder

Most participants were conditionally discharged from a S37/41, while 20% were on a Community Treatment Order

The most common index offences were violence, followed by arson

Approvals

Approval for this service evaluation was approved by the local NHS Trust's Psychology Research Group via peer review. No funding was provided and there are no conflicts of interests.

Procedure and Materials

Secondary data was collected from patient's secure records as part of a local service evaluation

The information extracted included substance use history, substance use interventions, post-discharge substance use, associated contextual factors (e.g., accommodation, drug and alcohol support in the community) and outcomes (number of readmissions and reoffences).
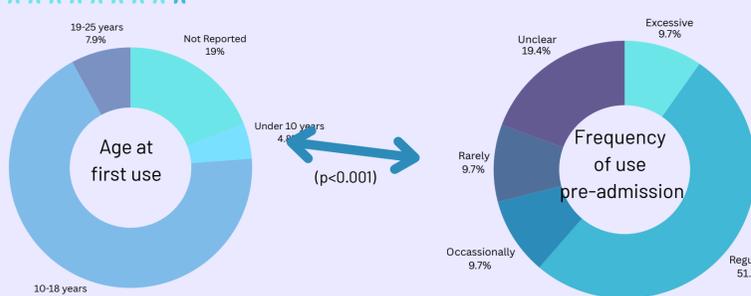
Data Analysis

Descriptive analysis was conducted using means, range, and proportions.

Fisher's Exact Test was used for 2x2 tables, whilst the Fisher-Freeman-Halton extension of the Fisher's Exact Test was used for variables with greater than two levels.
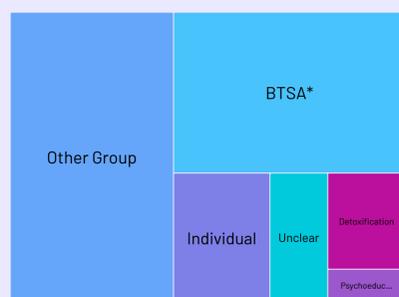
Results

Pre-Admission Use

Of the 66 participants, 3 had never used illicit substances

Age at first use:
- 19-25 years 7.9%
- Not Reported 19%
- Under 10 years 4.8%
- 10-18 years 68.3%

(p<0.001)

Frequency of use pre-admission:
- Unclear 19.4%
- Excessive 9.7%
- Rarely 9.7%
- Occasionally 9.7%
- Regularly 51.6%

Substance Use Interventions

Of the sample that had a history of substance use (n=63), 58.73% had completed a substance use intervention (n=37).
→ Unclear facilitator (n=51)
→ In inpatient settings mostly

- Other Group
- BTSA*
- Individual
- Unclear
- Detoxification
- Psychoeduc...

*Behavioural Treatment for Substance Abuse; Box size denotes frequency

Post-Discharge Use

- There was no relationship between post-discharge use and pre-discharge use, age at first use, or frequency of use (all p's>0.05).

- Frequency of use, pre and post discharge, were significantly associated (p<0.05).

- **Completing a substance use intervention was not associated with readmission to hospital or reoffending (p>0.05).**

- **Completing an intervention was not associated with post-discharge substance use (p>0.05)**

- Post-discharge substance use was not significantly associated with reoffending (p>0.05) but was significantly associated with being readmitted to hospital (p<0.001)

Participants using substances (n)

Yes / No

Pre-Admission: 63 / 3
Post-Discharge: 29 / 37

Discussion

Reducing substance use within this population is an area of priority for community forensic teams and their stakeholders. This evaluation suggests that substance use interventions were not associated with post-discharge substance use, which raises questions about the effectiveness of substance use interventions. At the same time, there was no significant association between post-discharge substance use and reoffending. This may suggest that other confounding factors were influential, and/or that the role of the community team in managing participants in the interest of public protection is effective. It would be useful to understand, if it is not the intervention, what about admissions reduces substance misuse?

A surprising finding was the limited information available pertaining to substance use interventions completed by participants. Being clear about the completion of substance use interventions could impact on teams being able to be able to effectively continue supporting patients following their discharge.

This study may provide areas that interventions could focus on. Cannabis and alcohol appear to be the most frequent substances returned to, thus interventions may wish to consider a specific module on these substances. Additionally, frequency of substance use pre-admission and post-discharge were significantly associated. Different pathways of interventions may be needed based on the severity and frequency of substance use. Preliminary evidence supports the effectiveness of intensive case management for addiction (Morandi et al., 2017) which is similar to the support provided by the CFT. It may be appropriate to build on existing CFT intervention models. Further research and investment is needed to identify the most effective ways of improving substance-related outcomes.

Conclusions

- There are high rates of substance use within the CFT population, which was associated with readmission to hospital
- The proportion of the sample using substances decreased following initial hospitalisation.
- Limited information was available regarding drug and alcohol interventions (who, what, where, how), which may impact on relapse prevention work in the community.
- Further substance use interventions may be beneficial, with a specific focus on cannabis and alcohol use, and severity of substance use
- Low rates of reoffences is likely influenced by confounding variable (e.g., supervision and management)

References

- Baranyi, G., Fazel, S., Langerfeldt, S. D., & Mundt, A. P. (2022). The prevalence of comorbid serious mental illnesses and substance use disorders in prison populations: a systematic review and meta-analysis. *The Lancet Public Health, 7*(6), e557-e568.
- Fleury, M. J., Djouini, A., Huỳnh, C., Tremblay, J., Ferland, F., Ménard, J. M., & Belleville, G. (2016). Remission from substance use disorders: A systematic review and meta-analysis. *Drug and Alcohol Dependence, 168*, 293-306.
- Lamsma, J., Cahn, W., & Fazel, S. (2020). Use of illicit substances and violent behaviour in psychotic disorders: two nationwide case-control studies and meta-analyses. *Psychological Medicine, 50*(12), 2028-2033.
- Morandi, S., Silva, B., Golay, P., & Bonsack, C. (2017). Intensive Case Management for Addiction to promote engagement with care of people with severe mental and substance use disorders: an observational study. *Substance Abuse Treatment, Prevention, and Policy*, 12(1), 26.
- Young, J. T., Heffernan, E., Borschmann, R., Ogloff, J. R., Spittal, M. J., Kouyoumdjian, F. G., ... & Kinner, S. A. (2018). Dual diagnosis of mental illness and substance use disorder and injury in adults recently released from prison: a prospective cohort study. *The Lancet Public Health, 3*(5), e237-e248.