

Antisocial Personality and Depression Among Incarcerated Drug Treatment Participants Executive Summary - 2000

Overview of the Study

Results from the Treating Inmates Addicted to Drugs (TRIAD) study found that the Federal Bureau of Prisons' residential drug abuse program (DAP) reduced arrests and drug use in both the six months and three years following subjects' release from prison, taking into account the effects of self-selection into treatment. The TRIAD study improved upon previous research by considering the entire population of eligible subjects in comparing the outcomes for those who entered and completed treatment and those who did not.

A related area of interest is to examine comorbidity patterns among incarcerated populations who are substance dependent in order to understand the treatment needs of this population. Substance use disorders are the most commonly co-occurring psychiatric disorders in the general population as well as in incarcerated populations. Two diagnoses are of particular concern in studying comorbidity patterns within an incarcerated substance using population: antisocial personality (APD) and depression. The prevalence rates for these two diagnostic categories are higher in incarcerated populations than in the general population. In addition, previous research on comorbidity patterns among various populations has consistently found that those with a substance use disorder have higher rates of APD and depression than those without a substance use disorder. In order to increase our understanding of an incarcerated population, this study examined the co-occurrence of antisocial personality (APD) and depression among drug dependent individuals treated in Federal prison-based drug and alcohol treatment programs.

The Diagnostic Interview Schedule (DIS) was used to obtain lifetime DSM-III-R diagnostic information on a sample of 609 men and women participating in in-prison drug treatment. We examined DSM-III-R drug dependence patterns both by the number of drugs of dependence and by type of drug dependence pattern. We did separate analyses for each gender and controlled for background characteristics such as age, race, ethnicity, and level of education.

Similar percentages of drug dependent men and women have a diagnosis of APD. Thirty-eight percent of the male inmates dependent on one or more drugs had a diagnosis of APD as compared with 43% of the drug dependent women. In contrast, women were more likely to have a diagnosis of depression. Seventeen percent of the drug dependent males had a lifetime diagnosis of depression compared with one-third of the drug dependent female inmates.

We found that both the number of drugs of dependency as well as the type of drug dependence pattern were related to prevalence patterns for both diagnoses. Among both men and women, those dependent on one drug only were less likely to have a diagnosis of APD than all the drug dependent individuals on average. In addition, those who were dependent on five or more drugs were significantly more likely to have an APD diagnosis. Among men, 27% of those dependent on one drug had an APD diagnosis as compared with 61% of those dependent on 5 or more drugs (see Figure 1). Among women, 18% of those dependent on one drug had an APD diagnosis as compared with 73% of those dependent on 5 or more drugs. We found this same

general pattern in the relationship between number of drugs of dependency and depression but only among men. For women we were unable to identify any significant comorbidity pattern between number of drugs of dependency and depression.

Our analysis of comorbidity based on type of drugs of dependency was limited to men because of the small sample sizes in several drug categories for women. Male inmates who were dependent on opiates and alcohol were more likely to be diagnosed as APD. The opposite was found for those inmates dependent on alcohol only. That is, the alcohol only group was less likely to meet the criteria for APD. No other drug dependency patterns were significantly related to the diagnosis of APD. The results for the diagnosis of depression showed no significant pattern.

Clinical Implications

The results of this study indicated that number of drugs of dependency and drug use patterns among incarcerated substance abusers can be used as a barometer of psychiatric symptoms, specifically APD and depression in men and APD in women. This information is particularly important for assessment and treatment planning because those with greater numbers of drugs of dependence and men who were dependent upon opiates and alcohol can be targeted for more comprehensive clinical assessment, testing and treatment. For example, among men, these results can guide clinicians toward increased monitoring of clients who are dependent on multiple substances or the combination of opiates and alcohol in order to differentiate between withdrawal symptoms that might mimic the symptoms of depression and actual symptoms of clinical depression in order to provide the appropriate interventions. These results can also guide clinicians to consider the possible presence of APD symptoms among men and women dependent upon multiple substances in order to further assess such individuals for the presence of symptoms of psychopathy, since those with such a personality structure are frequently viewed as poor candidates for group treatment within correctional settings. The prevalence of major depression and APD among drug dependent prison populations highlights the need for thorough assessment of drug use patterns and psychiatric symptoms and the application of appropriate interventions for individuals with comorbid disorders.

Figure 1

