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Psychiatric comorbidity in young heroin users

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Abstract

In order to determine the prevalence of psychiatric comorbidity in a population of young heroin users recruited from outside of the healthcare context, a sample was assembled by targeted sampling and nomination techniques; it was comprised of regular current users of heroin aged between 18 and 30 years and resident in Barcelona, Spain. Psychiatric evaluation was done with the Psychiatric Research Interview for Substance and Mental Disorders (PRISM) semi-structured interview. Of 149 individuals evaluated, 33% were women, whose mean age was 25.1 years; 93% received a diagnosis of heroin dependence and 71% of cocaine dependence. Thirty-two percent of the subjects had never been treated for substance use. Around two-thirds (67.1%, 95% CI: 59.6–74.7%) of the sample had lifetime psychiatric comorbidity, with antisocial personality and mood disorders being the most frequent conditions (33% and 26%, respectively). Mood, anxiety and eating disorders were more common among women than men. There were no differences in ever having been in treatment for drug use according to the presence of psychiatric comorbidity, although comorbidity was lower among those currently in treatment. Young heroin users recruited on the street presented a high prevalence of psychiatric comorbidity which was unrelated to past treatment history.

Keywords: Psychiatric comorbidity; Substance use treatment; Young populations; Gender

1. Introduction

A high prevalence of co-occurrence of substance and non-substance use psychiatric disorders (dual diagnosis, psychiatric comorbidity) has been reported among opioid users in clinical samples (Hasin et al., 2004). Lifetime rates of psychiatric disorders reported range between 44% and 86% (Brooner et al., 1997; Cacciola et al., 2001; Chen et al., 1999; Eland-Goossensen et al., 1997; King et al., 2000; Krausz et al., 1999; Mason et al., 1998). Major depression is the most prevalent Axis I disorder (4–44%) and antisocial personality disorder (25–39%) the most common Axis II disorder. A high prevalence of substance use disorders other than opioid use has also been reported in most studies (Brooner et al., 1997; Cacciola et al., 2001). In addition, recent studies have shown gender differences in the prevalence of psychiatric comorbidity as well as an earlier access of women to treatment for drug use (Sinha and Rounsaville, 2002; Kidorf et al., 2004; Hernandez-Avila et al., 2004).

While this knowledge base is important for the planning of services, it may not reflect the larger population of opioid users who are not in treatment. It is possible that comorbidity may be associated with treatment-seeking, in which case comorbidity prevalence estimates from treated samples of opioid users will be biased. Far fewer studies of comorbidity among opioid users have been carried out in opioid users not seeking treatment, and those available are somewhat contradictory on whether opioid users out of treatment differ from those in treatment. Rounsaville and Kleber (1985) reported that a sample of community opioid addicts showed better social functioning, fewer drug-related

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legal problems, and lower rates of depressive disorders than a sample of treatment-seeking opiate addicts. Dutch opiate addicts outside treatment had fewer DSM-III-R disorders than in-patient addicts, but did not differ from those in methadone treatment (Eland-Goossensen et al., 1997). Recently, Kidorf et al. (2004) evaluating the prevalence of psychiatric and substance use disorders in intravenous opioid users participating in a community needle exchange, reported a high prevalence of both lifetime psychiatric (55.5%) and other substance dependence disorder (mainly cocaine: 78.3%) comorbidity. In these previous studies, at least, some of the subjects were recruited from health services premises; only subjects in the untreated group were recruited from the community. We are not aware of any study of psychiatric comorbidity that recruited opiate addicts directly on the street in order to compare those subjects that reported ever having had treatment for their drug use with those who stated that they never had treatment. Since results from previous studies seem contradictory and vary in relation to the type of treatment, additional studies should help clarify whether opioid addicts not in treatment have a higher prevalence of psychiatric comorbidity than those who had received treatment for their drug use.

The present study aimed to determine both substance use disorders and other psychiatric conditions in a sample containing young male and female heroin users that was recruited on the street, independently of their drug treatment experience (i.e. outside the healthcare context). Such a study augments the limited literature on opioid users not in treatment, and allows assessment off whether psychiatric comorbidity is related to previous or current treatment.

2. Method

2.1. Selection of subjects

The sample was obtained from the ITINERE project cohort of current regular users of heroin aged between 18 and 30 years, resident in Barcelona, that was assembled to study health risk factors in young heroin users (de la Fuente et al., 2005). Current heroin use was understood to mean having used heroin within the 90 days prior to the interview, and regular use meant having taken it at least 12 times over the 12 months prior to the interview. For recruitment, targeted sampling and nomination techniques, including snowball sampling with different starting points mainly at outdoor scenarios, was used (Watters and Biernacki, 1989; Hartnoll et al., 1997). To be included in ITINERE a candidate was evaluated through a brief Selection Questionnaire to assess whether or not she/he met the inclusion criteria regarding heroin use and willingness to provide identification and contact data. If she/he did meet them, the subject would then pass on to the first stage of the evaluation in which the objectives and procedures of the study were explained, as were the participation incentives (€18 per interview completed). The subject then signed an informed consent form and provided information to facilitate future contact. Then the Baseline Questionnaire was administered. This was a face-to-face interview in which the interviewer read out the questions from a computer screen. The Baseline Questionnaire included socio-demographic and background information, patterns of drug use and sexual and injection risk behaviour variables. Hepatitis B and C and HIV serological status were obtained from a dried blood spot test. At the end of the first evaluation, 50% of the subjects were randomly assigned to the mental health study and given an appointment for their second interview within 30 days of the first evaluation. This random sub-sample of ITINERE participants are the subjects in this study.

2.2. Psychiatric assessment

To determine the presence of substance and non-substance use comorbid disorders, the Spanish version of Psychiatric Research Interview for Substance and Mental Disorders (PRISM, Hasin et al., 2006; Torrens et al., 2004) was used. In contrast to other instruments such as the Addiction Severity Index (McLellan et al., 1992), the Maudsley Addiction Profile (Marsden et al., 1998) or the Opiate Treatment Index (Darke et al., 1992) that are widely used to assess the functional status in different domains in which substance use subjects typically have problems (medical, employment, alcohol, drugs, family/social, legal, and psychopathological), the PRISM-IV is an interview that provides diagnoses based on DSM-IV criteria. Other interviews for psychiatric diagnoses based on DSM-IV criteria like SCID-IV (First et al., 1997), SCAN (Janca et al., 1994), CIDI (WHO, 1998) are available, but reliability information in substance-abusing samples has only been provided for PRISM-IV (Hasin et al., 2006). Furthermore, Torrens et al. (2004) reported a validity study comparing diagnoses obtained through the PRISM-IV and SCID-IV in substance users using the LEAD procedure (Longitudinal, Expert, All Data; Spitzer, 1983) for major depression, substance-induced psychosis, anxiety disorders, antisocial personality and borderline disorders' it was found that PRISM-LEAD agreement was substantially higher (mean kappa = 0.69) than SCID-LEAD agreement (mean kappa = 0.36). Caton et al. (2005) validated the PRISM-IV differentiation between DSM-IV primary and substance-induced psychotic disorders.

Prior to the assessment of the substance and non-substance use disorders, the PRISM has an overview section that includes questions about socio-demographic characteristics and previous medical, psychiatric and substance use treatments. Substance use treatment experience was divided into three categories, considering those subjects who stated that they had never been in treatment for their drug use, those who had been in treatment some time in the past but not currently (only previous) and those who were in treatment at the time of the interview.

Concerning substance use disorders (SUD), in addition to the substance use and dependence diagnoses, the PRISM differentiates "Pathological use" (chronic intoxication—substance use at least 4 days a week for 3 or more weeks, and/or binges—consumption of large amounts over 3 consecutive days) from "Occasional use" (substance use less than 4 days a week, unless substance was used in a binge pattern). It allows assessment of any substance abuse and dependence disorder individually although, according to abuse hierarchical relationship to dependence in DSM-IV criteria, a particular substance abuse