



The 1% of the population accountable for 63% of all violent crime convictions.

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Language: English

Publication Type: Article

Keywords: Adolescent
Adult
Aged
Aggression - psychology
Criminals - psychology - statistics & numerical data
Female
Humans
Male
Mental Disorders - epidemiology - psychology
Middle Aged
Registries
Risk factors
Substance-Related Disorders - epidemiology
Sweden
Violence - psychology - statistics & numerical data

Abstract:


Population-based studies on violent crime and background factors may provide an understanding of the relationships between susceptibility factors and crime. We aimed to determine the distribution of violent crime convictions in the Swedish population 1973-2004 and to identify criminal, academic, parental, and psychiatric risk factors for persistence in violent crime.

The nationwide multi-generation register was used with many other linked nationwide registers to select participants. All individuals born in 1958-1980 (2,393,765 individuals) were included. Persistent violent offenders (those with a lifetime history of three or more violent crime convictions) were compared with individuals having one or two such convictions, and to matched non-offenders. Independent variables were gender, age of first conviction for a violent crime, nonviolent crime convictions, and diagnoses for major mental disorders, personality disorders, and substance use disorders.

A total of 93,642 individuals (3.9%) had at least one violent conviction. The distribution of convictions was highly skewed; 24,342 persistent violent offenders (1.0% of the total population) accounted for 63.2% of all convictions. Persistence in violence was associated with male sex (OR 2.5), personality disorder (OR 2.3), violent crime conviction before age 19 (OR 2.0), drug-related offenses (OR 1.9), nonviolent criminality (OR 1.9), substance use disorder (OR 1.9), and major mental disorder (OR 1.3).

The majority of violent crimes are perpetrated by a small number of persistent violent offenders, typically males, characterized by early onset of violent criminality, substance abuse, personality disorders, and nonviolent criminality.

Notes: Cites: JAMA Psychiatry. 2013 May;70(5):465-7123467760
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Cites: PLoS One. 2011;6(10):e2576822022445
Cites: Arch Gen Psychiatry. 2000 May;57(5):494-50010807490

PubMed ID: 24173408 [View in PubMed](#) 

[A 5-year follow-up study of adolescents who sought treatment for substance misuse in Sweden.](#)

<https://arctichealth.org/en/permalink/ahliterature107628>

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Language: English

Publication Type: Article

Keywords: Adolescent
Adolescent Behavior - psychology
Antisocial Personality Disorder - diagnosis - epidemiology
Comorbidity
Crime - psychology
Female
Follow-Up Studies
Humans
Interviews as Topic
Male
Mental Disorders - epidemiology
Outcome Assessment (Health Care)
Parents
Patient Acceptance of Health Care - statistics & numerical data
Poverty - statistics & numerical data
Prevalence
Residence Characteristics
Risk factors
Socioeconomic Factors
Substance Abuse Treatment Centers
Substance-Related Disorders - epidemiology - psychology - therapy
Sweden - epidemiology
Urban Population
Violence - psychology - statistics & numerical data

Abstract: Previous studies have shown that substance misuse in adolescence is associated with increased risks of hospitalizations for mental and physical disorders, convictions for crimes, poverty, and premature death from age 21 to 50. The present study examined 180 adolescent boys and girls who sought treatment for substance misuse in Sweden. The adolescents and their parents were assessed independently when the adolescents first contacted the clinic to diagnose mental disorders and collect information on maltreatment and antisocial behavior. Official criminal files were obtained. Five years later, 147 of the ex-clients again completed similar assessments. The objectives were (1) to document the prevalence of alcohol use disorders (AUD) and drug use disorders (DUD) in early adulthood; and (2) to identify family and individual factors measured in adolescence that predicted these disorders, after taking account of AUD and DUD in adolescence and treatment. Results showed that AUD, DUD, and AUD + DUD present in mid-adolescence were in most cases also present in early adulthood. Prediction models detected no positive effect of treatment in limiting persistence of these disorders. Thus, treatment-as-usual provided by the only psychiatric service for adolescents with substance misuse in a large urban center in Sweden failed to prevent the persistence of substance misuse. Despite extensive clinical assessments of the ex-clients and their parents, few factors assessed in mid-adolescence were associated with substance misuse disorders 5 years later. It may be that family and individual factors in early life promote the mental disorders that precede adolescent substance misuse.

PubMed ID: 23989597 [View in PubMed](#) 

[A 5-year follow-up study of users of benzodiazepine: starting with diazepam versus oxazepam.](https://arctichealth.org/en/permalink/ahliterature282849)

<https://arctichealth.org/en/permalink/ahliterature282849>

Author: Ingunn Fride Tvette
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Source: Br J Gen Pract. 2016 Apr;66(645):e241-7

Date: Apr-2016

Language: English

Publication Type: Article

Keywords: Adult
Anti-Anxiety Agents - therapeutic use
Anxiety - drug therapy - epidemiology
Depression - drug therapy - epidemiology
Diazepam - therapeutic use
Dose-Response Relationship, Drug
Drug Prescriptions - statistics & numerical data
Female
Follow-Up Studies
Humans
Male
Middle Aged
Norway - epidemiology
Oxazepam - therapeutic use
Prescription Drug Misuse - statistics & numerical data
Prevalence
Proportional Hazards Models
Risk factors
Substance-Related Disorders - epidemiology


Abstract: Drug dependency may develop during long-term benzodiazepine use, indicated, for example, by dose escalation. The first benzodiazepine chosen may affect the risk of dose escalation.

To detect possible differences in benzodiazepine use between new users of diazepam and oxazepam over time. This 5-year prescription database study included 19 747 new benzodiazepine users, inhabitants of Norway, aged 30-60 years, with first redemption for diazepam or oxazepam.

Individuals starting on diazepam versus oxazepam were analysed by logistic regression with sex, age, other drug redemptions, prescriber's specialty, household income, education level, type of work, and vocational rehabilitation support as background variables. Time to reach a daily average intake of =1 defined daily doses (DDD) over a 3-month period was analysed using a Cox proportional hazard regression model.


New users of oxazepam had a higher risk for dose escalation compared with new users of diazepam. This was true even when accounting for differences in sociodemographic status and previous drug use (hazard ratio [HR] 1.33, 95% confidence interval = 1.17 to 1.51).

Most doctors prescribed, according to recommendations, oxazepam to individuals they may have regarded as prone to and at risk of dependency. However, these individuals were at higher risk for dose escalation even when accounting for differences in sociodemographic status and previous drug use. Differences between the two user groups could be explained by different preferences for starting drug, DDD for oxazepam being possibly too low, and some unaccounted differences in illness.

Notes: Cites: Expert Rev Neurother. 2008 Aug;8(8):1189-9118671662
Cites: BMJ Open. 2013 Oct 04;3(10):e00329624097305
Cites: Psychopharmacology (Berl). 1997 Nov;134(1):1-379399364
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Cites: Eur J Clin Pharmacol. 2003 Oct;59(7):559-6312942224
Cites: Addiction. 2011 Dec;106(12):2086-10921714826
PubMed ID: 26965028 [View in PubMed](#) 

A 6-year experience with urine drug testing by family service agencies in Nova Scotia, Canada.

<https://arctichealth.org/en/permalink/ahliterature193186>

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Source: Forensic Sci Int. 2001 Oct 1;121(3):151-6
Date: Oct-1-2001
Language: English
Publication Type: Article
Keywords: Adult
Child
Child Custody
Chromatography, High Pressure Liquid
Humans
Nova Scotia - epidemiology
Questionnaires
Social Work
Substance-Related Disorders - epidemiology - urine
Abstract: The objective of this study is to describe a urine drug-testing program implemented for parents with a history of substance abuse by family service agencies in the province of Nova Scotia, Canada. Nurse collectors went to the parents' home to obtain urine specimens under direct observation and then delivered the specimens to the toxicology laboratory or arranged shipment by courier under chain of custody. Each urine specimen was screened for cannabinoids, cocaine metabolite, opiates, amphetamines and benzodiazepines, ethyl alcohol and creatinine. All positive screening tests were confirmed by another method such as gas chromatography-mass spectrometry (GC-MS). In 15,979 urine specimens collected from 1994 to 1999, the percent positive rate for one (or more) drugs/metabolites ranged from 45.6% (1994-1996) to 30.0% (1998, 1999). A total of 575 specimens (3.7%) were dilute (urine creatinine
PubMed ID: 11566417 [View in PubMed](#) 

A 20-year prospective follow-up study of 2 164 cases at the child guidance clinics in Stockholm.

<https://arctichealth.org/en/permalink/ahliterature13090>

Author: I. Nylander


Source: Acta Paediatr Scand Suppl. 1979;276:1-45

Date: 1979

Language: English

Publication Type: Article

Keywords: Adolescent
Alcohol Drinking
Child
Child Guidance Clinics
Community Mental Health Centers
Death, Sudden
Female
Follow-Up Studies
Humans
Juvenile Delinquency
Male
Mental Disorders - diagnosis - epidemiology - therapy
Neurotic Disorders - diagnosis - therapy
Pregnancy
Pregnancy in adolescence
Prospective Studies
Psychotic Disorders - diagnosis - therapy
Socioeconomic Factors
Substance-Related Disorders - epidemiology - rehabilitation
Sweden
Violence

PubMed ID: 291297 [View in PubMed](#) 

The 2015 National Canadian Homeless Youth Survey: Mental Health and Addiction Findings.

<https://arctichealth.org/en/permalink/ahliterature291013>

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Source: Can J Psychiatry. 2017 07; 62(7):493-500

Date: 07-2017

Language: English

Publication Type: Journal Article
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Keywords: Adolescent
Adult
Canada - epidemiology
Female
Homeless Youth - statistics & numerical data
Humans
Male
Mental Health - statistics & numerical data
Sex Factors
Sexual and Gender Minorities - statistics & numerical data
Stress, Psychological - epidemiology
Substance-Related Disorders - epidemiology
Suicide, Attempted - statistics & numerical data
Young Adult

Abstract: This study was designed to provide a representative description of the mental health of youth accessing homelessness services in Canada. It is the most extensive survey in this area to date and is intended to inform the development of mental health and addiction service and policy for this marginalized population.

This study reports mental health-related data from the 2015 "Leaving Home" national youth homelessness survey, which was administered through 57 agencies serving homeless youth in 42 communities across the country. This self-reported, point-in-time survey assessed a broad range of demographic information, pre-homelessness and homelessness variables, and mental health indicators.

Survey data were obtained from 1103 youth accessing Canadian homelessness services in the Nunavut territory and all Canadian provinces except for Prince Edward Island. Forty-two per cent of participants reported 1 or more suicide attempts, 85.4% fell in a high range of psychological distress, and key indicators of risk included an earlier age of the first episode of homelessness, female gender, and identifying as a sexual and/or gender minority (lesbian, gay, bisexual, transgender, queer, and 2 spirit [LGBTQ2S]).


This study provides clear and compelling evidence of a need for mental health support for these youth, particularly LGBTQ2S youth and female youth. The mental health concerns observed here, however, must be considered in the light of the tremendous adversity in all social determinants faced by these youth, with population-level interventions best leveraged in prevention and rapid response.

Notes: Cites: Lancet. 1998 Aug 29;352(9129):743 PMID 9729028
Cites: J Youth Adolesc. 2012 May;41(5):533-43 PMID 22302217
Cites: Soc Sci Med. 2003 Aug;57(3):561-9 PMID 12791497
Cites: Can J Psychiatry. 2015 Nov;60(11):467-74 PMID 26720504
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PubMed ID: 28372467 [View in PubMed](#) 

[3000 addicts in the penitentiary system: punishment, drug withdrawal--and relapse]

<https://arctichealth.org/en/permalink/ahliterature57186>

Author: G. Rylander
Source: Lakartidningen. 1969 Apr 30;66(18):1861-8
Date: Apr-30-1969
Language: Swedish
Publication Type: Article
Keywords: Criminal Psychology
Female
Hepatitis A - etiology
Humans
Male
Prisons
Punishment
Substance Withdrawal Syndrome
Substance-Related Disorders - epidemiology
Sweden
Sympathomimetics - adverse effects
PubMed ID: 5770507 [View in PubMed](#) 

Absolute risk of suicide after first hospital contact in mental disorder.

<https://arctichealth.org/en/permalink/ahliterature130761>

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Source: Arch Gen Psychiatry. 2011 Oct;68(10):1058-64
Date: Oct-2011
Language: English
Publication Type: Article

Keywords: Adolescent
Adult
Bipolar Disorder - epidemiology - psychology
Comorbidity
Denmark - epidemiology
Female
Humans
Incidence
Male
Mental Disorders - epidemiology - psychology
Middle Aged
Mood Disorders - epidemiology - psychology
Prospective Studies
Risk factors
Schizophrenia - epidemiology
Schizophrenic Psychology
Sex Factors
Substance-Related Disorders - epidemiology - psychology
Suicide - psychology - statistics & numerical data
Young Adult

Abstract: Estimates of lifetime risk of suicide in mental disorders were based on selected samples with incomplete follow-up.

To estimate, in a national cohort, the absolute risk of suicide within 36 years after the first psychiatric contact. Prospective study of incident cases followed up for as long as 36 years. Median follow-up was 18 years. Individual data drawn from Danish longitudinal registers.

A total of 176,347 persons born from January 1, 1955, through December 31, 1991, were followed up from their first contact with secondary mental health services after 15 years of age until death, emigration, disappearance, or the end of 2006. For each participant, 5 matched control individuals were included.

Absolute risk of suicide in percentage of individuals up to 36 years after the first contact.

Among men, the absolute risk of suicide (95% confidence interval [CI]) was highest for bipolar disorder, (7.77%; 6.01%-10.05%), followed by unipolar affective disorder (6.67%; 5.72%-7.78%) and schizophrenia (6.55%; 5.85%-7.34%). Among women, the highest risk was found among women with schizophrenia (4.91%; 95% CI, 4.03%-5.98%), followed by bipolar disorder (4.78%; 3.48%-6.56%). In the nonpsychiatric population, the risk was 0.72% (95% CI, 0.61%-0.86%) for men and 0.26% (0.20%-0.35%) for women. Comorbid substance abuse and comorbid unipolar affective disorder significantly increased the risk. The co-occurrence of deliberate self-harm increased the risk approximately 2-fold. Men with bipolar disorder and deliberate self-harm had the highest risk (17.08%; 95% CI, 11.19%-26.07%).

This is the first analysis of the absolute risk of suicide in a total national cohort of individuals followed up from the first psychiatric contact, and it represents, to our knowledge, the hitherto largest sample with the longest and most complete follow-up. Our estimates are lower than those most often cited, but they are still substantial and indicate the continuous need for prevention of suicide among people with mental disorders.

PubMed ID: 21969462 [View in PubMed](#) 

[\[Abuse of intravenously injected drugs among persons arrested by the Stockholm police from 1965 to 1968\].](#)

<https://arctichealth.org/en/permalink/ahliterature110222>

Author: N. Bejerot
Source: Lakartidningen. 1969 Feb 19;66(8):781-6
Date: Feb-19-1969
Language: Swedish
Publication Type: Article
Keywords: Adolescent
Adult
Female
Humans
Injections, Intravenous
Male
Social Problems
Substance-Related Disorders - epidemiology
Sweden
PubMed ID: 5769219 [View in PubMed](#) 

[Access and utilization of HIV treatment and services among women sex workers in Vancouver's Downtown Eastside.](#)

<https://arctichealth.org/en/permalink/ahliterature174373>

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Source: J Urban Health. 2005 Sep;82(3):488-97
Date: Sep-2005
Language: English
Publication Type: Article

Keywords: Adult
Antiretroviral Therapy, Highly Active - utilization
Canada - epidemiology
Community Health Services - supply & distribution - utilization
Female
HIV Infections - epidemiology - therapy
Health Services Accessibility
Hepatitis C - epidemiology
Humans
Middle Aged
Poverty Areas
Prostitution
Substance-Related Disorders - epidemiology
Urban Population

Abstract: Many HIV-infected women are not realizing the benefits of highly active antiretroviral therapy (HAART) despite significant advancements in treatment. Women in Vancouver's Downtown Eastside (DTES) are highly marginalized and struggle with multiple morbidities, unstable housing, addiction, survival sex, and elevated risk of sexual and drug-related harms, including HIV infection. Although recent studies have identified the heightened risk of HIV infection among women engaged in sex work and injection drug use, the uptake of HIV care among this population has received little attention. The objectives of this study are to evaluate the needs of women engaged in survival sex work and to assess utilization and acceptance of HAART. During November 2003, a baseline needs assessment was conducted among 159 women through a low-threshold drop-in centre servicing street-level sex workers in Vancouver. Cross-sectional data were used to describe the sociodemographic characteristics, drug use patterns, HIV/hepatitis C virus (HCV) testing and status, and attitudes towards HAART. High rates of cocaine injection, heroin injection, and smokeable crack cocaine use reflect the vulnerable and chaotic nature of this population. Although preliminary findings suggest an overall high uptake of health and social services, there was limited attention to HIV care with only 9% of the women on HAART. Self-reported barriers to accessing treatment were largely attributed to misinformation and misconceptions about treatment. Given the acceptability of accessing HAART through community interventions and women specific services, this study highlights the potential to reach this highly marginalized group and provides valuable baseline information on a population that has remained largely outside consistent HIV care.

Notes:

Cites: J Gen Intern Med. 2002 May;17(5):341-812047730
Cites: CMAJ. 2002 Apr 2;166(7):894-911949985
Cites: AIDS Patient Care STDS. 2000 Jan;14(1):47-5812240882
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