

## Alcohol and Drug Use, Homicide and Mental Illness: A Preliminary Retrospective Study

Research increasingly shows that drug or alcohol abuse is one of the factors most frequently associated with aggression.<sup>(1)</sup> However, the nature of the relationship between drug or alcohol consumption and aggression is still unknown.

Moreover, few studies have examined the significance of drug or alcohol abuse by psychiatric patients who have committed crimes. Data show an extremely high rate of substance abuse by this population.<sup>(2)</sup> In Quebec, for example, increasing numbers of individuals with chronic mental problems are arrested and held responsible for indictable offences.<sup>(3)</sup> While some of these offenders are acquitted by reason of insanity, others find themselves in prison. In fact, one third of murderers in prison have serious mental problems, and more than 57% of offenders use or abuse drugs and alcohol.<sup>(4)</sup>

Given the severity of the phenomenon, it is essential that the relationship between mental illness and aggressive behaviour be studied in depth. The purpose of this study was to document the relationship between the consumption of alcohol or drugs, a history of violence against the person and mental illness. Three groups of murderers were recruited for the study: 15 schizophrenics who had been acquitted by reason of insanity, 15 schizophrenics who had been convicted; 15 individuals with no serious mental problems who had been convicted served as a comparison group.

The results revealed numerous differences among these subjects. The group of offenders with no mental illness was diagnosed most often as abusers or as being addicted to drugs or alcohol, followed by the group of schizophrenics who had been acquitted by reason of insanity. Three quarters of the subjects with no serious mental illness and one third of the acquitted schizophrenics (35%) satisfied the criteria for this diagnosis.

The offenders with no mental illness also committed the most violent acts after consuming drugs or alcohol (40%), followed by the convicted schizophrenics, who had almost identical results. However, the acquitted schizophrenics committed many more assaults against the person, and these assaults were rarely associated with the consumption of drugs or alcohol. Nearly three quarters of the inmates (including the convicted schizophrenics) had committed murder after consuming drugs or alcohol, while this was the case for only 13% of the acquitted subjects.

As for mental illness, the convicted schizophrenics committed fewer assaults in the acute phase of the illness than the acquitted schizophrenics; furthermore, it would seem that the fact they had not been acquitted because of insanity was the result of their illness not being diagnosed before the offence was committed.

As a group, the acquitted schizophrenics had the highest total number of assaults against the person; however, the offenders with no mental illness accumulated many more **convictions** for criminal offences, and the convicted schizophrenics had more **convictions** for assaults against the person. These results, therefore, are in keeping with other studies that find an underestimation in official reports of the assaults committed by acquitted schizophrenics.

With respect to the characteristics of the victims, 80% of the assault victims in this study knew the assailant, especially in the case of the acquitted schizophrenics, and in 81% of the cases, the victims had been chosen in advance. For the three groups, minor injuries were inflicted in more than two thirds of the assaults.

It is interesting to note the resemblance between convicted schizophrenics and the offenders with no serious mental illness with respect to the homicide and assaults against the person. Three quarters of both groups committed murder and half of their assaults after consuming drugs or alcohol. Then, they basically reacted to a particular situation. Lastly, they chose an unknown victim only half of the time.

Finally, this study suggests that the illness of the acquitted schizophrenics was diagnosed before the offence was committed, while that of the convicted schizophrenics was diagnosed afterward. This conclusion is mainly based on the fact that half of the hospitalizations of acquitted schizophrenics occurred before they committed homicide, while most of the hospitalizations of those convicted occurred after the offence was committed.

With respect to acquitted schizophrenics and offenders with no mental illness, the results of this study are in keeping with those of other similar studies. However, no other research has compared convicted schizophrenics with the other groups. It is therefore important to replicate this study with a larger sample of these subjects. It would also be interesting to assess in greater depth, using a prospective longitudinal study, the factors associated with the mental deterioration of convicted schizophrenics.

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(1) T.M.A. Test, W. Knoedler, P. Ailness and S. Burke, "Characteristics of Young Adults with Schizophrenic Disorders Treated in the Community," *Hospital and Community Psychiatry*, 26, 8 (1985): 853-858. See also H.V. Hall, "Predicting Dangerousness for the Courts," *American Journal of Forensic Psychiatry*, 5, 2 (1984): 77-95.

2L. Towber and S. Ladner, "Psychiatric Indication and Alcohol Abuse Among Public Shelter Clients." Paper presented at the MSIS 9th Annual National Users Conference, National Institute of Mental Health.

(3) S. Hodgins, "Quelques points de repère sur les recherches concernant les malades mentaux ayant commis des délits," in D. Szabo and M. Leblanc (Eds.), *La criminologie empirique au Québec*. (Montréal: Presses de l'Université de Montréal, 1985). See also Y. Lefebvre, F. Coudari and M.-P. Labrecque-Marceau, *Psychoses. Research funded by the Social Welfare Branch, Health and Welfare Canada*, 1985.

(4) S. Hodgins and G. Côté, "Prevalence of Mental Disorders Among Penitentiary Inmates in Quebec," *Canada's Mental Health*, (March 1990): 1-4.