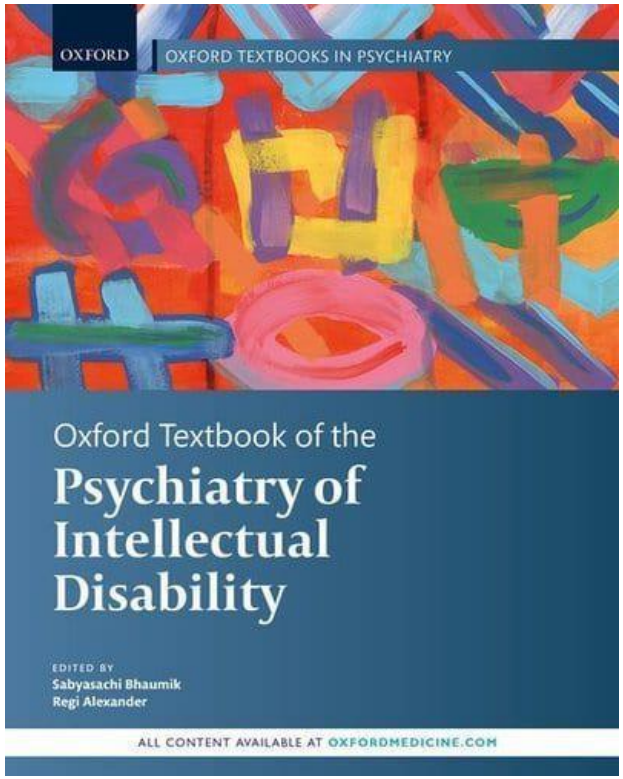
Alcohol and Substance Misuse in IDD - an overview

Vicki Malcolm

Overview

- Myth busting
- Risk factors and consequences
- Alcohol
- Smoking
- Guidance for improving care

Sources



Public Health England

Guidance

Substance misuse in people with learning disabilities: reasonable adjustments guidance

Published 8 May 2016

True or False?

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People with ID use drugs and alcohol less than the general population

People with ID have different risk factors for alcohol and substance addiction compared with the general population

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People with ID use drugs and alcohol less than the average population – false

People with ID have different risk factors for alcohol and substance addiction compared with the general population - true

Prevalence

- Similar to general pop. Alcohol most commonly misused, at rates matching those of general population, followed by cannabis
- Supported by large scale studies using linked data (e.g. Ontario cohort study)
- Salavert and colleagues – 36.4% of a sample of 88 people with ID met criteria for Substance use disorder

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Risk factors

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Risk Factors – similar…

- Very similar to general pop
  - Younger age
  - Lower socioeconomic
  - Gender (male)
  - Comorbid MH (cause/effect?)
  - Mild LD rather than moderate / profound

But different…

Health Soc Care Community. 2007 Jul;15(4):360-8. doi: 10.1111/j.1365-2524.2007.00691.x.

Listening to people with intellectual disabilities who misuse alcohol and drugs

Laurence Taggart [1], D McLaughlin, B Quinn, C McFarlane

Table 1. Reasons for abusing substances: psychological trauma and social distance from the community

Participant	Sex	Reason
P9	Male	'Well, after my brother died – he was shot dead, you know – and then my sister died, and my mother died as well. It plays on your mind, and I drink to kill the pain. When you have drink in you, you're in a different world but it [the pain] is still there the next day.'
P4	Female	'It made me forget the past and everything that happened about the rapes.'
P2	Female	'He [partner] made me buy the drink, then we sat and drank together. If I didn't get the drink for him, he would put me against the wall many times, hitting me.'
P6	Female	'I gave them [her non-disabled drinking peers] drink, food or that, but I was buying my friendship. See, when you have money, they want you, and now that I don't have any money, they don't want you no more. They just say to me, "You have to give me stuff."'
P9	Male	'I kept going to the pub for company. Even though I sit at the bar and get drunk by myself, at least it gets me out of the house.'
P5	Female	'After my partner had died, I became lonely and all that … There was no one living in the flat with me … I just feel lonely and all that: I have nothing to do but watch TV.'

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BUT increased likelihood due to psychological trauma and social isolation from community

- Inadequate coping skills
- Loneliness
- Stigmatisation
- Limited social skills
- Lower self esteem
- Disempowerment
- Peer pressure
- Trauma including sexual, emotional, financial and physical abuse

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Consequences

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Table 2. Effects of the substance misuse

Participant	Sex	Reason
P5	Female*	'When I drink, my blood sugars seem to drop … I also worry about my fits … as sometimes I forget to take my tablets.'
P6	Female†	'I get such hangovers and forget to take my medication … I fell down the stairs and cut my head open twice.'
P2	Female	'Because I lost my baby, miscarried when I was drinking previously … so when I found out I was pregnant again, I stopped drinking immediately.'
P6	Female	'Sometimes I don't know what I am doing. I have slashed my wrists before when drinking heavily.'
P1	Female	'Yes, a bit, because I was slicing my wrists and took an overdose.'
P10	Female	'I attempted suicide twice, tried using a razor-blade and a rope.'
P1	Female	'When my mum drinks Smirnoff, we always argue. Like about 3 weeks ago, my mum was drinking and we got into a massive argument and she hit me, so I hit her back, and I was so scared when she was hitting me that I hid under the kitchen table from her.'
P7	Female	'When I was drunk, I would shout at my friends [peers living in supported living scheme]… You could have heard me from the corridor.'
P1	Female	'I was arrested for assaulting two police officers while drunk, but was released on bail into the care of my sister when it was explained that I had a learning disability.'

Consequences

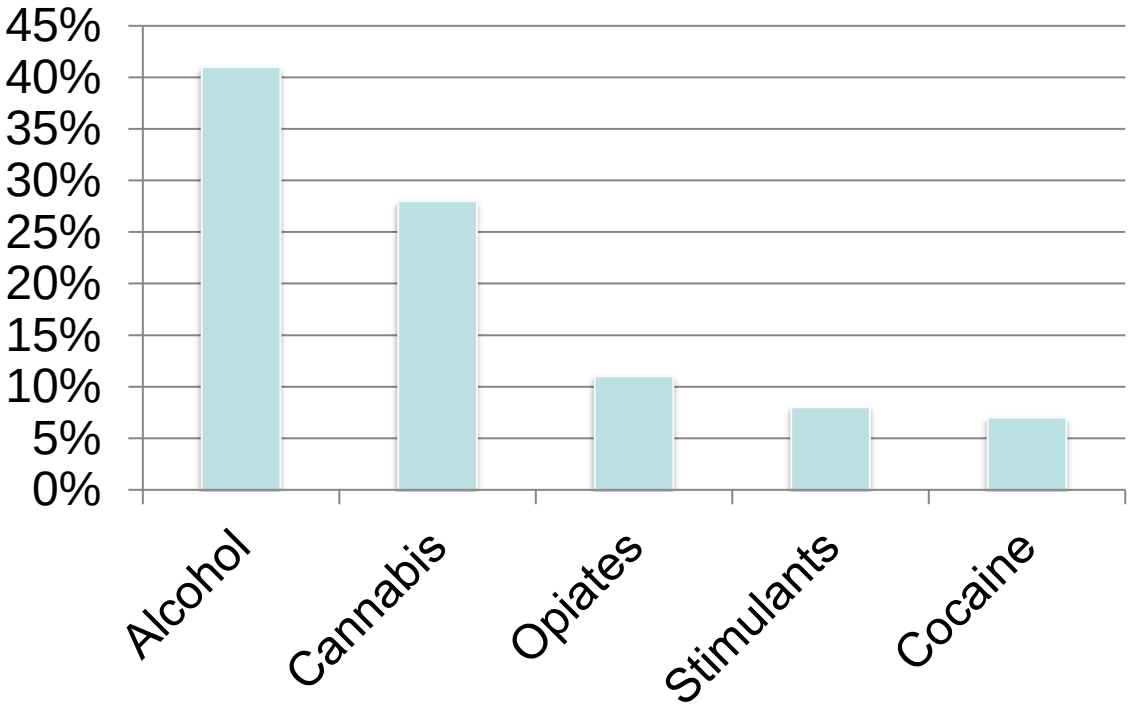
- Mirroring general population PLUS
- Particular vulnerability to mental health issues
- Increased victimisation / isolation / physical health impairment / impulse control and interactions with psychotropics
- Precarious living situations / broken relationships / likelihood of admissions
- Lower ability to access effective treatment

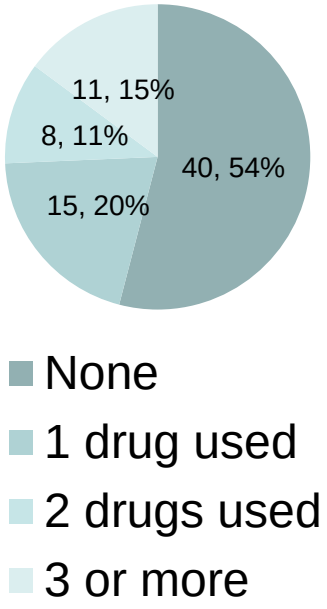
Offending

- Association between mild IDD, substance use, personality disorders and offending behaviour.
- Rates of substance misuse higher in forensic / criminal justice (11-50% depending on definition)
- Community IDD – Lindsay et al found users had a higher rate of previous offending in almost all categories
- 74 patients of secure LD service - 47% of inpatients had a history of harmful alcohol / substance use (Plant, McDermott, Chester, Alexander 2011). Associated with higher likelihood of violent offences
- 1/3 had used just prior to admission or on index offence

Substance misuse among offenders in a forensic intellectual disability service

Amie Plant, Emily McDermott, Verity Chester and Regi T. Alexander





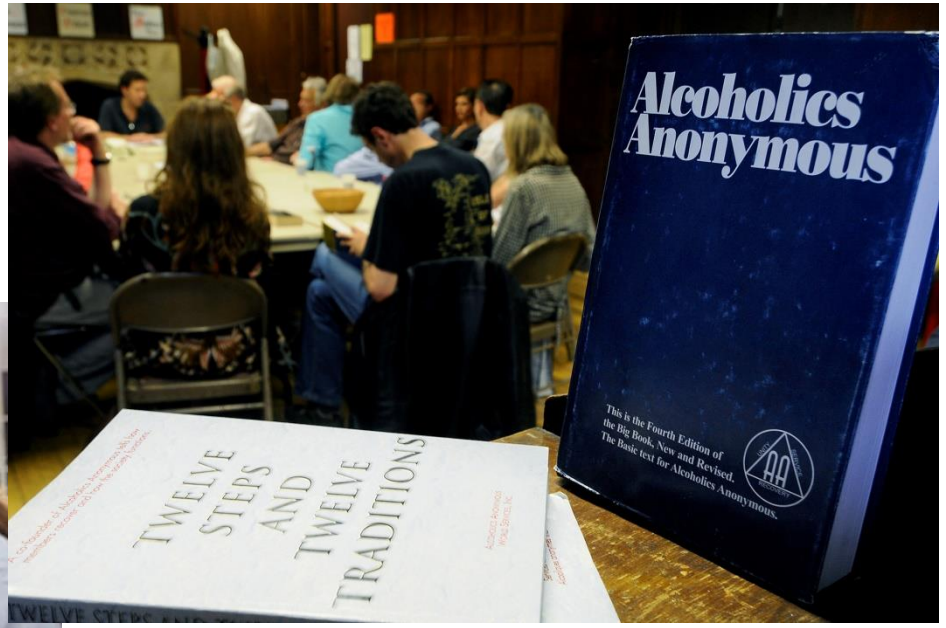
Alcohol

- Children with IDD are a high risk group (self report data) trying high levels of alcohol
- Difficulties understanding quantity, strength, units of alcohol
- Increased risks to personal safety via accidental injury, impaired judgement, risk taking, along with common physical consequences
- Assessing whether they meet the criteria for alcoholism has challenges

Treatment

- Only 5 studies met criteria for the Oxford chapter, small sample sizes, lack of control groups, dearth of evidence. Even less for ASD
- Preventative public health also not all suitable for some with IDD

AA


Alcoholics Anonymous
TWELVE STEPS AND TWELVE TRADITIONS
This is the Fourth Edition of the Big Book, New and Revised. The Basic text for Alcoholics Anonymous.

Adapted alternatives

- Include educational info / awareness on drugs and alcohol (more necessary) and effects of these (Lindsay et al 2013)
- Multi modal. Visual aids and vignettes (Brown, Coldwell 2006)
- Dialectic approach (themes acted out by facilitators)
- Motivational interviewing - has comparable outcomes in non IDD but needs research

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Alcohol

Information for service users

Note for Carers:
Service users should be given support to go through the information in this leaflet and the information may need to be adapted to support individual needs.

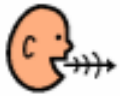
Short Term Effects

Drinking too much alcohol may cause you too:

Lose your balance

Act silly

Be laughed at by others



Develop slurred speech

Experience blurred vision

Feel ill

Vomit

Become Dehydrated

Express Empathy

- Create an environment in which clients can safely explore conflicts and face difficult realities
- Understand that:
  - Acceptance promotes change, pressure hinders it
  - Reflective listening is fundamental
  - Ambivalence is normal

Develop Discrepancy

- Help a client to see his or her behavior as conflicting with important personal goals
- Use discrepancy to explore the importance of change
- Understand that the goal is to have the client - not the counselor - present reasons for change
- Elicit and reinforce change statements, including recognition of a problem, expression of concern, intention to change, and optimism for this change

Roll with Resistance

- Avoid arguing for change
- Do not directly oppose resistance
- Understand that resistance is a signal to respond differently
- Offer new perspectives without imposing them
- Accept that the client is the primary resource in finding answers and solutions
- Recognize that client resistance is significantly influenced by the counselor's behavior

Support Self-Efficacy

- Enhance a client's confidence in his or her ability to succeed
- Understand that the client is responsible for choosing and carrying out change – not the counselor
- Help clients to develop self-efficacy as a key element for motivating change
- Accept that the counselor's own belief in a client's ability to change can have a powerful effect

Ethics

Does it promote alcohol? Is the goal abstinence or Informed choice

“a person is not to be treated as unable to make a decision merely because he/she makes what is considered to be an unwise decision.”

FUSE PARTY - NORWICH (TO BE CONFIRMED)

"The best night out in Norwich for people with disabilities" - our Fuse Party Nights are back at The Waterfront for anyone, with any disability aged 16 and over. Live DJ, fully licensed bar, sound and light show from 6.30pm to 9pm Entry £5 with up to 2 carers FREE

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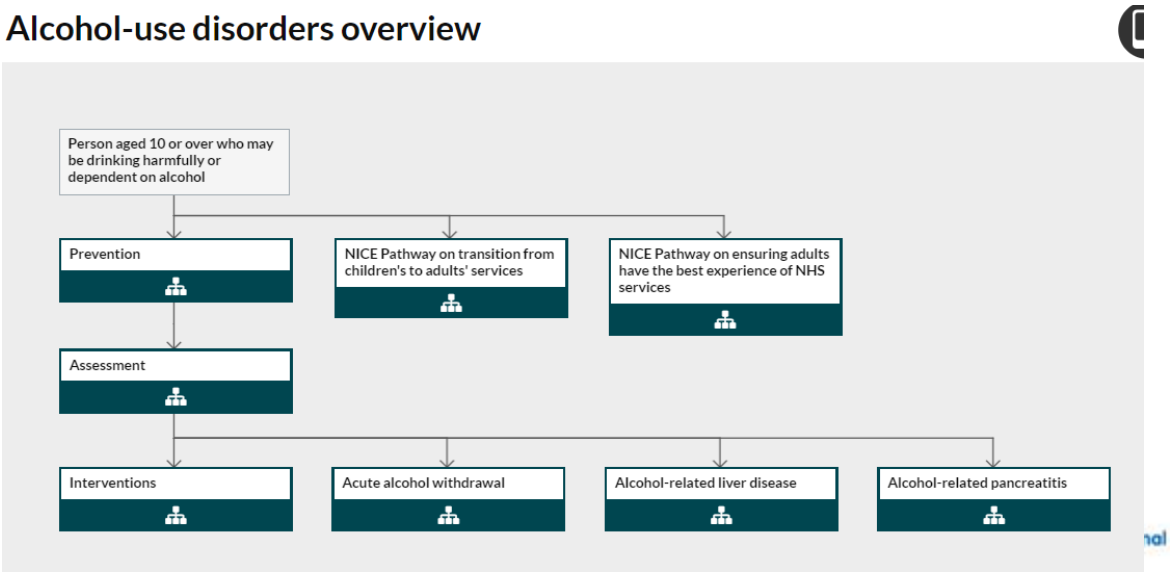
Pharmacology

- Pharmacology – similar approaches but accommodate higher risk of epilepsy
- Benzodiazepines are first line choice during detox. Carbamazepine as adjunct if high risk for seizures
- Abstinence drugs include Disulfiram and Naltrexone



Smoking

- Equally prevalent especially in mild LD
- Influenced by restrictions of setting and availability of role models
- 49% of people with IDD are on psychotropics – smoking alters their efficacy and contributes to resistance

- IDD less likely to be screened, asked about smoking or offered advice
- Less likely to understand complications and implications
- More susceptible to the health risks, financial implications and stigma

Treatment

- Small scale study suggested group discussions, short info segments, videos, role playing and a board game, 55% quit (Tracy and Hosken 1997)
- Chester et al – accessible health provision, one to ones, groups, primary care, smoking timetable to reduce smoking. 1/3 gave up

Pharmacology

- NRT for all who smoke
- Bupropion (reduces craving and withdrawal) and Varenicline (similar effect, more effective) also suggested by NICE

Where do people get help

- Learning disability services – these provided a positive educational role and acted as a liaison with other services
- Mainstream addiction services – the people that were positive about these services had received support on a one-to-one basis, rather than attending group sessions
- Primary care services – GPs tended to give basic advice and information leaflets and antidepressants were often prescribed to address mental health issues

Improving care

Guidance

Substance misuse in people with learning disabilities: reasonable adjustments guidance

Published 8 May 2016

Barriers

- Triple diagnosis of IDD MH and Substances – and services not meeting their needs
- Underrepresented in specialist misuse services, just seen by single IDD team and not referred on. Poor pathways / lack of joined up working

IDD teams may see misuse as a behavioural rather than chronic brain disease?

More barriers

- Substance misuse teams lack ID awareness e.g. not screening for ID, not set up for ID, sometimes ID an exclusion criteria for service!
- Treatments e.g. groups not suitable
- Harder for IDD to assert health needs
- Health promotion often not targeted at IDD, too complex

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Practice examples for better joint working between IDD and substance misuse teams

- Train substance misuse teams in IDD and screen for ID
- Develop joint local referral pathway
- Address trauma / isolation
- Develop discharge plan
- Monitor effective joint working
- Access / signage in buildings
- Engage families / carers
- Relevant and targeted treatment methods e.g. motivational interviewing, not groups
- Individually tailored to communication needs
- Easy read leaflets / website
- IDD champion in substance misuse teams / vice versa
- Train IDD team in substance misuse and screen for it

as one

Key learning

- Underestimated - Similar prevalence to general population
- Different risk factors and more severe consequences
- Both prevention and treatment must be adapted
- Informed choice and capacity key considerations
- More equity of access, joint working needed between ID teams and substance misuse teams

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