

SUBSTANCE USE DISORDERS IN PEOPLE WITH PHYSICAL AND SENSORY DISABILITIES

Approximately 23 million people in the United States, including people with disabilities, need treatment for substance use disorders (SUDs), a major behavioral health disorder.¹ In addition, more than 24 million adults in the United States experienced serious psychological distress in 2006.² People with and without disabilities may face many of the same barriers to substance abuse treatment, such as lacking insurance or sufficient funds for treatment services, or feeling they do not need treatment.

In addition, people with disabilities may face other barriers to SUD treatment, particularly finding treatment facilities that are fully accessible. Vocational rehabilitation (VR) counselors, vocational education providers, and others who work with people with disabilities report that their clients with SUDs have less successful vocational outcomes than clients without SUDs.³

To improve outcomes, it is important that clients with disabilities and SUDs receive services for both conditions and that the disabilities do not prevent clients from receiving treatment for SUDs. This *In Brief* is intended to help people who work with people

with physical and sensory disabilities—hearing loss, deafness, blindness, and low vision—to better understand SUDs and assist their clients in finding accessible SUD treatment services.

What is an SUD?

Substance use disorder is a broad term that encompasses abuse of and dependence on drugs or alcohol (Exhibit 1). It includes using illegal substances, such as heroin, marijuana, or methamphetamines, and using legal substances, such as prescription or over-the-counter medications, in ways not prescribed or recommended.

SUDs Harm People With Disabilities

It is difficult to estimate the number of people with physical disabilities who have SUDs. Some studies suggest that people with disabilities have higher rates of legal and illegal substance use than the general population, whereas other studies show lower rates.⁵ Although debate exists among researchers about the prevalence of SUDs among people with disabilities, there is agreement that active SUDs can seriously

Exhibit 1. Defining Substance Abuse and Dependence

Both substance abuse and substance dependence refer to maladaptive patterns of substance use. **Substance abuse** usually refers to using any substance in a way that leads to a failure to fulfill major responsibilities at work, school, or home, or to substance-related legal or interpersonal problems. It also includes using substances in situations that put one's physical safety at risk. **Substance dependence** usually manifests as continued use of a substance despite negative physical or psychological effects, inability to cut down or control the use of the substance, tolerance (using more of the substance to get the same effect), and withdrawal symptoms when the substance is no longer consumed. *The Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR)⁴ provides fuller definitions of substance abuse and substance dependence.

harm the health and quality of life of individuals with disabilities. An active SUD can:

- Interfere with successful engagement in rehabilitation services.³
- Interact with prescribed medications; alcohol, for example, can interfere with antiseizure medications.
- Impede coordination and muscle control.
- Impair cognition.
- Reduce the ability to follow self-care regimens.
- Contribute to social isolation, poor communication, and domestic strife.
- Contribute to poor health, secondary disabling conditions, or the hastening of disabling diseases (e.g., cirrhosis, depression, bladder infections).
- Inhibit educational advancement.
- Lead to job loss, underemployment, and housing instability.

Women With Disabilities and SUDs

Across all age groups, more women than men are disabled.⁶ Women with co-occurring disabilities and SUDs are at high risk for experiencing physical abuse and domestic violence.

One study of people with disabilities and SUDs found that 47 percent of women reported histories of physical, sexual, or domestic violence, compared with 20 percent of men with disabilities reporting abuse experiences. In the same study, 37 percent of women reported sexual abuse, compared with 7 percent of men.⁷

Another study found that 56 percent of women with disabilities reported abuse, with 89 percent of these reporting multiple abusive incidents.⁸ What is more, being a victim of physical or sexual abuse is a risk factor for SUD.

SUD Risk Factors and Warning Signs

For some people, drug or alcohol abuse is a direct or indirect cause of their disability, for example, by their becoming intoxicated and then falling or causing a car crash. Without SUD treatment, people who had SUDs

before sustaining a disability will likely continue to use substances afterward. Other people may have developed SUDs after using substances such as pain medications or alcohol to cope with aspects of their disability or to cope with social isolation or depression. Exhibit 2 lists SUD risk factors for people with disabilities.

Exhibit 2. SUD Risk Factors for People With Disabilities

- Pain
- Access to prescription pain medications
- Chronic medical problems
- Depression
- Social isolation
- Enabling by caregivers
- Unemployment
- Limited education
- Low socioeconomic level
- Little exposure to SUD prevention education
- History of physical or sexual abuse

Numerous signs may suggest the presence of an active SUD. These include, but are not limited to:

- Dilated or constricted pupils.
- Slurred speech.
- Inability to focus, visually or cognitively.
- Unsteady gait.
- Blackouts.
- Insomnia.
- Irritability or agitation.
- Depression, anxiety, low self-esteem, resentment.
- Odor of alcohol on breath.
- Excessive use of aftershave or mouthwash (to mask the odor of alcohol).
- Mild tremor.
- Nasal irritation (suggestive of cocaine insufflation).
- Eye irritation (suggestive of exposure to marijuana smoke).

- Odor of marijuana on clothing.
- Abuse of drugs or alcohol by family members.
- Many missed appointments with VR, job interviews, and the like.
- Difficulty learning new tasks.
- Attention deficits.
- Lack of initiative.

Some manifestations of certain disabilities may be difficult to distinguish from the signs of SUDs mentioned above. For example, people with multiple sclerosis may have an unsteady gait, slurred speech, and memory impairment. Other signs, such as depression or anxiety, may indicate a different, distinct behavioral health condition.

Screening for SUDs

Screening is not the same as diagnosing; it simply indicates whether further evaluation by an SUD professional is indicated. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) developed a single-question screening tool for alcohol use disorder (Exhibit 3). Clients should also be screened for illicit drug use and prescription medication abuse. VR professionals, physical therapists, and others may benefit from training on how to administer screening and assessment tools.

Exhibit 3. Single-Question Screening Test

Ask men: “How many times in the past year have you had 5 or more drinks in a day?”
 Ask women: “How many times in the past year have you had 4 or more drinks in a day?”
 A response of more than 1 day is considered positive.

Other common screening tools are:

- Alcohol Use Disorders Identification Test, available at http://www.projectcork.org/clinical_tools/html/AUDIT.html
- Michigan Alcoholism Screening Test, available at http://www.projectcork.org/clinical_tools/html/MAST.html
- Drug Abuse Screening Test (including prescription drugs), available at http://www.projectcork.org/clinical_tools/html/DAST.html
- National Institute on Drug Abuse (NIDA)-modified Alcohol, Smoking, and Substance Involvement Screening Test, which includes prescription drugs, available at <http://www.drugabuse.gov/nidamed/screening/>

Screening is not the same as diagnosing; it simply indicates whether further evaluation by an SUD professional is indicated.

No screening tools have been validated in Deaf populations.⁹

If possible, clients who exhibit warning signs or symptoms should be screened for SUDs. If screening is not possible or if the screening is positive, the client should be referred to an SUD treatment provider for further assessment.

Some clients may benefit from a brief intervention (a discussion of 5 minutes or less) to prevent their substance use from becoming an SUD. Information on brief interventions for alcohol use disorders is available from

The Substance Abuse and Mental Health Services Administration (SAMHSA)/Center for Substance Abuse Treatment Family Centered Substance Abuse Treatment Grants for Adolescents and their Families (Assertive Adolescent and Family Treatment) was designed to provide substance abuse services to adolescents (including those with disabilities and those from military families) and their families or primary caregivers in geographic areas where services are needed. Grantees implement evidenced-based practices that are family centered and context specific and focus on the interaction between youth and their environments.

NIAAA at <http://pubs.niaaa.nih.gov/publications/AA66/AA66.htm>. Clients whose signs suggest a mental health issue should be referred to a professional for further assessment.

Types of SUD Services

SUD services include:

- *Prevention education*—information in various formats that helps people understand the risks of substance use.
- *Indepth assessment*—an evaluation by a treatment provider to determine whether an SUD is present and, if so, what level of care is needed and what treatment options are available.
- *Outpatient or inpatient detoxification*—medically supervised withdrawal from alcohol or drugs.
- *Outpatient treatment*—psychosocial interventions and individual and group counseling on substance use.
- *Medication-assisted treatment and counseling*—methadone, buprenorphine, and other medications for opioid dependence or acamprosate, disulfiram, and naltrexone for alcohol use disorders; medication-assisted treatment works best if combined with psychosocial counseling interventions.

- *Residential programs*—short- and long-term structured living to help people re-enter their community.

In addition, people in recovery often attend mutual-help groups, such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and SMART (Self Management and Recovery Training) Recovery to share experiences and support one another’s recovery efforts. Many meetings of AA and NA that are wheelchair accessible are identified in meeting lists. Online meetings are an option for those who are Deaf and hard of hearing, people with visual disabilities, or people who live in locations without accessible meetings. Some AA groups will pay for a sign language interpreter or make use of sign language interpreters who are in recovery themselves.

Accessible SUD Treatment Facilities

Despite requirements of the Americans with Disabilities Act (ADA), studies suggest that many treatment facilities are not fully accessible to people with disabilities.^{10, 11, 12, 13, 14} Examples of physical barriers include doors and hallways too narrow for wheelchairs, uneven flooring, nonfunctioning elevators, and a reliance

Barriers to Treatment for People Who Are Blind or Visually Impaired

A survey of VR counselors and SUD treatment providers found that barriers to SUD treatment for people who are blind or visually impaired are formidable. Frequently identified barriers are presented below:

- Negative attitudes and prejudices about people with SUDs. Some VR professionals regarded people with SUDs and disabilities as “not worthy” of SUD treatment, particularly if outcomes are perceived as poor for people with these two co-occurring conditions.
- Lack of staff training. SUD counselors reported a need to learn about working with people who are blind, and VR counselors report a need to learn about SUDs in their clients.
- Inaccessible methods and materials. Many facilities that provide SUD services reported that they are “handicapped accessible” if they provide ramps for clients. But people who are visually impaired require Braille signs and other navigational features and alternatives to sight-based counseling treatment activities like films and booklets to have genuine accessibility to treatment services.

Survey respondents noted it is important to identify which agency will coordinate comprehensive client care. Respondents also commonly mentioned that, because there are no formal mechanisms for shared communication and case management, SUD and VR services providers may not know how to manage cases and work together across fields to provide services for their clients.¹⁵

Treatment Innovations for People Who Are Deaf or Hard of Hearing

Few fully accessible SUD treatment services exist for people who are Deaf. Specialty treatment facilities for people who are Deaf exist, but the number has declined in the last decade. In 2009, only five providers in the United States offered inpatient SUD services especially for people who are Deaf, and four provided outpatient treatment.¹⁶ A national survey in 2008 by SAMHSA found that 27 percent of opioid treatment facilities offered interpretation services for people who are Deaf or hard of hearing.¹⁷ However, there are numerous barriers to providing fully accessible mainstream SUD treatment to people who are Deaf, including cultural and linguistic barriers, lack of local SUD treatment providers trained to work with people who are Deaf, lack of American Sign Language interpreters, inability of people who are Deaf to participate in group counseling (a mainstay of SUD treatment), increased costs associated with making treatment accessible to people who are Deaf, and more.¹⁸

One way to fill the treatment gap is to advocate telehealth SUD treatment services for people who are Deaf. Telehealth technology, such as electronic mailing lists and video conferencing, can connect people who are Deaf to appropriate SUD specialists across the country, and it can be adapted for an array of SUD services, from recovery support after treatment to mutual-help groups. Telehealth could also be used to train more people who are Deaf to be SUD counselors. One promising model piloted by Wright State University is Deaf off Drugs and Alcohol (DODA), a program for Ohio residents that supplements local SUD treatment with Internet- and video-based case management, group therapy, individual therapy, and followup. DODA also manages mutual-help/12-Step meetings available 7 days a week, which are conducted via video conferences and open to anyone in the country.¹⁸ More information on innovative SUD services for people who are Deaf is available at <http://www.med.wright.edu/citar/sardi/doda.html>.

on signage to provide directions, which leaves people with low or no vision without a means to find their way through facilities.

Many other types of barriers exist. Some SUD treatment administrators believe that their facilities are more accessible than they actually are.¹⁴ Of various types of healthcare providers, outpatient SUD treatment providers are among the least likely to report that their services are accessible to people with disabilities or that they have had training on mobility impairments.¹⁰

Comparatively little information is available on how many people with disabilities have been denied SUD treatment because of physical barriers in the treatment facility itself. One survey of 174 SUD treatment providers in Virginia found that 87 percent of people with multiple sclerosis, 75 percent of people with muscular dystrophy, and 67 percent of people with spinal cord injuries who sought services were denied SUD treatment services because of physical barriers at the treatment facility.¹³

Ways to Help Clients With SUDs

VR counselors, physical therapists, and others who work with people with disabilities are in a good position to understand the importance of identifying and treating behavioral health conditions, such as SUDs, and to advocate for their clients' right to accessible SUD treatment services. To help clients with SUDs:

1. Learn about behavioral health issues, such as SUDs, and promote prevention. A wealth of information about drug and alcohol use, abuse, and dependence and their consequences can be found online.

- Free ADA-compliant publications on SUDs can be downloaded from SAMHSA's Publication Ordering Web page, at <http://www.store.samhsa.gov/home>
- Information about drugs of abuse is on NIDA's Web site, at <http://www.nida.nih.gov>
- Information about alcohol use disorders is located on NIAAA's Web site, at <http://www.niaaa.nih.gov>

- An overview on SUDs for VR counselors, *Substance Use Disorders and Vocational Rehabilitation: VR Counselor’s Desk Reference*, and other information on substance use and people with disabilities is available from Wright State University, at <http://www.med.wright.edu/citar/sardi/products.html>

2. Don’t ignore signs of a possible SUD in clients with disabilities. When there is doubt that disability alone explains a sign or behavior, screen the client for an SUD or refer the client to a behavioral health specialist for further evaluation. SUD is a preventable and treatable condition. A nonjudgmental approach to giving feedback to clients about the potential consequences of their substance use can enhance their motivation to seek further evaluation and treatment.

3. Build a directory of local treatment providers and facilities that work with or would be willing to learn to work with people with disabilities. SAMHSA’s online Substance Abuse Treatment Facility Locator includes more than 11,000 U.S. treatment facilities. State-specific information is available at <http://dasis3.samhsa.gov>.

Online recovery meetings are available in a variety of formats, including text-based chats and discussion forums, audio and telephonic meetings, and video meetings. Information about online meetings is available at:

- Alcoholics Anonymous Online Intergroup
<http://aa-intergroup.org/index.php>
- Narcotics Anonymous Chat and Online Meetings for Drug Addicts
<http://www.12stepforums.net/na>
- SMART Recovery Online
<http://www.smartrecovery.org/meetings/olschedule.htm>

4. Where possible, help SUD treatment administrators understand how they can make their facilities accessible to people with disabilities. SAMHSA’s Treatment Improvement Protocol (TIP) 29: *Substance Use Disorder Treatment for People With Physical*

and Cognitive Disabilities, was written to help SUD treatment providers work with people with cognitive and physical disabilities. Appendix D, in particular, is useful for advocating accessibility in treatment facilities. The TIP is available online at <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A52487>. A *Quick Guide* based on TIP 29 was created to help SUD treatment administrators comply with ADA requirements and better serve people with disabilities. The *Quick Guide* is available at <http://www.store.samhsa.gov/product/QGCT29>.

Other resources include:

- Baylor College of Medicine Center for Research on Women with Disabilities
<http://www.bcm.edu/crowd>
Click on “Secondary conditions.” From the resulting page, click on “Substance abuse.”
- Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals
<http://www.mncddeaf.org>
- Wright State University Substance Abuse Resources and Disability Issues (SARDI) Program
<http://www.med.wright.edu/citar/sardi>
Many links are available from the SARDI home page. The “Materials” link offers access to several print resources available free or for a small fee. These include *Substance Use Disorders and Vocational Rehabilitation: VR Counselor’s Desk Reference*; *Substance Abuse, Disability & Vocational Rehabilitation*; and *Blindness, Visual Impairment, and Substance Abuse*.

5. Once a client enters treatment and is ready for VR, work with the client’s primary care physician, SUD case manager, and other treatment professionals to best serve the client. TIP 29 (Chapter 4) presents ideas on establishing linkages for case management. The chapter can be viewed at <http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=hssamhsatip&part=A52886>.

Resources

TIP 29: *Substance Use Disorder Treatment For People With Physical and Cognitive Disabilities*, offers treatment providers guidelines on caring for people with either physical or cognitive disabilities, as well as drug abuse or alcohol abuse problems. The TIP discusses screening, treatment planning, and counseling, and links to other service providers (<http://www.ncbi.nlm.nih.gov/books/NBK14408/>).

Products based on TIP 29:

KAP Keys for Clinicians Based on TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities
http://www.kap.samhsa.gov/products/tools/keys/pdfs/KK_29.pdf

Quick Guide for Clinicians Based on TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities
http://www.kap.samhsa.gov/products/tools/cl-guides/pdfs/QGC_29.pdf

Quick Guide for Administrators Based on TIP 29: Substance Use Disorder Treatment for People With Physical and Cognitive Disabilities
http://www.kap.samhsa.gov/products/tools/ad-guides/pdfs/QGA_29.pdf

Notes

¹ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: National findings*. NSDUH Series H-38A, HHS Publication No. (SMA) 10-4856. Rockville, MD: Author.

² Substance Abuse and Mental Health Services Administration. (2007). *Results from the 2006 National Survey on Drug Use and Health: National findings*. NSDUH Series H-32, HHS Publication No. (SMA) 07-4293. Rockville, MD: Author.

³ Davis, S. J., Koch, D. S., McKee, M. F., & Nelipovich, M. (2009). AODA training experiences of blindness and visual impairment professionals. *Journal of Teaching in the Addictions*, 8(1), 42–50.

⁴ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

⁵ Yu, J., Huang, T., Newman, L., & SRI International. (2008). *Substance use among young adults with disabilities: Facts from National Longitudinal Transition Study 2*. Washington, DC: Department of Education Institute of Education Science.

⁶ Centers for Disease Control and Prevention. (2009). Prevalence and most common causes of disability among adults—United States, 2005. *MMWR*, 58(16), 421–426.

⁷ Wolf-Branigin, M. (2007). Disability and abuse in relation to substance abuse: A descriptive analysis. *Journal of Social Work in Disability & Rehabilitation*, 6(3), 65–74.

⁸ Milberger, S., Israel, N., Le Roy, B., Martin, A., Potter, L., & Patchak-Schuster, P. (2003). Violence against women with physical disabilities. *Violence and Victims*, 18(5), 581–591.

⁹ Alexander, T. D., & Tidblom, I. (2005). Screening for alcohol and other drug use problems among the Deaf. *Alcoholism Treatment Quarterly*, 23(1), 63–78.

¹⁰ Bachman, S. S., Vedrani, M., Drainoni, M. L., Tobias, C., & Andrew, J. (2007). Variations in provider capacity to offer accessible health care for people with disabilities. *Journal of Social Work in Disability & Rehabilitation*, 6(3), 47–63.

¹¹ Thapar, N., Warner, G., Drainoni, M. L., Williams, S. R., Ditchfield, H., Wierbicky, J., & Nesathurai, S. (2004). A pilot study of functional access to public buildings and facilities for persons with impairments. *Disability and Rehabilitation*, 26(5), 280–289.

¹² West, S. L. (2007). The accessibility of substance abuse treatment facilities in the United States for persons with disabilities. *Journal of Substance Abuse Treatment*, 33(1), 1–5.

¹³ West, S. L., Graham, C. W., & Cifu, D. X. (2009). Rates of alcohol/other drug treatment denials to persons with physical disabilities: Accessibility concerns. *Alcoholism Treatment Quarterly*, 27, 305–316.

¹⁴ Voss, C. P., Cesar, K. W., Tymus, T., & Fiedler, I. G. (2002). Perceived versus actual physical accessibility of substance abuse treatment facilities. *Topics in Spinal Cord Injury Rehabilitation*, 7(3), 47–55.

- ¹⁵ Koch, D. S., Shearer, B., & Nelpovich, M. (2004). Service delivery for persons with blindness or visual impairment and addiction as coexisting disabilities: Implications for addiction science education. *Journal of Teaching in the Addictions*, 3(1), 21–48.
- ¹⁶ Titus, J. C., & Guthmann, D. (2010). Addressing the black hole in substance abuse treatment for Deaf and hard of hearing individuals: Technology to the rescue. *Journal of the American Deafness and Rehabilitation Association*, 43(2), 92–100.
- ¹⁷ Substance Abuse and Mental Health Services Administration. (2010). *Overview of Opioid Treatment Programs Within the United States*. Rockville, MD: Author. Retrieved June 3, 2011, from <http://www.oas.samhsa.gov/2k10/222/222USOTP2k10.htm>
- ¹⁸ Moore, D., Guthmann, D., Rogers, N., Fraker, S., & Embree, J. (2009). E-therapy as a means for addressing barriers to substance use disorder treatment for persons who are Deaf. *Journal of Sociology & Social Welfare*, 36(4), 75–92.

In Brief

This *In Brief* was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) by the Knowledge Application Program (KAP), a Joint Venture of The CDM Group, Inc., and JBS International, Inc., under contract number 270-09-0307, with SAMHSA, U.S. Department of Health and Human Services (HHS). Christina Currier served as the Government Project Officer.

Disclaimer: The views, opinions, and content expressed herein do not necessarily reflect the views or policies of SAMHSA or HHS. No official support of or endorsement by SAMHSA or HHS for these opinions or for particular instruments, software, or resources is intended or should be inferred.

Public Domain Notice: All materials appearing in this document except those taken from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific, written authorization of the Office of Communications, SAMHSA, HHS.

Electronic Access and Copies of Publication: This publication may be ordered from SAMHSA's Publications Ordering Web page at <http://www.store.samhsa.gov/home>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727). The document can be downloaded from the KAP Web site at <http://www.kap.samhsa.gov>.

Recommended Citation: Substance Abuse and Mental Health Services Administration. (2011). Substance Use Disorders in People With Physical and Sensory Disabilities. *In Brief*, Volume 6, Issue 1.

