



Volume 6, Issue 1, January 2011

reSearch

A collection of research reviews on rehabilitation topics from NARIC and other information resources.

Substance Abuse & Individuals with Disabilities

In this edition of *reSearch* we explore the prevalence of substance abuse among individuals with disabilities. According to the U.S. Department of Health & Human Services Office on Disability “Substance Abuse and Disability” webpage approximately 54 million Americans experience some form of disability. Additionally, approximately 15 percent of the general population experiences substance abuse problems related to alcohol (10 percent) and/or drug abuse (5 percent). It is estimated that 4.7 million adults experience a substance abuse problem in addition to a co-existing disability (Office of Disability, 2006a, retrieved on December 20, 2010 from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html). Based on these statistics it appears that approximately 12 percent of the population with disabilities experience issues related to substance abuse—only 3 percent less than the general population.

Individuals with disabilities are disproportionately at greater risk of substance abuse due to multiple risk factors such as “medication and health problems, societal enabling, a lack of identification of potential problems, and a lack of accessible and appropriate prevention and treatment services” (Office of Disability, 2006a, retrieved on December 20, 2010 from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html). The prevalence rates of substance abuse among individuals with disabilities are significant but what is truly staggering are the substance abuse prevalence rates for individuals with traumatic brain injury (TBI), spinal cord injuries (SCI), and/or mental illness. Prevalence rates approach or exceed 50 percent for individuals experiencing TBI, SCI, and/or mental illness compared to 10 percent of the general population (Office of Disability, 2006a, retrieved on December 20, 2010 from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html). Moreover, people with certain conditions such as deafness, arthritis, and multiple sclerosis experience substance abuse prevalence rates at least double the general population (Office of Disability, 2006b, Retrieved on December

20, 2010 from http://www.hhs.gov/od/about/fact_sheets/substanceabusech26.html).

In addition to being at higher risk of substance abuse issues individuals with disabilities may experience a lack of or incomplete prevention, intervention, and treatment services for substance abuse problems. Issues such as physical access; lack of appropriate educational materials such as materials written for individuals with intellectual or learning disabilities, materials available in Braille, and/or materials available in alternative communication formats); lack of interpreters and/or resources for individuals who are profoundly deaf or hard of hearing; and a lack of culturally sensitivity among service providers may inhibit individuals with disabilities from seeking and receiving substance abuse treatment (Office of Disability, 2006b, retrieved on December 20, 2010 from http://www.hhs.gov/od/about/fact_sheets/substanceabusech26.html).

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This edition of reSearch provides approximately 25 year “snapshot” of research on substance abuse and individuals with disability. This “snapshot” presents research related to substance abuse among individuals with disabilities such as TBI and/or SCI, psychiatric disabilities, learning disabilities, and visual impairment/blindness. The combined search terms for this edition of reSearch included: prevalence, risk factors, substance abuse, alcohol use, drug use, and disabilities. A listing of near 70 additional descriptor terms between the NARIC, CIRRIE, ERIC, NCRTM, and the PubMed databases can be found at the end of this document. A search of the REHABDATA database resulted in 36 documents published between 1986 and 2007. The CIRRIE and ERIC database searches resulted in 5 documents between 2002 and 2006 and 21 documents between 1989 to 2010; respectively. The NCRTM database search resulted in two documents from 1993 and 2002. Finally, a search of the PubMed database resulted in 12 documents between 1990 and 2010. The complete citations are included in this research brief.

Citations:

U.S. Department of Health & Human Services Office of Disability (2006a). *Substance Abuse and Disability: A Companion to Chapter 26 of Healthy People 2010*. Retrieved from http://www.hhs.gov/od/about/fact_sheets/substanceabuse.html.

U.S. Department of Health & Human Services Office of Disability (2006b). *Substance Abuse and Disability: Fact Sheet*. Retrieved from http://www.hhs.gov/od/about/fact_sheets/substanceabusech26.html.

NIDRR Funded Projects Related to Substance Abuse & Individuals with Disabilities

In addition to document searches, we searched our NIDRR Program Database to locate grantees/projects related to substance abuse and individuals with disabilities. The search resulted in one currently funded NIDRR project and six projects that have completed their research activities. Project information and their publications are offered as additional resources for our patrons.

A National Assessment of the Rates and Correlates of Alcohol and Other Drug Use by College Students with Disabilities

Project Number: H133G080123
Phone: 804/827-0921

The following projects have completed their research activities:

The Impact of Alcohol Use on Outcome and Recovery after Traumatic Brain Injury

Project Number: H133F060032
Phone: 206/616-0371
Email: farkat@u.washington.edu

Relation of Substance Abuse to Rehabilitation Outcome in Persons with Spinal Cord Injury

Project Number: G008635120

Rehabilitation Research and Training Center on Substance Abuse, Disability, and Employment

Project Number: H133B040012
Phone: 937/775-1484 (V/TTY)
Email: mary.huber@wright.edu
www.med.wright.edu/citar/sardi/rrtc_about.html

Substance Abuse as a Barrier to Employment for Persons with Traumatic Brain Injury

Project Number: H133A10014
Phone: 312/908-2802
Email: awh@casbah.acns.nwu.edu

Substance Abuse Treatment for Adults with Chronic Mental Illness

Project Number: H133F40029
Phone: 312/567-3515
Email: psychlam@iitvax.bitnet



Documents from NARIC's REHABDATA search listed are listed below:

2007

Holicky, R. (2007). **Living well: Alcohol, drugs, and disabilities.** *PN/Paraplegia News*, 61(4), 16-19.

NARIC Accession Number: J52471

Project Number: H133N000015

ABSTRACT: Article provides information on the prevalence, causes, and effects of alcohol, drug, and other substance abuse among people with disabilities.

Pagulayan, K.F. (2007). **The impact of alcohol use on outcome and recovery after traumatic brain injury.**

NARIC Accession Number: O17082

Project Number: H133F060032

PDF: <http://www.naric.com/research/rehab/download.cfm?ID=105368>

ABSTRACT: Study investigated the prevalence, predictors, and impact of alcohol among 177 adults and adolescents with traumatic brain injury (TBI). All participants completed the Center for Epidemiological Studies-Depression Scale and the Sickness Impact Profile, and provided information about the quantity and frequency of alcohol consumption at 4 time points: 1 month, 6 months, 12 months, and 3 to 5 years post injury. At the first three follow-ups, participants also completed a battery of neuropsychological tests. Individuals with TBI were found to have high rates of moderate-to-heavy alcohol consumption pre-injury. Alcohol consumption declined immediately after the injury, but there was a statistically significant increase in the percentage of individuals who started drinking between 1 and 6 months post injury. Pre-injury moderate-to-heavy drinking and less severe injuries consistently predicted return to drinking at 6 months, 12 months, and 3 to 5 years post injury. There was no significant difference in depressive symptoms or functional outcome between abstinent/light and moderate/heavy groups. Neuropsychological performance at 1 month and at 12 months post injury was significantly better for those who drank in the moderate-to-heavy range, compared to those who were abstinent. The results suggest that individuals with a history of moderate-to-heavy alcohol use and a relatively mild TBI should be target for alcohol interventions within the first 6 months after injury.

2004

Blake, K.D., Bombardier, C.H., Ehde, D.M., Gibbons, L.E., Kraft, G.H., & Moore, D. (2004). **Alcohol and drug abuse among persons with multiple sclerosis.** *Multiple Sclerosis*, 10(1), 35-40.

NARIC Accession Number: J53652

Project Number: H133B980017

ABSTRACT: Article presents the results of the survey of a large community sample of individuals with multiple sclerosis (MS) regarding alcohol and/or drug abuse. Seven hundred thirty-nine out of 1,374 potential participants (54 percent) returned the survey, while 708 who reported a medically confirmed diagnosis of MS provided sufficient data for further analysis. Fourteen percent of the sample screened positive for possible alcohol abuse or dependence, and 7.4 percent reported misusing illicit drugs or prescription medications within the previous month. Possible alcohol abuse and drug misuse were associated with younger age, less severe MS-related disability, and being employed, as well as greater self-reported depressive symptomatology. The relationships between drug misuse and demographic or disease factors was similar to the pattern found for alcohol problems. Most respondents with alcohol problems indicated interest in learning more about ways to stop or cut down; however, only 27 percent of those who reported medication or drug misuse were interested in stopping or cutting down.

2003

Higgins, C. (2003). **Substance abuse.** *Research Information on Independent Living*, 2(1), 1-2.

NARIC Accession Number: O15144

Project Number: H133A980048

PDF: <http://www.naric.com/research/rehab/download.cfm?ID=96655>

ABSTRACT: Paper briefly discusses research findings on substance abuse among individuals with disabilities. Disability-specific risk factors for substance abuse include communication barriers, increased family stress, enabling behaviors of family and friends, therapeutic medication use, and easy access to prescription drugs.

2002

Koch, D.S., Nelipovich, M., & Sneed, Z. (2002). **Alcohol and other drug abuse as coexisting disabilities: Considerations for counselors serving individuals who are blind or visually impaired.** *RE:view*, 33(4), 151-159.

NARIC Accession Number: J44097

ABSTRACT: Article discusses the prevalence and potential effects of alcohol and other drug abuse (AODA) among people who are blind or visually impaired. Describes barriers to providing service including: attitudes toward AODA, lack of professional preparation, systems barriers, and accessibility of treatment programs. Presents strategies for improving services for people with coexisting blindness or visual impairments and AODA.

2001

(2001). *Guide to Substance Abuse & Disability Resources Produced by NIDRR Grantees. Second Edition.* Southwest Educational Development Lab: Austin, TX.

NARIC Accession Number: O14030

Project Number: H133A990008

PDF: <http://www.naric.com/research/rehab/download.cfm?ID=92058>

ABSTRACT: Second edition of a bibliography of NIDRR grantees' publications on disabilities co-existing with substance abuse. Includes a brief description of each publication, with bibliographic references. Also included is a list of NIDRR grantees that provide substance abuse and disability information, with contact information.

Becker, B., Block, P., Bock, B., & Everhart, S. (2001). **Alcohol and substance use by adolescents and young adults with recent spinal cord and traumatic brain injuries.** *Disability Studies Quarterly*, 21(2).

NARIC Accession Number: J45412

ABSTRACT: Study examines factors supporting alcohol and substance use among adolescents and young adults with recent spinal cord injury and traumatic brain injury. Data was collected from observation and interviews conducted with youth participating in a 5-week residential alternative therapy program for physical rehabilitation and recreation. Themes derived from analy-

sis of the data include: family history of drinking, pre-injury drinking behavior, alcohol use at the time of injury, social support for drinking, and consequences of alcohol and substance abuse. Results confirm a high prevalence of excessive alcohol and substance use, which interfered with participants' goals for physical rehabilitation and independent living.

Cosden, M. (2001). **Risk and resilience for substance abuse among adolescents and adults with LD.** *Journal of Learning Disabilities*, 34(4), 352-358.

NARIC Accession Number: J42561

ABSTRACT: Article reviewing findings of current research on substance abuse among adolescents and adults with learning disabilities (LD), interpreting findings within a risk and resilience framework that seeks to identify factors that increase or decrease the susceptibility of individuals with LD to substance abuse. Hypotheses are developed regarding potential risk factors and protective factors. Potential risk factors discussed include a poor understanding of one's disability, a lack of skills for developing peer relationships, and the need for prolonged family support. Implications for future research are discussed.

2000

Bombardier, C.H. (2000). **Alcohol and traumatic disability.** In R. G. Frank & T. R. Elliott (Eds.), *Handbook of rehabilitation psychology* (pp. 399-416).

Washington, DC: American Psychological Association

NARIC Accession Number: J42141

Project Number: H133N50025

ABSTRACT: Book chapter on the role of alcohol in rehabilitation of persons with traumatic brain injury and spinal cord injury, including pre- and post-injury alcohol problems and intoxication. The prevalence of alcohol abuse and the effects of alcohol-related factors on rehabilitation outcomes are discussed, and methods for screening, assessment, and intervention are described. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, 2nd edition, number A.1.

1999

(1999). **Guide to substance abuse & disability resources produced by NIDRR grantees.** *National Center for the Dissemination of Disability Research*: Austin, TX.

NARIC Accession Number: O13443

Project Number: H133D50016

PDF: <http://www.naric.com/research/rehab/download.cfm?ID=91493>

ABSTRACT: Bibliography of NIDRR grantees' publications on substance abuse by persons with disabilities. Includes a brief description of each publication, with bibliographic references.

1998

Ford, J.A., & Li, L. (1998). **Illicit drug use by women with disabilities.** *American Journal of Drug & Alcohol Abuse*, 24(3), 405-418.

NARIC Accession Number: J36897

ABSTRACT: Study examines the patterns of illicit drug use and risk factors relating to illicit drug use among a random sample of 900 women with various disabilities. Multiple regression analyses revealed that age, illicit drug use by a best friend, and being a victim of substance abuse-related violence. Attitudes towards substance use by people with disabilities (i.e., entitlement attitudes) were significantly related to illicit drug use by the study population. Across disability categories, women with chemical dependency as a primary disability reported the highest incidence (40%) of illicit drug use in the past 12 months. Followed by: those with mental illness (26.3 percent), those with medical disabilities (18.4 percent), and those with physical disabilities (18.2 percent). Women with mental retardation or learning disabilities reported the lowest rates of illicit drug use (9.6 percent). The implications of these findings are discussed. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, number D.26. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.31.

Li, L., & Moore, D. (1998). **Prevalence and risk factors of illicit drug use by people with disabilities.** *American Journal on Addictions*, 7(2), 93-102.

NARIC Accession Number: J36903

Project Number: H133B970018

ABSTRACT: Study examines patterns and risk factors of illicit drug use among a random sample of 1,876 persons actively involved in vocational rehabilitation services in three Midwestern States. Respondents with disabilities reported higher rates of illicit drug use for nearly every drug category compared to regional drug use rates from general population studies. Factors significantly associated with illicit drug use included: level of disability acceptance, best friend's drug use, attitude of disability entitlement, self-esteem, and risk taking. Implications from these findings for rehabilitation and disability policy are discussed. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, Number D.38.

1996

Foster-Johnson, L., Greenbaum, P.E., & Petrila, A. (1996). **Co-occurring addictive and mental disorders among adolescents: Prevalence research and future directions.** *American Journal of Orthopsychiatry*, 66(1).

NARIC Accession Number: J36892

Project Number: H133B40023

ABSTRACT: Article proposes the need for epidemiological research that documents the pervasive co-occurrence of addictive and mental disorders in adolescents. Special problems inherent in the assessment of co-occurrence in this age group are discussed. These involve the lack of available assessment tools that can accurately measure addictive disorders specifically for this age group. The clinical heterogeneity of single terms to refer to co-existing addictive and mental issues can also confound the issue, since the label does not identify a homogenous clinical population. Evidence suggesting that the prevalence of co-occurring disorders in adolescents parallels that already documented in adults is reviewed. Future research strategies are delineated. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, number D.18. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.21.

Katims, D.S., Yin, Z., & Zapata, J.S. (1996). **Risk factors for substance use by Mexican American youth with and without learning disabilities.** *Journal of Learning Disabilities, 29*(2), 213-219. NARIC Accession Number: J30828

ABSTRACT: Study examines substance abuse among Mexican American youth. Drug use among adolescents and even preadolescents is of great concern. Studies have given conflicting information on whether learning disabilities (LD) are seen as a risk factor associated with substance abuse. Ethnic status has been correlated as an independent variable, but without specificity. This study looks at both the factors of learning disability and Mexican American ethnic status in identifying risks for substance abuse. With age also being an area of concern, the study participants were from elementary and middle schools in a Texas working class environment. The study found that significant differences between Mexican- American students with LD and those without LD did not exist. A majority of both student groups reported no substance abuse within the last year. In identifying the factors leading to use of minor drugs, the students with LD more often identified peer influence. The difficulties that students with LD have with social inclusion may explain their willingness to conform to group behavior. Stressful life events and the use of minor drugs had a greater correlation to major drug use with the students that had LD.

Kreutzer, J.S., Marwitz, J. H., & Witol, A.D. (1996). **Alcohol and drug use among young persons with traumatic brain injury.** *Journal of Learning Disabilities, 29*(6), 643-651.

NARIC Accession Number: J32693

Project Number(s): G0087C0219, H133P20018

ABSTRACT: Study examining the pre-injury and post-injury patterns of alcohol and illicit drug use among young persons with traumatic brain injury (TBI). Participants were 87 persons with TBI who were 16 to 20 years of age. Follow up data were collected at two time intervals averaging 8 and 28 months post-injury. A comparison with large-sample studies indicated that the young persons with TBI had pre-injury drinking patterns similar to those in the general population. There was evidence of a decline in alcohol use at initial follow up, but pre-injury and second follow up alcohol use patterns were similar. The findings suggest that men, persons with moderate to heavy pre-injury alcohol use, and those

taking prescribed medications are at greatest risk for long term alcohol abuse post-injury. Post-injury illicit drug use rates remained relatively low, falling below 10 percent at both follow up intervals. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, number D.5. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.5.

1995

Fuhrer, M.J., Hart, K.A., Rintala, D.H., Rossi, C.D., & Young, M.E. (1995). **Alcohol and marijuana use in a community-based sample of persons with spinal cord injury.** *Archives of Physical Medicine & Rehabilitation, 76*(6), 525-532.

NARIC Accession Number: J29805

Project Number: H133B80020

ABSTRACT: Study investigating the prevalence of self reported alcohol and drug use and alcohol abuse in a community based sample (n=123) of persons with spinal cord injuries (SCI). Correlates of alcohol and marijuana use and alcohol abuse also were examined, including demographic variables, measures of impairment, disability, and handicap, SCI medical complications, and subjective assessments including depression, perceived stress, and life satisfaction. Results showed that the prevalence of alcohol use (59 percent) and marijuana use (16 percent) in the subjects with SCI was less than that of comparison groups in the general population. However, the prevalence of alcohol abuse (21 percent) exceeded that of general population studies. Subjects who abused alcohol perceived their overall health as worse, were more depressed, and experienced more stress in their lives than did those who did not abuse alcohol. Subjects who used marijuana were younger at the time of the study and at the time of injury and were more depressed and more stressed than those who did not use the drug.

Holicky, R. (1995). **Who, me? Drink too much?** *PN/Paraplegia News, 49*(10).

NARIC Accession Number: J36914

Project Number: H133G30050

ABSTRACT: Article reports on alcohol consumption and aging among individuals with spinal cord injury (SCI). Conditions associated with the combination of alcohol

and SCI include increased muscle spasticity, fractures, heart, liver, and brain damage, pressure sores, malnutrition, and urinary-tract infections. Risk factors are identified that can turn alcohol use into alcohol abuse. Definitions provided include: alcohol use, alcohol abuse, dependence. Drinking habits can define drinking problems and may be identified by the CAGE questionnaire: (1) have you ever felt you should cut down, (2) have people annoyed you by criticizing your drinking, (3) have you ever felt bad or guilty about your habit, and (4) have you ever used alcohol as an eye-opener to treat nerves, hangovers, or morning sleepiness. Enabling environments and caregivers can encourage alcohol abuse among aging SCI survivors. Other problems are discussed. On the plus side, older problem drinkers and alcoholics have an unusually good chance of recovery, experience fewer withdrawal symptoms and have good programs available for help. Some resources are provided. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, Number E.10. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number E.11.

1994

(1994). *Substance abuse & students with disabilities: Little known facts.*

NARIC Accession Number: O13087

ABSTRACT: Pamphlet relates basic information regarding substance use in the general population and issues specific to students with disabilities. Risk factors related to alcohol, and substance abuse is listed. Among these facts are: 40-80 percent of all traumatic brain injury patients are injured while intoxicated and 40-80 percent of spinal cord injuries are related to intoxication and substance abuse. Warning signs of substance abuse are described. Physical and psychological red flags are also identified. Special risks for students with disabilities are discussed including the risk for misidentification of warning signs and enabling attitudes, prescription medications, constrained socialization opportunities, increased risk of parental alcoholism, a strong predictor of substance abuse, and physical and attitudinal inaccessibility. Prevention efforts are described, as well as what to do to help someone who is abusing alcohol or drugs. Telephone numbers are provided for the Alcohol

Abuse Crisis Center, the Drug Abuse Action Helpline, and Children of Alcoholics. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, Number B.9. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, 2nd Ed., number B.10. This document is included in NCDDR's Guide to Resources Produced by NIDRR Grantees: Infants, Children, and Youth with Disabilities as G.22.

Li, L., & Moore, D. (1994). **Alcohol use and drinking-related consequences among consumers of disability services.** *Rehabilitation Counseling Bulletin (ARCA)*, 38(2).

NARIC Accession Number: J36889

Project Number: H133B30050

ABSTRACT: Study reports on patterns of alcohol use and consequences of abuse among 916 individuals with disabilities. Patterns of alcohol use were analyzed in relation to demographics, disability groupings, and various consequences of abuse. Specific self-reported consequences of abuse were examined as they related to health, family relationships, legal involvements, and work problems. Respondents with disabilities used alcohol as much as or more than the general population despite additional risk factors such as medication and health problems. A number of negative consequences of alcohol use were reported by respondents. Negative consequences discussed include high rates for alcohol-related arrests, health problems, family dysfunctions, and disturbingly high rates for attending work or school while under the influence of alcohol and other drugs. Recommendations for rehabilitation counselors in light of these findings are presented. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, number D.14. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.15.

1993

Cottrol, C., & Frances, R. (1993). **Substance abuse, comorbid psychiatric disorder, and repeated traumatic injuries.** *Hospital & Community Psychiatry*, 44(8), 715-716.

NARIC Accession Number: J25852

ABSTRACT: Study examining the relationship between repeated traumatic injuries and substance abuse and comorbid psychiatric disorders. Subjects were 58 patients admitted to a level I trauma center. Data were collected on 249 variables using a demographic questionnaire and the Structured Clinical Interview for DSM-III-R. Fifty-eight percent of the sample reported they had abused substances in the past three months including the date of injury. Forty-seven percent reported a history of traumatic injury. A significantly larger proportion of the patients with a history of trauma reported recent substance abuse than did patients without a history of trauma. In addition, there was a high prevalence of psychiatric disorders among patients who reported substance abuse, including generalized anxiety disorder (40 percent), bipolar disorder, manic type (37 percent), and posttraumatic stress disorder (30 percent). The authors suggest that the high rate of re-injury among patients with substance abuse problems could be reduced by improved screening for and treatment of underlying psychiatric disorders.

1991

(1991). **An overview of alcohol and other drug abuse prevention and disability.** *Resource Center on Substance Abuse Prevention and Disability:* Washington, D.C.

NARIC Accession Number: R06905

ABSTRACT: Overview of the risk for alcohol and other drug abuse prevention among persons with disabilities. The first section describes and provides examples of the factors placing persons with disabilities at higher risk for substance abuse. These factors include medication use, health concerns, chronic pain, peer group differences, fewer social supports, and enabling of alcohol and other drug use. The second section discusses the disability categories which have been identified as at risk for alcohol and other drug abuse. The third section discusses what is needed to address these problems, including additional research, access to appropriate prevention information, early identification of problems, and access to appropriate treatment. The fourth section suggests specific activities for consumers, family members, and advocates. Definitions of key terms and a list of related resource materials are included.

Armstrong, K.J., Doll, M.D., Heinemann, A.W., Schnoll, S., & Yarkony, G.M. (1991). **Substance use and receipt of treatment by persons with long-term spinal cord injuries.** *Archives of Physical Medicine & Rehabilitation, 72(7), 482-487.*

NARIC Accession Number: J20399

ABSTRACT: Study assessing the extent of substance use, consequent problems, recognition of problems, and receipt of treatment by persons with long-term spinal cord injury (SCI). Subjects were 86 individuals with SCI, aged 13 to 65 years; 69 percent were male. The mean time from injury to study entry was 13.1 years. Subjects were interviewed on two occasions, 12 months apart, to obtain information for four time periods covering the six months before injury up to the time of the second interview. All subjects reported the use of one or more substances with abuse potential during their lives. The most frequent use occurred during the period from time of injury to six months before the first interview; the duration of this period ranged from 18 months to 43 years. Seventy percent of the subjects reported problems resulting from substance use. Sixteen percent believed they needed treatment at some time, but only 7 percent received treatment. This document is included in NCDHR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.57.

Breakey, W.R., & Fischer, P.J. (1991). **The epidemiology of alcohol, drug, and mental disorders among homeless persons.** *American Psychologist, 46(11), 1115-1128.*

NARIC Accession Number: J21451

ABSTRACT: Discusses research on prevalence of alcohol, drug and mental (ADM) disorders among individuals who are homeless: (1) prevalence of ADM disorders; (2) methodological issues in estimating the prevalence of ADM disorders (definitions of homelessness, sampling, and methods of case ascertainment); and (3) epidemiology of ADM disorders (alcohol use disorders, other drug use disorders, and mental disorders). Research evidence supports the high prevalence of ADM disorders in today's population of homeless persons. Homeless substance abusers and those with mental illness are characterized by severe poverty, isolation from family, friends, and other support networks, underutilization of public entitlements, poor general health, and frequent contact with correctional agencies.

There are still gaps in the knowledge of this subject that must be addressed by research. Knowledge of the subject can be used to advocate for better services to support those who are homeless and prevent further homelessness.

Corthell, D.W., Ed. (1991). **Substance abuse as a coexisting disability: Report from the study group, Eighteenth Institute on Rehabilitation Issues, Oct. 1991.**

NARIC Accession Number: O10681

Project Number: H133B80049

PDF: <http://www.naric.com/research/rehab/download.cfm?ID=13496>

ABSTRACT: Report from the Eighteenth Institute on Rehabilitation Issues (IRI) Study Group on Substance Abuse as a Coexisting Disability. The report is intended as a training document for rehabilitation counselors. Seven chapters address the following topics: (1) an overview of the problem of substance abuse as a coexisting disability; (2) the medical aspects of substance abuse including the classification and pharmacology of substances, major effects of substances on the central nervous system, and the interaction of substances with commonly encountered physical, cognitive, and emotional disabilities; (3) assessment of substance abuse as a coexisting disability, with a focus on the diagnostic interview; (4) the treatment process, including the need for family involvement and interagency cooperation; (5) the role of the rehabilitation counselor in treating substance abusing clients; (6) model programs and program components; and (7) special issues in job placement for clients with a coexisting substance abuse disability. Additional resource materials are contained in appendices.

Driscoll, C., Getson, P.R., Glasgow, A.M., Hicks, J.M., O'Donnell, R.M., Schwartz, R., Turek, J., & Tynan, D. (1991). **Alcohol and drug use in teenagers with diabetes mellitus.** *Journal of Adolescent Health, 12*(1), 11-14.

NARIC Accession Number: J19292

ABSTRACT: Examines the prevalence of drug use in a population of 101 adolescents with diabetes mellitus and the relationship between drug abuse and poor control of the disease. Subjects completed a questionnaire concerning drug use and were tested for glycohemoglobin and urine drug metabolites of marijuana, phencyclidine (PCP), and cocaine. About 50 percent of the subjects

reported trying alcohol and 25 percent report ongoing use. Almost 25 percent have tried drugs and 5 percent report ongoing use. Only one urine was positive for marijuana, while none was positive for cocaine or PCP. Those individuals indicating drug use tended to be in poor control of the diabetes mellitus.

Friedman, R.M., Greenbaum, P.E., Prange, M.E., & Silver, S.E. (1991). **Substance abuse prevalence and comorbidity with other psychiatric disorders among adolescents with severe emotional disturbances.** *Journal of the American Academy of Child and Adolescent Psychiatry, 30*(4), 575-583.

NARIC Accession Number: J36907

Project Number: H133B90004

ABSTRACT: Study assesses the prevalence of DSM-III substance use disorders (i.e., alcohol and marijuana abuse/dependence) and comorbidity with DSM-III Axis I disorders among 547 adolescents with serious emotional disturbances, ages 12 to 18. Additionally, age, sex, state location and type of treatment program factors were examined. Significant factors ($p < 0.05$) associated with severe alcohol or marijuana abuse/dependency included: (1) residential mental health treatment program, 2.37 odds ratio (OR); (2) conduct disorder diagnosis, 2.18 OR; (3) depression diagnosis, 1.75 OR; (4) states, 1.43 OR; (5) age 1.29 OR; and (6) depression X facility intervention 1.91 OR. Changes from DSM-III to DSM-III-R classifications are described and implications for practitioners are discussed. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, Number D.45. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.54.

Hesselbrock, V.M., Kranzler, H.R., Lane, T.J., Manu, P., & Matthews, D.A. (1991). **Substance use disorders in patients with chronic fatigue.** *Hospital & Community Psychiatry, 42*(9), 924-928.

NARIC Accession Number: J20976

ABSTRACT: Researchers examined prevalence and severity of substance use disorders in a previously studied sample of 100 individuals with chronic fatigue (CF). Study hypothesized that prevalence of substance use disorders in people with CF would exceed prevalence of substance use disorders in general population. Also hypothesized that number and severity of mood disorder

der symptoms would be greater in people with CF and lifetime diagnoses of substance use disorders than in people with CF and no history of substance abuse. Researchers conducted medical evaluations and collected information on fatigue history. They administered the Diagnostic Interview Schedule which provides current and lifetime psychiatric diagnoses. Subjects also completed Brief Michigan Alcoholism Screening Test and Beck Depression Inventory. Data analysis indicated 28 subjects had lifetime diagnosis of substance abuse or dependence, and 10 of the 28 had a current diagnosis. Total of 49 subjects had no history of substance abuse or psychiatric illness. There were no differences in demographic characteristics or in features of CF among those with lifetime diagnoses of substance use disorders, without lifetime diagnoses of substance use disorders but with other lifetime psychiatric diagnoses, and those with no lifetime history of psychiatric illness. Those with lifetime history of substance use reported more lifetime depressive symptoms and were more likely to have tried or thought about suicide.

1990

Austin, G., de Miranda, J., & Prendergast, M. (1990). **Substance abuse among youth with disabilities.** *Prevention Research Update*, No. 7, Summer 1990. NARIC Accession Number: O10996

ABSTRACT: Review of recent research on alcohol and other drug (AOD) abuse among youth with disabilities. The first section addresses the limits of the research-based information that is available. The second section reviews the nature and extent of the problem among persons with disabilities in general and among youth with developmental, learning, hearing, visual, and mobility impairments. The third section examines correlates of AOD use and risk factors for the disabled population in general and for the specific disability groups. The final section discusses issues and factors to be considered in prevention and intervention efforts with youth with disabilities. The review includes references, abstracts of selected publications, and lists of other information resources.

Bellack, A.S., Kee, K., Levinson, D.F., Morrison, R.L., Mueser, K.T., Singh, H., Yadalam, K.G., & Yarnold, P.R. (1990). **Prevalence of substance abuse in schizophrenia: Demographic and clinical correlates.** *Schizophrenia Bulletin*, 16(1).

NARIC Accession Number: J16479

ABSTRACT: A report of findings from a study undertaken to determine the relationship of substance abuse among schizophrenics with demographics, diagnosis, history of illness, and symptoms. The report of the study and findings is preceded by a lengthy review of the current state of knowledge. For the study, the authors reviewed the cases of 149 patients with schizophrenia (101), schizoaffective (42), or schizophreniform disorder (6), for abuse and demographic data. Among the findings were: likelihood of abuse was greatest for alcohol, followed by cannabis, stimulants, and hallucinogens; and demographic variables strongly predicted abuse, especially age, race, and socioeconomic status. Also found was that stimulant abusers tended to have their first hospitalization at a younger age and were more likely to have been diagnosed as schizophrenic, while cannabis abusers had fewer symptoms and prior hospitalizations. (For other papers addressing the issue of schizophrenia and substance abuse, see AN XJ16479 through AN XJ16485).

Greer, B.G., Jenkins, W.M., & Roberts, R. (1990). **Substance abuse among clients with other primary disabilities: Curricular implications for rehabilitation education.** *Rehabilitation Education*, 4(1), 33-44. NARIC Accession Number: J16628

ABSTRACT: Examines substance abuse among persons with other primary disabilities. Topics include: (1) a definition of substance abuse and the prevalence in the general population; (2) a review of research revealing wide variations in estimates of the prevalence of substance abuse among persons with physical and/or mental disabilities; (3) factors predisposing persons with disabilities to the abuse of alcohol and/or drugs (including easy access to prescription drugs for real medical needs, excessive levels of frustration related to the disability, oppression and alienation in society, and ill-advised medical intervention); (4) the critical need for more substance abuse treatment programs which address the special needs of disabled persons; (5) the critical need for adequately trained personnel; and (6) the implications for the education and training of rehabilitation counselors.

Leal, A. (1990). **Hispanics and substance abuse: Implications for rehabilitation counselors.** *Journal of Applied Rehabilitation Counseling*, 21(3), 52-54. NARIC Accession Number: J18214

ABSTRACT: Discusses factors to be considered by rehabilitation counselors in considering the Hispanic client, especially the Mexican American, who may be using or abusing substances. Addressed are the Hispanic label, ethnic identity, the use of Spanish language, substance abuse patterns and prevalence in this population, and treatment of members of this group. Rehabilitation counselors must remain aware of the Hispanic client's individual self-identification as well as sociocultural and historical aspects of this heritage.

1989

Bjorgen, D. (1989). *Removing barriers: A guide to providing substance abuse services to those with developmental disabilities.*

NARIC Accession Number: O10723

ABSTRACT: Guide to implementing the ADAPT model—A Differential Approach to Prevention and Treatment of Substance Abuse among Persons with Developmental Disabilities. Part I describes community approaches to developing substance abuse services for persons with developmental disabilities: identifying resources, determining community needs, identifying barriers, developing service agreements, and coordinating and providing cross-training between disability and substance abuse professionals. Part II addresses professionals interested in working directly with persons who have developmental disabilities and substance abuse problems. This part describes risk factors for substance abuse, provides several screening and assessment instruments, describes eight sessions suggested for a substance abuse support group with individuals who have developmental disabilities, and discusses the importance of offering recreational activities as alternatives to abusing substances. The guide also contains a list of additional resources and a bibliography.

Lane, K.E. (1989). **Substance abuse among the deaf population: An overview of current strategies, programs & barriers to recovery.** *JADARA*, 22(4), 79-85.

NARIC Accession Number: J12705

ABSTRACT: A discussion of substance abuse among deaf people. The author begins by noting that deaf people probably have the same rate of dependency as the normal hearing population. Among the causes of abuse are: advertising, easy availability, high levels of anxiety and

frustration, the relieving of "oppressed minority" anxiety and resentment, and residual effects from medical rehabilitation. Among the barriers to recovery the author identifies are: lack of specialized services, wide dispersal of deaf alcoholics, labeling among deaf persons, the suspicions of hearing people harbored by the deaf, and the unsuitability of Alcoholics Anonymous for deaf persons. The author concludes his discussion with brief descriptions of ten substance abuse centers tailored for the deaf; these include: Project AID (Ohio), CCAIRU (Cape Cod, MA), SAISD (New York), the Kansas School for the Deaf, among others. The author urges federal funding for the training of counselors to treat the deaf substance abuser.

1988

Donohue, R., Heinemann, A.W., Keen, M., & Schnoll, S. (1988). **Alcohol use by persons with recent spinal cord injury.** *Archives of Physical Medicine & Rehabilitation*, 69(8).

NARIC Accession Number: J42146

Project Number: G008635120

ABSTRACT: Study examining drinking history, prevalence of alcohol abuse, and consequences of alcohol use in 103 persons with spinal cord injury (SCI). Results suggest that a significant number of individuals with recent SCI have histories of heavy drinking and experience behavioral problems resulting from alcohol use. The Michigan Alcoholism Screening Test proved to be an efficient method of assessing alcohol-related problems among participants. Treatment and policy implications are discussed. This document is included in NCDDR's Guide to Substance Abuse and Disability Resources Produced by NIDRR Grantees, 2nd edition, number D.17.

Germanson, T., Glaser, F.B., & Ross, H.E. (1988). **The prevalence of psychiatric disorders in patients with alcohol and other drug problems.** *Archives of General Psychiatry*, 45(11), 1023-1031.

NARIC Accession Number: J09295

ABSTRACT: Survey of the lifetime and current prevalence of psychiatric disorders in patients with alcohol and other drug problems. The study subjects were 501 patients who had sought help at an alcohol and drug treatment facility. Information was gathered in interviews, using the National Institute of Mental Health

Diagnostic Interview Schedule (DIS). Lifetime and current diagnoses were generated by computer, based on DSM-III criteria. The results show that 84 percent of the patients had a DIS lifetime psychiatric disorder in addition to substance abuse, and 68 percent had a DIS current psychiatric disorder. Even when generalized anxiety is excluded, 78 percent had a lifetime DIS diagnosis and 65 percent had a current DIS diagnosis in addition to substance abuse. The most frequent lifetime disorders were antisocial personality disorder, phobias, psychosexual dysfunctions, major depression, and dysthymia. Patients who met DIS current criteria for both alcohol and other drug abuse had a much higher prevalence of lifetime psychiatric disorders than did other patients. These and other findings are discussed; data are included.

1986

Greer, B.G. (1986). **Substance abuse among people with disabilities: A problem of too much accessibility.** *Journal of Rehabilitation* (JAN-FEB-MAR), 34-38.

NARIC Accession Number: J05915

ABSTRACT: Explores the problem of substance abuse among persons with disabilities. Reviews the literature on the prevalence of alcohol and drug abuse among persons with disabilities. Examines some possible factors leading to such abuse and suggests intervention strategies. Includes 20 references.



Documents from the Center for International Rehabilitation Research Information and Exchange (CIRRIE-2) search at cirrie.buffalo.edu are listed below:

2006

Anstey, K.J., Christensen, H., & Low, L.F. (2006). **Prevalence, risk factors and treatment for substance abuse in older adults.** *Current Opinion in Psychiatry*, 19(19), 587-592.
No abstract is available.

Ebner, N., Sachs, G., Thau, K., & Winklbaur, B., et al. (2006). **Substance abuse in patients with schizophrenia.** *Dialogues in Clinical Neuroscience*, 8(8), 37-43.

ABSTRACT: The comorbidity of schizophrenia and substance abuse has attracted increasing attention in the past years, with multiple potential links, including genetic vulnerability, neurobiological aspects, side effects of medications, and psychosocial factors being under discussion. The link between the use of substances and the development of psychoses is demonstrated by the high prevalence of substance abuse in schizophrenia. Apart from alcohol misuse, substances commonly abused in this patient group include nicotine, cocaine, and cannabis. In particular, heavy cannabis abuse has been reported to be a stressor eliciting relapse in schizophrenic patients. In general, substance use in psychosis is associated with poorer outcomes, including increased psychotic symptoms and poorer treatment compliance. Since both disorders have been observed to be closely interdependent, a particular treatment for schizophrenic patients with comorbidity of substance abuse is needed in order to provide more effective care. In this article, we discuss various potential modes of interaction and interdependence, and the possibility of embarking on new therapeutic paths for treating this particular population. (PubMed Abstract)

Gill, K., Margolese, H.C., Negrete, J.C., & Tempier, R. (2006). **A 12-month prospective follow-up study of patients with schizophrenia-spectrum disorders and substance abuse: Changes in psychiatric symptoms and substance use.** *Schizophrenia Research*, 83(83), 65-75.

ABSTRACT: While it is widely known that patients with schizophrenia-spectrum psychoses and co-occurring substance use disorders are more difficult to manage, there is limited data on the course of their psychiatric symptoms when they remain in treatment over time. This prospective 12-month study evaluated changes in psychiatric symptoms and substance use to ascertain if the co-existence of substance use disorders influences ratings of psychiatric symptoms at follow-up. 147 outpatients in a continuing care program were assessed at intake and followed prospectively for 12 months. Psychiatric symptoms were measured at baseline and 12-month follow-up using the Positive and Negative Syndrome Scale (PANSS) and Hamilton Depression Rating Scale (HAM-D). Subjective psychological distress was rated with the Brief Symptom Inventory (BSI) and quality of life by the Satisfaction with Life Domains Scale (SDLS). Drug and alcohol use was measured with the Addiction Severity Index (ASI). 50.3 percent of patients were diagnosed with dual disorders (DD) (current and lifetime). The most common primary substances of abuse were alcohol (35.6 percent) and cannabis (35.1 percent). DD subjects had higher baseline PANSS positive scores but experienced a greater reduction at 12 months compared to single diagnosis (SD) patients. Severity of substance abuse as measured by ASI composite scores did not decrease significantly between baseline and 12 months. DD patients with schizophrenia and related psychoses treated for their psychiatric illness showed a reduction in PANSS scores over 12 months, even when their substance use remained largely unchanged. However, co-morbidity cases continued to show higher depression and anxiety ratings. Ongoing substance abuse appears to be related to levels of depression as 62.5 percent of DD-current versus 34.7 percent of SD patients had HAM-D scores in the depressed range at 12-month follow-up. Implications for treatment are discussed. (PubMed Abstract)

2005

Cividanes, G., Laranjeira, R., & Ribeiro, M. (2005). **Transtorno Bipolar Do Humor E Uso Indevido De Substancias Psicoativas [Bipolar disorder and substance abuse]**. *Revista de Psiquiatria Clinica*, 32(32), 78-88.

ABSTRACT: This article describes the available scientific evidences concerning the epidemiology, etiology,

clinical evolution, diagnosis, and pharmacological and psychosocial approaches designed for bipolar disorder and substance abuse comorbidity. (CIRRIE Abstract)

2002

Chong, S.A., Kua, E.H., Subramaniam, M., & Verma, S.K. (2002). **Substance abuse in schizophrenia: A Singapore perspective**. *Social Psychiatry and Psychiatric Epidemiology*, 37(37), 326-328.

ABSTRACT: BACKGROUND: Most of the information on the prevalence and patterns of substance abuse in patients with schizophrenia has been from studies conducted in North America and Europe and data from Asian countries are conspicuously lacking. This study was undertaken with the aim to identify the prevalence and patterns of substance abuse among patients with first-episode schizophrenia in the city-state of Singapore. **METHODS:** All new patients with a diagnosis of first-episode schizophrenia or schizophreniform disorder who were seen in one calendar year in the only state mental institute in Singapore and its affiliated outpatient clinics were evaluated for a lifetime history of substance use. **RESULTS:** In a sample of 272 patients, 201 (73.6 percent) were abstainers, 43 (15.8 percent) had "mild" substance use and 28 (10.3 percent) had "heavy" use patterns. Alcohol was the most frequently abused substance. The substance users were more likely to be males and were more likely to have a criminal record than abstainers. **CONCLUSIONS:** To our knowledge, this is the first study that examines the co-morbidity of substance abuse in schizophrenia in an Asian population. Our findings once again highlight the fact that patients with schizophrenia are at a high risk for substance abuse.



Documents from the Education Resource Information Center (ERIC) search at www.eric.ed.gov are listed below:

2010

Janusis, G.M., & Weyandt, L.L. (2010). **An exploratory study of substance use and misuse among college students with and without ADHD and other disabilities.** *Journal of Attention Disorders, 14*(3), 205-215.

ERIC #: EJ903064

ABSTRACT: Objective: The present study investigated potential differences between college students with and without disabilities (including ADHD, Asperger's syndrome, executive functioning disorder, and learning, mental health, vision, hearing, and physical/chronic disabilities) regarding self-reported substance use and misuse, perceived stress, and sensation seeking. Method: Students responded to a Stimulant Survey Questionnaire (SSQ), Perceived Stress Scale (PSS), Sensation-Seeking Scale (SSS), and items from the National College Health Assessment (NCHA). Results: The hypotheses were part supported as MANOVA results revealed that students with disabilities provided significantly lower ratings on the SSS and also reported lower alcohol and marijuana use. Students with ADHD were more likely to use or misuse prescription stimulant medication but were less likely to use alcohol than did students without ADHD. Conclusion: Students with disabilities compared to those without disabilities differed on levels of sensation seeking and alcohol and marijuana use. (Contains 2 tables.)

2008

Huang, T., Newman, L., & Yu, J. (2008). **Substance use among young adults with disabilities. Facts from NLTS2.** *National Center for Special Education Research: Washington, D.C.*

ERIC #: ED501318

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED501318>

ABSTRACT: The report uses data from the National Longitudinal Transition Study-2 (NLTS2) to answer questions about the use of alcohol, cigarettes and illegal

drugs such as marijuana, cocaine, and LSD among young adults with disabilities. The report compares substance use among this population with substance use in the general population, and compares different disability categories and demographic groups in substance use and in the receipt of substance abuse prevention education and services. The NLTS2 is funded by the National Center for Special Education Research at the Institute of Education Sciences, U.S. Department of Education. NLTS2 was initiated in 2001 and has a nationally-representative sample of more than 11,000 students with disabilities. The study found that adults with disabilities were less likely than those in the general population to report drinking alcohol and using any illegal drugs. Young adults with emotional disturbances were more likely than those in almost all other disability categories to report smoking cigarettes, drinking, and using marijuana or other illegal drugs. Young adults with learning disabilities were also more likely than those in many other disability categories to report smoking, drinking, and marijuana use. (Contains 2 tables, 3 figures, and 23 notes.)

2005

Hollar, D. (2005). **Risk behaviors for varying categories of disability in NELS:88.** *Journal of School Health, 75*(9), 350.

ERIC #: EJ725343

ABSTRACT: A large body of research shows that youth with disabilities, who comprise about 13 percent of the country's school-aged population, report comparable to higher incidence rates of alcohol, tobacco, and other drug (ATOD) use than their peers. Furthermore, youth with disabilities who reported ATOD use or who engaged in binge drinking had significantly more negative educational outcomes and engaged in sexual activity at a younger age than nonusers. This study describes risk factors for substance use, personal characteristics, aspects of the attitudinal environment, and educational, employment, and social outcomes among youth across 6 categories of disability. Data came from the National Center for Education Statistics' National Education Longitudinal Study of 1988-2000 (NELS:88). The findings indicate that (a) youth with varying types of disabilities are relatively homogeneous with respect to risk behaviors, personal characteristics, and outcomes; (b) youth with emotional, learning, or multiple disabilities

may be at heightened risk for binge drinking and marijuana use; and (c) youth with emotional and multiple disabilities may be less likely to graduate from high school or its equivalent 8 years beyond the 12th grade. Based on these results and limitations of the NELS sampling strategy, appropriate interventions are discussed as well as the need for more definitive operational definitions for disabilities, specifically the biopsychosocial approach used by the International Classification of Functioning, Disability, and Health.

2004

Lorber, C., & Moore, D. (2004). **Clinical characteristics and staff training needs of two substance use disorder treatment programs specialized for persons with disabilities.** *Journal of Teaching in the Addictions*, 3(1), 3-20.

ERIC #: EJ843904

ABSTRACT: The clinical aspects and staff training needs for two substance use disorder (SUD) treatment programs that serve persons with co-existing disabilities are described. The article addresses SUD prevalence among persons with disabilities and the corresponding specialized treatment needs and accommodations that may be necessary. The philosophical orientations, demographic profiles, and treatment outcome data are presented. Considerations about staff training are reviewed, and strategies for implementing a comprehensive staff training program are discussed. (Contains 3 figures and 3 tables.)

2002

McCombs, K., & Moore, D. (2002). **Substance abuse prevention and intervention for students with disabilities: A call to educators.** *ERIC Digest*.

ERIC #: ED469441

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED469441>

ABSTRACT: This digest summarizes basic information on substance abuse prevention and intervention for students with disabilities. It identifies risks associated with specific disabilities including mental retardation/developmental disability, emotional disturbance (at highest risk for substance abuse), attention deficit hyperactivity disorder, blindness, and deafness. The digest points

out that as many as 50 percent of spinal cord injuries and traumatic brain injuries occur as a direct result of alcohol or drug abuse. Guidelines for prevention efforts include more comprehensive research-based school programs, community and family involvement, training for special education teachers and counselors in substance abuse education for this population, and increased advocacy efforts for appropriate prevention and treatment options. (Contains 10 references.)

2000

Guthmann, D. (2000). **Identifying and assessing substance abuse problems with deaf, deafened, and hard of hearing individuals.**

ERIC #: ED452650

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED452650>

ABSTRACT: This report provides an overview of chemical dependency, communication barriers, and assessment/treatment considerations for individuals who are deaf or have hearing impairments and have drug or alcohol problems. Following a discussion of the pattern of substance abuse, risk factors, and signs and symptoms, the report describes a model treatment program: the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals. The following recommendations for treatment are made: (1) accessible Twelve Step groups are needed; (2) education/prevention services should be provided to individuals who are deaf or hard of hearing of all ages; (3) there is a need for accessible outpatient, inpatient, and after care services; (4) training opportunities about specialized treatment considerations should be offered to professionals working in the field of chemical dependency; (5) more interpreter training programs are needed that offer specialized training in the area of chemical dependency; (6) more chemical dependency counselors are needed who are fluent in American Sign Language; (7) additional research is needed in the prevalence of chemical dependency within the Deaf community; and (8) vocational rehabilitation counselors are needed to work closely with chemical dependency treatment programs. (Contains 13 references.)

1994

Bachman, S.S., Drainoni, M., & Tobias, C. (2004). **Medicaid managed care, substance abuse treatment and people with disabilities: Review of the literature.** *Health & Social Work, 29*(3), 189.

ERIC #: EJ696494

ABSTRACT: Most states enroll individuals with disabilities who receive Supplemental Security Income in Medicaid managed care plans. The impact of managed care on these individuals, especially those with substance abuse disorders, is not well understood. A review of the literature related to substance abuse, disability, and Medicaid managed care suggests that substance abuse is a serious issue for individuals with disabilities. More research is needed to determine how the substance abuse treatment needs of individuals with disabilities can be met through Medicaid managed care. The authors identified topics for a research agenda on the needs of individuals with disabilities who also experience co-occurring substance abuse disorders. Implications for social work policy and practice are discussed.

Backer, T.E., & Newman, S.S. (1994). **Organizational linkage and information dissemination: Strategies to integrate the substance abuse and disabilities field.** *Rehabilitation Counseling Bulletin, 38*(2), 93-107.

ERIC #: EJ506257

ABSTRACT: Reviews current activities in the fields of both substance abuse and disability, and discusses new efforts to take advantage of advances in electronic communications and systems change approaches. The work of federal agencies in these areas is highlighted, and linkages of these agencies with the private sector are advocated.

Helwig, A.A., & Holicky, R. (1994). **Substance abuse in persons with disabilities: Treatment considerations.** *Journal of Counseling and Development, 72*(3), 227-33.

ERIC #: EJ478936

ABSTRACT: Examines issues and needs of individuals who are physically disabled and have substance abuse problems. Explores reasons for high rate of substance abuse among individuals who are physically disabled. Addresses treatment considerations for such individuals, including individual, family, and educational coun-

seling. Examines prevention issues and assesses importance of Americans with Disabilities Act.

McMahon, B.T., et.al. (1994). **Prologue to the special issue on drugs and alcohol: resource center on substance abuse prevention and disability—bridging the gap.** *Rehabilitation Counseling Bulletin, 38*(2), 84-92.

ERIC #: EJ506256

ABSTRACT: Reports on attempts to bridge the gap between the alcohol and drug abuse community and the disability and rehabilitation community through the creation of the Resource Center on Substance Abuse Prevention and Disability in Washington, DC. The higher prevalence of substance abuse among the disabled community identifies them as a high-risk group. Describes project development and implementation.

1993

Zuckerman, K., Ed. (1993). **People with disabilities: Alcohol, tobacco, and other drugs resource guide. Drug free by the year 2000.** *National Clearinghouse for Alcohol and Drug Information:* Rockville, MD.

ERIC #: ED380930

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED380930>

ABSTRACT: This resource guide provides information for counselors, physical therapists, and mental health professionals about alcohol and other drug problems of individuals with physical disabilities. The guide begins with 26 listings of prevention materials, including brochures, videotapes, classroom materials, and other items. Information provided for each listing includes publication or production date, length, target audience, setting, readability, availability, and a paragraph-length annotation. The guide then presents annotations for nine government publications and journal articles and six other publications dealing with drug abuse. The guide concludes with a list of 16 groups, organizations, and programs dealing with people who have disabilities.

1992

(1992). Understanding a need: Alcohol and other drug abuse prevention for people with disabilities.

Resource Center on Substance Abuse, Prevention, and Disability: Washington, D.C.

ERIC #: ED358613

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED358613>

ABSTRACT: This booklet provides an overview of alcohol and other drug abuse prevention, disability, and the relationship between the two issues. It cites the incidence of alcohol and other drug abuse among people with disabilities. It looks at alcohol and other drug abuse risk factors that are disability related, such as medication use, chronic pain, increased stress, adjustment problems, fewer social supports, isolation, unemployment, financial concerns, and limited access to drug abuse education. The booklet separates myths from facts and outlines prevention strategies. Prevention strategies include providing information, developing critical life skills, creating alternatives to drug abuse, involving and training impactors, and influencing policy.

1991

(1991). Americans with disabilities: A look at alcohol and other drug abuse prevention.

Resource Center on Substance Abuse Prevention and Disability: Washington, D.C.

ERIC #: ED346638

ABSTRACT: This guide to alcohol and other drug abuse prevention for individuals with disabilities begins with a discussion of Congressional intent in enacting the Americans with Disabilities Act of 1990 (ADA), the stressful demands experienced by Americans with disabilities, and the ways in which these stresses may predispose people with disabilities to choose an escape through the use of alcohol or other drugs. The impact of the ADA on alcohol and drug prevention programs and professionals is outlined. The guide also examines the definition of a person with a disability, architectural and communication barriers, discrimination, suggestions to improve access and positive interactions, five commonly held myths about individuals with disabilities and the facts that dispel them, and language guidelines regarding people with disabilities. The guide concludes with a list of 13 organizational resources and 18 references.

(1991). **Disability and enabling: A look at alcohol and other drug abuse prevention.** *Resource Center on Substance Abuse Prevention and Disability*: Washington, D.C.

ERIC #: ED346645

ABSTRACT: This leaflet examines how family members, friends, and professionals sometimes enable individuals with disabilities to abuse alcohol and other drugs. The leaflet points out: that this enabling occurs because of overcompensation for the disability by others or because of others' feeling that the individual with a disability is entitled to use drugs; that the enabling problem can best be addressed through education and self-evaluation; and that the same criteria for reacting to alcohol and other drug abuse should be used for everyone, regardless of whether or not someone has a disability. Four commonly held myths about people with disabilities and drug use are dispelled with factual information. Three training materials, a videotape, and three print references are listed as sources of more information.

(1991). Disability and health implications: A look at alcohol and other drug abuse prevention.

Resource Center on Substance Abuse Prevention and Disability: Washington, D.C.

ERIC #: ED346646

ABSTRACT: This leaflet examines the impact of alcohol and other drug use in creating an unhealthy lifestyle for individuals with disabilities and placing them at risk for health and medical problems. The negative effects of even moderate amounts of alcohol are noted, and the hindering of rehabilitation efforts when a person with a disability is using alcohol or other drugs is pointed out. Behaviors associated with disabilities that are similar to the consequences of alcohol and other drug abuse is listed. A section titled "Did You Know That..." cites the impact of certain medications on the body's processing of alcohol and notes specific examples of the impact of alcohol in causing arthritis, bedsores, and fetal alcohol syndrome. Three organizational resources, a videotape, three training materials, and three references are listed as sources for more information.

(1991). Disability and the family: A look at alcohol and other drug abuse prevention.

Resource Center on Substance Abuse Prevention and Disability: Washington: D.C.

ERIC #: ED346644

ABSTRACT: This leaflet examines alcohol and other drug abuse prevention in individuals with disabilities and the influence of the family. It points out the family's potential negative reactions to a disability and reasons why a person with a disability uses alcohol or other drugs. Prevention guidelines for families are provided, such as expressing concerns in a caring but firm way and encouraging the child with a disability to become involved with a peer group. Four commonly held myths about individuals with disabilities and their families and the impact of drug use are noted and dispelled with factual information. Six organizational resources and three references are listed as sources of more information.

Leone, P.E. (1991). *Alcohol and other drug use by adolescents with disabilities. ERIC Digest #E506.*

Council for Exceptional Children: Reston, VA.

ERIC #: ED340150

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED340150>

ABSTRACT: This digest, based on a longer document titled "Alcohol and Other Drugs: Use, Abuse, and Disabilities" by Peter E. Leone, addresses the following questions: (1) "Are students with disabling conditions more likely to use or abuse alcohol or other drugs than their peers?" (usually a "no" response); (2) "Are students with problems of alcohol and drug dependency entitled to special education and related services?" (not under the Individuals with Disabilities Act or Section 504 of the Rehabilitation Act of 1973); (3) "How should schools respond to students enrolled in special education programs who use drugs and/or alcohol?" (develop awareness and prevention activities and referral to treatment efforts); and (4) "How can schools and educators deter students enrolled in special education programs from using drugs and alcohol?" (despite the lack of effectiveness data on school-based prevention programs, there is some evidence that schools can provide quality educational services and coordinate with other agencies). Includes 10 references and a list of 4 additional resources.

1990

(1990). *Substance use by youth with disabilities and chronic illnesses, Second edition.* National Center for Youth with Disabilities: Minneapolis, MN.

ERIC #: ED329069

ABSTRACT: This annotated bibliography on substance use by youth with disabilities and chronic illnesses lists references published since 1980 that directly address the special developmental needs of adolescents and young adults. The bibliography's scope includes all disabilities and the use or abuse of a wide range of drugs—alcohol, illicit drugs, nicotine, and non-medicinal use of prescribed drugs. The approximately 80 books and journal articles listed are arranged into a general section and a section on training materials. The general section is subdivided by disability type: mental retardation; learning disabilities and attention deficit disorders; mental illness and emotional disturbances; sensory disabilities; other physical disabilities; chronic illnesses; and multiple disability groups. The training materials section describes approximately 20 curricula, booklets, Braille materials, and videotapes. A treatment selection checklist concludes the resource guide. The checklist lists questions to ask in selecting a treatment program, based on its philosophy and program structure, treatment components, educational services, aftercare, family involvement, staff, and finances.

Moore, D. (1990). *Research in substance abuse and disabilities: The implications for prevention and treatment.*

ERIC #: ED337955

ABSTRACT: This paper reviews literature related to substance abuse and persons with disabilities. The paper distinguishes between congenital disability and trauma-generated conditions and the impact on drug use. Drug use patterns are also differentiated by type and severity of disability categories including mental illness, orthopedic and physical disability, learning disability, hearing impairment and deafness, visual impairment, and developmental disability or mental retardation. Special problems when studying substance abuse among the disabled include low awareness of the problem among family members, friends, and professionals; sampling problems in substance abuse research; and limited resources for research. Substance abuse risk factors that are unique to individuals with disabilities include societal entitlement of drug use by individuals with disabilities, physical health problems, long-term use of medication, atypical childhood experiences, sexuality, and chronic pain. Persons with disabilities may need spe-

cialized or additional services for chemical dependency treatment. Development of these services requires consideration of such issues as use of a treatment model other than the disease model, use of therapeutic drugs in the form of prescribed medications, use of “handicapped” behaviors by clients, involvement of significant others, and aftercare. Future directions are discussed. (Includes 27 references)

1989

(1989). *Chemical abuse among older women, older adults and disabled people. Final grant report.* Hazelden Foundation: Center City, MN.

ERIC #: ED330159

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED330159>

ABSTRACT: This one-year project identified several goals to increase the awareness of chemical abuse among older women, older adults, and disabled people. The goals included: develop an assessment instrument; identify chemical health service providers; develop a process to coordinate outreach and case-finding; develop a guide for chemical health service providers; provide a training conference; and convene an advisory committee. Project activities carried out to achieve these goals are described. Recommendations are offered concerning the development of a screening tool, training needs, and distribution of the project’s products. Appendixes, which make up the bulk of the report, contain: (1) a literature review titled “Screening for Chemical Abuse in Three Populations: Older Adults, People with Severe and Persistent Mental Illness, People with Physical Disabilities” and descriptions of ten screening and assessment instruments; (2) a report titled “Hazelden Screening Study: Report of Instrument Analysis” which examines the item analysis, reliability, validity, and selection of cut score for instruments designed by project staff to screen for chemical problems; (3) training materials on behavioral symptoms of chemical dependency, impact of chemical dependency on special populations, interviewing techniques, participant consent, and coordinated service delivery; and (4) copies of the project-designed screening tools and questionnaires to gather demographic information on participants.

Allison, K.W., & Richardson, K.A., comps. and eds. (1989). *Annotated bibliography of substance abuse among handicapped, disabled and high risk individuals [and] prevention and treatment resources for the handicapped or disabled substance abuser.*

University of Maryland: College Park, MD

ERIC #: ED312799

ERIC Full-Text: <http://www.eric.ed.gov/ERICWebPortal/contentdelivery/servlet/ERICServlet?accno=ED312799>

ABSTRACT: The bibliography lists English-language journal articles, book sections, a dissertation, and an official State of Wisconsin report, addressing the topic of substance abuse among handicapped and high-risk individuals. The entries are arranged in five sections according to handicapping condition and provide basic bibliographic information and a paragraph-length annotation. Included are seven citations on substance abuse among persons with physical and sensory impairments, seven citations concerning persons with mental retardation, 19 citations concerning individuals with emotional and behavioral disorders, six citations concerning juvenile delinquents, and eight citations concerning individuals with learning problems and individuals in high-risk groups. The bibliography is followed by a separate list of prevention and treatment resources for the handicapped or disabled substance abuser in which organizational resources that offer information, workshops, and prevention programs are briefly described.



Documents from the
National Clearinghouse of
Rehabilitation Training
Materials (NCRTM) search

at ncrtm.org are listed below:

2002

Burganowski, D.F., Kauppi, D.R., Larson, D.M., & Stewart, E. (2002). *Substance abuse and adolescents with disabilities. Rehabilitation Continuing Education Program, State University of New York at Buffalo.*

PDF: <http://library.ncrtm.org/pdf/331.002.pdf>

ABSTRACT: This training module is directed towards an audience of rehabilitation counselors working with youth (14-18 years old) with the disability of psychoactive substance abuse or dependence concurrent with some other disabling condition. Information in this training module is also appropriate for supervisors, as well as for administrators employed in a vocational rehabilitation setting.

1993

Goodwin Jr., L.R. (1993). *A bibliography of selected substance abuse readings on dual disorders, vocational rehabilitation, and general substance abuse themes in the rehabilitation literature. Substance Abuse Counselor Education Program, East Carolina University: Greenville, NC.*

PDF: <http://library.ncrtm.org/pdf/331.068.pdf>

ABSTRACT: This bibliography is divided into four sections: 1) Substance Abuse and General, which includes journal articles, monographs, books, and chapters from books in the rehabilitation literature; 2) Dual Diagnosis: Substance Abuse and Mental Disorders; 3) Dual Diagnosis: Substance Abuse and Physical Disabilities; and 4) Substance Abuse and Vocational Rehabilitation.



Documents from the National
Library of Medicine PubMed
search at www.pubmed.com are

listed below:

2010

Ebener, D., & Smedema, S.M. (2010). **Substance abuse and psychosocial adaptation to physical disability: Analysis of the literature and future directions.** *Disability & Rehabilitation*, 32(16), 1311-9.

PMID #: 20156048

ABSTRACT: PURPOSE: To analyze the current state of the literature with respect to substance abuse and psychosocial adjustment in persons with disabilities. METHOD: The two primary databases containing the literature related to rehabilitation and disability issues (PsychINFO and MedLine) were searched to identify articles addressing the psychosocial impact of substance abuse in persons with disabilities. Eleven empirical articles specifically measuring the strength of the relationship between substance use and psychosocial outcomes in persons with disabilities were selected for analysis. RESULTS: Of the studies identified, five were related to spinal cord injury, three were related to traumatic brain injury, one was related to chronic back pain, one was related to HIV/AIDS, and one was related to persons with any type of disability. Each of the studies used different methodologies, measured substance abuse in different ways, and examined different psychosocial outcome variables. Examination of trends suggested that pre-injury substance abuse appears to be unrelated to acceptance of disability in persons with spinal cord injury and negatively associated with satisfaction in persons with traumatic brain injury. Recent substance abuse tends to have a detrimental effect on psychosocial outcomes across all disability groups. CONCLUSIONS: Future research, combined with appropriate pre-service and continuing education related to substance abuse and disability for rehabilitation practitioners, has the potential to lead to improved psychosocial outcomes in persons with disabilities.

Slayter, E.M. (2010). **Disparities in access to substance abuse treatment among people with intellectual disabilities and serious mental illness.** *Health & Social Work*, 35(1), 49-59.

PMID #: 20218453

ABSTRACT: People with intellectual disabilities (ID) have experienced increasing levels of community participation since deinstitutionalization. This freedom has facilitated community inclusion, access to alcohol and drugs, and the potential for developing substance abuse (SA) disorders. People with ID, who are known to have high rates of co-occurring serious mental illness (SMI), may be especially vulnerable to the consequences of this disease and less likely to use SA treatment. Using standardized performance measures for SA treatment access (initiation, engagement), rates were examined retrospectively for Medicaid beneficiaries with ID/SA/SMI ages 12 to 99 (N = 5,099) and their counterparts with no ID/SA/SMI (N = 221,875). Guided by the sociobehavioral model of health care utilization, age-adjusted odds ratios and logistic regression models were conducted. People with ID/SA/SMI were less likely than their counterparts to access treatment. Factors associated with initiation included being nonwhite, living in a rural area, and not being dually eligible for Medicare; factors associated with engagement included all of the same and having a fee-for-service plan, a chronic SA-related disorder, or both. Social work policy and practice implications for improving the health of people with ID/SA/SMI through policy change, cross-system collaboration, and the use of integrated treatment approaches are discussed.

2007

Capps, C.F., Luck, R.S., & West, S.L. **Physical inaccessibility negatively impacts the treatment participation of persons with disabilities.** *Addictive Behaviors*, 32(7), 1494-7.

PMID #: 17258869

ABSTRACT: This research assessed the impact that physical inaccessibility of provider locations has on the substance abuse treatment participation of two groups of persons with disabilities. A random sample of treatment providers in the Mid-Atlantic region were surveyed and asked if they had declined services to persons with spinal cord (SCI) or traumatic brain (TBI) injuries due to the inaccessibility of their practices. Over half of those who had been approached by persons with SCI and nearly half of those approached by persons with TBI were unable to provide services due to physical barriers. The inability to serve such individuals was not related to practice affiliation (public or private) or prac-

tice type (hospital based, non-medical residential, or outpatient). These findings support earlier research indicating the treatment participation of persons with disabilities is negatively affected by physical accessibility concerns.

Deck, D., Farrell, N., Gabriel, R., & Krahn, G. (2007). **A population-based study on substance abuse treatment for adults with disabilities: access, utilization, and treatment outcomes.** *The American Journal of Drug & Alcohol Abuse*, 33(6), 791-8.

PMID #: 17994475

ABSTRACT: AIMS: To examine potential disparities in access to substance abuse treatment services for Medicaid-eligible adults with disabilities, and compare utilization rates and outcomes in outpatient programs.

DESIGN: Population-based multi-year cross-sectional study. **SETTING:** State-wide examination of substance-abuse treatment, particularly outpatient. **PARTICIPANTS:** Medicaid enrollees aged 18-64. **MEASURES:** Treatment access and utilization; outcome measures of retention, completion, readmission, and abstinence derived from state treatment and Medicaid databases. **FINDINGS:** Access and utilization rates for adults with disabilities were about half others' rates; treatment outcomes were generally equivalent across groups. **CONCLUSIONS:** Adults with disabilities are underutilizing substance abuse treatment, suggesting barriers to accessing treatment.

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.

PMID #: 17499956

ABSTRACT: This study assessed the accessibility of a nationally representative sample of substance abuse treatment facilities in the United States for persons with disabilities (PWDs). A stratified random sample of 159 substance abuse treatment facilities in 40 states completed a survey regarding physical accessibility and the provision of services that could enhance the ability to serve individuals with disabilities. Most responding facilities self-reported a variety of barriers to physical accessibility, as well as the lack of services and physical accommodations for persons with sensory limitations. Such widespread inaccessibility may be a factor that promotes the low representation of PWDs in the treatment population.

2006

Deck, D., Farrell, N., Gabriel, R., & Krahn, G. (2006). **Access barriers to substance abuse treatment for persons with disabilities: An exploratory study.** *Journal of Substance Abuse Treatment, 31*(4), 375-84.

PMID #: 17084791

ABSTRACT: Research in substance abuse (SA) treatment has demonstrated that persons with disabilities (PWDs) are at substantially higher risk for SA than persons without disabilities. Despite their higher risk, PWDs access SA treatment at a much lower rate than persons without disabilities. Using the Behavioral Model for Vulnerable Populations as a research framework, we identified reasons for differences in access to SA treatment for Medicaid-eligible adults with disabilities in Oregon through a multiphase study. Analyses of demographic and referral source data, along with interviews with key state agency representatives, adults with disabilities, and treatment program personnel, helped identify barriers to SA treatment access. These barriers are reflected as attributes of PWDs, contextual variables that enable or impede access, recognition of the need for SA treatment, and characteristics of treatment services. The findings suggest needed policy and practice changes to increase access rates for PWDs. They provide direction for future research.

2004

Bachman, S.S., Drainoni, M.L., & Tobias, C. (2004). **Medicaid managed care, substance abuse treatment, and people with disabilities: Review of the literature.** *Health & Social Work, 29*(3), 189-96.

PMID #: 15453057

ABSTRACT: Most states enroll individuals with disabilities who receive Supplemental Security Income (SSI) in Medicaid managed care plans. The impact of managed care on these individuals, especially those with substance abuse disorders, is not well understood. A review of the literature related to substance abuse, disability, and Medicaid managed care suggests that substance abuse is a serious issue for individuals with disabilities. More research is needed to determine how the substance abuse treatment needs of individuals with disabilities can be met through Medicaid managed care. The authors identified topics for a research agenda on the needs of individuals with disabilities who also expe-

rience co-occurring substance abuse disorders. Implications for social work policy and practice are discussed.

2003

Crowley, M.O. (2003). **Latino access to mental health, developmental disabilities, and substance abuse services in North Carolina.** *North Carolina Medical Journal, 64*(3), 127-8.

PMID #: 12854308

No abstract is available.

Janekoviæ, K. (2003). **Comparative research on substance abuse and self-perception among adolescents with physical handicap.** *Collegium Antropologicum, 27*(2), 479-89.

PMID #: 14746134

ABSTRACT: The research on substance (alcohol, tobacco and drug) abuse and on self-perception was done by comparing a test group of physically disabled adolescents and a test group of non-disabled adolescents. The respondents of the experimental group were students of the only special high school for physically handicapped persons in Croatia, Zagreb. The respondents of the control group were the students of two regular high schools in the capital of Croatia. The instrument used in this research was a self-reported, anonymous questionnaire. The respondents completed the questionnaire in the classroom. The data analysis regarding alcohol abuse indicated that physically disabled adolescents drink more often and out of quite different motives than their non-disabled peers. Regarding the prevalence, frequency, quantity and motives for smoking, no statistically significant difference has been found between the tested groups. On the contrary, significant differences between handicapped and non-disabled adolescents were evident regarding drug abuse. Only one physically disabled examinee used a drug—marijuana, only a few times a year. On the other hand, almost one quarter of the non-disabled adolescents use at least one, five at the most, type of drug sometimes or often. The results on the self-perception scale show that adolescent with physical disabilities have a much more negative attitude toward themselves than non-disabled controls. Their self-esteem and self-confidence are seriously diminished. Described findings could have a mighty impact on ways of preventing substance abuse, and on ways of increasing self-esteem among disabled and non-disabled adolescents.

2001

Cosden, M. (2001). **Risk and resilience for substance abuse among adolescents and adults with LD.** *Journal of Learning Disabilities, 34*(4), 352-8. PMID #: 15503579

ABSTRACT: Substance abuse is a major problem affecting the health and well-being of many people in our society. Although anecdotal evidence concerning linkages between learning disabilities (LD) and substance abuse has been common, this association is not well documented or understood. This article reviews the current research on substance abuse for adolescents and adults with LD, interpreting findings within a risk and resilience framework. Integrating these studies with the broader literatures on substance abuse and the needs of individuals with LD, the author develops hypotheses regarding specific risk and protective factors that could affect the occurrence of substance abuse for adolescents and adults with LD. Potential risk factors include a poor understanding of one's disability, a lack of skills for developing peer relationships, and the need for prolonged family support. Future directions for research in relation to prevention of and intervention regarding substance abuse among individuals with LD are discussed.

1993

Rush, B., & Tyas, S. (1993). **The treatment of disabled persons with alcohol and drug problems: Results of a survey of addiction services.** *Journal of Studies on Alcohol, 54*(3), 275-82. PMID #: 8387615

ABSTRACT: This report provides information on disabled clients that was collected as a supplement to the 1989 Addiction Research Foundation survey of alcohol/drug services in Ontario. The estimated prevalence of disabled clients in the treatment population was highest for those with psychiatric disorders (10.3 percent), followed by physical disabilities (mobility, 3.7 percent; vision, 1.5 percent; hearing, 1.4 percent; other impairments, 0.1 percent) and developmental handicaps (2.3 percent). There were, however, relatively few agencies reporting services tailored specifically for the disabled. Respondents generally felt that clients with psychiatric disorders or developmental handicaps would be better served by specialized programs with additional staff training, while the physically disabled could be adequately served

in "mainstream" services. Resources for physically disabled clients were not available in many addiction programs. Not all agencies desired these resources, however, even if funding were to be made available. Other factors were also important, such as the architectural feasibility of wheelchair accessibility, or the perception among the agencies that outreach capacity was beyond the role of their program. Implications of various methods of service delivery for the disabled are discussed.

1990

Brillhart, B.A., & Kircus, E. (1990). **Dealing with substance abuse among people with disabilities.** *Rehabilitation Nursing, 15*(5), 250-3. PMID #: 2399359

ABSTRACT: Many persons with physical disability have a hidden disability: substance abuse involving alcohol and/or psychotropic drugs. Patterns of substance abuse behavior vary according to use before disability, following the onset of disability, or both before and following the onset of disability. Substance abuse has a negative impact on a person's vocation, academic performance, family life, and social life, as well as on physical health. Rehabilitation nurses need assessment skills and interventions specifically aimed at dealing with substance abuse.



Quick Looks



The following excerpt is referenced from the Christopher & Dana Reeve Foundation, Paralysis Resource Center information sheet on Substance Abuse and Disability featuring information from the U.S. Department of Health and Human Services, Office on Disability Fact Sheets on Substance Abuse (http://www.hhs.gov/od/about/fact_sheets/substanceabusech26.html).

Substance use disorders occur more often in persons with disabilities than in the general population. This includes problems related to the abuse of prescription medications as well as illicit drugs. In the general population, alcoholism affects 10% of individuals and 5% are addicted to drugs.

- ♿ Moore (2002) estimates that as many as 1.5 million individuals with disabilities may need treatment for substance use disorders in any given year. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2002) estimates that approximately 4.7 million American adults with a disability have a cooccurring substance abuse problem.
- ♿ Persons with any type of disability experience substance abuse at rates 2 to 4 times that of the general population. Substance abuse prevalence rates approach or exceed 50% for persons with traumatic brain injuries, spinal cord injuries, or mental illness.
- ♿ Conditions such as deafness, arthritis, and multiple sclerosis have shown substance abuse rates of at least double the general population estimates.
- ♿ Where persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations consume alcoholic beverages, approximately 40-50% and be classified as heavy drinkers.

Data indicates that rates of substance abuse vary widely across disabilities. Spinal cord and traumatic brain injury populations have been found to have substantially higher rates of substance abuse disorders than the general population.

Online Resources Related to Substance Abuse and Individuals with Disabilities

Advance for Directors of Rehabilitation

Article on Substance Abuse and Disability

rehabilitation-director.advanceweb.com/common/editorial/editorial.aspx?CC=8066

Craig Hospital article on Alcohol Abuse and SCI

As people age, their bodies become less able to handle alcohol. As a result, they can become problem drinkers without increasing their consumption. Alcohol can cause serious health and safety problems for all older people. SCI survivors are even more at risk because their systems are already compromised and they tend to take more medications.

www.craighospital.org/SCI/METS/alcoholAbuse.asp

National Association on Alcohol, Drugs and Disability (NAADD)

The National Association on Alcohol, Drugs and Disability Inc., (NAADD) promotes awareness and education about substance abuse among people with co-existing disabilities. The mission of NAADD is to create public awareness of issues related to alcoholism, drug addiction, and substance abuse faced by persons with other co-existing disabilities, and to provide a peer approach to enhance access to services, information, education and prevention through the collaborative efforts of interested individuals and organizations nationwide.

Phone: 651/578-8047

www.naadd.org

Ohio Valley Center for Brain Injury Prevention and Rehabilitation: Substance Abuse and Brain Injuries

Provides information on programs, research and training on the issues of substance abuse and TBI.

www.ohiovalley.org/abuse/index.html

Oregon Brain Injury Resource Network

Provides a bibliography on substance abuse.

www.multnomah.or.networkofcare.org/aging/resource/agencydetail.cfm?pid=MCA
[G0329AA_247_1_0](http://www.multnomah.or.networkofcare.org/aging/resource/G0329AA_247_1_0)

Substance Abuse Resources and Disability Issues (SARDI)

The SARDI Program at the Wright State University in Dayton, Ohio seeks to improve the quality of life for persons with disabilities, including those who are concurrently affected by behavioral health issues. The SARDI Program achieves its objective by conducting collaborative and participatory research; developing intervention approaches; and training; and disseminating related information.

Phone: 937/775-1484

www.med.wright.edu/citar/sardi

Synapshots: Substance Abuse and TBI

Presents information on topics such as how common the problem is, the effects of substance abuse, and treatment for substance abuse.

www.synapshots.org

U.S. Dept of Health and Human Services

Office of Disability: Substance Abuse and Disability

www.hhs.gov/od/about/fact_sheets/substanceabusech26.html

U.S. DHHS's Substance Abuse and Mental Health Services Administration's National Clearinghouse for Alcohol and Drug Information

Toll Free: 800/729-6686

ncadi.samhsa.gov

Publications

Exploring Substance Abuse among Minorities With Disabilities and its Associations with their Experiences in Vocational Rehabilitation. Howard University Monograph: Washington, D.C.

www.med.wright.edu/citar/sardi/files/pdf_monograph.pdf

Guide to Substance Abuse and Disability Resources

Available in print and online. Funded by NIDDR.

⌘ (2001). <http://www.naric.com/research/rehab/download.cfm?ID=92058>

⌘ (1999). <http://www.naric.com/research/rehab/download.cfm?ID=91493>

SARDI Materials

www.med.wright.edu/citar/sardi/products.html#additionalresources

University of Washington: Northwest Regional Spinal Cord Injury System: *Alcohol and Your Health*

⌘ **After SCI (Spring 2003)**

http://sci.washington.edu/info/newsletters/articles/03sp_alcohol.asp

⌘ **Alcohol Abuse and SCI (Summer 1996)**

http://sci.washington.edu/info/newsletters/articles/96su_alcohol_abuse.asp

Search Terms for Substance Abuse & Individuals with Disabilities

- | | |
|--|--|
|  Adjustment |  Learning Disabilities/Disorders |
|  Abuse |  Medicaid/Medicare |
|  Accessibility/Architectural |  Mental Disorders/Health/Retardation |
|  Addictive Behavior |  Models |
|  Aging |  Multiple Disabilities |
|  Alcoholism/Alcohol Abuse |  Multiple Sclerosis |
|  At Risk Persons |  Needs Assessment |
|  Attention Deficit Hyperactivity Disorder |  Outcomes |
|  Autism Spectrum Disorders |  Physical Disabilities |
|  Barriers/Cognitive/Communication/Physical |  Prevalence |
|  Behavior/Disorders/Patterns/Problems |  Prevention |
|  Blind |  Psychiatric Disabilities |
|  Brain Injuries |  Psychosocial Factors |
|  Chronic Illness |  Public Health |
|  Community Mental Health Services |  Quality of Life |
|  Comorbidity |  Reference Materials |
|  Counseling/Attitudes/Education/
Effectiveness/Techniques/Training |  Referral |
|  Cultural Influences |  Rehabilitation/Programs/Services |
|  Deaf |  Resources |
|  Demographics |  Risk/Management |
|  Depression |  Schizophrenia |
|  Developmental Disabilities |  Secondary Condition(s) |
|  Diagnosis/Dual |  Self Care/Concept |
|  Disabilities/Discrimination |  Service Delivery |
|  Disparities |  Social Discrimination/Support/Work |
|  Drug Abuse/Addiction |  Special Education/Programs |
|  Educational |  Spinal Cord Injuries |
|  Family Counseling/Influence/Involvement/
Relationships |  Substance Abuse/Treatment Centers |
|  Federal Legislation/Programs |  Visual Impairments |
|  Follow-Up Studies |  Work Performance |
|  Health/Education/Policy/Resources/Services | |
|  Hearing Impairments | |
|  High Risk Persons | |
|  Hispanic Americans | |
|  Homelessness | |
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|  Information Centers/Resources | |
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|  Intervention | |

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-  Agency for Health Care Policy and Research databases
-  Center for International Rehabilitation Research Information and Exchange
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