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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Full-text copies of these documents may be available through NARIC’s document delivery service. To order any of the documents listed, please note the NARIC Accession Number (starts with a J, O, or R) and call an information specialist at 800/346-2742. You may also order online at www.naric.com/services/requestform.cfm. There is a charge of five cents for copying and shipping with a $5 minimum on all orders. International shipping fees may apply.
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:


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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
2007

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.

NARIC Accession Number: O17082
Project Number: H133F060032
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

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

NARIC Accession Number: O15144
Project Number: H133A980048
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.

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

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.

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 analysis 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.

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

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

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

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.


1996

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.38.

**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.


**Project Number:** H133B80020

**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


**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.


**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

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.

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

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

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.

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 NCDDR’s Guide to Substance Abuse and Disability Resources produced by NIDRR Grantees, 2nd Ed, number D.57.

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.


NARIC Accession Number: O10681
Project Number: H133B80049

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.


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.


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.


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 disor-
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

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.

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

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.

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

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.

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


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.

2006

No abstract is available.

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)

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 (SDL-S). 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)

2002


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

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

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 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.)
may be at heightened risk for binge drinking and mari-
juana 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

istics and staff training needs of two substance use
disorder treatment programs specialized for per-
sons 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 disabili-
ties are described. The article addresses SUD preva-
ience among persons with disabilities and the corre-
spanding specialized treatment needs and accommoda-
tions that may be necessary. The philosophical orienta-
tions, demographic profiles, and treatment outcome data
are presented. Considerations about staff training are
reviewed, and strategies for implementing a compre-
ensive staff training program are discussed. (Contains
3 figures and 3 tables.)

2002

prevention and intervention for students with disabili-
ities: A call to educators. ERIC Digest.
ERIC #: ED469441
ERIC Full-Text: http://www.eric.ed.gov/ERICWeb
Portal/contentdelivery/servlet/ERICServlet?accno
=ED469441
ABSTRACT: This digest summarizes basic informa-
tion 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 high-
est risk for substance abuse), attention deficit hyperac-
tivity 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 pro-
grams, community and family involvement, training for
special education teachers and counselors in substance
abuse education for this population, and increased ad-
voacy efforts for appropriate prevention and treatment
options. (Contains 10 references.)

2000

Guthmann, D. (2000). Identifying and assessing sub-
stance abuse problems with deaf, deafened, and
hard of hearing individuals.
ERIC #: ED452650
ERIC Full-Text: http://www.eric.ed.gov/ERICWeb
Portal/contentdelivery/servlet/ERICServlet?accno
=ED452650
ABSTRACT: This report provides an overview of
chemical dependency, communication barriers, and as-
essment/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 symp-
toms, the report describes a model treatment program:
the Minnesota Chemical Dependency Program for Deaf
and Hard of Hearing Individuals. The following recom-
endations for treatment are made: (1) accessible
Twelve Step groups are needed; (2) education/preven-
tion services should be provided to individuals who are
defaf or hard of hearing of all ages; (3) there is a need
for accessible outpatient, inpatient, and after care ser-
vices; (4) training opportunities about specialized treat-
ment considerations should be offered to professionals
working in the field of chemical dependency; (5) more
interpreter training programs are needed that offer spe-
cialized training in the area of chemical dependency;
(6) more chemical dependency counselors are needed
who are fluent in American Sign Language; (7) addi-
tional research is needed in the prevalence of chemical
dependency within the Deaf community; and (8) voca-
tional rehabilitation counselors are needed to work
closely with chemical dependency treatment programs.
(Contains 13 references.)
1994

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.

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.

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

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

ERIC #: 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

ERIC #: 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

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.

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.

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.

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.


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


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.

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

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. Appendices, 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.

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


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


PDF: [http://library.ncrtm.org/pdf/331.068.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


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.


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


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 practice 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.


ABSTRACT: 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.


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.

**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.


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


**No abstract is available.**


**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


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


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


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.
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

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.

Guide to Substance Abuse and Disability Resources
Available in print and online. Funded by NIDDR.


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
- Abuse
- Accessibility/Architectural
- Addictive Behavior
- Aging
- Alcoholism/Alcohol Abuse
- At Risk Persons
- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorders
- Barriers/Cognitive/Communication/Physical Behavior/Disorders/Patterns/Problems
- Blind
- Brain Injuries
- Chronic Illness
- Community Mental Health Services
- Comorbidity
- Counseling/Attitudes/Education/Effectiveness/Techniques/Training
- Cultural Influences
- Deaf
- Demographics
- Depression
- Developmental Disabilities
- Diagnosis/Dual
- Disabilities/Discrimination
- Disparities
- Drug Abuse/Addiction
- Educational
- Family Counseling/Influence/Involvement/Relationships
- Federal Legislation/Programs
- Follow-Up Studies
- Health/Education/Policy/Resources/Services
- Hearing Impairments
- High Risk Persons
- Hispanic Americans
- Homelessness
- Individual Characteristics/Counseling/Needs
- Information Centers/Resources
- Injuries
- Instructional Materials
- Intervention

- Learning Disabilities/Disorders
- Medicaid/Medicare
- Mental Disorders/Health/Retardation Models
- Multiple Disabilities
- Multiple Sclerosis
- Needs Assessment
- Outcomes
- Physical Disabilities
- Prevalence
- Prevention
- Psychiatric Disabilities
- Psychosocial Factors
- Public Health
- Quality of Life
- Reference Materials
- Referral
- Rehabilitation/Programs/Services Resources
- Risk/Management
- Schizophrenia
- Secondary Condition(s)
- Self Care/Concept
- Service Delivery
- Social Discrimination/Support/Work
- Special Education/Programs
- Spinal Cord Injuries
- Substance Abuse/Treatment Centers
- Visual Impairments
- Work Performance
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- Education Resources Information Center
- National Clearinghouse of Rehabilitation Training Materials
- Campbell and Cochrane Collaborations
- PubMed and other National Library of Medicine databases
- Agency for Health Care Policy and Research databases
- Center for International Rehabilitation Research Information and Exchange
- and other reputable, scholarly information resources.

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