



Review article

Substance abuse among individuals with intellectual disabilities

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ABSTRACT

Individuals with disabilities are a growing population that confronts multiple disadvantages from social and environmental determinants of health. In particular, the 7–8 million people in the U.S. with an intellectual disability (ID) suffer disproportionately from substance use problems, largely because of a lack of empirical evidence to inform prevention and treatment efforts for them. Although available research could inform future research efforts, studies are scattered across disciplines with the last review synthesizing findings written more than five years ago. To consider more recent findings with earlier works, PubMed, PsychINFO, and Google Scholar were searched and produced 37 peer-reviewed texts across multiple disciplines, 15 from 2006 or later. While the prevalence of alcohol and illicit drug use in this population are low, the risk of having a substance-related problem among ID substance users is comparatively high. Gaps in the research and population subgroups that warrant special attention are identified, such as individuals with borderline and mild ID, individuals with co-occurring mental illness, and individuals who are incarcerated. Compared with substance abusers without ID, ID substance abusers are less likely to receive substance abuse treatment or remain in treatment. Research is needed to better gauge the magnitude of substance use problems, identify prevention strategies, and specify treatment components that meet the unique needs of individuals with ID.

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1. Introduction

Individuals with disabilities constitute a growing population in the United States. They confront disadvantages from social and environmental determinants of health, including lower educational levels, lower incomes, and higher unemployment, than people without disabilities (Iezzoni, 2011). In particular, people with intellectual disabilities (ID) suffer disproportionately from substance use problems, due largely to a lack of empirical evidence on what substance-related disorder prevention and treatment efforts are effective for them (Cocco & Harper, 2002; Slayter, 2008). Available research is scattered across disciplines, with the last review synthesizing findings written more than five years ago (McGillicuddy, 2006). Researchers suggest that substance use and related problems among people with ID have been understudied. Findings could help inform future research efforts, so recent studies were reviewed to consider with earlier works. While there are still no good, population-based prevalence estimates for substance use or abuse among people with ID, research suggests that prevalence of alcohol and illicit drug use is low, while risk of abuse is relatively high among substance users in this population (McGillicuddy & Blane, 1999; Slayter & Steenrod, 2009). This review identified gaps in research, such as a need to assess the use of readily available substances (e.g., inhalants) in this population (Cocco & Harper, 2002), and subgroups with potentially high vulnerability to substance use problems, such as adolescents and those with a history of involvement with the criminal justice system (Chaplin, Gilvarry, & Tsakanikos, 2011; Cocco & Harper, 2002).

People with ID have significant limitations in cognitive functioning and adaptive behaviors that relate to everyday social and practical skills. Encompassed by but not the same as a developmental or learning disability (AAIDD, 2012), ID is diagnostically the same as mental retardation but is more respectful and the preferred term to identify the 7–8 million members of this population in the U.S. (HHS, 2012; Schalock et al., 2007). ID diagnoses occur along a spectrum ranging from borderline to severe with the diagnostic and statistical manual of mental disorders (DSM-IV) classifying individuals with an IQ below 20–25 as *profound*, from 20–25 to 35–40 as *severe*, from 35–40 to 50–55 as *moderate*, from 50–55 to approximately 70 as *mild*, and from 71 to 84 as *borderline* (APA, 2000). Around 87% of people with ID are only slightly slower than average (HHS, 2012: On-line). Many people with ID live in the community, an improvement over institutionalization, but such integration may increase their exposure opportunities to licit and illicit substances (Slayter, 2006a).

Like ID, substance use operates on a continuum ranging from low (e.g., experimental use) to high, with high-level use defined as abuse or dependence (Brucker, 2007). The DSM-IV defines current substance *dependence* as a maladaptive pattern of use leading to clinically significant impairment or distress as defined by 3 or more dependence criteria over one year (i.e., tolerance, withdrawal, substance often taken in large amounts or for long periods, persistent desire or unsuccessful attempt to cut down, a great deal of time spent in activities to get the substance, important activities given up, continued substance use despite knowledge of having recurrent physical or psychological problems) (APA, 2000). A substance *abuse* diagnosis is given when substance users do not meet the criteria for dependence disorder and manifest a maladaptive pattern of use leading to clinically significant impairment or distress as defined by one or more abuse criteria over one year (i.e., a serious problem at home, work, or school caused by using the substance; regular substance use that puts the user in physical danger; repeated use that leads to trouble with the law; problems with family or friends caused by continued use) (APA, 2000).

Because the literature on substance use among people with ID is scattered across disciplines, we reviewed it to identify common findings and gaps in the knowledge concerning substance use problems that will inform future research, intervention, and health policy efforts. This paper considers epidemiological findings from U.S. and non-U.S. studies, explores substance use disorders with co-occurring mental health disorders, incarceration, and other substance use consequences for this population with emphasis of findings from 2006 or later. The paper concludes with recommendations for future research and policy.

2. Material and methods

Searches of PubMed, Google Scholar, and PsychINFO using keywords, such as intellectual disability; mental retardation; and alcohol abuse; produced 37 journal articles and 2 dissertations on substance use and related problems among people with ID from the past 30 years. Of the 27 texts that reported original research; 14 were from studies outside the U.S. Most studies used community-based samples; included a small sample size ($n \leq 200$); considered the use of certain substances only (e.g., alcohol; cocaine); and relied on self-reported measures not validated for this population (Slayter, 2006a; Cocco & Harper, 2002). Of U.S. studies that used national data; all focused on treatment-related information from the 1990s (Larson, Lakin, & Huang, 2003; Slayter, 2008, 2010a); with the most recent studies relying on Medicaid claims; potentially limited by concerns of data completeness (Iezzoni, 2002; Slayter, 2010a). Research also lacked theoretical explanation and would benefit from use of a cohesive theoretical frame (Cocco & Harper, 2002).

3. Results and discussion

3.1. Epidemiology of substance use, U.S. studies

Provided for comparison, information in Table 1 is from the National Survey on Drug Use and Health (NSDUH), an ongoing annual national survey of approximately 67,500 individuals to assess incidence and prevalence of substance use, abuse, and dependence among non-institutionalized Americans aged 12 years or older. Table 2 reports information from the Monitoring

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