

# Substance Abuse and Co-Existing Disabilities

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# The #1 Drug Problem

- Alcohol-related deaths outnumber deaths related to illicit drugs 4 to 1
- Costs of alcohol abuse to society are 50% greater than all illicit drug abuse costs combined
- Alcohol kills 6.5 times more young people than all illicit drugs combined.

# **Substance Abuse as a Disability**



# Health Care Costs

- 20 % of all hospitalized person have a significant alcohol problem.
- 50 % of VA beds
- Families with alcoholism have 100% greater medical costs

## Attitude

- Substance abusers should be afforded the same rights as persons with other disabilities.
- Employers have the right to know whether a person is a substance abuser.
- Persons on receiving financial assistance, who have a history of substance abuse, should have mandatory urine analysis, and if there is a positive result, funding should be terminated.
- There is a distinct difference between drug addicts and alcoholics and therefore they should be treated differently.



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## ADA

- Substance abuse as a disability is afforded protection under the Act, with certain provisions and distinctions between alcohol and illegal substances.
- Past use is protected from job discrimination
- Current alcohol use with no job problems
- **A person who is currently engaging in illegal drug use or alcohol abuse**

## ADA: Court Decisions

- Universally courts have held that disciplinary action for unacceptable behavior is permissible under the ADA.
- Time away from work may depend on when accommodation is requested.
- Accommodations for driving after OWI
- Addicts are held to the same work and behavioral standards as others.



# **Substance Abuse and Co-existing Disabilities**

# Background

- Moore and Li find that persons with disabilities use illicit drugs in similar patterns and for similar reasons as everyone else.
- Persons with disabilities used entitlement as the main reasons for drug use.
- 25% of persons who access vocational rehabilitation services have a substance abuse history

## Background

- Persons with disabilities experience substance abuse 2-4 times greater than the general population
- 40%-75% of people who sustain TBI or SI have alcohol or other drugs in their blood at the time of injury.
- 60% of persons who experience a substance abuse-related injury return to abuse following rehabilitation.



## TBI

- 50%-60% of individuals hospitalized with TBI have a history of substance abuse
- Generally the more severe the injury, more likely they were to have a SA history.
- 50% of those sustaining brain injuries were using alcohol at pre injury rates 1 year post injury
- BAL at time of injury was an accurate predictor of dependence



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# Why People with Disabilities Are at High Risk for Substance Abuse and CD Problems

- Physical and metabolic changes caused by a disability may increase sensitivity to the effects of drugs and alcohol.
- Alcohol and other drug use may weaken or overly intensify the effects of medication that have been prescribed for the disability.
- A multiplicity of prescription drugs are easily available. Over the counter is a common problem.
- Self medicate pain and frustration.
- Society assumes consumer has nothing better to do.
- Enabling of friends and family



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# Why People with Disabilities Are at High Risk for Substance Abuse and CD Problems

- Society assumes consumer has nothing better to do.
- Enabling of friends and family
- Lack of social and occupational skills
- Social acceptance may feel easier in a using environment.
- Stress from living with a disability can be rationale for use.
- Consumer may be an easy friend or prey.
- Treatment facilities and self help groups remain inaccessible.

# Determining Dependency

Criteria and Screening



## DSM Criteria for Dependence

A *maladaptive* pattern of substance use, leading to clinically *significant* impairment or distress, as manifested by *three* or more of the following occurring within the same *12 month period*.

# DSM Criteria for Dependence

- Tolerance
  - A need for markedly increased amounts
  - markedly diminished effect
- Withdrawal
- The substance is often taken in larger amounts or over a longer period of time than was intended.
- There is a persistent desire of unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain the substance or recover from its effects.

# DSM Criteria for Dependence

- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- The Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

## Consequences



# Screening

# Screening

- First Level Screening
- Positive answer should lead to a more in-depth interview
- AODA assessment
- Possible problem
- All tools have good validity and reliability
- 1 – 20 minutes to complete
- Most human service professionals can administer

# CAGE

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- C** Have you ever felt you ought to **CUT** down on your drinking?
- A** Have people **ANNOYED** you by criticizing your drinking?
- G** Have you ever felt bad or **GUILTY** about your drinking?
- E** Have you ever had a drink first thing in the morning (**EYE OPENER**) to steady your nerves or get rid of a hangover?

80% - 90% accurate when answering yes to 2 or more.



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## Screening: 4 P's

- Present use of drugs and /or alcohol?
- Past problem?
- Partner using drugs or alcohol in a worrisome way?
- Parent is an active or recovering alcoholic or addict?

# Tweak

- Tolerance: How many drinks to make you high?
- Worried: Have close friends or relatives worried or complained about your drinking.
- Amnesia: Has anyone ever told you about things that happened while you were drinking that you don't recall?
- K: Cut down

Three or more is likely to indicate problem.

# Trauma Index

*Since your 18<sup>th</sup> bday:*

- Had any fractures or dislocations to bones or joints?
- Been injured in a traffic accident?
- Had a head injury?
- Been injured in an assault or fight?
- Been injured after drinking?

*Two of more positive responses indicate excessive drinking or drug use.*

*Not as effective as CAGE or MAST but accurate in 2/3.*

# Screening

- Michigan Alcoholism Screening Test
  - [http://www.ncadd-sfv.org/symptoms/mast\\_test.html](http://www.ncadd-sfv.org/symptoms/mast_test.html)
- Alcohol Use Disorders Identification Test (AUDIT)
  - <http://www.drugnet.bizland.com/assessment/audit.htm>
  - 90% accurate
- [The Simpson Inventory](#)



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## The **SASSI** (Substance Abuse Subtle Screening Inventory)

- Substance Abuse Subtle Screening Inventory  
<http://www.sassi.com>
- One side of the form does not inquire directly about alcohol or drug use.
- Face valid and subtle items that are empirically derived.





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## Only one question?

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On any single occasion during the past 3 months have you had more than 5 drinks containing alcohol?



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# Signs and Symptoms for Persons with Co-existing Disabilities

- Arrested progress in medical rehabilitation
- Pressure ulcers from immobility
- Inexplicable bumps and bruises
- Missed outpatient appointments
- Use or misuse of medication

**So they have a problem...**

What's Next????



# Employment

- Historically addicts have had an unemployment rate of between 65% -85%
- Can be essential ingredient for tx outcome
- Employment status shows significant positive correlations with treatment retention.
- Established legal source of income.
- Self esteem

# Treatment Challenges

- Lack of access.
- Lack of funding
- Lack of support
- Treatment personnel generally have limited training or experience in disability issues.
- Often treatment plans excludes disability considerations, functional limitations and learning difficulties.

**“They have to admit it first”**

Motivation for  
Treatment



## Court Based Intervention

- Studies on legally induced treatment
- No differences.
- Court ordered were likely to stay in treatment longer.

## NIDA VA Study 2006

- Found men with low intrinsic motivation at beginning of tx reported same abstinence, employment and re-arrest as peers who sought help on own.
- Affirm previous smaller studies
- “Once in a therapeutic environment, mandated patients seem to reflect on their situation and accept need for tx”



# **After Treatment: You Play a Key Role**

The Hard Work Begins



# Relapse

- Process of recovery is a lifelong effort.
- Relapse does not necessarily mean the individual is not motivated for vocational services.
- Persons are in the greatest risk for relapse in the first 3 months of sobriety
- Some studies report from 50%-75% rate of relapse in the first 18 months.

## Mistaken Beliefs of Relapse and Recovery

- Recovery is abstinence from alcohol and drugs.
- Relapse is alcohol and drug use
- Anytime I abstain from alcohol and drugs I am in recovery.
- Anytime I return to alcohol and drug use I am in relapse.
- As long as I don't use alcohol and drugs I will be in control of myself and my behavior.

## Four Elements Common to Relapse

- Personality Traits: compulsive behavior, tendency toward dependency, passive aggressive (blame others).
- Substitute addictions: work, relationships, eating, gambling
- Narrow view of recovery: Abstinence vs Recovery
- Warning signals overlooked

# Risk Situations

- **Negative emotional state**
- **Interpersonal conflict**
- **Social pressure**
- **Negative Physical states**
- **Testing personal control**
- **Responsiveness to substance abuse cues**

Galanter, Marc, M.D. and Kleber, Herbert M.D., eds. (1994). Textbook of Substance Abuse Treatment, Washington, D.C.: American Psychiatric Press, Inc.

## Threats to Recovery

- Continued using relationships
- Going to parties/bars
- Not attending meetings
- Stinking thinking
- 75% of all relapses involved failure to deal successfully with a high risk situation.

## Antecedents to Relapse

- Negative Emotional States 35%
- Peer Pressure 20%
- Interpersonal Conflict  
16%
- “Craving” 9%
- Testing Personal Control 5%
- Negative Physical States 3%

# Employment Issues

Job Development  
Job Placement  
Supported Employment





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# Occupational Risk Factors in Early Recovery

- MONEY
- Absence of clear goals or supervision
- Freedom to set work hours (isolation)
- Presence of illegal drug users
- Competitive pressure
- Jobs as obstacles
  - Bar tending
  - On the road
  - Business dinners
  - Nursing
  - Stress



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## Accommodating Individuals with Drug and Alcohol Problems

- Intensive or structured outpatient
- Participation in self help (AA)
- Modified schedule for methadone maintenance
- Job restructuring to avoid risky environments (People, places, things)
- Unpaid leave for inpatient or extended treatment



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# Job Development and Placement Issues

- Inability to return to prior employment (performance or termination).
- Gaps
- Poor Performance
- Accidents/Injuries
- Unskilled
- Under employed
- Lack of references (burned bridges)

# Employment Guidelines

- Include substance abuse in vocational profile.
- Find a job that supports recovery.
- Help develop a plan to manage money.
- Have a multidisciplinary team approach.
- Create success: Job loss is associated with relapse.

## Be careful when they “got the religion”

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- Gaps
- Convictions
- Employment related (nursing, pharmacy)

# Predictors of Abstinence

Factors in Long Term  
Recovery



# Predictors of Abstinence

- Most long term studies do not support the view that treatment has a lasting impact on the course of alcoholism.
- Valliant's research on 110 alcohol abusing men concluded "specific clinical interventions seem to be relatively unimportant."

## Predictors of Long Term Abstinence

- Relationship with friends and family greatest life context predictor
- Being married predicted higher abstinence 6 months post tx
- No demographic factors were predictors
- Inpatient not a factor
- Follow up treatment predicted higher likelihood of abstinence 3 years out



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## Predictors of Long Term Abstinence: Post Treatment Recovery

- Greatest predictor was involvement at AA meetings.
- Those who attended in the first 3 years were the most likely to be abstinent 8 years out.

# Case Study

[JR's Story](#)



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