

## Implications of Substance Use for Young People Living with Developmental Disabilities

### Introduction

Being a young person in today's society is quite challenging, with many pressures to fit in, develop one's identity, and become successful. Youth living with developmental disabilities **often face additional challenges**, commonly experiencing oppression and marginalization. These experiences may manifest in a myriad of ways such as **social exclusion, bullying, and exploitation**, potentially developing into forms of physical and sexual abuse as they grow older (Taggart, McLaughlin, Quinn, & McFarlane, 2007).

Given this, it is reasonable to think they may resort to **using substances to cope** with these difficulties, similar to a significant number of youth not living with special needs. However, it appears as though the popular belief is that people with special needs do not misuse drugs and alcohol (Krahn, Farrell, Gabriel, & Deck, 2006). In fact, this could not be a more inaccurate stereotype. People with all forms of disabilities do not merely use alcohol and drugs to deal with mental health challenges and harsh realities, **they are disproportionately more likely** to abuse these substances; yet are significantly underrepresented in substance abuse treatment programs (Glazier & Kling, 2013).

There has been little research done that specifically inquires about substance use from the perspectives of people living with developmental disabilities. One qualitative study by Taggart and colleagues (2007) involving 10 people aged 28 to 52 years with developmental disabilities found that an overarching theme for misuse was **'self-medicating against life's negative experiences.'**

More studies are needed that focus on younger people given the knowledge that drug and alcohol experimentation is a relatively common aspect of adolescence and young adulthood. There is a **crucial need to learn more about patterns of substance use** in youth with developmental disabilities, and the **services they need** to help them engage in healthier coping mechanisms and to abstain from using drugs and alcohol should they wish to access such programs.

### Purpose of this Summary

This summary outlines the findings of an unpublished manuscript (Turner, 2014) on the intersectionality of oppression for people living with developmental disabilities who also misuse and abuse substances, titled *Intersections of Oppression: The Implications of Substance Use for People Living with Developmental Disabilities*. The **results have been tailored** to relate to youth who identify as members of this demographic, in order **to initiate conversations** on how best to support these young people in developing healthier coping techniques and lifestyles, should they wish to access help in these areas.

The paper reviewed **two core aspects**: reasons for substance use and abuse and barriers to treatment. This document will summarize the main findings for each of these two areas and conclude with recommendations for researchers, parents, service providers, and policy makers on how to improve mental health and addiction research and services for youth living with developmental disabilities.

### Reasons for Substance Use/Abuse

There were multiple reasons people with developmental disabilities engaged in substance use/abuse, including:

- **Coping with social isolation**, psychological trauma, mental illnesses, abuse (including financial, physical, and sexual), and pressures to fit the definition of successful (Taggart et al., 2007).
- **Fitting in with typically developing peers** and joining them in experimenting with various substances, thought to be a result of the deinstitutionalization of people with disabilities (Slayter, 2010).
- **Relieving a sense of boredom or unfulfillment** due to a lack of adequately supported extracurricular, postsecondary, and vocational opportunities (Taggart et al., 2007).
- A **lack of education** on the consequences of using and misusing drugs, be they prescription or otherwise, combined with increased impulsivity (Turner, 2014).

## Barriers to Treatment

Several reasons were identified as to why members of this population did not seek or receive treatment. They include:

- **Physical inaccessibility** of service settings, such as a lack of ramps, elevators, and wheelchair accessible washrooms (Krahn et al., 2006).
- **Inability of agencies to provide personal support** to clients requiring such assistance (Slayter, 2010).
- A **focus on abstinence** when clients wish to only decrease substance use or seek support while considering whether they wish to stop using (Taggart et al., 2007).
- **Lack of holistic services** in that health care providers focus solely on diagnosis-specific needs, rather than examining mental health (Etherington & McDougall, 2014) and screening for signs of substance use or addiction.
- **Lack of substance abuse screening tools and treatment programs** designed specifically for this population (Chapman & Wu, 2012; van Duijvenbode, et al., 2015).
- **Inability of youth to consent to treatment** either because of age or cognitive functionality, therefore forcing them to rely on caregivers to give consent (Weiss, 2012). This may create feelings of powerlessness and shame, therefore discouraging young people from accessing such services.
- **Minimal to no communication** between those who specialize in providing services specific to people with developmental disabilities and those who provide addiction services (Slayter, 2010).
- **Discomfort and limited understanding** of how to work with this population among mental health specialists (Weiss, 2012).
- **Challenges with behavioral and emotional regulation**, making residential treatment extremely challenging or impractical (Turner, 2014).
- **Unawareness of treatment options or facilities** among individuals, or they may be unable to recognize the signs of problematic substance use (Taggart et al., 2007).

## Recommendations

A number of things can be done to dissuade and decrease substance use among youth with developmental disabilities, and to enhance services, such as:

- Conduct more research in this area and **involve young people** living with developmental disabilities in the design of research studies and treatment programs (Turner, 2014).
- **Increase communication and collaboration** among service providers in order to provide comprehensive health care to young people with complex needs (Slayter, 2010; Turner, 2014).
- **Increase training** for addiction counselors about how to best to work with and meet the unique needs of young people living with developmental disabilities (Turner, 2014).

- **Provide education and prevention programs** about the implications of using substances, as well as healthier techniques for coping with stress to all students, including those in special education streams (Chapman & Wu, 2012; Turner, 2014).
- Service providers should **engage caregivers in conversation** about substance use so they can be aware of signs and open dialogue with their youth (Turner, 2014).
- **Create more opportunities for young people with developmental disabilities** to get involved in the community in meaningful ways (Turner, 2014).

## Summary

Individuals with disabilities engage in substance use and are more likely to abuse substances than those without disabilities. Therefore, it is **crucial to conduct research** to understand how and why this behavior develops in youth and how to best provide prevention programs and services for substance use and abuse. Awareness is needed to **debunk the myth** that individuals with developmental disabilities do not engage in such behaviours, thus opening the door for conversation and improved services. Young people should be included in such conversations to ensure their unique needs are met.

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