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Commentary

The complexities of substance use disorder and people with disabilities: Current perspectives

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ABSTRACT

This Supplement of the *Disability and Health Journal* presents research at the intersection of disability and substance use disorders (SUD). A better understanding of their complex relationship is needed to (1) inform the development of culturally relevant, accessible, and inclusive prevention and intervention efforts aimed at eliminating disparities in SUD prevalence among people with disabilities; and (2) improve access, quality and outcomes of SUD treatment and other recovery support services for people with disabilities. These eleven articles include themes around prevalence and identification of disability-related disparities, perspectives of people with lived experience of disability, and adaptations to substance use measures and interventions. They highlight the importance of a public health focus on the unique needs of people with disabilities and development of accessible and person-centered interventions. Integrative and holistic SUD prevention and treatment efforts, including pain management, are essential to address the complex needs of people with both disability and SUD.

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Substance use, misuse and addiction continue to be significant concerns with broad-reaching consequences. Alcohol problems remain the most prevalent, with indications of increasing misuse amongst many population groups during the COVID-19 pandemic. Opioid misuse and addiction continue, and drive the need for improved access to medications as the gold standard for treatment of opioid use disorders (OUD) and harm reduction strategies to address the overdose crisis, with over 100,000 deaths in the U.S. in 2021 alone. Other substances—stimulants, depressants, cannabis, and others—remain of concern, and risky polysubstance use is also on the rise. Access to substance use disorder (SUD) services, quality of treatment, harm reduction, and adequate addressing of comorbidities including pain, mental health, and other medical conditions remain essential.

To date, the literature has been quite sparse in terms of characterizing substance use and SUD among people with disabilities, although the current body of evidence highlights the increased risk for substance misuse and addiction among disabled people. The extant literature remains sparse, is fairly old, and rarely considers the perspective of disabled people, underscoring the need for a disability rights framework at this intersection with SUD. Some important efforts by the federal Substance Abuse and Mental Health Services Administration have documented accessibility concerns for SUD treatment[1] and ways to design services to accommodate specific needs within SUD treatment.[2,3] Stigma and discrimination, however, remain challenges for people with SUD and disabilities alone, and more so at this intersection. Without deeper knowledge and understanding, it will remain difficult to elevate the needs of the disability populations who also have SUD or misuse substances.

A better understanding of the complex relationship between disability and SUD is needed to inform the development of culturally relevant, accessible, and inclusive prevention and intervention efforts aimed at eliminating disparities in SUD prevalence among people with disabilities. Further, it is essential to assess and improve access, quality and outcomes of SUD treatment and other recovery support services for people with disabilities.

Abbreviations: SUD, substance use disorder; OUD, opioid use disorder; DHH, Deaf and hard of hearing; ID, intellectual disability; ED, emergency department.

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To address these gaps in research and evidence, the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) funded the Intersecting Research on Opioid Misuse, Addiction and Disability Services (INROADS) project. INROADS researchers in collaboration with the *Disability and Health Journal* solicited and peer-reviewed original research articles for this Supplement dedicated to the intersection of disability and substance use disorders including opioids, alcohol, and other drugs. The articles in this collection expand the base of knowledge, with themes arising in the areas of prevalence and identification of disability-related disparities, perspectives of people with lived experience of disability, and adaptations to substance use measures and interventions.

A first theme of this issue is articles focused on the prevalence of substance use, misuse, and treatment among people with disabilities, using survey, claims and administrative data. ***Hinson-Enslin et al.*** assessed the association between vision and hearing loss and lifetime drug use and treatment for drug use.[4] They found that vision loss alone and hearing loss alone increased the likelihood of lifetime drug use by about one-third, compared to people without sensory disabilities, and both vision and hearing disabilities increased the likelihood of lifetime drug use by about one-sixth. Despite these increased likelihoods of drug use, they were no more likely to have received treatment, suggesting disparities in access to substance use care among people with vision and hearing loss. ***Ryding et al.*** examined whether the age of alcohol use initiation was associated with parental listening to youth with disabilities.[5] Youth with disabilities who reported that parents nearly always listened to them had lower likelihood of early alcohol initiation, yet this association did not fully explain younger age of alcohol initiation among youth with disabilities compared to non-disabled youth. These findings highlight the value of understanding protective factors, specific to people with disabilities, that reduce risk of substance use problems, as well as the need to identify unexplained risk factors.

Richard et al. aimed to understand opioid prescribing to pregnant women, and how that differed by disability status and types of disability, adjusting for chronic pain status.[6] They found that pregnant women with physical, inflammatory, or psychiatric disabilities were prescribed more opioids and at higher dosages than non-disabled women, with associated increased risk of adverse birth outcomes due to opioid use. ***Roux et al.*** estimated prevalence of SUD among Medicaid enrolees who are autistic, or have intellectual disabilities (ID) or both, in context of demographic and clinical characteristics and types of SUD.[7] Prevalence of SUD increased over a five-year period, more rapidly among autistic people, and types of substances misused varied by specific disability types. Co-occurring depression increased risk of SUD. These findings have implications for screening, diagnosis and treatment of SUD among people with intellectual and developmental disabilities.

Reif et al. examined substance use and misuse among adults with disabilities, in the context of co-occurring conditions and chronic pain.[8] They found that disability was associated with reduced odds of current alcohol use but higher odds of any drug use, prescription drug misuse, and nicotine use. Chronic pain accounted for significant proportions of these associations. Again, the importance of screening, diagnosis and SUD treatment among people with disabilities is highlighted, with an emphasis on inclusion of comprehensive pain management. Using all-payer emergency department (ED) data, ***Akobirshoev et al.*** investigated OUD-related ED visits among deaf and hard of hearing (DHH) adults.[9] They found that, compared to non-DHH adults, DHH adults had higher risk for any OUD-related visits, opioid overdose-related ED visits, and mortality during OUD related visits. Chronic pain and psychiatric conditions play a potential role in explaining these associations. These findings highlight the need for disability accommodations at all stages of emergency care.

A second theme highlights the experiences of people with disabilities and their providers. ***Ledingham et al.*** conducted interviews and focus groups with people with disabilities to learn about their experiences with opioid and other substance misuse, and accessing and engaging in SUD treatment.[10] Respondents reported many barriers to treatment that were related to their disability, including layers of stigma and systemic barriers. These experiences have profound implications for SUD and OUD treatment access and quality of care. ***Paez et al.*** investigated the experience of both people with chronic pain due to arthritis and their providers in terms of opioid prescribing.[11] Most prescribing was consistent with national guidelines, but both patients and providers were frustrated with new barriers to prescribing, set by states and insurers, especially when opioids had already been safely used for years. These results highlight the need for more intensive efforts to expand integrative health care and multidisciplinary pain management programs.

The third and last theme of this Supplement focuses on needed adaptations to measures of substance use problems and interventions to treat them, to meet the needs of people with disabilities. ***Mallery et al.*** adapted an instrument designed to measure opioid misuse among people with chronic pain and who have long-term opioid use, to validate its use for people with disabilities and chronic pain due to arthritis.[12] They found that the original measure included some items that could be harmful to ask of people with disabilities and chronic pain due to arthritis. The adapted measure was shown to be valid to screen and monitor for harmful opioid use in this population. ***Copersino et al.*** addressed the lack of tools to support people with intellectual disability (ID) who also have SUD.[13] They examined the clinical utility of an alcohol and other drugs refusal skills intervention which was developed to be cognitively accessible to adults with ID. The intervention was appropriate for people with mild ID to learn and demonstrate refusal skills. Further, providing the intervention in developmental disability service communities increased access to SUD services and minimized disruption to usual routines. ***Collings et al.*** consider how to address the concern that cognitive impairment affects engagement and outcomes of SUD treatment.[14] They examined a modified residential SUD treatment program that included both conventional treatment modalities and accessible design and person-centered care, finding treatment completion rates for people with cognitive impairment were five times greater after the program was modified.

The eleven articles in this Supplement underscore the importance of understanding the nuances across types of disabilities as they relate to substance use, misuse and disorders. Further, they highlight the need for a public health focus on the unique needs of people with disabilities, and interventions that are accessible and accommodate these needs and are person-centered. Care that is integrative and holistic, to address the complex needs of people with both disability and SUD, and often pain, is essential. These articles demonstrate that a disability-rights focus is feasible and essential to adequately address substance use issues in these populations. We commend the authors for advancing our knowledge, and look forward to additional research that builds on these studies and continues to address the needs of people with disabilities, including research at the intersection of disability, SUD, and race/ethnicity.

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Disclaimer

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Conflicts of interest

The authors have no conflicts of interest to declare.

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