

Drugs and Diversity: Disabled People

Learning from the evidence

Introduction

This review is part of a wider programme of work undertaken by the UKDPC to provide an overview of the differing needs and challenges associated with drug use among diverse minority communities within the UK.

By bringing together a variety of evidence in one place we are seeking to encourage a broader view of the evidence and its implications, as well as prompting debate about how best to respond to the varying patterns of drug use and associated problems within different communities.

The government, local partnerships, commissioners and service providers have sought to address the challenges of a range of diverse groups over the years. This review has not sought to evaluate the impact these have made but rather to describe what is known about the current situation, to stimulate much-needed discussion of the issues, highlight gaps and to identify new areas for action.

It should be noted from the outset that people with disability are not a homogeneous group and there will be as wide a range of needs and experiences within the group as will be found in any other population. However, there will also be areas of commonality which we will seek to highlight.

It was a common finding for all the reviews conducted as part of this project that the evidence was extremely limited and often of poor quality but this was particularly true in this review. Therefore the findings, although the best available, are unlikely to provide a complete picture and should be interpreted with caution.

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The full review on which this briefing is based:

- *The Impact of Drugs on Different Minority Groups: A Review of the UK Literature Part 3: Disabled People*
- Available at: www.ukdpc.org.uk/reports.shtml

Factors that may increase drug use risk among disabled people

Isolation, exclusion and 'social distance'	some disabled children may find it difficult to participate in school culture or have communication issues leading to drug use to deal with distress, frustration, isolation and bullying.
Social pressure	drugs may be used as a means of 'fitting in' and gaining acceptance by non-disabled contemporaries.
Mental health problems and poverty	may increase risks for disabled people – being linked to social exclusion and problematic drug use in the general population.
Communication difficulties and lack of accessible information	may aggravate drug problems and inhibit help-seeking for some disabled people
Self-medication	some people find cannabis alleviates the symptoms of long term illnesses, including Multiple Sclerosis, back pain and arthritis.

The extent and nature of drug use and associated problems

- Illicit drug use is now widespread within the UK population and most young people, including those with a disability, are likely to be exposed to drugs in some way at some stage (2 in 5 young people aged 16 to 24 say they have used drugs at some time).
- Since inequality and disadvantage may exacerbate drug use and drug problems, some disabled people may be at increased risk of drug problems while information and services relating to drugs may be less accessible to them.
- Conversely, the higher levels of adult supervision and support and reduced mobility experienced by some disabled people may be protective.
- People reporting having a longstanding illness or disability (LSID) are less likely to report illicit drug use than those without, but the difference is not statistically significant and does not take account of the older average age of people with LSID.
- In general, fairly low levels of substance use have been found in studies among a range of different disability groups, with alcohol use more common than illicit drug use. However, many were considered likely to underestimate use for several reasons.
- A review looking at people with hearing impairments suggests some do use substances to a problematic extent.
- Studies of drug use by people with learning disabilities generally show low rates but are considered likely to be underestimates as they do not usually include those less engaged with services and living independently in the community, who may use drugs to alleviate social pressures.

Implications for policy and practice

- The heterogeneity of this group and the lack of evidence concerning drug use make it difficult to respond to the needs of disabled people.
- Much existing evidence relates to people with learning disability or hearing impairment.
- Common factors, such as isolation, exclusion and 'social distance' may be important in leading to use as 'self-medication' or through a desire to fit in with peers.
- New issues may emerge disabled ex-service people with multiple needs, including drug use may be an emerging challenge to local commissioners, drug services and other social support bodies.

Evidence needs

More information is needed on:

- the extent and nature of drug use among different groups of disabled people; and
- key risk factors for substance misuse among disabled people.

Drug treatment and prevention programmes

- The wide variation in the nature of disabilities requires a similar variety of approaches to communicating drug-related information and education.
- Good practice guidelines published by the National Institute for Health and Clinical Excellence stress the need for all psychosocial interventions to be accessible to disabled people including:
 - drug education and information that is clear, not patronising, easy to assimilate, direct, visual, and without too much content;
 - the provision of plain language information packs and posters, BSL videos and Open i broadcasts.
- Young people with hearing impairments may suffer from the reliance on oral communication in mainstream drug education. Sign language has limited terms concerning drug use and practitioners may be unaware of 'slang' or regional signs to denote drugs.
- A small study of people with visual and/or hearing impairments in Scotland found that information was first sought from family and friends or a doctor, followed by the internet, social work departments and helplines.
- Awareness of services for people with alcohol or drug problems among disabled people appears low.
- Current treatment models may not be appropriate for people with learning disability, suggestions for good practice include:
 - Standardised assessments using more 'user friendly' language;
 - one-to-one discussions (in preference to potentially intimidating group sessions);
 - provision of social support networks giving access to appropriate activities;
 - greater family involvement in treatment.

- There is concern that people with learning disabilities may fall between mainstream addiction and learning disability services, due to a lack of integrated service provision.
- The Disability Discrimination Act (1995) demands that drug treatment services are physically accessible to people with disabilities but there has been little discussion or evaluation of what constitutes good practice in drug treatment and prevention for people with disabilities.

Implications for policy and practice

- The evidence available suggests that current drug services are often ill-equipped to deal with people with disabilities.
- Given the variability of needs, national government and local commissioners should seek to meet their needs by:
 - building the capacity and competences of specialist generic disability bodies and support networks regarding drug issues;
 - enhancing the capacity of existing drug service providers to respond to the needs of people with disabilities.
- Adequate resources need to be given over to developing a range of information and education materials and other approaches suited to the differing needs of people with disabilities.

Evidence needs

There is a need for information on:

- the effectiveness of different methods of providing information on drugs and drug services in meeting the widely divergent needs of people with different types of disability; and
- the extent to which drug treatment services are able to meet the needs of people with different disabilities, and examples of good practice.

Interaction with the police and criminal justice system (CJS)

- The use of cannabis for pain relief was one of the few areas identified as leading some people with disabilities into conflict with the law.
- Cases where people charged with cannabis possession or growing cannabis claim to be doing so for medical purposes may become an increasing problem until a legal alternative is widely available.
- The evidence suggests there are large numbers of people with learning disabilities within prisons; they may be particularly vulnerable to developing or exacerbating drug problems.

Implications for policy and practice

- The advice of the Sentencing Advisory Panel as to the appropriate response to cases of domestic cultivation where chronic pain relief is a mitigating factor should be adopted.
- The extent to which people with disability are being brought into contact with the CJS as a result of cannabis use for medicinal purposes should be monitored.
- It is important that drug-related programmes and procedures for people with learning disabilities are implemented to ensure that their needs are addressed and they are protected from development or exacerbation of drug problems.

Evidence needs

There is a need for information on:

- the impact that being brought into contact with the CJS through cannabis cultivation for pain relief has on the lives of disabled people; and
- the potential for greater diversion of people with learning disabilities and drug problems who are caught up in the CJS away from the prison system.

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