COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

Office of Integrated Health – Health Supports Network
Health & Safety Alert/Information

Substance Use Disorders (SUD) and Individual's with Intellectual and Developmental Disabilities

Introduction

A Substance Use Disorder (SUD) occurs when an individual cannot control their use of legal or illegal drugs, alcohol, marijuana, etc... SUD is considered a long-term disease which affects the individual's brain function and structure (11). Changes which occur in the brain from uncontrol substance use can be long lasting, and persistent. There is an increased risk of relapse, even after many years of not using a substance and recovery time (6) (10).

SUD symptoms can range from moderate to severe. The most serious form of SUD is addiction, which is described as the compulsive seeking of a substance even when it has damaging effect on, and to, the individual (6). Addiction interferes with an individual's inability to resist urges and cravings to take a particular substance, and to maintain a level of self-control (1) (10).

SUDs can develop from experimental recreational use of drugs and alcohol in social situations, which then might develop into more frequent use of a particular substance. Some individuals may have been prescribed opioid pain medications after a medical procedure which leads to cravings for more opioids once the prescription has been completed (6).

There is some confusion surrounding how or why an individual becomes addicted to a particular substance and other individuals do not. Some people might mistakenly think individuals with an SUD could choose to stop using at any time, if they wanted to, if they just had enough willpower.

The truth is SUD is a complex chronic disease which may require medical treatment, or other interventions, just like other chronic conditions. The brain changes experienced from SUD can actually make quitting very hard requiring professional assistance (10).

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Substance Use Disorder and Changes to the Brain

Research has shown physical addiction occurs when there is repeated use of a substance which changes the way the brain feels pleasure (6) (1). Flooding the "reward center" of the brain with dopamine, which is known as the "feel good" hormone, giving the individual a sense of pleasure (4).

The reward system in the brain influences the individual to repeat the behavior which reinforces pleasure from unhealthy behaviors like taking drugs or binging over and over again on their substance of choice (10) (1).

When an individual continues to use their substance of choice, the brain adjusts by decreasing the cells in the "reward center" which react to pleasure. Over time the individual needs to use larger amounts of a substance, or to drink larger amounts of alcohol, to feel the same "pleasure high" as they did when they first started using (10) (1).

This effect is known as increased tolerance (10). The brain of an Individual with SUD adapts to the substance use by becoming less able to experience pleasure from activities they had once enjoyed (6) (1).

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Substance Use Disorder and Mental Illness

Mental health issues and SUD have gone hand in hand since the beginning of addiction medicine. A mental health diagnosis and a SUD diagnosis at the same time is called co-occurring conditions or disorders (15).

There are three main connections between SUD and mental illness:

1. SUD/addiction and mental illness share common risk factors.
2. Mental illness might cause the development of the SUD.
3. An SUD might cause the development of a mental illness (9).

Many individuals find it hard to report which came first, the awareness of a mental illness or the use of substances (15). Approximately 1 in every 4 individuals with SUD also suffer with a mental illness (9).

Individuals may use their substance of choice to self-medicate their mental illness. Other individuals become aware of a mental illness when attempting to stop using their substance of choice (9).

Common mental health conditions which accompany the diagnoses of SUD are:

- Anxiety disorders - generalized anxiety disorder, panic disorder, and post-traumatic stress disorder.
- Mental disorders - depression and bipolar disorder, attention-deficit hyperactivity disorder (ADHD), psychotic illness, borderline personality disorder, schizophrenia and antisocial personality disorder.

Risk Factors

Many years of research has gone into attempting to explain why some individuals are at increased risk of developing SUD after casual substance use and others are not. The general conclusion on increased risk is based on three factors:

1. An individual's biology which are related to genetic tendency and or physical effects of substances.
2. An individual's mental and emotional state connected to their personality traits and or mental health diagnoses.
3. The individual's social environment to include income and education levels, peer pressure, substance use modeling by important others such as family members and close friends (19).

All three factors can interact to increase or decrease an individual risk for developing SUD. The goal of addition medicine is to identify those individuals at increased risk with early detection, prevention education, and access to treatment options which best meet their needs (19).

SUD and Individuals with Intellectual and Developmental Disabilities

Early in the study of addiction individuals with intellectual and developmental disabilities (DD) were identified as being at increased risk for developing an SUD, yet little attention has been made to address the needs of the DD population by professionals (3) (19).

- There are large knowledge gaps in research related to individuals with DD who experience SUDs. The present approximate percentage of individuals with co-occurring SUD is about 5% of the DD population (2).
- Current studies have determined individuals with DD are at higher risk for developing addiction yet estimate the actual number of individuals with DD using substances or abusing alcohol and illegal drugs is low (17) (2) (18).
- A lower overall SUD percentage in the DD population may be linked to their social isolation. When questioned, a high number of individuals without DD reported their first casual use of substances was with a group of friends, whereas individuals with DD reported spending less time with friends and or only having one or two close friends (3) (17).
- Individuals with DD who do develop an SUD are reported to begin using substances at an earlier age than their peers in the general population (3).
- Individuals with borderline and/or mild DD, who have an IQ score between 70 – 84 and make up around 85% of the DD population, are at highest risk for developing SUD due to increased employment and financial independence, access to substances within the community, and the opportunity to build relationships with others in their neighborhoods (5) (19) (17) (14).
- Those individuals with DD who develop an addiction have been shown to very quickly increase in their frequency of substance use, much faster than their peers without DD (5) (17) (18).
- Males with DD and co-occurring mental illness are diagnosed with SUD at much higher rates than their female peers (5) (17).
- Individuals with DD and SUD experience an unequaled amount of life problems, such as the loss of a job or housing, experience brutality or sexual victimization, or have encounters with law enforcement and the criminal justice system (2) (14).

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- Individuals with DD are diagnosed at higher rate with mental illness putting them at increased risk for developing SUD, experiencing a decreased quality of life and a shortened life expectancy (8) (2) (18).
- Taking psychotic medications prescribed for mental illness and using other substances could be life threatening to individuals with DD due to potential for drug-to-drug interactions and adverse side effects (17) (14).
- Individuals with DD who are diagnosed with SUD are considered to have co-occurring disabilities according to the Americans with Disability Act (ADA) which defines chemical dependency as a disability (16).

Disparities and Inequities Related to Treatment for Individuals with DD

Identification of SUD in individuals with DD can be difficult for most professionals because symptoms of SUD can be disguised or be wrongly explained by the DD diagnosis (2) (14).

- Communication challenges, along with limited expressive language skills, and difficulty self-reporting make assessing SUD in individuals with DD a struggle when using standard screening tools (2).
- Without specific assessment tools to identify SUD in the individual with DD recognition for early intervention and prevention is not being accomplished, and the individual is not receiving the help or assistance needed for treatment (2).
- Early screening for SUD in individuals with DD can reduce harmful effects of substances given the quicker progression of the disease with those individuals who have co-occurring mental illness (18).
- Traditional recovery and treatment options are not being offered to individuals with DD who are suffering with an SUD which are being offered to their peers without DD (2).
- Individuals with DD who have a SUD are less likely to seek help through treatment, have difficulty being motivated to discontinue substance use, and tend to drop out of traditional recovery programs early without completion (3) (5).
- The Substance Abuse and Mental Health Services Administration (SAMHSA) has produced a Treatment Improvement Protocol (TIP) Series #29, titled "*Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities*" which are recommendations for recovery facilities to adjust standard substance use treatment for people with unique physical and cognitive disabilities (15).

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Signs and Symptoms of SUD

The signs and symptoms of SUD are numerous and vary widely depending on the substance an individual is using, weather there is a co-occurring mental illness, and or DD present (6) (9).

Some substances which are addictive:

- Opioid painkillers – Examples: oxycodone, codeine, morphine, methadone, and heroin.
- Cannabis – Examples: Marijuana, and hashish.
- Synthetic drugs – Examples: K2, Spice, bath salts and Fentanyl.
- Stimulants – Examples: amphetamines, meth, cocaine, Ritalin, Concerta, and Adderall.
- Hallucinogens – Examples: LSD and PCP.
- Inhalants – Examples: glue, paint thinners, felt tip marker fluid, gasoline, cleaning fluids, and household aerosols.
- Alcohol - Examples: beer, wine, and hard liquors (6) (7).

It can be difficult to recognize signs and symptoms of SUD because most individuals attempt to keep their substance use private (6).

Some common signs of substance use might be:

- Frequently missing work or special social celebrations.
- A sudden disinterest in things which they use to enjoy.
- Lack of energy or motivation.
- Sudden unexplained weight loss or gain.
- Lack of interest in grooming.
- Being absent for long periods of time without explanation.
- Being secretive, vague or lying about friends or new relationships.
- Drastic changes in mood or behaviors.
- Engaging in risky behaviors.

Behaviors associated with SUD in individuals with DD can be:

- New or unusual outbursts of aggression.
- Unpredictable mood swings.

- New or increased interest in sexual behaviors.
- Difficulties in maintaining relationships.
- Loss of day-to-day routines (17).

Care Considerations

- Individuals who are dealing with addiction often have trouble admitting there is a problem with their choices and are unwilling to seek help on their own (6) (12).
- Caregivers should educate themselves about SUDs and be prepared to respond to potential emergency situations which might arise as a result of overdose or drug interactions experience by the individual with DD (6).
- Caregivers who suspect an individual with DD maybe struggling with addiction will need to assist the individual to seek screening and medical assessment by their primary care physician (PCP) (12).
- Community services Support Coordinators should be contacted and involved in the process of getting the individual with DD the assistance needed to address treatment and recovery options within the community (12).

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DBHDS Resources

Office of Substance Use Disorder Services

REVIVE! Training

- REVIVE! is a free Opioid Overdose and Naloxone educational training program for the Commonwealth of Virginia. REVIVE! provides training for laypersons and first responders on how to recognize an opioid overdose, and how to reduce risk of a fatality due to an opioid overdose by administering emergency naloxone.

Who should participate in a REVIVE! Training?

- All caregivers for individuals who are prescribed opioids.
- All individuals who are prescribed opioids (if cognitively able).
- Anyone in Virginia who wants to lower the risk of a fatality for anyone experiencing an opioid overdose, whether the opioid is prescribed or taken without a prescription (accidental administration, drug error, drug abuse, etc.)

How do to take free REVIVE! Training at DBHDS?

There are two options:

1. There is a Narrated REVIVE! Training on the COVLC.
   - You can take the DBHDS narrated virtual REVIVE! training on the Commonwealth of Virginia Learning Center (COVLC) website.
   - Licensed DBHDS provider agencies can access the COVLC's virtual REVIVE! training, 24 hours a day, seven days a week for free.
   - The Commonwealth is currently updating the COVLC website. In November, OIH will be sending new instructions for setting up a COVLC account via the DD Listserv.
   - Follow the instructions and set up an account on the COVLC.
   - Log onto the COVLC and type REVIVE in the search bar.
   - Take the REVIVE Training and print out your certificate.
2. There is a virtual, live training conducted by the DBHDS Substance Abuse Services Team.
   - You can sign up for the DBHDS live virtual REVIVE! training by contacting: Tiana Vazquez at: tiana.vazquez@dbhds.virginia.gov

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Types of REVIVE! Trainings offered at DBHDS

Basic Lay Rescuer Training Class

- The basic Lay Rescuer training class is between 1-1.5 hours long. The training covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone.

Lay Rescuer Training of Trainers Class

- The Lay Rescuer Training of Trainers class includes the basic level "Lay Rescuer training" and prepares you to become a REVIVE! instructor. This course is 3 hours long and covers the administrative requirements to lead and conduct REVIVE! Trainings independently.

Basic First Responder Training Class

- This training certifies attendees to administer Naloxone in the event of an overdose emergency. The training is between 1-1.5 hours long, and covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, and how to respond to an opioid overdose emergency with the administration of Naloxone.

First Responder Train the Trainer Class

- Successful completion of this training program is required to become a Certified Trainer of the REVIVE! Basic Training. This training program is approximately 2-3 hours long and covers understanding opioids, how opioid overdoses happen, risk factors for opioid overdoses, how to respond to an opioid overdose emergency with the administration of Naloxone, and the administrative requirements to independently conduct REVIVE! trainings.

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