



## Health inequalities: Substance misuse

### Introduction

Smoking cigarettes, drinking alcohol to excess and the use of illicit drugs, particularly by young people, have long been seen as key public health concerns<sup>1</sup>. Increasing numbers of people with learning disabilities living in community settings brings with it greater access to tobacco, alcohol and drugs<sup>2</sup> and there is growing awareness of the number of people with learning disabilities who have access to such substances<sup>3</sup>.

### Prevalence and risk factors

There is relatively little reliable information on the rates of substance use and misuse among people with learning disabilities, especially the 'hidden majority'<sup>4</sup> of people with learning disabilities<sup>5 6</sup>. The available evidence suggests that adults with learning disabilities who use learning disability services are less likely to smoke tobacco or drink alcohol compared to the general population<sup>7 8 9</sup>.

Rates of smoking are higher among male adolescents and young adults with mild/moderate learning disabilities<sup>10</sup>, among adolescents with mild learning disabilities<sup>11</sup>, parents with learning disabilities<sup>12</sup> and among people with learning disabilities who do not use learning disability services<sup>4</sup>.

While young people with learning disabilities appear to be at lower risk of using substances than their peers without learning disabilities, in England around one-third had tried cannabis (36% of young men and 31% of young women with learning disabilities aged 18+, compared to 49% of young men and 39% of young women without learning disabilities) and around one in 10 had tried other drugs such as cocaine, LSD, ecstasy, heroin, crack, or speed (10% of young men and 8% of young women with learning disabilities aged 18+, compared to 23% of young men and 16% of young women without learning disabilities)<sup>10</sup>. People with learning disabilities with identified drug misuse are most likely to misuse alcohol<sup>6 13</sup>.

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People with learning disabilities have an increased risk of substance misuse if they have borderline/mild learning disabilities, are young and male, or have mental health problems<sup>13 14</sup>. People with profound and multiple learning disabilities are unlikely to have the opportunity to misuse substances<sup>15</sup>.

Other risk factors for substance misuse include:

- living independently
- boredom/lack of meaningful occupation
- desire to be socially included/loneliness
- limited social skills/low self-esteem
- lack of family contact
- impulsivity
- negative life events (for example, neglect, abuse, bereavement), unemployment, and poverty<sup>15</sup>

### Impact on people with learning disabilities

Substance use may not necessarily be problematic, for example alcohol use can be seen as an indicator of cultural participation and social inclusion for people with learning disabilities<sup>16</sup>. However, people with learning disabilities who do use substances may be more likely to progress to problematic substance use<sup>5 10</sup>, with both intra-personal (for example low self-esteem, impulsivity) and inter-personal (for example lack of routine) characteristics, and social determinants such as poverty, putting them at risk from misusing alcohol and drugs<sup>14</sup>. Hence, there may be higher rates of problematic use among those people with learning disabilities who are substance users<sup>6 12</sup>.

An “all or nothing” principle has been suggested in relation to alcohol use, with larger proportions of adolescents with mild learning disability or borderline intellectual functioning being abstinent but those who begin to drink being at an increased risk for intoxication and subsequent at-risk behaviours<sup>17</sup>.

The consequences of substance misuse for people with learning disabilities include deterioration in physical and mental health, alienation/social difficulties, cognitive deficits, aggression/mood changes, risk-taking behaviour (including suicide), increased epileptic seizures, inpatient admissions, a greater risk of offending behaviour, being vulnerable to exploitation, financial impact including potential loss of housing, and the effects of stopping prescribed medication in order to be able to drink alcohol<sup>15</sup>. There are also potentially life-threatening risks associated with substance use in relation to cross-reactions with psychotropic medications<sup>18</sup>.

## Healthcare and treatment

Research suggests that both learning disability services and substance misuse services may lack the skills and training resources to support people with learning disabilities who have substance misuse problems<sup>15</sup>.

Mainstream drug and alcohol services do not routinely adapt the way they work in order to make services accessible to people with learning disabilities<sup>15</sup>. There is a lack of evidence-based guidance on effective treatment for this group<sup>15</sup>. A recent review found no intervention studies in relation to people with learning disabilities who misuse illicit drugs<sup>19</sup>.

Further research could consider whether existing evidence-based substance use prevention programs for people without learning disability could be adapted to meet the varying cognitive, perceptive, memory and language needs of people with learning disabilities<sup>20</sup>. For example, recent research has begun to consider whether an existing substance use e-learning prevention programme for young people without learning disability can be used successfully with young people with borderline to mild learning disability<sup>2</sup>, and mild to moderate learning disability<sup>21</sup>. In the meantime, a recent report provides information, ideas and good practice examples in relation to the provision of reasonable adjustments for people with learning disabilities who misuse substances<sup>15</sup>.

## Social determinants

There is a strong association between socioeconomic position, social exclusion and substance-related harm in relation to both alcohol and other drugs in the general population<sup>22 23</sup>. People living in more deprived areas and with lower individual resources and socioeconomic capital are at greater risk of harm<sup>22 23</sup>. The highest levels of alcohol and drug-related deaths in the UK occur in those areas of greatest neighbourhood deprivation<sup>22 23</sup>. Children with learning disability are more likely than their peers to be exposed to a range of environmental adversities due to the combination of lower family socio-economic position, disability related discrimination and social exclusion<sup>24</sup>. The 'hidden majority' of people with learning disabilities are more likely to be exposed to some known social determinants of poorer health (for example greater material hardship, living in more deprived neighbourhoods, reduced community and social participation)<sup>4</sup>. These socio-economic inequalities may impact on substance use.

## Resources

Public Health England (2016) [Substance misuse and people with learning disabilities](#)

## References

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