Drinking, Drug Use and Addiction in the Autism Community

Goals for Today
- Raise awareness about the risks for substance use and addiction for those with ASD
- Encourage more conversations about this issue
- Promote more screening for substance use problems
- Provide support and treatment strategies for working with those with addiction and ASD
- Encourage more evidence-based treatment studies

Disclaimers
- We generalize both diagnoses, ASD and SUD
- Don’t differentiate between those with or without ID, those with or without a co-morbidity
- Addiction to substances present differently
- Don’t make distinctions regarding socioeconomic status, race, cultural differences, or gender identification
- Limited evidence-based information concerning treatment. Strategies may work for some, may not for others
Addiction and ASD: Are They Related?

- Limited research
- Anxiety, depression, ADHD as risk factors for a Substance Use Diagnosis (SUD)
- Addiction treatment centers with descriptions of tailored treatments for ASD
- Hundreds of postings and comments from people with ASD struggling with a SUD

- “I’m a 20 year old guy. Ever since I was about 14 I have used all kinds of drugs (marijuana, Adderall, pain killers) to help me feel better about having this "disorder". For a 4 year span I became addicted to pain killers. They make me feel "normal" and help me forget about being an Aspie.” (reddit.com, 2016)

- “If there was anyone to see, I had no problems refusing alcohol in every circumstance. To the outside world, I was a non-drinker. Thing was, I locked the doors and drank by myself at night, every night, until I passed out.” (wrongplanet.net, 2015)

- “I started taking painkillers and sleeping pills for genuine problems and realized that the high made me forget about my problems and made me more sociable. I would make friends under the influence of these drugs and then when I was awake and sober I wouldn’t know how to talk to them or be around them at all.” (reddit.com, 2016)
Research Related to ASD and SUD


- Kronenberg, L. M., et al. (2015) 'Personal recovery in individuals diagnosed with substance use disorder (SUD) and co-occurring attention deficit/hyperactivity disorder (ADHD) or autism spectrum disorder (ASD).' *Archives of Psychiatric Nursing*, 29(4), 242-248.
- Autistic traits, not a diagnosis of ASD
- Suggested there may be a genetic link between ASD and SUD

- Quantitative population-based study with a matched control group
- Even higher rates of SUD for those with ASD & ADHD
- SUD increased among full siblings, half siblings and parents of the ASD subjects
- Possible genetic link

“The premise of this book is that those with AS [Asperger’s Syndrome] are more prone to social anxiety disorders, and that research has shown that those with social anxiety are more than twice as likely to self-medicate with alcohol” (p.87).
Protective Factors of ASD?

- Sensory issues
  - Picky eating or limited diets
  - Skin and olfactory sensitivities
  - Sensitivities to noise levels

- Rule-bound nature of ASD
  - Difficulty tolerating illicit behaviors of others
  - Illegality of substance use
  - Illegality of obtaining substances

Protective Factors of ASD?

- Social challenges
  - Fewer friendships = Less peer pressure
  - Fewer social activities = Less exposure to substances
  - Limited social skills may make obtaining substances difficult
  - Sheltered environment - self-contained settings in school, living with family into adulthood, sheltered or supported employment and day programs

Not So Protective Factors Today

- Earlier diagnosis and earlier treatment and interventions
  - Fewer social and sensory issues?
  - More strategies for adaptation
  - More inclusive experiences in school and community = more stress, more self-medication?
  - More inclusive experiences = more exposure to substances
“It was all very confusing. I remember isolating on the playground, watching all the other children laughing and playing and smiling, and not feeling like I could relate at all. I felt different. I didn’t feel as if I were one of them. Somehow, I thought, I didn’t fit in.

Alcoholics Anonymous: The Big Book

Substance Use Disorder

Diagnosis of an SUD
- One’s use of alcohol and/or drugs affects one’s ability to function effectively. This may mean impaired health or a significant impact on school, work or home life (SAMHSA 2015).
- Tolerance
- Cravings

Often rated by three criteria:
- Mild, Moderate, Severe (DSM-5 2013)
- Treatment is recommended for all three

Substance Use Disorder

The substances included in DSM-5 are:
- Alcohol
- Cannabis
- Opioids
- Sedatives
- Hallucinogens
- Stimulants
- Inhalants, caffeine and tobacco.
I have self-diagnosed Asperger’s and I self-medicate with cannabis, opiates, DXM, and occasionally alcohol, benzos, psychedelics, and stimulants…Opiates are my first choice due to increased empathy, motivation, sociability, and decreased social anxiety, but they also are incredibly addictive along with benzos. I find that cannabis is the best everyday medicine due to availability, lack of toxicity, and functionality, along with a bit of euphoria which is always welcome…I don’t hurt anyone but myself with my use anymore and try to stay as functional as possible as this hasn’t always been the case. I’m better functioning as an addict. –Bluelight.org 2012

Models of Substance Use Disorder

- **Moral Model**
  - Addictive Personality
  - Addiction the result of weakness and/or choice
  - Stigma and shame

- **Disease Model**
  - Addiction is something akin to diabetes or cancer

- **Disability or Learning Disorder Model**
  - Similar to autism or ADHD

Development of an SUD

- Unlike a DD, SUD develops later in life
  - Average age for onset: 13 – 17
- Cannot develop without substances
- Genetic
- Trauma
- Dual Diagnosis

Mike Soluna, Aspergers and Substance Abuse, 2016
Autism and Addiction

- Repetitive behaviors

- “They [ASD and SUD] also share similarities at a behavioral level such as the level of detailed perception and rigid and compulsive habits”
  - De Alwis et al. 2014

Repetitive Behaviors of Addiction

- Perseveration vs. Addiction
  - Perseveration: repeating or prolonging an action, thought, or utterance after the stimulus that prompted it has ceased.
  - Initially, drug/alcohol use may be perseveration that evolves into an addiction
  - In addiction the perseveration persists despite negative consequences.

“It seems that the same regions that gave me my intense curiosity, obsessive focus, and ability to learn and memorize quickly also made me vulnerable to discovering potential bad habits and then rapidly getting locked into them.”

–Maia Szalavitz, The Unbroken Brain
Repetitive Behaviors of Addiction

- Routinized behaviors
  - Methods of acquisition
    - The pleasure of the hunt
  - Administration
  - Social connection
  - Activities after use
    - Socially connected
    - More productive

“I have Asperger’s Syndrome. I abused drugs from 13/14yo to only recently. I eventually decided to quit my DOC. I went cold turkey from a few years of methadone and then buprenorphine maintenance. Life is hard sober. I find it a struggle. It is, however, better than life on drugs. There are many effects of drugs that can make the autistic person feel better for a time. They can help relax and increase social potential, or at least seem to. In the long term the drugs don’t help. I’m still struggling to stay sober. I slip up occasionally.” — BlueLight.org 2016

Opioids

- Common
  - Regularly prescribed: injuries, dental work, medical
  - Heroin is easy to find once you learn how
- Inexpensive
  - On the street prescription opioids are costly
  - Heroin is cheap
- Available
  - Medicine cabinets
  - Internet, coworkers, friends
- Deadly

(CDC 2017)
Opioids

- Secondary Impact for Autism Providers
  - Steep increase of babies born addicted to Opioids from 2004 - 2016
  - Possible developmental delays
  - Learning disabilities
  - Sharp increase in babies receiving Foster Care
  - Limited funds

- “There are high levels of unemployment associated with ASD, leading to boredom, frustration and a sense of uselessness and under-achievement. Being part of the drug or gaming culture can provide purpose and structure for the day. There is a sense of achievement in seeking and finding drugs, and an opportunity to leave one’s accommodation and to meet people.” – Tony Attwood 2017

Prevention

- Education
  - Educate Ourselves: SAMHSA, NIAA, NIDA
  - Talk about SUD and other addictive behaviors
  - IEP meetings/Transition from elementary to middle to high school

- Monitor modeling behaviors
  - What behaviors are witnessed?
  - What do we bring to substance use?

- Imagine risks ahead of time
  - What’s in the home? What’s accessible?
  - What’s witnessed in person or on social media
Prevention
- Don’t assume lack of access to drugs/alcohol
- Know the signs
  - Legal or criminal actions
  - Running out of money
  - References to new friends/dropping unfamiliar names
  - Mood swings and irritability
  - Upturn in physical ailments
  - Possible overlap with ASD
    - Clothing choices
    - Things missing
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Prevention
- Ask!
  - Information (giving and getting) is key
  - No harm in checking in now and then
- Be direct
  - Consequences of use
    - SUD is chronic
    - Suicide risk is higher with a SUD
  - Try to make life as stress free as possible
    - Figure out priorities
    - Listen to the person with ASD
    - Join them in their interests

Assessment
- Choose for Age
- Choose for substances
- Substance Abuse and Mental Health Services Administration (SAMHSA) or National Institute of Alcohol or Drug Abuse
- http://lib.adai.washington.edu/instruments/
Assessment
- Tailor for Autism
  - Concrete: Yes or No questions
    - CAGE: Do you feel annoyed by people complaining about your drinking?
    - Adaptation: Do people complain about your drinking?
    - CAGE: Do you ever drink an Eye Opener in the morning to relieve the shakes?
    - Adaptation: Do you sometimes wake up shaking? Does drinking make it better?
  - Internet questionnaires
    - https://www.drugabuse.gov/nmassist/

Harm Reduction vs. Abstinence
- One size doesn't fit all
  - Psychopharmacology: Medication Assistance Therapy, Opioid receptor blockers, MH medications
  - Therapy: CBT, psychoeducation, SAIOP
  - Peer support: AA, NA, SMART, Rational Recovery
  - Technology: Phone Apps, Computer programs
- Collaboration
  - Work together to find the best fit.
  - Expectations: expect return to use
  - Evidence

Seeking Treatment
- Get recommendations from trusted professionals.
- Make sure to ask questions about the facility’s ‘fit’ for someone with ASD.
  - What are the treatment options?
  - Is there individual or group counseling?
- Look at the database of different approaches on the Substance Abuse and Mental Health Services Administration’s (SAMHSA) website.
Seeking Treatment

- If a facility claims to offer specialized treatment for individuals with autism
  - What modalities the facility offers?
  - How much experience does that staff have working with individuals diagnosed with ASD?
  - How are the modalities offered effective for individuals with ASD?
  - In what other ways does the facility cater to individuals with ASD?

"I am 55 years old and have held at least 22 jobs in the past 20 years. I have no family support for ASD as well and many have ended relationships with me due to my autistic qualities. Going 50 or more years without given a chance really has made me want to leave this world much earlier." (Carey 2016)

Seeking Treatment

- Treatment for addiction
  - Medication management
  - Substance abuse counseling
  - Peer support
- Treatment for the underlying causes of addiction: anxiety, depression, trauma, fitting in
  - Medication management
  - Mental health counseling
  - Peer support
Seeking Treatment
- Remember that each person may respond differently to treatment approaches.
- Providers may need to collaborate with other agencies and services.
  - Vocational support
  - Housing
  - Social skills and relationships
- Be prepared for return to use

Treatment Options
- Medications
  - For substance dependence:
    - Opioid receptor blockers, Antabuse
    - Medication assistance: Methadone, Buprenorphine
  - For underlying anxiety, depression, sleep disturbances, etc.
    - Non-addictive anxiety treatments
    - Antidepressants
    - Sleep aids
    - Consider possible interactions

Treatment Options
- Peer Support
  - Alcoholics Anonymous/Narcotics Anonymous
  - S.M.A.R.T., Rational Recovery, Women in Recovery, Celebrate Recovery, etc.
- Peer support is not treatment
  - Often mandated by courts
  - Consider social anxieties and understanding of rules
Treatment Options

- SUD Counseling
- Cognitive Behavioral Therapy (CBT): teaching patients to be aware of stressors
- Twelve Step Therapy: derives from AA Program
- Contingency Management: provides incentives to maintain sobriety
- Motivational Enhancement - builds on motivations to seek treatment
- Family Behavior Therapy: addresses family dynamics

Treatment Delivery Options

- Inpatient or residential treatment:
  - Short term - 2 weeks to 90 days
  - Long term - 6 months to 2 years
- Outpatient:
  - Substance abuse intensive outpatient (SAIOP)
  - Intensive outpatient treatment (IOP)
  - Individual counseling
- Sober living houses:
  - Oxford House
  - Other (private or county run)

Treatment Strategies Targeting ASD

- Implement schedules and calendars
- Allow for slow decrease (harm reduction)
- Track us
- Phone apps
Addressing Global Needs of the Dually Diagnosed

- Target a range of concerns, not just the substance use or the autism
  - Employment
  - Housing
  - Relationships
  - Environmental factors
  - Social factors
  - Daily living skills
  - Independence
  - Emotional fulfillment
  - Hobbies or interests
  - Family relationships
  - Communications skills
  - Physical health
  - Exercise
  - Quiet time

Substance Abuse Prevention

- Early intervention: re SUD education
- Social difficulties may increase desire for individual with ASD to fit in.
- Parental involvement is not a protective factor if not addressing the risks.
- It's never too early or too late to address substance use.

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