Blending Clinical Practice and Research: Forging Partnerships to Enhance Drug Addiction Treatment

Substance Abuse and Co-Existing Disabilities

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Disability Reported At Intake By Licensed CD Programs NY OASAS 1999

(N = 146,782)

Persons entering tx = 12.3% have another disability
Persons entering tx = 17.7% have two or more other disabilities
Total 30.0%

CD + One other disability = 28.3% have MI as this disability
CD + Two or more disabilities = 91.7% have MI as one of them

Moore, D. & Weber, J. (2000)

Prevalence not clear

- Persons with disabilities not well-understood relative to substance use disorders
- Persons with co-existing conditions already in AOD treatment
- Persons with co-existing conditions in need of AOD treatment

Estimated number of persons with disabilities in U.S. needing AOD treatment services in 1999

Estimate - all needing treatment in year 3 – 5 million

(SAMHSA formula based on number of persons currently served (1.8 Mil), and estimated SUD rates in general population, 2000)

Estimate – needing tx with disabilities 396,000 – 660,000

(based on assumption that persons with disabilities equally likely to experience SUD than general population, and averaging disability population prevalence from U.S. Census, S.I.P.P., U.S. Dept. of Education)

-OR-

Estimate – needing tx with disabilities 903,000 – 1,505,000

(based on observed rate of recorded disability in NY OASAS 1999 treatment episode dataset = 0.301)

Some assumptions about SUD's among persons with coexisting disabilities

- High prevalence of functional impairment among persons with SUD's
- Persons with severe disabilities can't access CD treatment
- Multiple issues impact tx access and accommodations
- Successful approaches must be interdisciplinary
- Involvement of disability advocates pivotal to success
- Federal role in solutions important due to cost and complexity

Consumer Advocacy Model
Disability Status of Selected CAM Participants

Case #503	Visual Impairment, Sickle Cell Anemia, Traumatic Brain Injury x2
Case #539	Ocular histoplasmosis, Depression, Anxiety, Arthritis, Glaucoma
Case #563	Traumatic Brain Injury, Spinal Cord Injury, Colostomy & Urostomy Bags
Case #571	Seizure Disorder, Major Depression, PTSD, Major Depressive Disorder
Case #587	HIV Positive, Generalized Anxiety Disorder with Panic Attacks
Case #605	Seizure Disorder, Hepatitis C, Deaf - left ear

AOD Treatment Barriers Requiring Research

- Attitudinal
- Discriminatory policies, practices
- Communication barriers
- Architectural barriers
- Funding inequities
- Public Managed Care

AOD Treatment Denials

1. Individual with seizure disorder and history of traumatic brain injury denied residential treatment while taking prescribed anti-convulsant, Phenobarbital.
2. Man with Cystic Fibrosis denied residential treatment for severe alcoholism due to medical condition. Judge kept him in jail rather than release to unsupervised setting.
3. Individual with brain injury and mild mental retardation discharged from treatment for non-compliance after 3 hours attendance. Client became agitated about toothbrush, and staff would not honor client request to ascertain that toothbrush was packed in his luggage.
4. Person with severe traumatic brain injury and compulsive behaviors denied “severe and persisting mental illness” status in county funded program, thereby disallowing eligibility for only long term residential support program in area with sufficient case management to stabilize his housing.

AOD Treatment Denials

5. Young man with work and alcohol-related blindness denied treatment because of his visual impairment. Told to wait "one year then come back when your vision improves".
6. Client with mild mental retardation and late stage alcoholism denied residential treatment because of medical problems requiring regular visits by nurse or visits to clinic.
7. Individual with lower extremity paralysis denied residential treatment because he would need assistance in transferring to bed at night, and would require minimal personal assistant services. Also denied because he would not be able to do required "housework", a component of treatment.
8. Person who is deaf was provided with $40,000 of interpreter services during course of outpatient treatment. Treatment took place without benefit of other Deaf persons, or Deaf recovery models. No aftercare provided. Individual is reported to have relapsed relatively soon after treatment.

Examples of AOD Treatment Accommodations

- Supportive seating for treatment rooms
- Handrails
- Portable dry-erase board/ or a dry-erase boards
- Street level door opener for clients to let themselves in
- Accessible elevator and buttons
- Mark level changes in floor areas that are hazardous
- Clear/sand snow and ice outside building
- Adjustable, portable small tables for assessment

Facilities Related

Examples of AOD Treatment Accommodations

- Braille, large print, or tape documents
- Shorter sessions, more individual or case manag't
- Pocket talker, tape recorder, TV/VCR
- Microphone with amplifier to pass to group participants
- Shorter intakes
- Memory books
- Picture cards that present educational concepts
- Simplified or extended treatment plan

Program or treatment oriented

How can we estimate the number of persons with disabilities either needing or in treatment ?

Previous Research:

Dufour et al., 1989

Moore et al., 1995

Kessler et al., 1996

Gilson et al., 1996

Moore & Weber, 2000

How can we identify accommodations most important for treatment access and success?

Previous Research:

Greer et al., 1990

Corthell & Brown, 1991

Corrigan et al., 1995

Ogborne & Smart, 1995

DiNitto & Webb, 1998

What treatment models work best for persons with disabilities?

Previous Research:

Sciacca, 1991

Doot, 1993

Drake et al., 1996

Sacks et al., 1997

What is the cost and method for financing specialized treatment?

Previous Research:

Ridgely et al., 1998

Emery & Bixler, in press

What we need to explore

- Epidemiology and prevalence of co-existing conditions
- Accommodations for functional impairments in treatment
- Methods for assessing functional impairment and treatment needs
- Essential treatment components
- Partnerships for providing comprehensive rehab
- Methods for collaborating across agencies, populations, and services
- Integrate MI research with other SUD-disability research
- Roles of ADA, TANF, SSA, TWWIIA in these issues