

## Research

De Alwis, et al. (2014) 'ADHD symptoms, autistic traits, and substance use and misuse in adult Australian twins.' *Journal of Studies on Alcohol and Drugs*, 75(2), 211-221. **(Individuals with autistic traits are more likely to abuse marijuana and alcohol.)**

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. **(Patients preferred controlled substance use in order to interact socially and reduce tension and agitation.)**

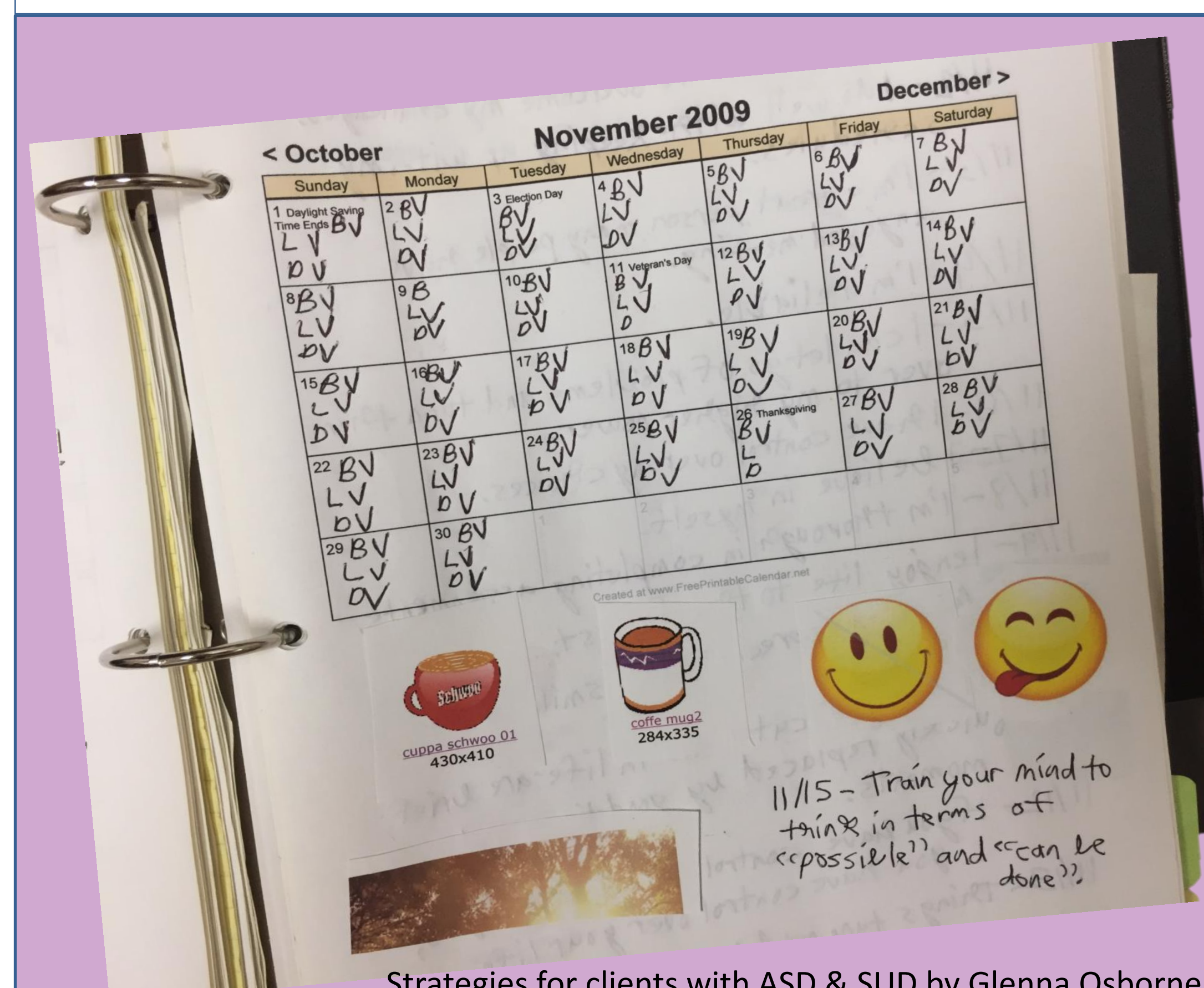
Arnevik, E. A., and Helverschou, S. B. (2016) 'Autism spectrum disorder and co-occurring substance use disorder—a systematic review.' *Substance Abuse: Research and Treatment*, 10, 69. **(Screening for a SUD is common for many mental health conditions but not routine for those with an ASD diagnosis)**

Rengit, A. C., et al. (2016) 'Brief report: autism spectrum disorder and substance use disorder: a review and case study.' *Journal of Autism and Developmental Disorders*, 46(7), 2514-2519. **(Helpful to tap into the individual with ASD's desire for routine when providing treatment.)**

Clarke, T., Tickle, A., and Gillott, A. (2016) 'Substance use disorder in Asperger syndrome: An investigation into the development and maintenance of substance use disorder by individuals with a diagnosis of Asperger syndrome.' *International Journal of Drug Policy*, 27, 154-163. **(Social difficulties of AS not a protective factor but a risk factor for SUD.)**

Rothwell, P. E. (2016) 'Autism spectrum disorders and drug addiction: Common pathways, common molecules, distinct disorders?' *Frontiers in Neuroscience* 10. **(Commonalities in neurological pathways related to both autism and addiction.)**

Butwicka, A., et al. (2017) 'Increased risk for substance use-related problems in autism spectrum disorders: a population-based cohort study.' *Journal of Autism and Developmental Disorders*, 47(1), 80-89. **(Sample size close to 27,000. Individuals with ASD born between 1973 and 2009 had double the risk of SUD than general population. Risk for substance use problems even higher for those who had diagnosis of ASD and ADHD.)**



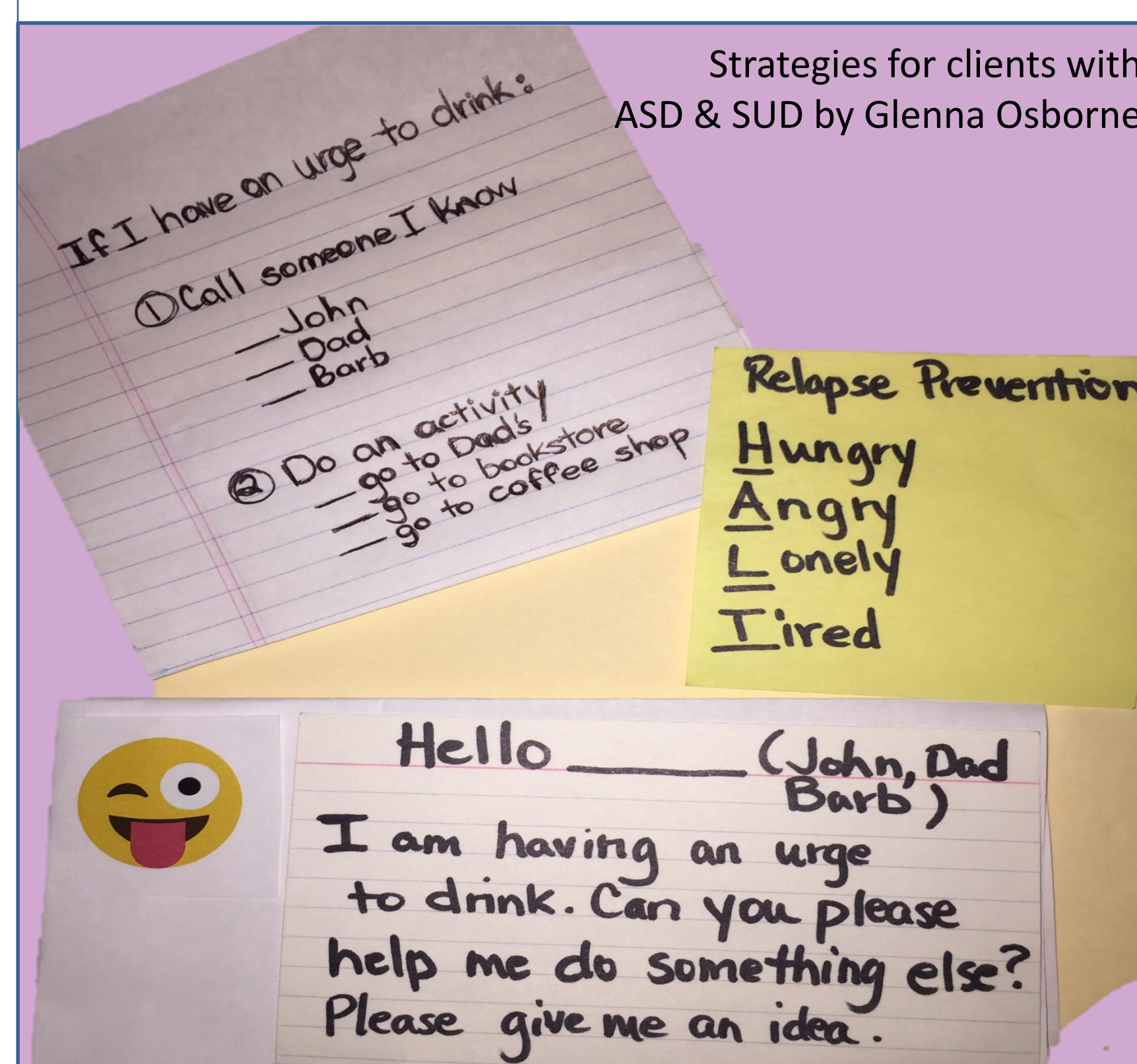
Strategies for clients with ASD & SUD by Glenna Osborne

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, 2016

## Introduction

Up until recently, it was assumed substance use diagnosis (SUD) was rare among those with autism spectrum diagnosis (ASD), but recent literature suggests otherwise. Current research suggests individuals with an ASD have a significantly higher risk of developing a substance use disorder than the general population. Currently, there is no single explanation for the high rates of addiction. Genetic and behavioral commonalities between the two diagnoses may put someone with an ASD at risk for an SUD. Forced to cope without a proper autism diagnosis could be another factor. Co-occurring mental health diagnoses such as ADHD, anxiety or depression could be another factor. Another explanation is the need to cope with pressures that might go along with the current trend of mainstreaming those with an ASD. Individuals with autism are now expected to join in at school and in the workplace. Expectations of joining in with classmates, managing the stress of a complicated college schedule, meeting deadlines, socializing after work and generally fitting in have presented a host of challenges for those with ASD that may increase chances for the individual with ASD to depend on substances to help decrease stress and reduce anxiety. This poster presents the protective and risk factors of ASD for developing an SUD and the current research on the connections between ASD and substance use. It also addresses how autism and addiction affect one another, some of the behavioral connections, and strategies for prevention, identification and treatment for those dually diagnosed.



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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

## Repetition in ASD and SUD

It is apparent that an SUD and an ASD have common features that may be biological in nature (van Wijngaarden-Cremers, Brink and Gaag 2014, p.3): "They also share similarities at a behavioral level such as the level of detailed perception and rigid and compulsive habits." For example, both individuals with an SUD and ASD might have a very particular substance/interest that might lead them to take risks in order to pursue that substance/interest.

## Conclusion

Substance use disorder and autism are inextricably linked. It's critical that both the autism and addiction communities are alerted to the high rates of co-occurring ASD and SUD. Clinicians who work with children with ASD should prepare families and offer SUD prevention. Adolescents and adults with ASD should be routinely screened for SUD. Currently there is no evidence-based treatment for co-occurring SUD and ASD. There is a need for effective prevention strategies, tailored screenings and assessments and effective SUD treatment strategies for individuals with ASD. Substance use disorder, like autism, is a life-long condition. With the numbers of adolescents and adults diagnosed with autism steadily increasing, it is critical to get ahead of this issue before it becomes a crisis.

## Protective Factors?

**Sensory Issues-** Picky eating or limited diets, decreasing interest in alcohol, skin and olfactory sensitivities limiting risk of snorting, smoking or injecting drugs, sensitivities to noise levels making bars, parties, concerts or other events untenable.

**Rule-bound nature of ASD-** Difficulty tolerating illicit behaviors of others, discomfort with the illegality of substance use, distressed by the illegality of obtaining substances.

**Social challenges-** Limited social life so less peer pressure, fewer social activities such as parties, concerts or sporting events so less exposure to substances. Limited social skills are a barrier to obtaining substances.

**Sheltered environments-** More self-contained settings in school, living with parents longer, sheltered employment and day programs.

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

wrongplanet.net, 2015

## Risk Factors

**Earlier diagnosis and interventions-** more strategies for adaptation, reduced social and/or sensory issues, better outcomes, more opportunities.

**Increased inclusion and mainstreaming in primary and secondary school-** more contact with neurotypical peers, increased peer pressure, exposure to substances in social settings.

**More students with ASD attending college-** increased stress, easy access to substances, more social opportunities.

**More independent and semi-independent living within the community-** increased stress, and access to environments where substances are available.

**More competitive employment-** more stress, anxiety, depression and the risk of turning to substances to self-medicate.

**More social opportunities-** additional stressors: managing intimate relationships, starting families, more exposure to environments where substances are available, more decision-making, more wanting to 'fit in.'

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

