



# **The prevalence, risk and protective factors and service needs in relation to the co- morbidity of substance use and neurodiversity.**

## **Policy Brief**

Dr David McDonagh, Dr Sonam Prakashini Banka-Cullen, Mr Philip James,  
Ms Sadie Lavelle Cafferkey, Ms Jessica Eustace-Cook, Prof Catherine Comiskey

2024



# Background

The World Health Organization defines neurodevelopmental disorders as cognitive and behavioural conditions arising during a child's development. These include autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

ADHD involves a persistent pattern of inattention and/or hyperactivity-impulsivity, negatively affecting academic, occupational, or social functioning. ASD includes difficulties with social communication and interaction, alongside repetitive and inflexible behaviours, interests, or activities. There is a growing shift to emphasise biopsychosocial protective factors, especially in the context of increasing co-morbidity between neurodiversity and substance use disorders.

# Study Aim & Methods

## Study Aim

The aim of this study was to provide up to date estimates of the prevalence of neurodiversity among people accessing addiction services internationally and in Ireland and to identify the risk and protective factors to inform appropriate service responses.

## Methods

The research used a mixed methods study design, with the data being collected concurrently. A review of the international literature was conducted systematically.



# Key Findings

1

## Evidence Review

- A total of 154 estimates, from 32 countries dated from 1997 to 2024 were included.
- The meta-analysis consisted of a global sample of 56,632.
- The sample contained a minimum of 29,303 males and 13,004 females.
- The overall estimate of the prevalence of ADHD within this population of people who used substances was found to be 21%.

2

## Survey Findings

- A total of 288 participants (171 females, 113 males and 4 non-binary) from all 26 counties completed the online survey with a mean age of 42 years and a range of 18 to 83 years.
- The prevalence of ADHD among the survey participants was 51%.
- The prevalence of ASD among the survey participants was 37%.
- There was a statistical difference between the heterosexual and LGBTQI+ groups, with the prevalence of ADHD (64%) and ASD (57%) higher among the LGBTQI+ group.
- There was a significant difference between participants reporting and those not reporting substance dependence and their overall scores in the ADHD screening tool, with an average ADHD score of 15, indicating a risk of ADHD for those reporting substance dependent versus an average of 11 for those not reporting substance dependence.
- Cannabis was the illicit substance with the most frequent use among the sample, it was used at least weekly by 82 (28%) of the respondents.
- There was a significant association between people using cannabis at least weekly and ADHD with 64.6% of those using cannabis regularly having either a diagnosis of ADHD or screening positive for the condition.

3

# Key Findings

## 3 Qualitative Interview Findings

- It was found that the majority of service providers did not have any formal education or training in neurodiversity.
- Managing the needs of people who attend their services has been learned on the job using a trial-and-error approach.
- Communicating with and managing people with neurodiverse conditions provided a major challenge for service provider staff, particularly when providing services for people with ASD.
- For some service users it can take years to find an effective treatment programme based on their individual needs.
- The lack of a referral pathway through the Irish health system for adults who want to receive a formal diagnosis ADHD or ASD was a barrier.
- Providing appropriate support for those with mental health and drug and alcohol problems was raised by almost all the providers as a major issue for their service.

# Recommendations

## **1 A gender, sexuality, and drug of choice lens to ADHD awareness**

It is recommended that questioning for neurodiversity (ND) becomes part of the comprehensive assessment process in all settings and services and across the lifespan from early childhood services to specialised supports.

## **2 Modification to service process and practice to ensure culturally informed communication and non-stigmatizing, strengths-based service**

It is recommended that neurodiverse informed approach and practice be established in line with and building upon trauma informed approaches.

## **3 Expanding existing training to include a whole service approach to immediate and long-term sustainable neurodiversity education**

It is recommended that in the first instance, to support staff, immediate training be provided to those in existing services, this includes staff at all levels in order to provide a 'whole service' approach, this should include family members. To ensure sustainability of this training it is further recommended that a module be provided in all relevant educational programmes in health and social care.

# Recommendations

## **4 Accessing expertise and developing integrated care pathways from diagnosis to treatment to enhanced quality of life**

The findings of this study reflect the need and the importance of the HSE's model of care for providing appropriate assessment, screening, and interventions for people with ADHD, and we recommend that this model be rolled out with expediency and coordinated in conjunction with addiction services to ensure robust referral pathways.

## **5 Disseminating the Irish evidence and the international consensus statements to ensure human rights and access to evidence-based approaches**

There is an ethical onus on the Department of Health and professional accreditation bodies to disseminate the latest international consensus statements and provided continuing professional development on the diagnosis and current stimulant and other treatments for ADHD among people who use substances.

# Conclusion

To conclude, from a policy, service, and practice level it is clear that neurodiversity and in particular ADHD is of significant concern within services who engage directly with people who use substances, we can confirm that approximately 1 in 5 people who use substances if assessed will have symptoms of ADHD.

Furthermore, this rate can increase significantly given varying substances, with those using benzodiazepines exhibiting rates of more than 1 in 3.

Dissemination of best practice is urgently required if healthcare practitioners and related services are to uphold human rights-based approaches for both people who use services and people who provide them.