People with learning disabilities smoke and use alcohol: although at a lower rate compared to the non-disabled population but there is also growing evidence that some of this population also misuse alcohol, illicit drugs and over-use prescribed medications.

As many more people with learning disabilities today are being successfully supported to live in a variety of accommodations in their local communities, they therefore have greater opportunities to engage in using alcohol and other substances with both their disabled and non-disabled peers. Similarly, more people with learning disabilities today are being afforded the same opportunities to take-part in a range of activities as their non-disabled peers, this may further provide the person with greater prospects to obtain and abuse alcohol. This is accompanied with greater access to readily available cash, transport and support networks. Consequently, as a feature of engaging in similar lifestyles as their non-disabled counterparts, this population may be equally exposed to similar stressors of living in a modernised culture thereby leading them to use alcohol as a coping mechanism / stress reliever.

Moreover, the person with a learning disability may also see alcohol and / or illicit drugs as a method of ‘fitting in’, ‘socialising’ and making new friends with one’s non-disabled peer group. This process of ‘fitting in’ may compensate for the isolation, lack of social skills / supports / friendships / relationships and frustrations frequently described by people with learning disabilities for many years. In addition, this is a population who have been found to have low self-esteem, and poor social, communication and refusal skills further suggestive of a population who may be highly susceptible to developing alcohol related problems.

Given the growing recognition and value of incorporating the individuals' voice into planning and developing future services, it is therefore important that such marginalised groups are represented. Furthermore, it has been strongly argued that obtaining the insights of people with learning disabilities has the potential to emancipate and empower this client group. In obtaining this information, this data will help both learning disability and mainstream addiction service provid-
ers to identify the specific support systems needed to meet the needs of this population: hence services will be service user led. This study was carried out by Laurence Taggart, School of Nursing, University of Ulster, N. Ireland

Findings

- Seven females and three males with learning disabilities, who were identified as hazardous using alcohol and other substances, participated in a semi-structured interview.
- Over half of the participants lived independently in their own flat/house.
- Over half of the participants were also identified to have a co-existing psychiatric disorder.
- While seven participants reported using alcohol only, three women reported using a combination of alcohol, illicit drugs and prescribed medications. All the individuals reported long histories of alcohol misuse; greater than 5 years.
- The overall reason for the use of the alcohol was that of ‘psychological trauma’ and ‘social distance from their community’.
- Common themes that were reported were multiple deaths, long-term physical, emotional, sexual and financial abuse at the hands of their partners and also their drinking peers.
- Many of the informants also spoke of the lack of companionship, of having no friends and the loneliness.
- A number of the individuals reported a deterioration of their mental health when drinking, with self harm being an emotive theme.
- All of the individuals reported being in contact with members of the community learning disability team receiving more of an educative, supportive and liaison role.
- Seven individuals reported they were referred to mainstream addiction services but the majority reported that the group sharing was ineffective and more worrying they felt perturbed at sharing their personal life stories in settings with other patients, with many of these sessions ended abruptly.
- For two individuals they reported a positive experience in their interactions with these services: meeting regularly with an addiction counsellor and working together on a one-to-one basis.
Implications

- This study has shown that people with learning disabilities hazardously use a range of substances as a consequence of other factors (i.e. mental health problems, bereavements, abuse and loneliness), and that these underlying issues need to be addressed and managed as well.
- Services need to address these underlying issues pro-actively rather than managing the consequences of such negative life experiences reactively which is the current approach within many geographic regions across the UK.
- The majority of people who are more of a risk of hazardously using alcohol are those with a mild learning disability, living alone and having a mental health problem; many of whom have long histories of abuse patterns. Emphasis needs to be placed upon promoting safe drinking patterns, policies of abstinence/moderation, and developing an integrated approach between learning disability and addiction services for this population.
- This study found an ‘unwillingness’ with other potential people to be interviewed, with many people with learning disabilities not perceiving themselves as having an alcohol and/or drug related problem. Therefore, greater importance should be given to the use of brief motivational interviewing, which includes using motivational enhancement therapy, although such techniques may have to be adapted for this population.