Substance use interventions for people with intellectual disability transitioning out of prison

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TO THE EDITOR:

Prisoners with intellectual and developmental disability (IDD) experience health inequities, potentially compounded by issues of acquiescence, misunderstanding, and social isolation. On release, ex-prisoners with IDD may be ‘pushed’ between operational siloes and receive little or no transitional support to address factors shown to increase the risk of recidivism, such as substance use [1]. Following their release, ‘mainstream’ ex-prisoners experience greatly elevated risk of death from overdose [2] and infectious disease transmission through unsafe needle and injecting equipment use. Few data are available about post-release substance use or mortality among ex-prisoners with IDD, despite soon-to-be-released prisoners with IDD reporting similar patterns of normative substance use compared to their peers without disability [3]. Cognitive and sensory differences may render support of and service delivery to this highly vulnerable population group particularly challenging; whether administered within disability, justice or health systems, and ideally across all three.

We conducted a systematic literature search for interventions aiming to reduce substance use among adults with IDD transitioning out of prison. Randomised controlled trials (RCTs) and non-randomised studies (non-RCTs, cohort studies, case-control studies, cross-sectional studies and case series) were included. We performed searches on the Cumulative Index to Nursing and Allied Health Literature, The Cochrane Library, Medline, PsycINFO, Web of Science and Scopus, using keywords related to IDD (e.g., developmental disability, Down syndrome, intellectual disability, learning disability, learning difficulties, learning disorder, mental retardation, mental deficiency) AND substance use (e.g., heroin, methamphetamine, cannabis, alcohol, substance, recreational drug use, illicit drug use, substance misuse, illicit drug, drugs of abuse). Resultant paper titles were scanned for interventions (i.e., RCTs and non-randomised studies). No limitations were placed on year of publication or country of origin, although only English language studies were considered. We excluded studies that were qualitative, narrative or opinion-based. Participants included were either male or female adults (aged over 18 years) that were identified by study authors as having IDD. A diagnosis of substance dependence was not required.

Of 7223 articles identified, 27 papers describing unique interventions were possibly eligible; however, on closer review these studies failed to meet the inclusion criteria in terms of participants, setting or design. For example, some were descriptive studies of prevalence and others described interventions that were not targeted to either substance use or people with intellectual disability. Our findings confirm that previously, researchers have tended to overlook substance use among people with IDD who are transitioning or have transitioned out of prison [4]. A paucity of compiled or critically appraised evidence exists to guide substance use service delivery for ex-prisoners with IDD.

Australia is undergoing substantial policy and practice reform in relation to disability through a new National Disability Insurance Scheme (NDIS). The Council of Australian Governments recently released Principles to determine the responsibilities of the NDIS and other service systems, including the justice system [5]. These principles specify that the NDIS will fund supports ‘aimed at improving transitions from custodial settings to the community, where these supports are required as a result of a person’s functional impairment and additional to supports required by all Australians in similar custodial settings’ ([5] pg. 21).
Substance use is one the key factors affecting re-entry and is associated with post-release justice and health outcomes. Without a rigorous and targeted evidence base that raises knowledge about prevalence of substance use and risk for misuse, as well as the specific sociocultural circumstances, need, and challenges experienced by those with IDD transitioning out of prison, we risk these principles remaining at best aspirational.

Prisoner health and IDD researchers must pay urgent attention to this overlooked group.

REFERENCES


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