



AUTISM, SUBSTANCE USE AND
ADDICTION:
WORKING TOGETHER TOWARDS A
BETTER UNDERSTANDING

Dr Eddie Mullen, Orygen



Artwork by Emrhan Tjapanangka Sultan, Luritja clan of the Western Desert
From the painting 'Honey ants and the rivers of hope to sharing knowledge', 2018

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.



DECLARATION

No conflict of interest

PURPOSE OF TALK

To describe the current clinical understanding about about
Autism and Substance Use

To think about the challenges Autistic individuals may face who
are seeking treatment

Where do we go from here?

MY JOURNEY



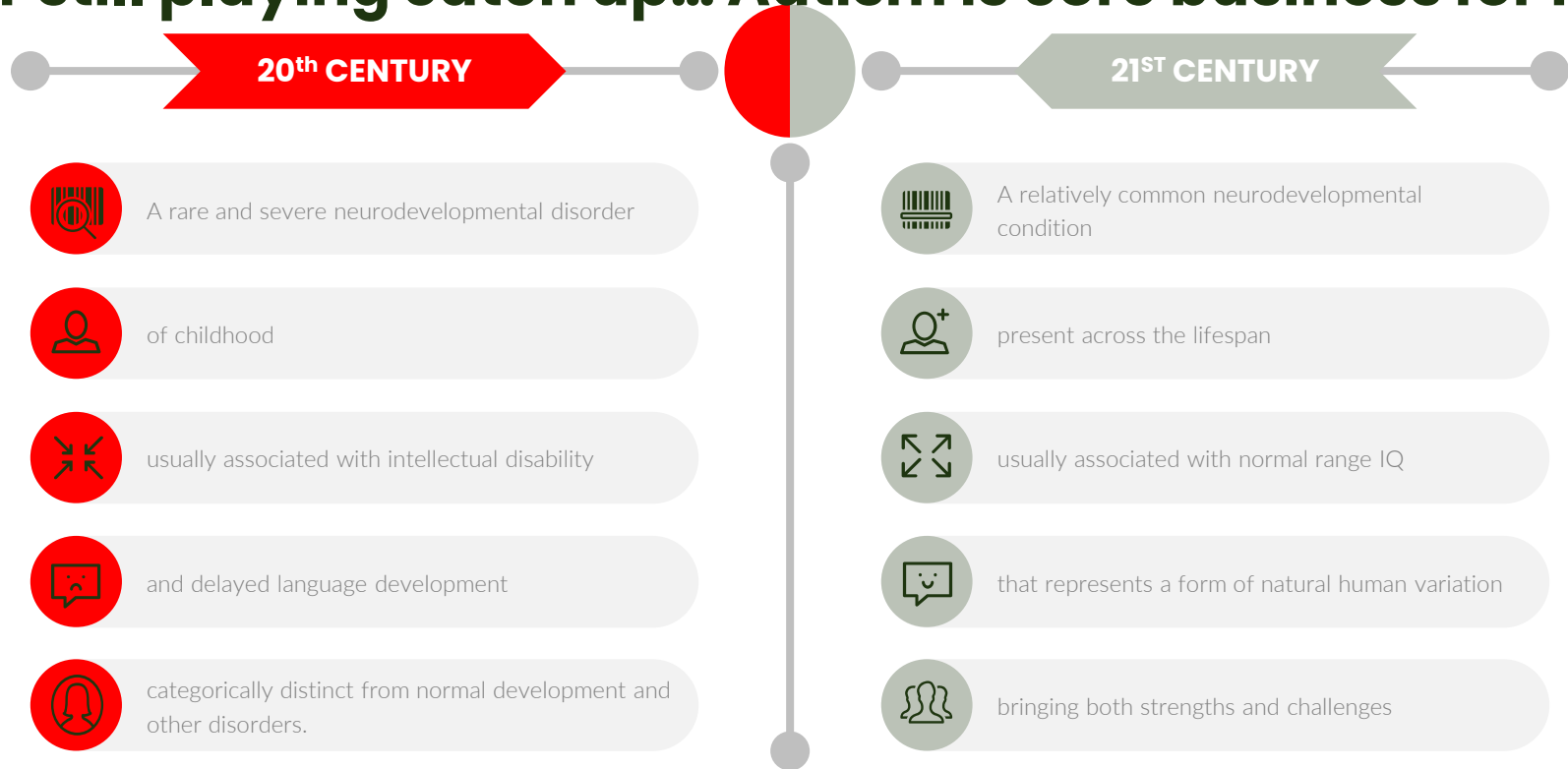


WHAT WE KNOW SO FAR

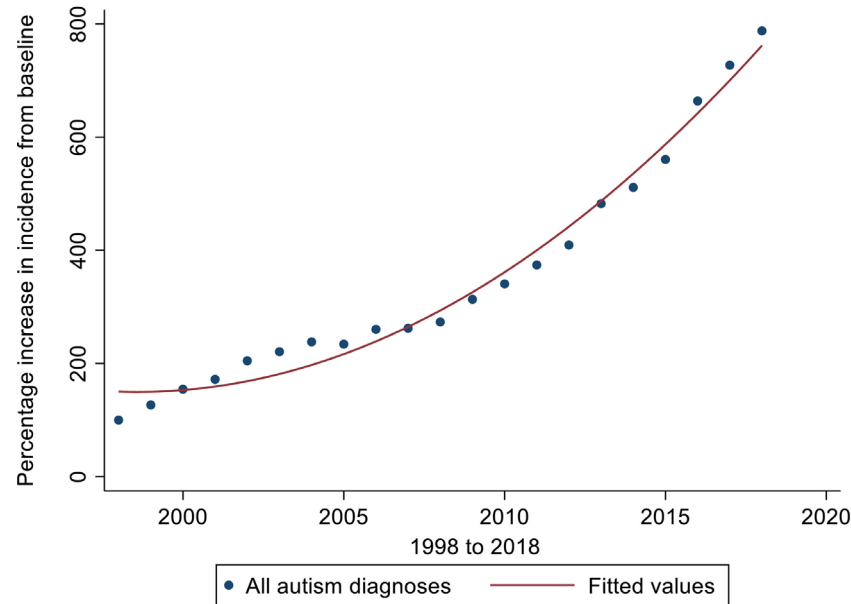


Changing Concepts¹...

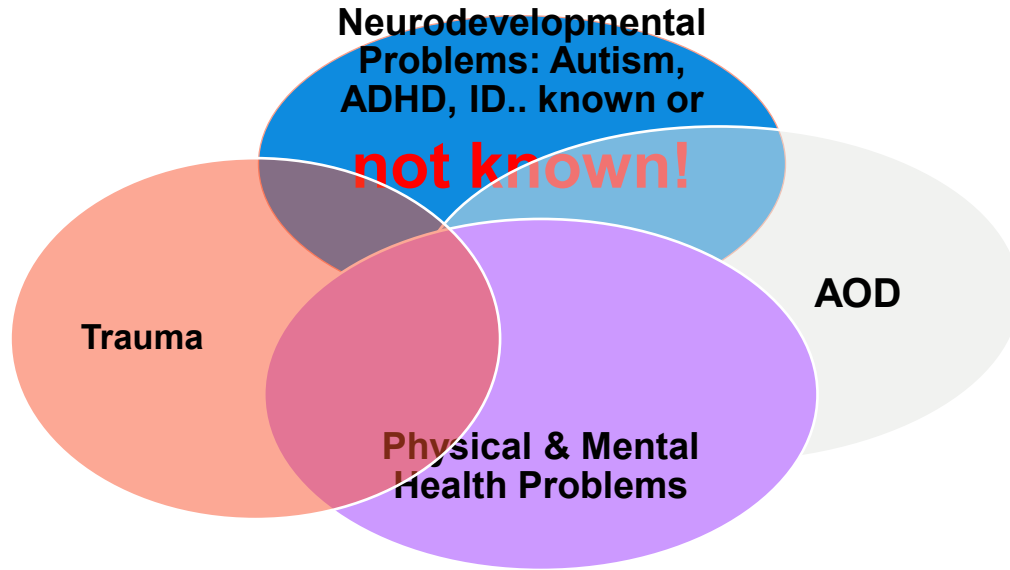
BUT still playing catch up... Autism is core business for MH!



TIME TRENDS IN AUTISM DIAGNOSIS OVER 20 YEARS: A UK POPULATION-BASED COHORT STUDY

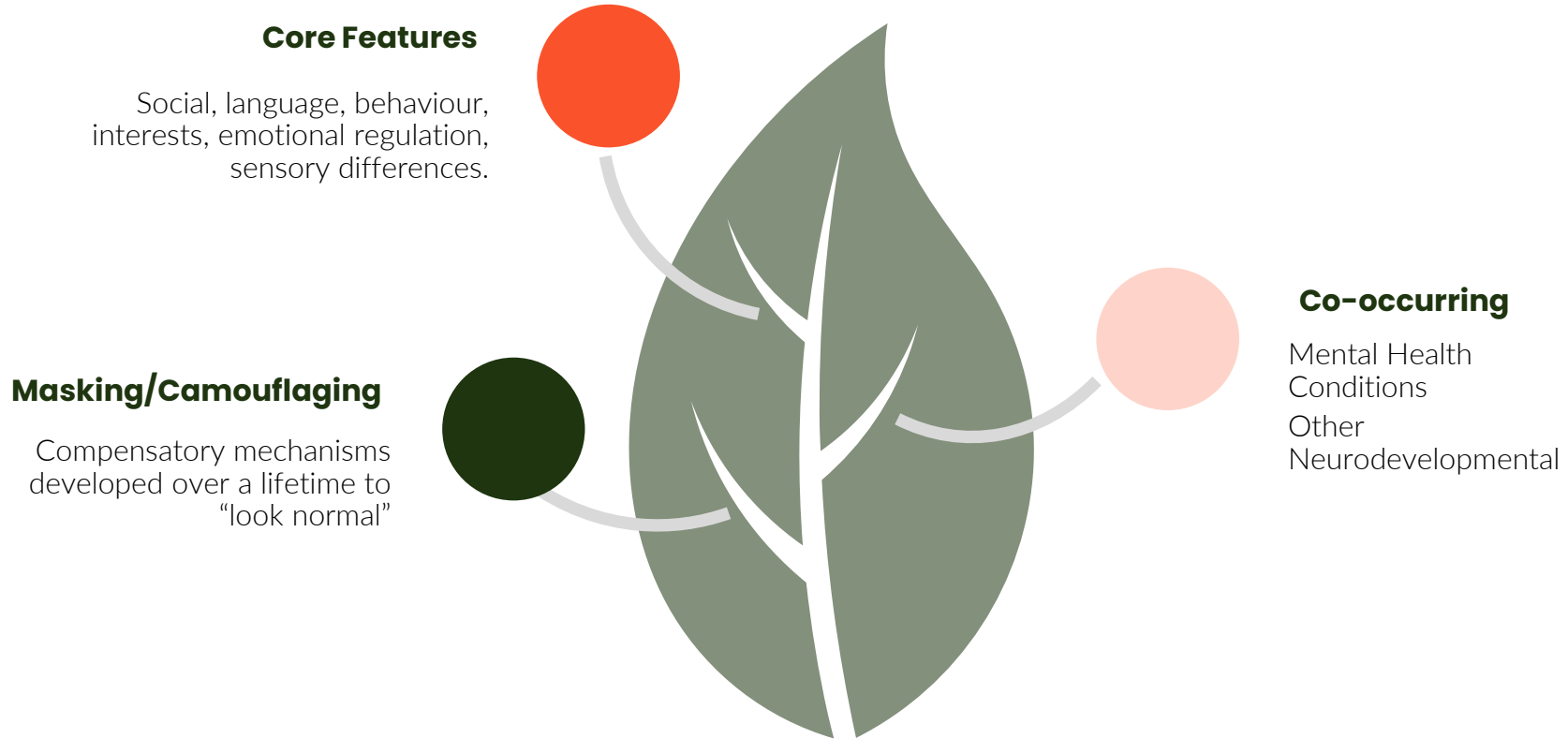


FOR CLINICIANS THE 'DIAGNOSTIC' CONUNDRUM OF CO-OCCURRING PROBLEMS



BEWARE THE 'LENS' THROUGH WHICH YOU VIEW THINGS!

Autism Presents as a combination of

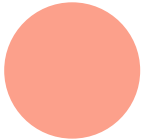


Vast differences



“If you’ve met one person with autism, then you have met one person with autism”

Not everyone who is different is autistic



Where to start?

How can clinicians with general skills possibly know what ASD looks like?

‘Pattern recognition’ for MH problems

Another way to look at it...

By Rebecca Burgess - Theoraah.tumblr.com

Sometimes when people think of this word, they think of the autism spectrum as being like this:



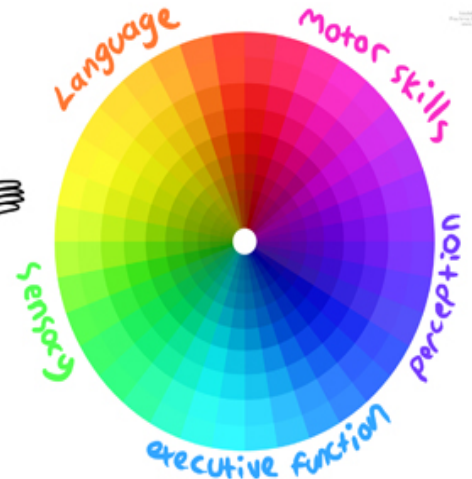
A very linear looking 'spectrum', which gives the impression that people range from being 'a little autistic' to 'very autistic'.

Hm. How can you be 'a little autistic'?

It's that vague language that I always find confusing.

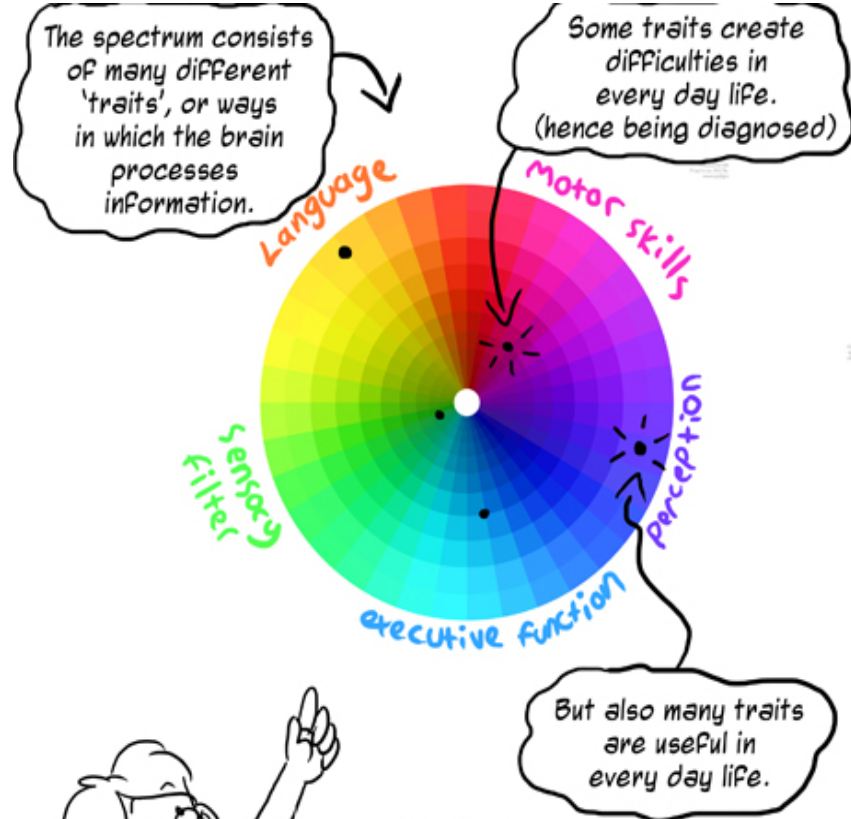


The truth is though, someone who is neurodiverse in some areas of their brain, will also be no different to your average person in other areas of their brain.



Strengths & Challenges...

By Rebecca Burgess - Theoraah.tumblr.com



DIMENSIONS OF AUTISM

Anxiety and mood	• Overly confident/Lack of awareness	Highly anxious/susceptible
Focus and attention	• Attention deficit for hours	Can focus
Intelligence	• Severe Impairment	Average Gifted
Sensory processing	• Hyposensitive	Hypersensitive
Specific interests	• No interests	Highly specific interests
Repetition and routine	• No routine required	Strong need for routine
Social interaction	• Aloof	Passive Active/Odd
Communication	• Non-verbal	Verbose

ASD – The Great Imposter

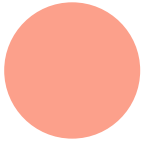
Core Features can mimic other MH problems



Social Impairment

Social Anxiety

Avoidant Personality Disorder



Repetitive Behaviour

Obsessive Compulsive Disorder

Tourette's Syndrome

Motor Mannerisms of psychosis

ASD– The Great Imposter



Sensory

Trauma

Psychosis

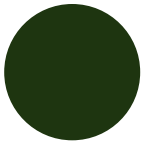


Language

Thought Disorder especially poverty/alogia

Depression/Alexithymia

Schizophrenia



Emotional Dysregulation

Borderline or Anti-social personality disorder

ADHD



SUBSTANCE USE



AOD USE IN YOUNG PEOPLE CAN BE THE NORM – THERE IS A SPECTRUM OF USE

- Experimental

- Social

- Instrumental

- Habitual

- Compulsive

Curiosity, novelty-seeking, risk-taking

Peer-influenced, “Gateway”

Manipulate affect, behaviour, pleasure

Reliance for coping and recreation

Salience, loss of function



↑ age

↑ substance use

↑ risk/severity of SUD



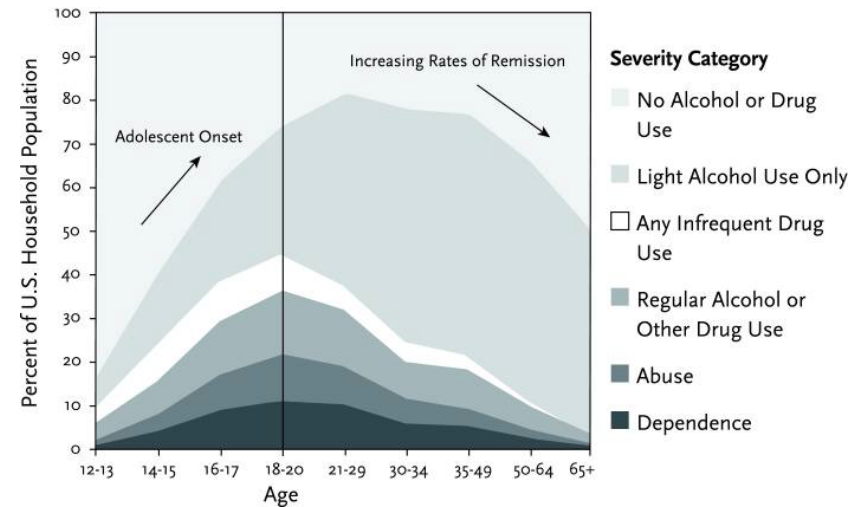
Nowinski et al, 1990

AGE OF ONSET

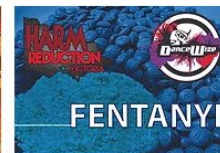
Most AOD use starts in adolescence AIHW, 2017

Peak onset of SUD 18-20 years old Dennis & Scott, 2007

Outcomes are worse in those with comorbid issues



CLICK ON THE RESOURCE YOU WANT TO DOWNLOAD



Example of the brochure opened up

REASONS FOR USE OF SUBSTANCES

For Fun

Social
connection

Cope with
negative
emotions

THE 11 CRITERIA OF SUBSTANCE USE DISORDER

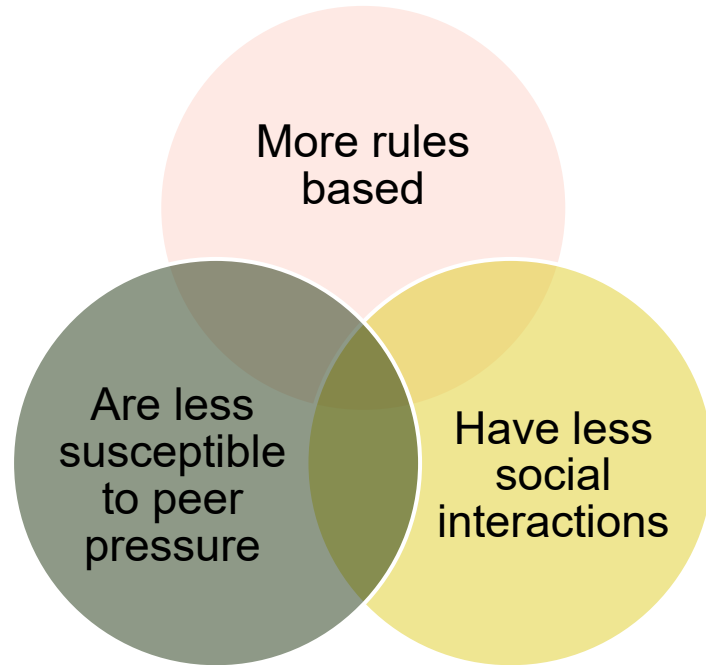
A. A problematic pattern of use ... impairment or distress ... at least 2 ... within 12-month period

1. Often taken in larger amounts or longer period than intended
2. Persistent desire or unsuccessful attempts to cut down or control
3. Great deal of time ... to obtain/use/recover from effects
4. Craving, or strong desire or urge to use
5. Recurrent use resulting in failure to fulfil major role obligations at work, school or home
6. Continued use despite persistent or recurrent social or interpersonal problems caused or exacerbated by use

11 CRITERIA CONTINUED

- 7. Important social, occupational or recreational activities reduced or given up because of use
- 8. Recurrent use in physically hazardous situations
- 9. Use continued despite knowledge of physical or psychological problems caused or exacerbated by use
- 10. Tolerance, defined by either
 - a) Need for increased amounts to achieve same effect
 - b) Reduced effect with continued use of same amount
- 11. Withdrawal
 - a. Characteristic syndrome
 - b. Same or closely related drug taken to relieve or avoid withdrawal

OLD VIEW OF AUTISTIC INDIVIDUALS



ADDICTION TRENDS IN AUTISM

Individuals with Autism are twice as likely to develop an addiction problem than their non-autistic peers.

Nearly 7% of individuals seeking substance abuse treatment also had an Alcohol Use Disorder diagnosis.

An estimated 1 in 5 teens and young adults receiving substance abuse treatment may have undiagnosed symptoms of Autism.

SUBSTANCE USE IN AUTISM

“Among those who provided any information regarding their motivations for using drugs, autistic individuals were nearly nine times more likely than non-autistic individuals to report using them to manage behaviour specifically”

Weir et al, Lancet 2021

SUBSTANCE USE IN AUTISM

“Individuals described using drugs to eliminate, control, or reduce autism or symptoms of autism (eg, sensory overload, stimming behaviour, improving overall function, improving perception) and other comorbid symptoms (eg, ADHD). “

One autistic individual noted “I smoke pot to make my anxiety and autism go away. It's the only time I fell on the same wave length as everyone else”.

Society for the Study of Addiction, 2021

ARE REASONS FOR USE IN AUTISM DIFFERENT?

Fitting in

REASONS FOR USE IN AUTISM

Fitting in

Masking

REASONS FOR USE IN AUTISM

Fitting in

Masking

Social
Anxiety

REASONS FOR USE IN AUTISM

Fitting in

Masking

Social
Anxiety

Overstimulation

REASONS FOR USE IN AUTISM

Fitting in

Masking

Social Anxiety

Overstimulation

Repetitive
behaviours

REASONS FOR USE IN AUTISM

Fitting in

Masking

Social Anxiety

Overstimulation

Repetitive
behaviours

Focus

REASONS FOR USE IN AUTISM

Fitting in

Masking

Social Anxiety

Overstimulation

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behaviours

Focus

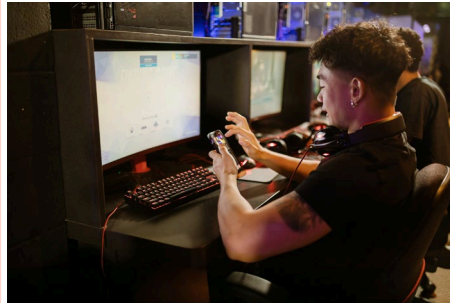
Managing
Emotions

PROBLEMATIC BEHAVIOURS



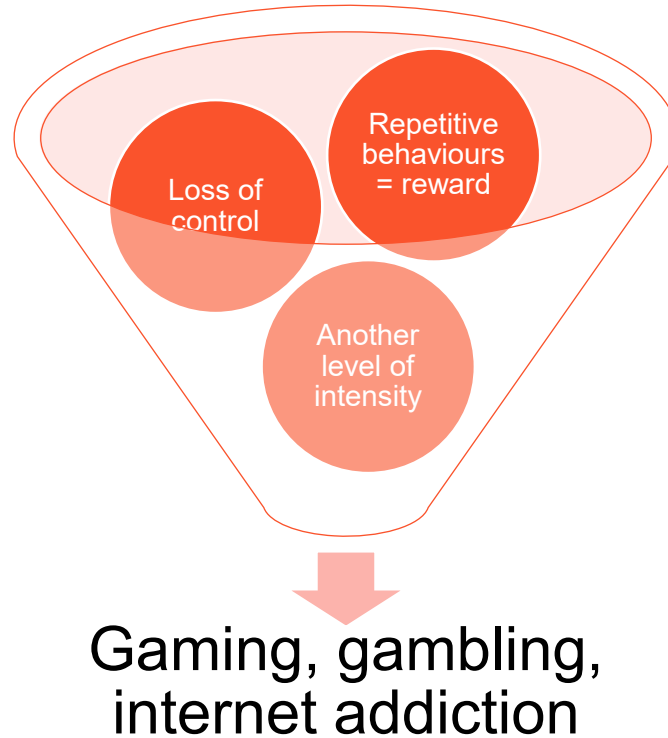
INTERNET, GAMBLING, GAMING

Normal use



Problematic

BEHAVIOURAL ADDICTIONS IN AUTISM



CRITERIA FOR ADDICTIONS

Salience: Domination of a person's life

Euphoria: A 'buzz' or a 'high'

Tolerance: More to achieve the same 'buzz'

Withdrawal Symptoms: Cessation leads to unpleasant emotions or physical effects

Conflict: with others or self-conflict

Relapse and Reinstatement: Resumption of the activity with the same vigor despite to attempts to abstain

Brown, 1993



WHERE TO FROM
HERE?





HOW CAN WE IMPROVE OUR
SERVICES?

“ *It is essential that we ensure that autistic people have equal access to high quality social and healthcare that can appropriately support their specific needs; and, unfortunately, it seems clear that our current systems are still not meeting this mark* **”**

— *Simon Baron-Cohen*

IDENTIFYING A PROBLEM

AUTISM SERVICES

Recognised but clinicians can feel
unskilled managing AOD

Seeking referral

AOD/MH SERVICE

Autism rarely screened

Difficulty to engage in standard
treatment settings

Treatment “failure”

PERSONALISATION

Attune to the individual, getting to know the person and working with the person's strengths and weaknesses

Communication – text, phone call, letters

Provide an environment that supports individual performance rather than group reliance

UNDERSTAND THE PERSON

HOME	Who lives with you? What are the relationships like at home? Have there been any recent changes at home? Is there any physical violence at home?
EDUCATION	Tell me about school...Have you experienced any bullying at school? Do you have friends at school? How is your school performance? Has it changed?
EATING	Does your weight or body shape cause you any stress? Have there been any recent changes in your appetite or diet?
ACTIVITIES	What do you do for fun?
DRUGS/ ALCOHOL	Do you or your friends or family use drugs, alcohol or tobacco?
SEX	Have you been in a romantic relationship? With boys/girls/both? Have any of your relationships been sexual?
SELF HARM / SUICIDE	Do you feel down, depressed or hopeless? How is your sleep? How is your concentration? Do you enjoy anything? Are you looking forward to anything? Do you have any thoughts about hurting yourself again?
SAFETY	Have you ever met anyone you first encountered online? Have you experienced violence at home or elsewhere? Are you, your friends or family members involved in any gang activity? Have you been involved in any fights?
SOCIAL MEDIA	Which social media platforms do you use? Do you feel that you have been bullied online? Do you give out personal details on social media?

<https://headspace.org.au/assets/Uploads/headspace-psychosocial-assessment.pdf>

RACGP Clinical Guidelines

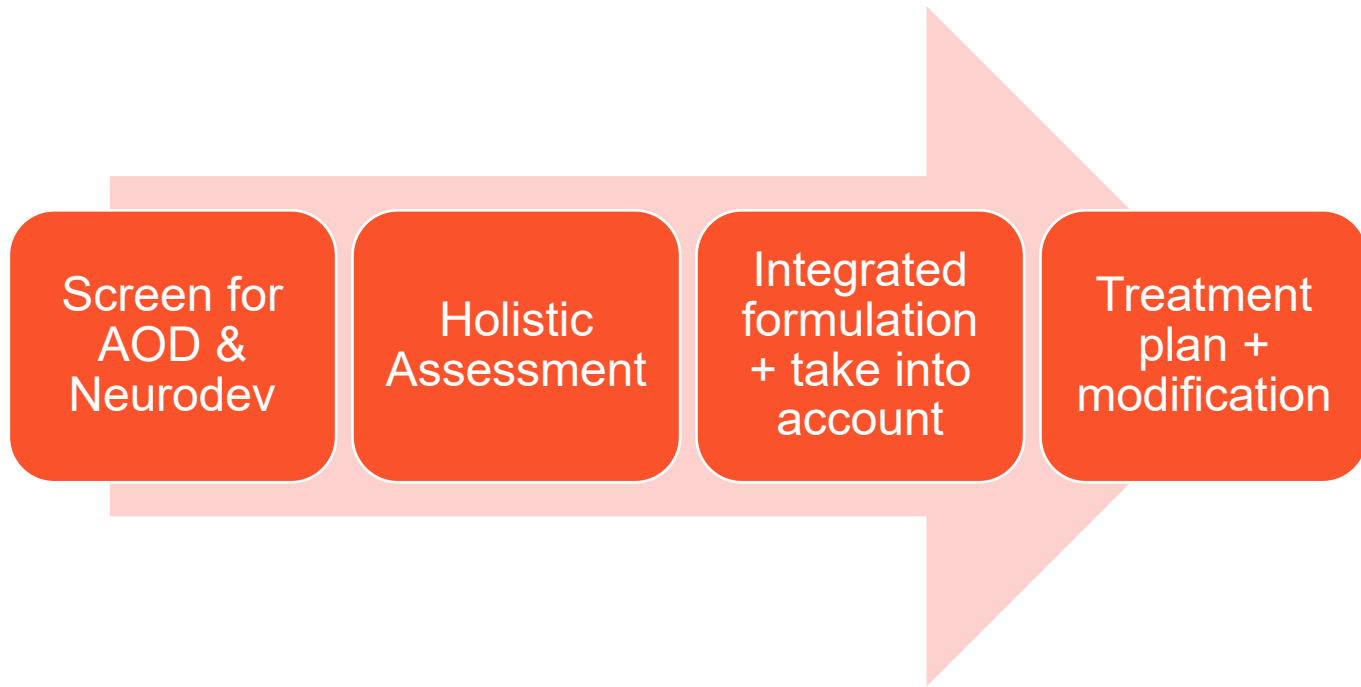
HARM REDUCTION APPROACH

The widely used 'harm reduction' approach is recommended.

Abstinence may not be a realistic or achievable goal for many young people.



Crane et al 2012



TREATMENT CHALLENGES



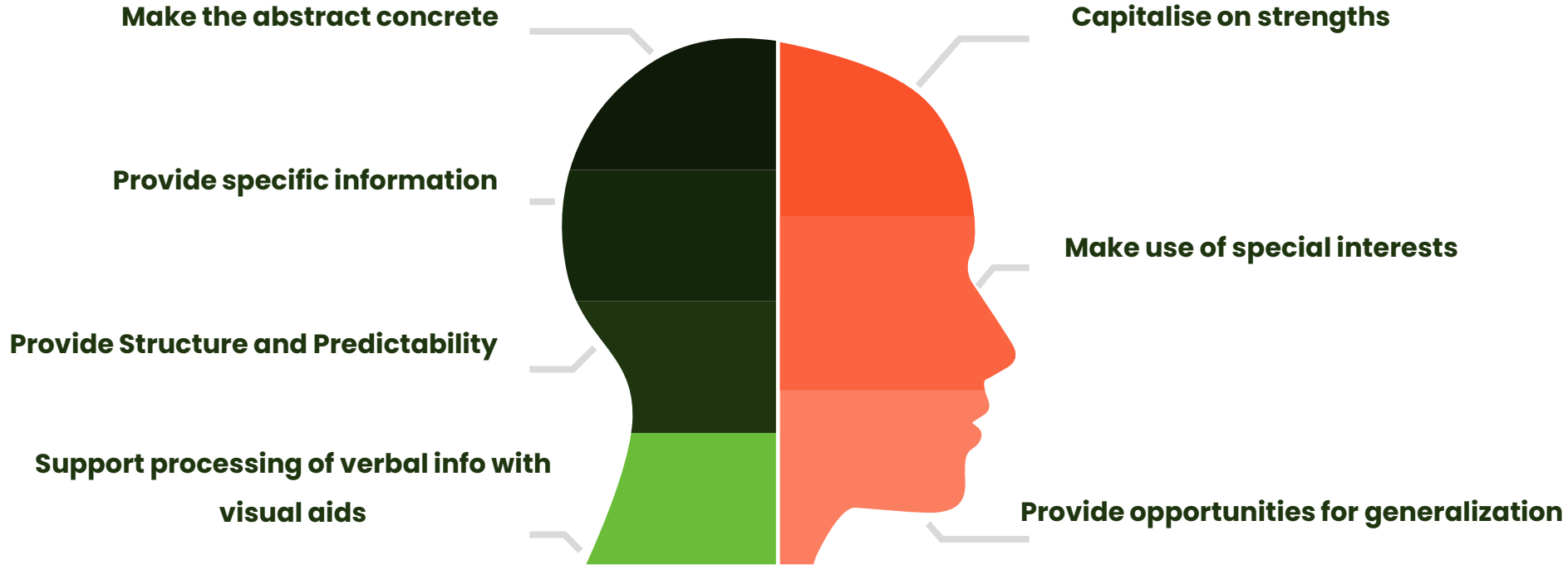
ENVIRONMENT





HOW CAN WE IMPROVE OUR
PRACTICE?

Therapeutic Engagement Tips



Therapeutic Engagement Tips

Account for sensory preferences

Reduce anxiety with distancing techniques

Minimise executive functioning differences

Use positive reinforcement



HIGH NEED FOR EXPLICIT CONTEXT

Our world and use of language is often very ambiguous.

Autistic people do not always use context to work out what things mean.

They may take a slower and detail oriented approach to working things out.





HOW CAN WE WORK
TOGETHER?



"You can work collaboratively, we will come at you as equals in that and work with you. The right person wants to work with you and understand you."

Autistic adult

"Many autistic people identify as LGBTQ+, you need to be clued up on this. It makes a massive difference."

Billie, autistic young person

TOGETHER WE ARE BETTER



ACKNOWLEDGEMENTS

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Orygen Youth Addiction and Dual Diagnosis Stream

Dr Steve Leicester

A/Prof Enrico Cimenton

Rebecca Morrisson

REVOLUTION IN MIND

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THANK YOU

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