



ADVOCATE. ACT. ADVANCE.

Disability and Addiction Recovery

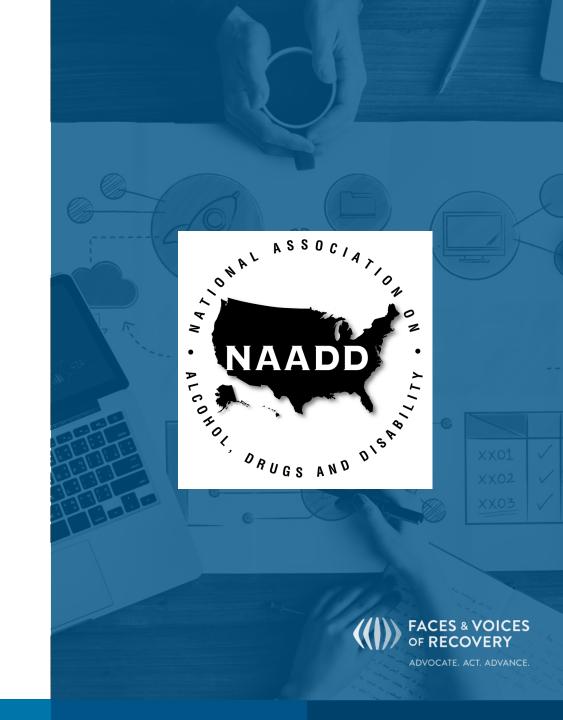
presented by

John de Miranda, Executive Director

National Association on Alcohol, Drugs and Disability



ARCO Conference



Some Important Considerations



- □ People with disabilities are already in your program but perhaps not adequately supported
- □ Lack of accommodation hinders and in some cases undermines recovery
- ☐ Most accommodations are low cost
- □Ramps and signs are not enough; consider an accessibility audit



Disabila-phobia



- People with little or no experience with others who have a disability are often concerned that they will say or do the wrong thing
- People with disabilities are the experts on what they need
- Familiarize yourself with personfirst, destigmatizing terminology Example: Mary is a wheelchair user. Not Mary is crippled.



Americans with Disabilities Act



- ☐ The ADA requires programs to be accessible to people with disabilities, but also...
- □ Protects people with a history of substance use disorder against discrimination





Increasing Access to Treatment and Recovery Supports for People with Disabilities

This content is part of a set of informational sheets about improving access to recovery supports. Related topics include mobility limitations; disabilities affecting reasoning, memory or learning; deafness or hearing loss; and blindness or vision loss. Refer to the accompanying Tips and Suggestions to Increase Accessibility table to assess your organization's readiness and overall accessibility.

According to the United States Census Bureau, nearly one in five Americans lives with a disability. The spectrum of disability ranges from conditions that are easily observed by others, including physical disabilities that result in wheelchair use or other assistive devices, to less outwardly apparent conditions such as traumatic brain injury and chronic pain.

On average, people with disabilities are more likely than people without disabilities to develop substance use disorders (SUD) or to experience poor mental health. Yet many encounter difficulties finding treatment and recovery supports that are accessible. For this reason, it is important to make accessibility a priority in developing recovery support services.

Resources for Organizations

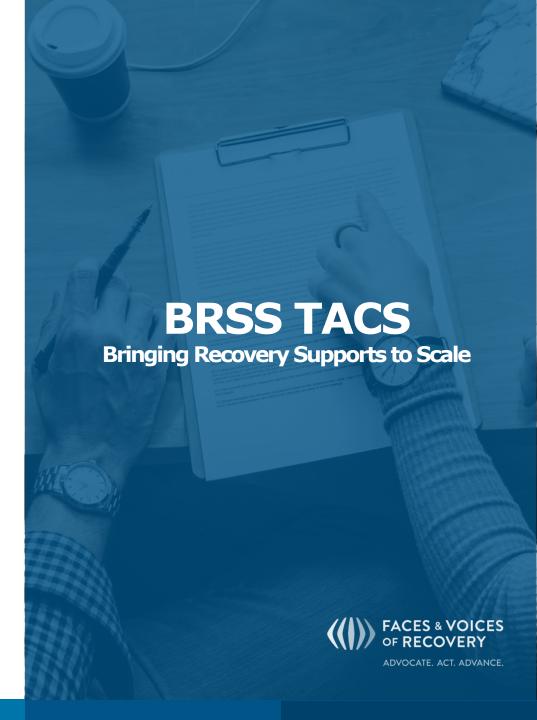
- Increasing Access to Treatment and Recovery Supports for People with Disabilities: Overview: https://c4innovates.com/brsstacs/DisabilityTipSheets/Disability_Tip_Sheet_Introduction.pdf
- Increasing Access to Treatment and Recovery Supports for People with Disabilities Affecting Reasoning, Memory, or Learning: https://c4innovates.com/brsstacs/DisabilityTipSheets/Disability_Tip_Sheet_Cognitive.pdf
- Increasing Access to Treatment and Recovery Supports for People Who are Deaf or Have Hearing Loss: https://c4innovates.com/brsstacs/DisabilityTipSheets/Disability Tip Sheet Hearing.pdf
- Increasing Access to Treatment and Recovery Supports for People with Mobility Limitations: <a href="https://c4innovates.com/brsstacs/DisabilityTipSheets/
- Tips and Suggestions to Increase Accessibility: https://c4innovates.com/brsstacs/DisabilityTipSheets/Disability_Tip_Sheets/Disability_Tip_Sheet
- Increasing Access to Treatment and Recovery Supports for People Who Are Blind or Have Vision Loss: https://c4innovates.com/brsstacs/DisabilityTipSheets/Disability Tip Sheet Vision Loss.pdf

This document was supported by contract number HHSS2832012000351/HHSS28342002T from the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content in this document are those of the authors and do not necessarily reflect the views, opinions, or policies of SAMHSA or the U.S. Department of Health and Human Services (HHS).

C4 Innovations developed this resource with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). It was built under the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project, contract number HHSS2832012000351/HHSS283242002T. CAPT Wanda Finch and Amy Smith served as the Contracting Officer Representatives. This resource was prepared by John de Miranda, Melissa Witham, and Valerie Gold.

 $Please share your thoughts, feedback, and questions about this publication by emailing {\tt BRSSTACS@c4innovates.com}. Your feedback will help SAMHSA develop future products. \\$





Bringing Recovery Supports to Scale-Technical Assistance Center

Disability TIP Sheets for recovery organizations

Available from BRSS-TACS

https://c4innovates.com/brsstacs/DisabilityTipSheets/DisabilityTipSheetResources.pdf



Major categories of disability in the U.S.

- Mobility or other physical
- Developmental (intellectual, autism, cerebral palsy, epilepsy)
- Cognitive (brain injury)
- Sensory (vision, hearing)
- o Behavioral (mental health condition, substance use disorder)



Prevalence

- o 1 in 6 Americans have a disability or functional limitation.
- Includes "hidden" disabilities such as chronic pain, hearing loss and intellectual impairment.
- Many people with functional limitation do not identify as "disabled" but can benefit from program accommodations (universal accessibility).
- Minority populations, veterans, and older adults experience a higher incidence of disability or functional limitation.



Language

Person-First Language	Language to Avoid
Person with a disability	The disabled, the handicapped
Person without a disability	Normal person, healthy person
Person who uses a wheelchair	Confined to a wheelchair, wheelchair bound, crippled
Person with a physical disability	Lame, deformed, invalid, spastic
Person with multiple sclerosis, amyotrophic lateral sclerosis (Lou Gehrig's disease), Parkinson's, cerebral palsy, etc.	Afflicted by, victim
Person with epilepsy or seizure disorder	Epileptic
Person with spinal cord injury, person with paraplegia or quadriplegia or paralysis	Cripple, handicapped, para, quad, gimp



Disability Etiquette

- Engage
- Welcome service animals
- Encourage self-identification
- Offer and accommodate personal assistive devices
- Offer assistance but don't assume help is necessary



Access to Programs and Services

- Treatment and recovery services historically inaccessible
- Ramps are not enough
- Creating a welcoming environment
- High tech (costly) versus low tech (telephone relay service instead of a telecommunications device for the deaf)



Examples of Facility Accommodations

- Raising tables and desks and rearranging furniture to accommodate wheelchairs
- Installing accessible door hardware
- Signage
- Portable ramp
- Raised toilet seat



amples of Low Cost Accommodations

Little or No Cost	More Costly
Removing clutter from floors	Installing bright lighting at entrances and staircases
Removing area rugs	Replacing doorknobs with levers
Maintaining canes, walkers, or wheelchairs for individuals that may need them on occasion	Installing grab bars in toilet stalls
Acquiring risers (similar to booster chairs for couches or chairs)	Adding ramps
Using blocks to raise desks or tables to a height that can accommodate a wheelchair	Acquiring a variety of chairs, including some with higher seats, some with arms, and some without arms.
Organizing furniture to create enough room for individuals using wheelchairs or walkers to move freely throughout the space	
Keeping a clipboard handy for individuals that may have difficulty accessing a table or desk to write on	
Putting out mats on rainy or snowy days to keep the floor as dry as possible and using warning signs to let people know when the floor might be wet or irregular	



Examples of Program Accommodations

- Closed captioned videos
- o Identify sign language interpreter resources
- Train staff in disability etiquette
- Welcoming language in brochures, websites and newsletters



Examples of Group Meeting Accommodations

- Make invitations and announcements in alternative formats.
- Include information about requesting disability accommodations.
- Check meeting sites for accessible doors, bathrooms and pathways.
- Make handouts in large print formats.
- Place refreshments in accessible locations.
- Adapt facilitation style to promote greater inclusion.



Outreach

- Potential Partners -
- Independent living centers
- Peer programs
- Disability advocacy and disability rights agencies
- Supported employment and supportive living programs



Resources

- Treatment Improvement Protocol 29: Substance Use
 Disorder Treatment for People with Physical and Cognitive
 Disabilities Best practices published by the Substance
 Abuse and Mental Health Services Administration
- ∘ A.A. for the Alcoholic with Special Needs First person accounts of people with disabilities achieving recovery through Alcoholics Anonymous (A.A.)





ADVOCATE. ACT. ADVANCE.