FACT SHEET 4

Acquired brain injury and alcohol and other drugs

It is difficult to obtain estimates of the number of people with alcohol and other drug related brain injuries (e.g. heroin, ecstasy, chroming) due to under-diagnosis. Reasons[1] for this include –

- people may not self-disclose due to fear of stigmatisation,
- the condition may go unrecognised by health, medical and community services,
- few people are treated in acute care settings - the most common point for collection of data,
- without comprehensive neuropsychological and neurological assessments, it is difficult to tell whether people presenting with alcohol and drug (A&D) problems have an underlying cognitive impairment due to a previously incurred ABI unrelated to A&D use,
- there is no easily administered screening tool.

It is difficult to accurately distinguish people who have experienced a traumatic brain injury (e.g. motor vehicle accidents, assaults) from those who have experienced a non-traumatic brain injury (e.g. stroke, substance abuse, illness). It has been found upon appropriate clinical assessments, that many people presenting with alcohol and other drug problems, have, in fact, experienced a traumatic brain injury years earlier[2].

The following tables summarise the association between alcohol and other drug problems and acquired brain injury. In terms of the need for alcohol and drug treatment services to be able to provide useful treatment to people with acquired brain injury, Table 2 notes that 60-80% of clients in alcohol treatment will show some form of cognitive impairment.

Prevalence of A&D Problems in ABI Populations:
TABLE 1
ABI/A&D PROBLEMS PREVALENCE DATA

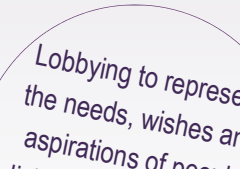
- Alcohol is involved in more than 50% of head injuries. *(Sparadeo, Strauss & Barth, 1990)*
- Of those patients with head injuries between 25% and 68% have a history of substance misuse. *(Miller, 1995)*
- Up to 50% of patients return to pre-injury consumption levels.
- 14% develop an A&D problem after a head injury. *(Kreutzer, Doherty, Harris & Zasler, 1990).*

Prevalence of ABI in A&D Populations:
TABLE 2
PREVALENCE OF ABI IN A&D POPULATIONS

80% of clients in alcohol treatment will show some form of cognitive impairment. *(Parsons, 1994)*The prevalence of alcohol related brain injury in the general population within Australia is over 2%. *(Harper, Gold, Rodriquez and Pedices, 1989)*Australia has higher rates of alcohol related brain injury than other western countries. *(Darton-Hill &Truswell, 1995; Wodak, Richmond and Wilson, 1990)*

There is a need for increased awareness of acquired brain injury in alcohol and other drug (A&D) services. In 1995, a Victorian survey of A&D and ABI agencies funded by the Department of Human Services provided evidence that there is limited understanding of the support needs of people with an acquired brain injury who also have alcohol and drug problems. The survey found there were particular access difficulties specific to alcohol and other drug services including –

- treatment methods do not take into account a client's cognitive impairment,
- short term A&D rehabilitation programs do not take into account the slower rate of change for many people with ABI.



Lobbying to represent the needs, wishes and aspirations of people living with an acquired brain injury since 1991

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FACT SHEET 4

Acquired brain injury and alcohol and other drugs

A subsequent Victorian project in 1999 (*ABI/A&D Better Practice Project*) identified ways to improve A&D services for people with ABI including

- the development of training and information strategies about ABI for A&D workers,
- increased sensitivity and flexibility of A&D workers to the cognitive impairments of people with ABI,
- A&D workers to receive training in assessment, as well as access to back-up specialist assessment and secondary consultation, to assist them in identifying ABI and in planning specific programs for individuals,
- an expansion of the availability of some existing service types and the development of some new services such as specialised long term residential rehabilitation.

The literature review conducted for the 1999 Project noted that a cognitive-behavioural approach is generally considered to be effective in reducing the harm associated with alcohol (and other drugs) dependence. But, for people with alcohol related brain injury (ARBI), there is a question mark about its effectiveness in retraining memory although it appears to be effective in promoting problem-solving abilities. Significantly, *"the majority of studies that examined memory retraining failed to use the most well-validated form of memory rehabilitation; that is, external memory aids" (Miller, 1992: Wilson & Moffat, 1984).*

This leads to the suggestion that a combination of cognitive behavioural therapy and well-established cognitive rehabilitation strategies for the brain injury would be of more benefit to the client with a dual problem *(Corrigan, 1995).* The summary of the literature review notes current service needs –

- "assessment services – which are accessible and include strategies for interventions as part of the assessment process;
- case management services, as developed by Corrigan, et al (1995) in the States for application with the dual disability population;
- treatment strategies that enable both the alcohol or other drug problem and the cognitive disorders to be addressed concurrently;
- residential withdrawal services that do not involve a lengthy waiting period;
- supported accommodation post-withdrawal services."
-

Although the *ABI/A&D Better Practice Project* was based in Victoria, its findings of the service needs of people with this dual problem, suggestions for service improvements, and the positive outcomes of the project, could be equally applied to other regions of Australia.

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