


Neurodiversity & Substance Use

Understanding the Connection and Supporting Recovery

Northern Ireland Training Programme




Welcome & Housekeeping

Welcome to this training session on Neurodiversity & Substance Use. We aim to create a safe, inclusive, and informative environment for everyone.


This session is designed to be interactive and reflective, so please feel free to share your experiences and questions.

- Respect & Confidentiality
- Open Discussion
- Phones on Silent
- Scheduled Breaks



Learning Objectives


- 01 Understand the Concept**
Discuss and explore the concept of neurodiversity and its significance in health and social care settings.
- 02 Examine the Relationship**
Examine the complex relationship between neurodiversity and substance use patterns.
- 03 Identify Factors**
Outline the key risk and protective factors associated with self-medication behaviours.
- 04 Explore Support**
Identify available support and services across Northern Ireland for neurodivergent individuals.



Session Agenda

- 01 Understanding Neurodiversity
- 02 The Connection
- 03 Self-Medication
- 04 Risk Factors
- 05 Protective Factors
- 06 Treatment Approaches
- 07 NI Services & Support

Why This Training Matters



The Challenge


Neurodivergent individuals are significantly **overrepresented** in substance use services but remain **underserved** by traditional treatment models.

→

The Opportunity

This training bridges the gap by equipping you with the **knowledge** and **strategies** to deliver neurodiversity-affirming support.

What is Neurodiversity?




"Neurodiversity recognises the natural variation in human neurological and cognitive functioning."

There is no single "correct" way of thinking, learning, or behaving—diversity is natural.

Differences, Not Deficits

Reframing the Narrative



Traditional View

- Focus on "Disorder" & "Pathology"
- Goal is to "Fix" or "Cure"
- Seen as "Broken" vs. "Normal"


→

Neurodiversity View

- Focus on "Natural Variation"
- Goal is to "Support" & "Accommodate"
- Seen as "Difference" vs. "Deficit"

Types of Neurodivergence

A Spectrum of Cognitive Differences



<p>Autism (ASD)</p> <p>Differences in social communication, sensory processing, and repetitive behaviours or interests.</p>	<p>ADHD</p> <p>Characterised by differences in attention regulation, impulsivity, and hyperactivity levels.</p>	<p>Dyslexia</p> <p>Differences in processing language, particularly affecting reading, spelling, and writing skills.</p>
<p>Dyspraxia (DCD)</p> <p>Affects physical coordination, movement planning, and sometimes spatial awareness.</p>	<p>Dyscalculia</p> <p>Specific difficulty in understanding numbers, learning math facts, and processing numerical information.</p>	<p>Tourette's Syndrome</p> <p>A neurological condition characterised by involuntary tics, which can be motor or vocal.</p>

Autism Spectrum Disorder (ASD)

Core Characteristics & Differences

Social Communication

Differences in reading non-verbal cues (body language, tone).

Literal interpretation of language.

Preference for direct, unambiguous communication.

Patterns & Routines

Strong preference for routine and predictability.

Intense, focused interests in specific topics.

Repetitive movements (stimming) for self-regulation.

Sensory Processing

Hypersensitivity to lights, sounds, textures, or smells.

Hyposensitivity (seeking intense sensory input).

Sensory overload leading to shutdowns or meltdowns.

Attention Deficit Hyperactivity Disorder (ADHD)

A neurodevelopmental condition affecting executive function, characterised by persistent patterns of inattention and/or hyperactivity-impulsivity.

Inattentive Presentation

Difficulty sustaining attention in tasks or play

Often seems not to listen when spoken to directly

Struggles with organisation and following through

Hyperactive-Impulsive

Fidgets, taps hands/feet, or squirms in seat

Feelings of restlessness or "driven by a motor"

Talks excessively and interrupts others

Difficulty waiting their turn

Combined Presentation

Meets criteria for both Inattentive and Hyperactive-Impulsive presentations

The most common presentation in clinical settings

Symptoms may change over time (e.g., hyperactivity becoming internal)

Dyslexia & Dyspraxia

Dyslexia

A learning difference that primarily affects the skills involved in accurate and fluent word reading and spelling.

- Challenges with phonological processing and rapid visual-verbal responding.
- Difficulties with working memory and processing speed.
- Strengths often include creative thinking, problem-solving, and 3D visualization.

Dyspraxia (DCD)

Developmental Coordination Disorder (DCD) affects physical coordination and movement planning.

- Challenges with fine and gross motor skills (e.g., writing, balance).
- Difficulties with organization, planning, and time management.
- Can affect speech production and perception (Verbal Dyspraxia).

The Hidden Numbers

Prevalence of ADHD in Substance Use Settings

Population	Prevalence (%)
General Population	4%
SUD Treatment Population	23%

1 in 4


Approximately 23% of adults seeking treatment for Substance Use Disorder (SUD) have ADHD, compared to just 4% of the general population.

The Clinical Implication:
If your service does not screen for neurodivergence, you are potentially missing the root cause for a quarter of your clients.

Data Source: Ashner et al. (2022) and J. Davine, Ave. Public Health, and Deborah van der Meulen et al. (2012) King and Davine Symposium.

The Hidden Population

Undiagnosed Neurodivergence & Masking




The Masking Phenomenon

"Masking" or "Camouflaging" involves consciously or unconsciously suppressing neurodivergent traits to fit into neurotypical social norms. This constant effort is exhausting and can lead to burnout.

- Women & Girls**
Often present with different traits (e.g., internalized anxiety vs. external hyperactivity) and are frequently missed by traditional diagnostic criteria.
- High Coping Strategies**
Individuals with high intelligence may develop sophisticated coping mechanisms that mask their challenges until they reach a crisis point.
- Late Diagnosis**
Many adults are only diagnosed later in life, often following a child's diagnosis or after struggling with co-occurring mental health or substance use issues.

The Neurodiversity Movement

A Paradigm Shift in Understanding



Late 1990s

The Origin


Coined by Australian sociologist Judy Singer, the term "Neurodiversity" emerged to describe the natural variation in human brains, paralleling biodiversity in nature.

- Social Justice Movement**
Advocating for the civil rights, equality, and inclusion of "neurological minorities" in society.
- Clinical Evolution**
Moving away from a purely medical model of "deficit" toward a model of support and accommodation.

"Neurological differences are to be recognized and respected as any other human variation."

Key Principles of the Movement

Core Values Driving Change



Nothing About Us Without Us

Ensuring that neurodivergent individuals are central to the design of policies, research, and support services that affect their lives.

Strengths-Based Approach


Moving beyond a deficit model to recognise and cultivate the unique strengths, talents, and perspectives of neurodivergent people.

Inclusion & Equality

Creating environments that accommodate difference, ensuring equal access to education, employment, and healthcare.

Why This Connection Matters

The Intersection of Vulnerability



Neurodivergent Increased, Substance, Use Risks

- Heightened Risk**
Neurodivergent individuals are significantly more vulnerable to substance use issues due to biological, psychological, and social factors.
- Systemic Failure**
Traditional addiction services often fail to recognise or accommodate neurodivergence, leading to misdiagnosis and poorer treatment outcomes.
- Cycle of Harm**
Without appropriate support, self-medication can become a coping mechanism for the challenges of living in a neurotypical world.

ADHD: The Risk Multiplier

Substance Use Patterns in Adults with ADHD

3x
Higher Risk
of developing a Substance Use Disorder compared to peers

Most Common Substances of Abuse

- Alcohol Use Disorder
- Cannabis Use Disorder
- Other Drugs
- Nicotine Dependence (Est.)

Data Source: British UK, EuroAlert (2022) "1 in 10 of adults with ADHD have had a substance use disorder".

ADHD Risk Factors Explained

The Neurobiological Drivers

- Impulsivity**
Difficulty delaying gratification leads to risk-taking behaviours and "acting without thinking," increasing susceptibility to substance experimentation.
- Reward Deficiency**
A chronic lack of dopamine drives the brain to seek out high-stimulation activities or substances to feel "normal" or stimulated.
- Emotional Dysregulation**
Intense, overwhelming emotions can lead to using substances as a coping mechanism to self-soothe or numb distress.

The Dopamine Connection

The Neurobiology of "Reward Deficiency"

Baseline Dopamine Availability

Reward Deficiency Syndrome
ADHD brains often have lower levels of dopamine, or fewer dopamine receptors. This creates a chronic state of "under-stimulation."

The Result:
The brain unconsciously seeks out high-stimulation activities (risk-taking, sugar, drugs, gaming) to bring dopamine levels up to "normal."

Data Source: Volkow et al. (2009) JAMA; Blum et al. (2008) "Attention-deficit hyperactivity disorder and reward deficiency syndrome".

The Spikey Profile

Understanding Uneven Skill Development


What is a Spikey Profile?
Unlike neurotypical individuals who often have a flat skill profile (average across most areas), neurodivergent people often have significant peaks (strengths) and valleys (challenges).

- Common Strengths:** Verbal Comprehension, Creativity, Perceptual Organisation.
- Common Challenges:** Working Memory, Processing Speed, Executive Function.

1 This gap can lead to frustration and low self-esteem.

Emotional Dysregulation

More Than Just "Mood Swings"




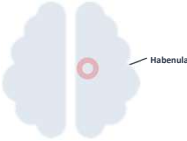
70%
of adults with ADHD experience emotional dysregulation

- Rapid Intensity**
Emotions can go from 0 to 100 in seconds. Reactions are often immediate and intense, bypassing the "pause and think" mechanism.
- Reactive Mood Changes**
Moods shift rapidly in response to external events or thoughts, unlike the longer-lasting mood states seen in Bipolar Disorder.

"It's not that we feel too much, it's that we struggle to regulate the intensity of what we feel."

The Habenula


The Brain's "Anti-Reward" System

- The Warning System**
The habenula is a tiny structure that processes negative outcomes. It acts as an internal warning system, telling us when something isn't worth pursuing.
- Hyperactivity in ADHD**
In ADHD brains, the habenula is often hyperactive. It sends stronger "stop" signals, making difficult tasks feel threatening or painful.
- The Avoidance Response**
This hyperactivity leads to avoidance behaviours. The brain actively steers away from anything that might result in failure or discomfort.

Rejection Sensitivity Dysphoria (RSD)

The Hidden Emotional Pain of ADHD




An extreme emotional sensitivity and pain triggered by the perception – not necessarily the reality – of being rejected, teased, or criticized.

- Instantaneous Rage**
The pain can manifest as a sudden, explosive burst of anger directed at the person or situation responsible for the perceived rejection.
- Mimics Mood Disorders**
Often misdiagnosed as rapid-cycling Bipolar Disorder or Borderline Personality Disorder due to the intensity of the emotional shift.
- Physical Pain**
Many describe the feeling as a physical wound—a "punch to the chest"—reflecting the literal translation of dysphoria: "difficult to bear."

~100%
of people with ADHD experience some level of rejection sensitivity.

How People Cope with RSD

Common (but often maladaptive) Responses



The People Pleaser

Constantly scanning for approval and presenting a "false self" to avoid displeasure. Often lose sight of their own goals and identity.

The Avoider

Stops trying altogether. If there is even a slight risk of failure or criticism, it becomes too painful to make the effort.

The Overachiever

Driven by the pain of RSD to be "above reproach." They strive for perfection to ensure no one can criticize them, often at great personal cost.

Important: RSD is neurologic and genetic. It is not caused by trauma, though trauma can exacerbate it.

Autism & Substance Use

Challenging the Stereotypes

Substance	Percentage (%)
Alcohol	~90
Cannabis	~80
Stimulants	~80

20%
of young adults seeking outpatient addiction treatment have clinically elevated autistic traits.

The "Self-Medication" Paradox:
While autistic people are less likely to use substances recreationally, those who do use are significantly more likely to do so to manage mental health symptoms.

Data Source: Robinson et al. (2022) BMC Health Services Research and Anxiety Among Self-Medicating Autistic Adults

The Saliency Network

The Brain's "Threat Scanner"

What it Does
The Saliency Network decides which stimuli are important and deserve attention. In autism, this network is often hyper-responsive.

- Constantly scanning for potential threats
- Rapid stress responses (Fight/Flight)
- Sensory Overload & Exhaustion

Alexithymia

"No Words for Emotion"

Alexithymia
"A lack of words for feelings"

Affects ~50% of Autistic People

- Identification Struggle**
Difficulty distinguishing between emotional feelings and bodily sensations of emotional arousal.
- Description Barrier**
Struggling to describe feelings to others, leading to misunderstandings and isolation.

Physical Symptom (e.g., Racing Heart) → ??? → Panic / Confusion

Autism and Mental Health

The "Double Empathy" Burden

Population	Prevalence (%)
General Population	~20
Autistic Population	~70

- Struggle to "fit in" leads to exhaustion and isolation
- Delays in diagnosis prevent early intervention
- Stigma, discrimination, and lack of understanding
- Lack of appropriate, adapted support services

Data Source: Autistica (7 out of 10 autistic people have a mental health condition)

Combined ASD & ADHD Risk

The "AuDHD" Multiplier Effect

ADHD

- Impulsivity
- Novelty Seeking
- Dopamine Deficit

Autism

- Sensory Issues
- Routine Need
- Social Stress

Intersection: Internal Conflict, Burnout

The Internal War

Individuals with both conditions often face conflicting needs (e.g., craving routine vs. craving novelty), leading to chronic stress and exhaustion.

University of Bath Study: ADHD traits are a strong predictor of anxiety/depression, but the combination amplifies the risk.

Substance Use Function: Often used to manage this internal conflict—stimulants to focus, depressants to calm sensory overwhelm.

Summary: The Connection

Connecting the Dots

Neuro-divergence

- Dopamine Deficits
- Salience Network
- Habenua Activity

Inextricably Linked

Substance Vulnerability

- Seeking Regulation
- Numbing Pain
- Finding "Normal"

It is not "bad behavior" or a "character flaw." It is a desperate, functional attempt to regulate a dysregulated biological system in a world not built for it.

The Self-Medication Hypothesis

Understanding the "Why" Behind the Use

The Self-Medication Hypothesis

It's Not About "Getting High" — It's About Coping

"Substance use is often a desperate attempt to manage untreated symptoms and regulate a dysregulated nervous system."

⚡ Stimulants <small>(Cocaine, Speed, Caffeine)</small>	🍷 Depressants <small>(Alcohol, Cannabis, Benzos)</small>	💊 Opioids / Painkillers <small>(Heroin, Codeine)</small>
<ul style="list-style-type: none"> ✓ Increases Dopamine ✓ Improves Focus ✓ Quiets "Brain Noise" <p><small>Often has a calming effect on ADHD brains</small></p>	<ul style="list-style-type: none"> ✓ Dampens Sensory Input ✓ Social Lubricant ✓ Slows Racing Thoughts 	<ul style="list-style-type: none"> ✓ Numbs Emotional Pain ✓ Manages RSD ✓ Provides Detachment

Driver 1: Emotional Dysregulation

Using Substances to Manage the Storm

The Artificial Brake
Neurodivergent brains often lack internal "brakes" for intense emotions. Substances provide an immediate, artificial brake to stop the overwhelming feeling.

- Urgency:** The need to regulate is felt as an emergency ("I need this to stop NOW").
- The Cost:** Reliance on substances prevents the learning of healthy regulation skills and often worsens shame (RSO).

Driver 2: Sensory Overload

Turning Down the World's Volume

"It takes the sharp edges off the world."

- The Missing Filter**
Autistic brains often struggle to filter out irrelevant sensory data, leading to a constant state of overwhelm.
- The Numbing Agent**
Depressants (Alcohol) physically slow down the nervous system, reducing the intensity of sensory input.
- The Rebound Trap**
When the substance wears off, the nervous system can become more sensitive, leading to a cycle of increased use.

Driver 3: Social Challenges

The "Liquid Courage" Trap

- Masking is Exhausting**
Constantly analyzing social cues, suppressing stims, and "performing" neurotypicality drains energy rapidly.
- The Substance Role**
Alcohol lowers inhibition and shuts off the "internal critic," making socializing feel easier and less calculated.
- The Risk:** Developing a dependency where socializing feels impossible without the substance.

Driver 4: Executive Dysfunction

The Need for a "Jumpstart"

- Overcoming Inertia**
The ADHD brain often suffers from "paralysis"—wanting to do a task but physically unable to initiate it due to low dopamine.
- Chemical Jumpstart**
Substances (caffeine, nicotine, cocaine) provide the dopamine spike needed to get the "engine" turning and reach baseline functionality.
- The Shutdown Problem**
Because the brain won't naturally "turn off" at night, depressants (alcohol, cannabis) are then used to force sleep.

Mental Health & Substance Use

A Complex Web of Co-occurrence

50%
Anxiety Disorders
of adults with ADHD have a co-occurring anxiety disorder.

4x
Depression Risk
Autistic adults are 4x more likely to experience depression.

High
Trauma Load
Growing up neurodivergent in a neurotypical world creates "micro-traumas."

Untreated Neurodivergence → Mental Health Struggle → Substance Use (Coping) → Worsening Symptoms

Sources: ADDA, Autistica, National Autistic Society

The Risk of Late Diagnosis

Why "Flying Under the Radar" is Dangerous

Childhood
Feeling "different" or "wrong" but masking to fit in.

Adolescence
Social demands increase. Anxiety spikes. First substance use.

Adulthood
Burnout. Chronic substance use as coping mechanism.

Diagnosis
Understanding finally arrives, often after years of struggle.

Internalized Shame
Without a label for their experience, individuals conclude: "I'm not autistic/ADHD, I'm just broken, lazy, or a bad person."

The Survival Mechanism
Substance use becomes a logical survival tool to manage the unexplained pain, sensory overload, and social confusion.

"I didn't know I was fighting a neurological battle. I just thought I was losing at life."

Barriers to Accessing Treatment

Why Standard Rehab Often Fails ND People

System Mismatch

Sensory Overload
Fluorescent lights, constant group noise, and lack of private space can make rehab a "sensory hell," preventing any therapeutic progress.

Social Demands
Group therapy requires intense social processing. For autistic individuals, this can be exhausting and anxiety-provoking, not healing.

Abstract Concepts
Metaphors like "surrendering to a higher power" or vague emotional check-ins ("How does that feel?") can be confusing for literal thinkers.

"I didn't fail treatment. Treatment failed to accommodate my brain."

The Double Stigma

Shame on Top of Shame

Addiction Stigma
("Weakness", "Crime")

ND Stigma
("Different", "Weird", "Easier")

Internalized Ableism
Many ND individuals already believe they are fundamentally flawed. Addiction confirms this negative self-belief ("See, I really am broken").

The Masking Trap
Trying to hide both the neurodivergence and the substance use simultaneously leads to extreme burnout and isolation.

Result: Reluctance to seek help until a crisis point is reached.

Summary: The "Why"

Key Takeaways from the Self-Medication Hypothesis

It's Functional

Substance use isn't random; it solves a specific problem (regulation, sensory dampening, social ease).

It's Neurological

The drivers are rooted in brain structure (Dopamine deficiency, Salience Network issues), not "character flaws."

It Requires Compassion

Understanding the mechanism reduces shame and points toward effective, non-punitive solutions.

Next: Understanding the Specific Risk Factors →

Risk Factors

Why Are Neurodivergent People More Vulnerable?

The Perfect Storm

A Convergence of Biological, Psychological, and Social Factors

Biological

- Genetic Predisposition
- Dopamine Deficiency
- Sensory Processing

Psychological

- Trauma & PTSD
- Internalized Shame
- Emotional Dysregulation

Social

- Isolation & Loneliness
- Bullying History
- Lack of Support

⚡ Risk is rarely single-cause; it is cumulative. The "bucket" fills up drop by drop.

Vulnerability 1: Isolation

The Pain of Not Belonging

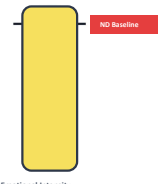
Disconnected & Alone

"The opposite of addiction is connection."
— Johann Hari

- **Social Exclusion**
 Autistic adults report higher rates of loneliness than almost any other group, creating a profound emotional void.
- **The "Best Friend" Myth**
 Substances become the "friends" that never judges, never misunderstands, and is always available.
- **The Feedback Loop**
 Reliance on substances leads to further withdrawal from real social connection, deepening the isolation.

Vulnerability 2: Emotional Pain

Living at Maximum Intensity



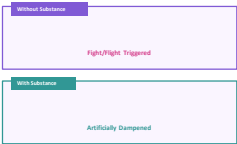
Rejection Sensitive Dysphoria (RSD)
For many with ADHD/Autism, perceived rejection or failure causes actual, physical pain. Substances act as a painkiller for this specific agony.

Alexithymia (Emotional Blindness)
The confusion of feeling "bad" without knowing why or what the emotion is leads to using substances to simply "make it stop."

“I didn't want to get high, I just wanted the noise in my head and the pain in my chest to stop.”

Vulnerability 3: Sensory Trauma

When the World is Too Loud




Chronic Hyperarousal
Sensory overload isn't just "annoying"; it triggers a physical stress response. Living in this state exhausts the body's resilience.

The "Dimmer Switch"
Alcohol and opioids act as a chemical dimmer switch, lowering the intensity of incoming signals to a tolerable level.

Sensory Triggers: Lights, Noise, Textures, Crowds

Vulnerability 4: Co-occurring Conditions

It's Never Just One Thing



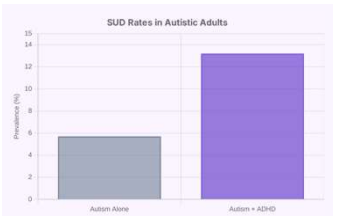
80% of autistic people have sleep issues, leading to reliance on sedatives or alcohol.

30% of people with Eating Disorders are also Autistic (sensory/control link).

The Domino Effect
Substance use is often the "glue" holding this fragile system together—treating the anxiety, the insomnia, and the sensory pain all at once.

The Multiplier Effect

Autism + ADHD Co-occurrence



Why the Increase?
The combination of **Autistic social/sensory stress** plus **ADHD impulsivity** creates a "perfect storm" for substance use vulnerability.

When ADHD is present alongside Autism, the risk of developing a Substance Use Disorder **more than doubles** compared to Autism alone.

Data Source: Neurology Advisor (2022) "Risk of ADHD Up in Adults With Autism"

Risk Factors: Social Environment

The Pressure to Conform

Childhood	Adolescence	Adulthood
Being labeled "weird" or "difficult." High rates of bullying and exclusion. Development of deep social insecurity.	Desperate desire to fit in with peers. Substance use as a "performance enhancer" for social skills. Risk-taking to prove "normalcy."	Workplace discrimination and burnout. Alcohol as the only accepted "social lubricant." Isolation due to exhaustion.

The message received is consistent: "You are not acceptable as you are." Substance use becomes the mask that makes the person "acceptable."

Summary: The Vulnerabilities

Why the Risk is So High

- Isolation**: The profound pain of not belonging drives the need for a "chemical friend."
- Emotional Pain**: Living at maximum intensity (RSD, Alexithymia) requires a way to "dial it down."
- Sensory Trauma**: Chronic sensory overload triggers a constant fight/flight response that needs soothing.
- Co-occurring Issues**: Anxiety, depression, and sleep disorders create a complex web of needs.

Next: Flipping the Script - Protective Factors

Protective Factors

Building Resilience & Reducing Harm

Flipping the Script

From Risk to Resilience

- Early Diagnosis**: Understanding the "why" prevents the internalization of shame ("I'm not broken, I'm different").
- Community**: Finding "your people" ends the isolation and provides models for healthy coping.
- Accommodations**: Creating sensory-friendly environments reduces the biological need to self-medicate.

From "What is wrong with you?" → To "What happened to you?" → Ultimate Goal "What do you need?"

Protective Factor: Communication

Bridging the Gap

Indirect (Anxiety-Inducing):
"It's getting kind of late, isn't it?"

Direct (Relief):
"I'm overwhelmed and need to leave now. Thank you for inviting me."

The "Double Empathy" Solution
Recognizing that ND and NT people communicate differently. Neither is "wrong," but translation is needed to prevent misunderstanding.

Reducing "Social Lubricant" Needs
When communication is direct and clear, the anxiety of "performing" or guessing social cues drops, reducing the urge to drink to cope.

Key Strategy
Self-Advocacy: Empowering individuals to state their needs ("It's too loud") without guilt or apology.

Protective Factor: Coping Skills

Replacing the Chemical Fix

The goal isn't just to remove the substance; it's to replace its function with a healthier tool that actually works for the neurodivergent brain.

<p>Sensory Regulation Noise-canceling headphones, weighted blankets, and low-light zones to prevent the "overflow" that triggers cravings.</p>	<p>Stimming Reclaiming fidgeting, rocking, or vocalizing as valid, healthy ways to self-soothe and regulate the nervous system.</p>	<p>Structured Routine Predictability reduces anxiety. Visual schedules and clear expectations lower the cognitive load.</p>
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Pro Tip: "Proactive Regulation" (using tools before you are overwhelmed) prevents the crash that leads to using.

Protective Factor: Family & Social

Creating a Safe Harbor

- Educate the Family**
Understanding neurodiversity breaks the cycle of trauma. Parents learn to co-regulate rather than punish.
- Find "Your People"**
Connecting with other neurodivergent people (gaming groups, special interests) validates lived experience.
- Seek Mentorship**
Seeing older ND adults living happy, sober lives provides a roadmap for the future.

"The opposite of addiction is not sobriety. The opposite of addiction is connection." — Johann Hari

Treatment: Recognizing Neurodiversity

When to Screen for ADHD/Autism


Clinical Red Flags

- "Treatment Resistant"**
Client fails multiple times in standard programs despite genuine effort. Standard CBT or 12-Step concepts (abstract/spiritual) don't click.
- Sensory Overload**
Client avoids group therapy, wears sunglasses/hoodies indoors, or becomes agitated in noisy common areas.
- Social Friction**
History of being bullied, feeling like an "alien," or misinterpreting social cues in group settings.

Clinical Pearl:
Don't label them "non-compliant" or "unmotivated." Ask yourself: "Is this environment accessible to their nervous system?"

Adapting Treatment

Small Changes, Big Impact




Standard Approach	ND-Adapted
Abstract concepts & metaphors ("Let go and let God").	Concrete, literal language. Explain exactly how to do the step.
Strict "sit still and listen" group rules.	Sensory accommodations. Allow fidgets, doodling, or standing.
Verbal instructions given once.	Visual supports. Written schedules and step-by-step guides.

Quick Wins

- ✓ Allow Sunglasses Indoors
- ✓ Provide Fidget Toys
- ✓ Written Recaps

Services in Northern Ireland


Where to Find Help



<p>ASCERT</p> <p>Rapid Access Service for alcohol/drug issues. Community support and training services tailored for complex needs.</p> <p>🌐 www.ascert.biz</p>	<p>Adult ADHD NI</p> <p>Peer support groups, advocacy, and signposting for adults with ADHD. A vital source of community connection.</p> <p>🌐 www.adultheadhni.org</p>
<p>Autism NI</p> <p>Northern Ireland's main autism charity. Provides family support, helpline services, and diagnostic guidance.</p> <p>📞 Helpline: 028 9040 1729</p>	<p>Statutory Services (MSCT)</p> <p>GP referral is the gateway to Adult Autism/ADHD services within your local Health & Social Care Trust.</p> <p>✉️ Contact your GP for referral</p>

Key Takeaways

What to Remember



- 1 It's Biological, Not Just Behavioral**

Neurodivergent brains have structural differences (Dopamine, Salience Network) that create a high vulnerability to addiction.
- 2 Substance Use is Functional**


It starts as a solution to sensory overload, social isolation, and emotional pain. Treatment must offer better tools for these specific needs.
- 3 Adaptation Saves Lives**

Small changes in communication and environment can make treatment accessible. Connection and understanding are the ultimate protective factors.

"When we change the environment, we change the outcome."

Thank You

Questions & Discussion



<p>Email Us</p> <p>info@ascert.biz</p>	<p>Visit Website</p> <p>www.ascert.biz</p>	<p>Call Us</p> <p>0800 254 5123</p>
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