

Drug Education Prevention Information Service (DEPIS)

A Background Paper

Review into Drug Education Materials for Children and Young People with Special Needs - Autism

Purpose

This paper has been written in response to a request for a review of drug education resources for children and young people with autism. It presents valuable background information on drug education issues for young people with autism. It seeks to make a contribution to understanding the gaps for future service development. The review is set in the context of a wider understanding of autism.

Who is this background paper for?

This paper may be of relevance to those involved in providing drug education and prevention to young people with autism including:

- Teachers in special schools
- Teachers in mainstream schools
- Parents of young people with autism
- Advisory teachers
- Schools drug advisors
- Health schools co-ordinators and;
- Those devising drug education resources for vulnerable young people.

Introduction

All children and young people should receive drug education and usually this is given in schools. However, those who have learning difficulties, which may inhibit level of understanding of standard drug education, may not benefit from school drug education.

Most schools offer universal drug education, but increasingly they are expected to make particular provision for vulnerable groups such as young people most at risk of drug misuse and those with special needs. Young people with autism may be unlikely to use drugs in the same way as other young people, but it is important that they receive drug education that is appropriate to their needs.

What is autism?

Autism is a lifelong developmental disability that affects the way a person communicates and relates to other people. People with autism have difficulties with everyday social interactions. They have a limited ability to develop friendships and social networks. People with autism also have difficulty in the capacity to understand other people's emotions and many have a learning disability.

Autistic Spectrum Disorder (ASD) is a term that acknowledges a number of sub-groups within the spectrum of autism.

People with ASD often:

- Have difficulty understanding non-verbal and verbal communication.
- Lack understanding of social behaviour – affecting their ability to communicate and interact with other people.
- Think and behave inflexibly – this result in obsessive and repetitive behaviour.

Asperger's syndrome is used to describe people who are, usually, at the higher functioning end of the autistic spectrum, in terms of learning ability and intellectual function. Some may have well developed verbal and intellectual abilities but have low social abilities.

An increasing number of children are being diagnosed as having both Attention Deficit Hyperactivity Disorder (ADHD) and autism. Many children with autism display signs of hyperactivity and inattention when they start school. However, it appears that as the child becomes older the apparent similarities between the two conditions separate out. A child with autism may become more withdrawn and, given the right environment, their hyperactivity should wane and their difficulties with social skills will emerge.

Some children with autism will also display hyperactive behaviours and some children with ADHD will demonstrate autistic traits.

Autism and adolescence

Adolescence is normally a period of development that starts with puberty and continues until a person has become capable of functioning

independently in society and taking responsibility for their own actions – they become an adult.

During childhood most people are capable of thinking only in concrete terms, i.e. needing to experience something through the physical senses if they are to understand it. During adolescence the mind develops its cognitive processes and becomes capable of understanding abstract ideas.

Adolescence is also a time when young people learn to generalise from one example to other similar situations. They learn to recognise and assess risks, and make their own choices and decisions based on ideas beyond the family.

Adolescents and adults with autism appear to continue to function with many of the concrete cognitive skills of childhood. They remain unable to grasp abstract concepts and continue to interpret the world entirely through the self – they have little conception of other people's thoughts and feelings. They may also find it difficult to generalise and to assess risk in the same way as their peers.

Social interaction

All people on the autistic spectrum experience some degrees of difficulty in engaging in social interactions. Some, who experience severe difficulty, appear aloof and disinterested in others. They do not seek contact with others and are not interested in their peers. Others passively accept social contact but rarely initiate or seek it. Those with Asperger's syndrome may seek out social contact but have difficulties in engaging in the appropriate way. They are often unaware of the social rules of particular situations and do not understand other people's perspectives. Conversations with others are often one-sided.

A problem in understanding speech is also an issue for people on the autistic spectrum. Some people understand no speech and therefore do not respond to verbal information. Others understand parts of speech, but may have a very concrete or literal understanding of language and have difficulty understanding metaphors, turns of phrase or jokes that may be used in everyday conversation e.g. "don't bite my head off" may naturally have a very shocking and confusing meaning for some with an autistic spectrum disorder.

The problems faced by people with autism not only deny them a place amongst their non-disabled peers, but they are equally unable to find a place for themselves amongst the company of other people with learning disabilities. As a consequence, many find it difficult to live an independent life and are likely to remain in a dependent role within the family or specialist services.

Issues for drug education

- No information or research relating to the use of drugs by people with autism was found. However studies of people with learning disabilities have revealed that drug use is at lower levels than in the rest of society. A recent survey of alcohol and drug use by clients of Glasgow Community Learning Disability Teams found approximately 3 per cent of clients abused drugs and/or alcohol. Drugs used ranged from cannabis to intravenous drugs and such cases tended to be complex with significant multi-agency involvement.
- None of those who worked with people with autism reported any drug use amongst those they worked with. However, a number of professionals did report working with drug using parents. Parents of children with autism are likely to have similar drug using patterns to the rest of the population. It was also suggested that the stresses of being a parent of an autistic child could have an effect on their use of prescribed or other drugs and alcohol.
- Choosing to take drugs is more unlikely in young people with autism as they are unlikely to be part of a peer group that introduces them to drugs but are also unlikely to have the desire to take drugs.
- The use of drugs is generally a social activity, at least initially. Most people are introduced to drugs for the first time, by other people, older friends and siblings or peer group members. They learn to experience the effects of drugs from others and learn how to obtain them and how to take them. The choice to take drugs and the type of drug to take is also often determined by their peer group.
- Before most people try a drug for the first time they have an idea of why they are doing it. They expect a number of effects and reactions. People with autism have an impaired imagination they have an inability to imagine things that have not already been experienced.
- Most young people who use drugs do it in secret, at least from their parents and other 'authority' figures and will normally deny drug use or other 'risk' taking activities when asked. People with autism find it difficult to lie, since lying relies on appreciating that another person sees things from another perspective. If a young person with autism did try drugs or was using regularly, it would be unlikely that they would conceal this from their parents or others.
- Children and young people with autism are susceptible to being bullied and because of their behaviour and restricted social skills

they are often very vulnerable. Some bullying situations could see a young person with autism given or encouraged to take a drug or drink alcohol. They need information and skills to deal with such situations.

Although young people with autism are unlikely to use drugs in the same way as other young people do, it is important that they still receive drug education. They have a right to information and education about drugs. However, if drug education is to be provided for young people with autism, the reasons why it is needed must be understood and careful attention be given to how the messages should be delivered.

The Department for education and Skills (DfES) *Drugs: Guidance for Schools* states that at Key Stage 1; “*pupils learn about being safe with medicines and household substances and the basic rules for making healthy choices and following safety rules*”.

- People with autism, because of their concrete thinking may need simple messages about medicines and legal drugs, to be repeated as they experience new drugs and medicines and new situations, as they get older. This will require more of the teaching and learning strategies recommended for Key Stage 1, but also some of the content of Key Stages 2, 3 and 4.
- Special care may be needed if young people with ASD are being taught in mainstream schools where they will be expected to take part in activities devised for universal drug education. Such activities may involve paired and group work, role-play and discussion. Young people with ASD will find these kinds of activities difficult while young people with autism may have no difficulty learning facts about legal or illegal drugs, they may also take away literal messages, which they will be unable to generalise to a different situation or context.
- Young people with autism may find it difficult to understand concepts of peer pressure or peer influence and lessons devised to introduce or practice skills in dealing with these issues may be unhelpful to them.

Conclusions and recommendations

The issues relating to the delivery of drug education to children and young people with autism are complex.

- Little work has been done in this area and the provision of drug education by people who are not clear about the needs of people with autism could be ineffective or even dangerous. Guidelines should be provided on the content of drug education for young people with autism both in special and mainstream schools.
- Drug education resources for this group do not exist.

- Work needs to be carried out with groups such as the National Autistic Society and others to consider ways forward and to move towards appropriate guidelines and resources.
- Since little material exists in this field, there should be an extensive review of materials for drug and alcohol education for all students with learning difficulties.

To complement its work around drug education and to support practitioners working with young people with special needs, DEPIS has commissioned reviews of drug education materials for two other groups of young people; those who are part of the Traveller community and those who have been excluded from school.

References

Attwood T (1998) *Asperger Syndrome: A guide for parents and professionals*, London: Jessica Kingsley Publishers.

Hannah L (2001) *Teaching young children with Autistic Spectrum Disorders to Learn*, Great Britain: Crowes Complete Print.

McNair L (1996) 'Substance abuse and learning disability' in *Learning disabilities and health education* Conference Report, Health Education Board for Scotland.

Rutter M (1970) 'Autistic children: infancy to adulthood', *Seminars in Psychiatry*, 2(4), 435-450.

Wing L (1996) *The Autistic spectrum: a guide for parents and professionals*, London: Constable.

Mortlock J 'Socio-sexual development of people with autism' National Autistic Society website www.nas.org.uk

Further reading

Jordan R. (2001) *Autism with severe learning difficulties*, Souvenir press

Peeters T. and Gillberg C. (1998) *Autism: medical and educational aspects*, Whurr Publishers.

Jordan R. and Powell S.(1995) *Understanding and teaching children with autism*, John Wiley and sons ltd.

Seach D. (2002) *Supporting children with autism in mainstream schools*, Questions Publishing Co Ltd.

Jones G. (2002) *Educational provision for children with autism and Asperger syndrome: meeting their needs*, Fulton Publishers.

Useful Websites

Autism Awareness

www.autism-awareness.org.uk

Tony Attwood's website. Author of many books and articles on autism

www.tonyattwood.com

Autism Connect

www.autismconnect.com

Autism Independent UK

www.autismuk.com

National Autistic Society

www.nas.org.uk

Wrong Planet Syndrome. An excellent site for links related to aspergers and autism

www.isn.net/~jypsy

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This briefing is produced by the Education and Prevention team DrugScope for DEPIS, the online information service about drug education and prevention projects, resources, evaluations and reviews to support good practice.

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