

# Substance Use and Misuse among Intellectually Disabled Persons

Published: 17-07-2009

Last updated: 04-05-2024

The aims of this research project are to: (1) Provide clinimetric data (on validity, reproducibility, consistency) for the NISPA SUMID Questionnaire into substance use in this population. (2) Establish population prevalence rates of alcohol, tobacco...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON33047

### Source

ToetsingOnline

### Brief title

SumID

### Condition

- Other condition

### Synonym

addiction, Substance use

### Health condition

gebruik van psychoactieve stoffen

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Tactus (Deventer)

**Source(s) of monetary or material Support:** ZonMW, Tactus verslavingszorg; AveleijnSDT

## Intervention

**Keyword:** biomarkers, mental\_retardation, risk\_factors, Substance\_use

## Outcome measures

### Primary outcome

Validation study

Validity of SUMID Self Report and Collateral Report Questionnaire: Sensitivity and specificity of the SUMID Self Report and Collateral Report for detection of substance use will be calculated for each substance (tobacco, cannabis, alcohol, cocaine), and for 2 reference periods (last month, recent use), against positive biomarkers (BAC, hairanalysis, urinalysis, plasteranalysis). Convergent validity between Self Report and Collateral Reports will be calculated using chi-square tests. Test-retest reliability will be assessed calculating kappas. Internal consistency for section 2 (knowledge of and attitudes towards substances) and section 4 (consequences of substance use and motivation to change) will be assessed aiming at a Cronbach's alpha of at least .80. For dichotomous knowledge items the Kuder-Richardson-20 coefficient (Nunnally 1994) will be calculated. In order to establish construct validity of the knowledge, attitude and consequence scales factor analysis will be calculated.

Relationships between knowledge, attitude and consequence subscales and

substance use will be assessed by multiple logistic regression methods.

Sociodemographic risk factors will be found by comparing sociodemographic differences between non-users, and users using Multivariate Analysis.

ROC curves will specify optimal cut off values for the scores on knowledge, attitude and consequences, to differentiate between problematic users, users and non-users. Pearson correlations will be used to establish relations between knowledge, attitude, and consequences scales.

ANOVA and GLM will be used to test whether the combined knowledge, attitude and consequence means differ for specific groups depending on for instance living and working arrangements, gender or age groups.

#### Prevalence Study

Population prevalence of substance use will be calculated from NISPA SUMID Self Report and Collateral Report Questionnaires. Data will be summarized by producing frequency tables and descriptive statistics. Finally, sociodemographic characteristics of subjects who were not willing to participate in this study will be compared with those who did (analysis of non-response).

#### **Secondary outcome**

n.a.

## **Study description**

#### **Background summary**

About 6-8% of the general population has mild or a borderline Intellectual Disability (ID), defined as an IQ below 80 and significant impairment of adaptive/social functioning. Subjects with ID may have an increased risk for psychopathology and substance misuse, in particular of alcohol and cannabis. They are further at increased risk for the negative consequences of substance misuse, in terms of somatic, psychological and social complications. Due to the current focus on outpatient services and closing down of inpatient services for subjects with ID, substance misuse among this population seems even to have risen over time. Health care professionals face serious obstacles when trying to diagnose and treat substance misuse in subjects with ID (SUMID). This is due to a lack of data about the real scope of SUMID, that is about its prevalence, and about its demographic, social, cognitive and psychopathological determinants. Further, there is a lack of knowledge about valid and appropriate instruments for screening and diagnosing SUMID and effective interventions. Information about substance misuse obtained by self-report in subjects with ID is less reliable than in subjects with normal intellectual abilities.

## **Study objective**

The aims of this research project are to:

- (1) Provide clinimetric data (on validity, reproducibility, consistency) for the NISPA SUMID Questionnaire into substance use in this population.
- (2) Establish population prevalence rates of alcohol, tobacco, cannabis, cocaine use in a Dutch population of Intellectually Disabled Adults
- (3) Identify socio-demographical determinants of risks of substance-related problems in this population
- (4) Provide insight in knowledge of, and attitudes toward and consequences of substance use by persons with ID, and the relations between these factors and substance use
- (5) Identify the population at risk for substance use

## **Study design**

This study into Substance Use and Misuse in Intellectual Disability comprises 2 parts:

1. Validation study of the NISPA SUMID Questionnaire using biomarkers as the golden standard for recent (urinalysis) and long term (hairanalysis) use in a subpopulation with high risk of substance use.
2. Cross-sectional multistage clustered sampling survey with the NISPA SUMID Questionnaire of the ID population receiving care by social services associated in the VGN (Vereniging Gehandicaptenzorg Nederland, Dutch Association of Social Services for ID).

## **Study burden and risks**

The burden of participation in this project are restricted to a minimum:

- measuring of breath alcohol content by a handheld device
- one session with a research assistant to fill out the SUMID questionnaire
- providing an urine and hair (and/or plaster) sample (this only applies to the participants in the validation study)

## Contacts

### **Public**

Tactus (Deventer)

Institutenweg 1  
7521 PH Enschede  
Nederland

### **Scientific**

Tactus (Deventer)

Institutenweg 1  
7521 PH Enschede  
Nederland

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

- adults (18+) receiving care (sheltered living intensive or low intensity form, sheltered working, outreaching help, full inpatient care), by professional careproviders (selected from VGN network)
- Willing and consenting to participate, and with consent of caregiver or family member

## Exclusion criteria

- <18 yrs
- No ID (IQ tested above 80 or education level implying normal intelligence). This may apply to some of the clients of participating services who receive care mainly for other developmental disabilities (eg autism)
- Not willing or consenting to participate
- Not able to participate (due to severe ID (IQ <50) , severe other health issues, severe language or other communication barriers such as severe autism)

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-09-2009

Enrollment: 1000

Type: Actual

## Ethics review

Approved WMO

Date: 17-07-2009

Application type: First submission

Review commission: METC Twente (Enschede)

## Study registrations

**Followed up by the following (possibly more current) registration**

No registrations found.

**Other (possibly less up-to-date) registrations in this register**

No registrations found.

**In other registers**

Register	ID
CCMO	NL27716.044.09