Challenging the 'moral failure' label: ADHD, neurodivergence and drug use.

Stop the Deaths conference 2026

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Moral failure

- A view that substance use and SUD is a 'moral failure'
- Comes from the Temperance Movement in 18th and 19th century and continues to harm people today
- Just try harder, what's wrong with you...
- Among other biopsychosocial issues ... missing from this world view is an understanding of neurodiversity.

Neurodivergence-Kupu Māori

Aroreretini- 'attention goes to many things'.

Takiwātanga: "in his/her/their own time and space"

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Neurodivergence: a brief overview

ADHD

- Neurodevelopmental with childhood onset
- Common features include executive dysfunction, emotional dysregulation and impulsivity
- Challenges associated with dopamine
- Can be treated with stimulant or other medication (i.e methylphenidate) and behavioral interventions/support (i.e CBT)

ASD

- Neurodevelopmental with childhood onset
- Symptoms exist across a spectrum
- Common clinical features include differences in flexibility/adaptability, behaviors, with social cues, sensory processing
- Commonly co-occurs with ADHD. Other co-morbidities such as anxiety and OCD are also common

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Neurodivergence report

In October 2024, we released a report on substance use and ADHD & ASD.

This report included:

- a literature summary,
- community insights
- recommendations

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Neurodivergence report: key findings

ADHD

- As many as 50% of people with ADHD will meet the criteria for SUD in their lifetime
- 1 in 5 people with SUD meet the diagnostic criteria for ADHD
- People with ADHD are more likely to use drugs and more likely to develop harmful or problematic use than general population
- Undiagnosed /untreated ADHD presents the highest risk for harms

ASD

- Diagnosis and treatment of SUD in people with ASD can be challenging
- People with ASD may be less likely to use substances in general, but are more likely to experience harms from their use
- People with ASD have high levels of attrition from traditional AOD treatment services
- Co-occurring ASD and ADHD can increase substance use behaviours

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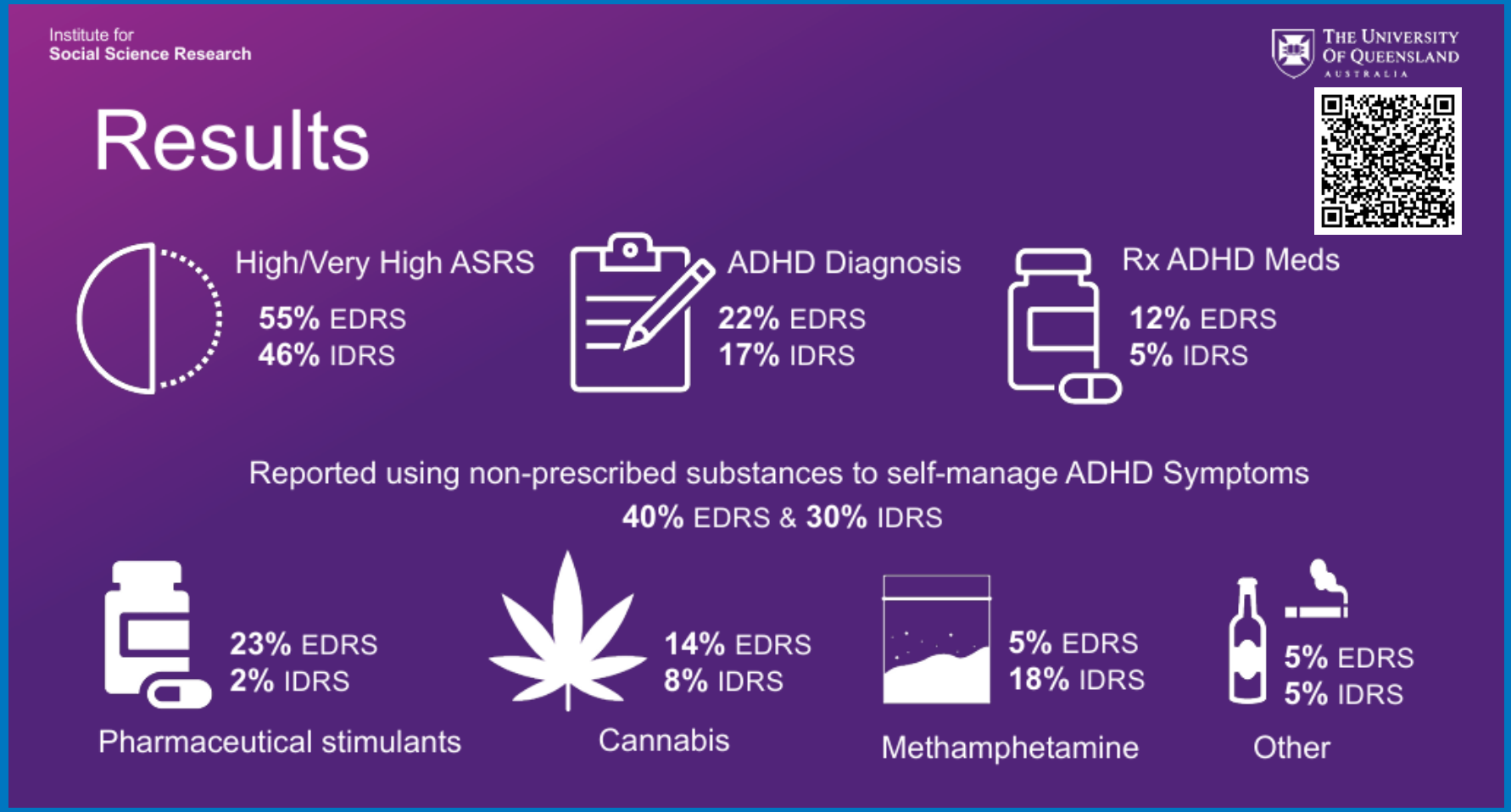

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University of Queensland – Drug trends research

ADHD and Substance Use

In our report, we identified a clear relationship between ADHD and substance use and substance use disorders.

- Illicit stimulant use is common in people with ADHD. Associated with self-medication
- The concurrent treatment of ADHD and SUD is most effective.
- SUD intervention is unlikely to be effective when ADHD symptoms are untreated
- ADHD medications improve outcomes for SUD and overall health behaviours
- People who use drugs in New Zealand with ADHD symptoms say that getting an ADHD diagnosis is inaccessible, stigmatizing and not suited to their needs

Community Insights: PWUD

ADHD

- Labeled as drug seeking when trying to access diagnosis and treatment
- Diagnosis/treatment expensive and inaccessible
- Many used substances as a way of helping manage their symptoms. Across a variety of substances
- Self reported higher levels of impulsivity and risk taking when it comes to drugs compared to their peers

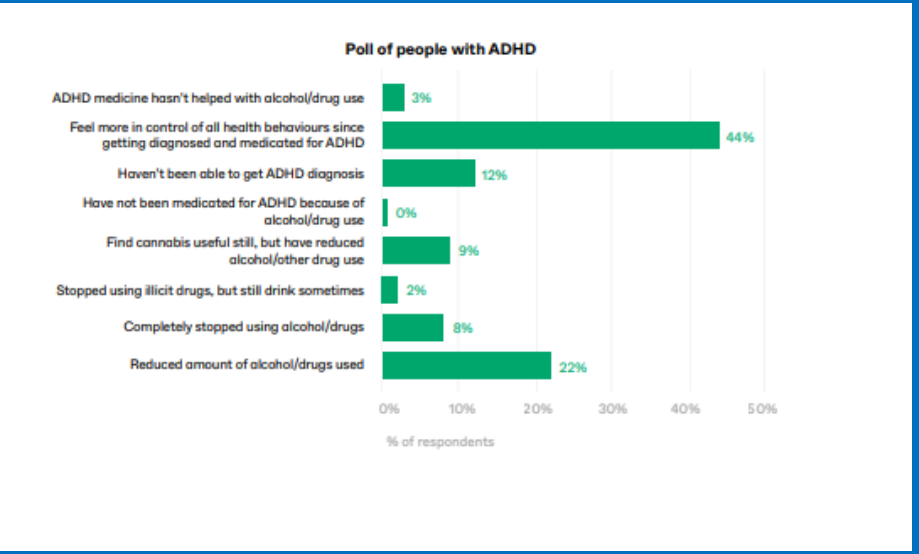
ASD

- Self reported using substances as a social aid
- Also reported self medication across a variety of substances to help manage symptoms of ASD that were challenging such as sensory overload
- Co-morbidities with other neurodivergent and mental health conditions extremely common and had considerable impact on SU behaviors
- Difficulty in obtaining diagnoses, especially when experiencing concurrent SUD

Feedback from people with ADHD

- All participants had difficulty accessing diagnoses
- All participants reported significant symptoms associated with untreated ADHD or ASD
- Individuals with neurodivergence had current or historical substance use
- Several participants engaged in (or had previously) problematic substance use, or diagnosed SUD
- Participants felt that there was a general lack of tailored approaches to supporting people with substance use/SUD and neurodivergence
- Discrimination and stigmatisation by health services
- Receiving a diagnosis was described as “life-changing” and “essential”
- Once diagnosed and medicated for ADHD, many people report having greater control over their substance use

“Which of the following applied to you once you were diagnosed and medicated for ADHD?”



Experiences of Treatment

ADHD

- Delayed gratification in residential services is not compatible
- Lack of ‘interoception’ and sensory overwhelm can make restrictive treatment environments unbearable
- Forms & paperwork... dyslexia and other challenges
- Alternative models can be effective (e.g.Speedfreaks)
- Treating SUD before initiating psychostimulant therapy isn’t ideal (but is standard practice in NZ and in many places in the world)
- An historical view from some that the ADHD is a 'symptom of substance use disorder'

ASD

- ‘Interoception’ challenges and sensory overwhelm is common
- SUD screening tools are not fit for purpose for ASD
- Reflections on substance use, impacts and goals may not fit into traditional recovery models
- Attrition from service is very high.
- Peer services for ASD and SUD are imperative - but very scarce

Experiences of Harm Reduction

ADHD

- Services need to be available here and now, planning can be challenging (think drug checking, NSP)
- It can also be burdensome to manage rigorous schedules for interventions like MAT (or substitution therapy)
- Education on the interaction between illicit drugs and psychostimulant medicines is key.
- Forms and queues...
- Accessing treatment **whether or not** someone is using drugs. The number one predictor for positive health and psychological outcomes

ASD

- Harm reduction services and spaces can often be very overwhelming. Low sensory environments are key
- Simply stopping substances that have a utility in managing symptoms is not always the best choice for people, particularly in the absence of other treatment or support.
- Peers that intimately understand the intersection between ASD and SU/SUD help to provide nuanced care.
- Information and advice should be offered in a variety of modalities to suit a persons needs

Recommendations

- Streamline screening of ADHD in people with SUD or substance harm
- Increase access to ADHD diagnosis
- Tailor SUD treatment & harm reduction for those with neurodivergence
- Train the SUD & Harm Reduction workforce on neurodivergence
- Enhance community-based support
- Ensure this all works for Indigenous People
- Avoid requiring abstinence before providing ADHD pharmacotherapy in clients with SUD
- ...and more research

Mauri ora

Thank you very much & be well

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