



**Prevalence of Alcohol and Drug Misuse among Vocational Rehabilitation Clients:
Findings from the Massachusetts Commission for the Blind**

September 2020



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This study was funded by "FY20 MCB Study of the Incidence of Addiction/Recovery and the Impact that Alcohol, Opioids and Other Drugs Have on VR Outcomes" – Contract #7000CTMB4000SAL2020.

Executive Summary

Vocational Rehabilitation (VR) clients with blindness or visual impairments face many challenges when it comes to seeking, obtaining, and retaining employment. The purpose of this study is to examine the prevalence of potential alcohol and drug misuse among active vocational rehabilitation (VR) clients currently receiving VR services from the Massachusetts Commission for the Blind.

This study relies upon qualitative research methodologies to examine the prevalence of potential alcohol and drug misuse among VR clients. Here, misuse is defined as “An amount of alcohol and/or drugs that interferes with the client seeking, obtaining, or retaining employment.” Two methodological approaches were utilized to inform findings for this project. The first involved a survey administered to VR counselors. The survey was administered electronically using SurveyMonkey in August 2020. The intent of the survey was to ascertain information about the counselors’ work experience and their interactions with clients that potentially misuse alcohol or substances.

VR counselors that took the survey have been working for MCB between four and 11 years. On average, VR counselors serve 56 clients annually. On a weekly basis, VR counselors engage with 18 clients on average. These engagements vary in length of time, but the median reported duration of interaction with clients is 40 minutes.

While the study’s intent is to identify the prevalence of alcohol and substance *misuse*, survey respondents estimated that two-thirds of their active VR clients currently use alcohol and/or drugs, but their use does not interfere with their ability to seek, obtain, or retain employment. It is important to acknowledge that alcohol and substance use among VR clients is common, and the tipping point that comprises misuse varies significantly based upon a number of individual factors. VR counselors acknowledged that a number of clients abstain from using alcohol or drugs, but this likely represents only a small fraction of clients. In a VR counselor’s work experience, 83% (n = 5) of respondents indicated they have dealt with clients that have potentially misused alcohol and/or drugs.

Prevalence for potential alcohol misuse is estimated at 19% among active VR clients. This estimate is a measure comprising cases where clients have admitted to misusing alcohol in addition to cases where VR counselors suspect misuse among clients, although the clients did not disclose the misuse.

Prevalence for potential substance misuse is estimated at 12% among active VR clients. This estimate is also a measure comprising cases where clients have admitted to misusing substances in addition to cases where VR counselors suspect misuse among clients, although the clients did not disclose the misuse.

These preliminary findings highlight an important area that lacks overall robust research findings. It is estimated that almost one-fifth of VR clients misuse alcohol. This statistic greatly exceeds the prevalence within the state (6%) and reinforces the need to better understand the drivers and ways to care for this important population. We estimate just more than 10% of VR clients misuse substances. Comparing this metric in light to the state's three-percent prevalence of substance use disorder is also indicative of an issue that deserves further attention, care, and research.

Introduction

Vocational Rehabilitation (VR) clients with blindness or visual impairments face many challenges when it comes to seeking, obtaining, and retaining employment. While the use of illicit drugs can bar clients from obtaining employment through the common drug screening mechanisms, other inherent challenges remain when VR clients misuse alcohol and drugs. Little is known about the extent of alcohol and drug misuse within this vulnerable population. This project is helping to fill that void. The purpose of this study is to examine the prevalence of potential alcohol and drug misuse among active vocational rehabilitation (VR) clients currently receiving VR services from the Massachusetts Commission for the Blind. Prevalence measures the proportion of a specific population with a certain characteristic during a time period. While preliminary in nature, this work will provide an initial look into the extent in which alcohol and drug misuse impacts and disrupts daily life for VR clients.

Background

Among the American population, alcohol use disorders and illicit drug use disorders (to include opioids) are estimated to effect 5% and 3% of the population, respectively, with a disproportionate share of users in the 18-25 age range.¹ In Massachusetts, approximately 3% (203,000) of residents age 12 and older have an illicit drug use disorder.² In the same state population, alcohol use disorder is estimated at approximately 6% (396,000) of Massachusetts residents aged 12 and older.³ Similar to the national trend, the highest prevalence of alcohol and illicit use disorders is among the 18-25 age group (8.65% and 18.83% for illicit drug use and alcohol use disorders, respectively).⁴

Previous studies have estimated the prevalence of use disorders (alcohol and illicit drugs) among the visually impaired population to be as high as 40%, although an abundance of research on this topic is lacking.⁵ This statistic highlights a compounding effect of visual disability and use disorders. What's

¹ 2017-2018 National Survey on Drug Use and Health, Substance Abuse and Mental Health Services.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Sales, A. (2000). Substance Abuse and Disability. U.S. Department of Education, Educational Resources Information Center (ED 440 352).

more, individuals suffering from alcohol and drug use disorders have a more difficult time finding and retaining employment.⁶ These issues underscore the importance of better understanding the prevalence of alcohol and drug use disorders among vocational rehabilitation (VR) consumers of the Massachusetts Commission for the Blind (MCB).

Methodology

This study relies upon qualitative research methodologies to examine the prevalence of potential alcohol and drug misuse among VR clients. Misuse is classified here as *potential*, because alcohol misuse disorder or substance use disorder clinical diagnoses were not ascertained. Here, misuse is defined as “An amount of alcohol and/or drugs that interferes with the client seeking, obtaining, or retaining employment.” Two methodological approaches were utilized to inform findings for this project. The first involved a survey administered to VR counselors. The survey was administered electronically using SurveyMonkey in August 2020. The intent of the survey was to ascertain information about the counselors’ work experience and their interactions with clients that potentially misuse alcohol or substances. A copy of the survey is contained in the appendix, along with a primer that outlines the skip logic employed in the survey. The survey responses were anonymous, and all responses were confidential.

The second methodological approach was a focus group with VR counselors.⁷ The purpose of the focus group was to identify themes on the topic and advance the discussion from findings in the survey. The focus group also provided information on gaps and barriers facing the VR counselors in their work. The focus group session was not recorded, and all responses were kept confidential.

Results

Results from the survey and focus group are combined but are organized with subsections by topic area. These topic areas are as follows.

⁶ *Substance Use Disorder Treatment for People with Physical and Cognitive Abilities*, Treatment Improvement Protocol (TIP) Series, No. 200. Substance Abuse and Mental Health Services Administration; 1998.

⁷ To conform with social distancing practices related to the COVID-19 pandemic, the focus group was conducted via video conference using ZOOM.

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- VR counselor cases
 - Potential misuse in aggregate
 - Potential alcohol misuse
 - Potential substance misuse

Six respondents completed the electronic survey. The survey covered a number of topics, including but not limited to, the VR counselor's case load, the frequency of engagements with clients, and their experience with clients potentially misusing alcohol and/or substances.

The focus group consisted of five VR counselors and two interviewers. The focus group lasted approximately 60 minutes. Focus group participants were encouraged to discuss each topic area but were not mandated to provide an answer. Participation and discussion were equal among all focus group participants.

VR Counselor Cases

The survey respondents have been working for MCB between four and 11 years. On average, VR counselors serve 56 clients annually. On a weekly basis, VR counselors engage with 18 clients on average. These engagements vary in length of time, but the median reported duration of interaction with clients is 40 minutes.

The focus group revealed that the geographic location of VR counselors and clients plays a role in caseload with rural areas typically having less volume, and fewer public transportation options when compared to more urban areas. In terms of client-level engagement, the frequency and duration of interaction is highly dependent upon client needs—these needs are not static and vary over time. Also apparent from the focus group is the importance of relationship building that takes place with clients. Establishing trust and confidence takes time, and client-level engagements can last several years. A good rapport also allows the counselor to ask pointed questions when a client is seeking a job with questions such as, “Will you pass this drug test?” It would be remiss not to acknowledge the challenges and opportunities presented during the COVID-19 pandemic as interactions with clients in their home

environments cannot currently take place in-person. These home visits provide a wealth of information into the VR client's home environment and support. In addition to the added difficulty COVID-19 has had on the ability to connect on a personal level, it also makes it more difficult to determine potential misuse. Participants also noted that the pandemic seems to have made searching for a job less of a priority among some clients due to the temporary unemployment benefits that were made available to some people.

Potential Misuse in Aggregate

While the study's intent is to identify the prevalence of alcohol and substance *misuse*, survey respondents estimated that two-thirds of their active VR clients currently use alcohol and/or drugs, but their use does not interfere with their ability to seek, obtain, or retain employment. It is important to acknowledge that alcohol and substance use among VR clients is common, and the tipping point that comprises misuse varies significantly based upon a number of individual factors. VR counselors acknowledged that a number of clients abstain from using alcohol or drugs, but this likely represents only a small fraction of clients.

In a VR counselor's work experience, 83% (n = 5) of respondents indicated they have dealt with clients that have potentially misused alcohol and/or drugs.

Potential Alcohol Misuse

Prevalence for potential alcohol misuse is estimated at 19% among active VR clients. This estimate is a measure comprising cases where clients have admitted to misusing alcohol in addition to cases where VR counselors suspect misuse among clients, although the clients did not disclose the misuse.

In the survey, among those clients potentially misusing alcohol, VR counselors estimate that two-thirds of clients misuse alcohol as a coping mechanism for the blindness or visual impairment, whereas the other one-third's misuse is indirectly related to their blindness or visual impairment. The use of beer, wine, and liquor is equally representative of the types of alcohol clients potentially misuse.

The focus group suggested alcohol misuse is common, as a number of clients typically use alcohol in their daily lives. Whether the client is willing to recognize potential misuse of alcohol is less clear. While anecdotal, VR counselors revealed that often clients are willing to share about their alcohol misuse, especially if they are receiving treatment, positively noting their sobriety, or in cases where a relapse has occurred, and they need to seek out treatment services.

It was also suggested that for counselors that worked primarily with school age children under age 18, that while there was little evidence of alcohol misuse from the clients, there often was concern for alcohol misuse by their parents. This must also be considered as it directly affects their support structure. Similarly, it was noted that alcohol misuse also has a greater impact on many of the clients that have comorbid conditions. One such disease—diabetes—is common as visual impairment can result. This would suggest that even in cases where alcohol use may not meet a clinical definition of misuse, it could still have a significant negative effect on the VR population.

Potential Substance Misuse

Prevalence for potential substance misuse is estimated at 12% among active VR clients. This estimate is a measure comprising cases where clients have admitted to misusing substances in addition to cases where VR counselors suspect misuse among clients, although the clients did not disclose the misuse.

Within the survey, respondents identified clients potentially misuse the following drugs.

- Central nervous system depressants
- Cocaine
- Hallucinogens
- Heroin
- Marijuana
- Over-the-counter medications
- Prescription opioids
- Prescription stimulants
- Synthetic Cannabinoids

Related to the types of drugs potentially misused, focus group participants indicated that the misuse of marijuana was more common due to its availability as it is legal for people 21 years and older in

Massachusetts. Also brought up in the focus group was the issue of family members within the same household of the VR client misusing drugs, which also negatively effects the VR client. Participants also reported an increase over the last five to ten years in the abuse of prescription medications, to include opioids.

The survey respondents indicated that just over two-thirds of clients that misuse drugs are for coping mechanisms related to their blindness, whereas a smaller proportion (14%) indicate that the client's visual impairment or blindness was the result of previous drug misuse. Isolation seems to be a contributor to use associated with coping and participants indicated an increase in the prevalence amongst their older clients. This is also another area where increase marijuana use is likely, especially as it is prescribed for many visual related medical conditions. The importance of developing a relationship with the clients is especially important with regards to drug use as many clients are functional despite addictions.

Discussion

This project provided preliminary findings into an important area that lacks robust research findings. It is estimated that almost one-fifth of VR clients misuse alcohol. This statistic greatly exceeds the prevalence within the state (6%) and reinforces the need to better understand the drivers and ways to care for this important population. We estimate just more than 10% of VR clients misuse substances. Comparing this metric in light to the state's three-percent prevalence of substance use disorder is also indicative of an issue that deserves further attention, care, and research.

During the focus group, participants were asked if alcohol and drug use was one of the top barriers to their clients for seeking, obtaining or retaining employment and to rank order it on a scale of one (largest barrier) to ten (lesser barrier). Most responded that alcohol and drug use would be between five and seven, except for those clients that had a drug or alcohol issue. This underscores the various challenges that clients and counselors face. Participants also indicated that the state had been very proactive, supportive, and receptive to feedback. Additionally, they believed that the experience of their counselors was also a strength. One issue that was made clear was that while there are many support resources, many of these resources did not have experience with the visually impaired.

Several recommendations were also made during the focus group. Although this is outside the scope of the goal of this study, they do seem appropriate to note. The first was to ensure that those counsellors that have strong experience in dealing with alcohol and drug use should be identified as resources for other counselors that do not have as much experience. The second recommendation was to address a perceived lack of continuity when clients move between regions. The example that was given was a college student in one region fails out of college as the result of alcohol misuse and moves back home to a different region with no handoff between counsellors. The final recommendation was to consider the development of a crisis intervention team to help support clients that need more on going attention.

This study has a number of strengths. First, the study utilized two qualitative pursuits in order validate study findings. Second, to the authors' knowledge this is the first recent attempt to estimate the prevalence of alcohol and drug misuse among blind and visually disabled individuals receiving VR services. Third, internal validity of the study was high as the survey instrument and focus group discussion points were vetted and approved with subject matter experts within the Massachusetts Commission for the Blind prior to administering the survey or conducting the focus group.

It is only appropriate to acknowledge the limitations with this project, as the limitations could influence the findings and key takeaways. First, and perhaps the largest limitation is the sample size. In the survey administered to VR counselors, only six VR counselors completed the survey.⁸ There are 16 total VR counselors. Due to the small sample size, the findings from the survey are potentially subject to response bias. In the same vein, there was a large proportion of overlap between survey respondents and focus group participants. While the overlap does not introduce bias as it relates to measurement or responsiveness, it certainly reduces the capabilities for external validity with the overall findings. In both the survey and the focus group, findings are potentially influenced by cases of recall bias. Survey questions and focus group discussion points could be over-representative of cases that easily come to mind for VR counselors but may not represent an accurate representation of the larger VR client population. Lastly, based upon the structure of the survey, it is unclear which proportion of VR clients potentially misuse both alcohol and drugs, or which proportion of the prevalence estimates have overlap between the two classifications.

⁸ The survey completion rate was 100%.

Building upon these findings, future studies should incorporate the experiences of VR clients into this analysis. This inclusion would help validate findings and highlight any areas of disconnect between VR counselors and clients when it comes to potential alcohol and drug misuse. Utilizing a mixed methods approach of both qualitative and quantitative approaches is also recommended. Quantitative approaches could include de-identified data comprising progress notes and case notes, among others. Overall, this study spotlighted the importance of continuing to address the needs of VR clients as potential alcohol and drug misuse can severely interfere with the goals of VR counseling with clients and employment opportunities.



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling Information About You

This part of the survey gathers some preliminary information about you and the clients you serve.

1. Please provide the city of your work location.

City/Town

2. How many years have you been working as a counselor for MCB?

3. How many clients do you serve in an average year?

4. How many active clients are you serving now?

5. How many clients do you talk to in an average week?

6. What is the average length of time you spend with each client, measured in minutes, in discussions or meetings?

7. Do you have active clients that you suspect currently use alcohol and/or drugs, but their use does not interfere with their ability to seek, obtain, or retain employment?

☐ Yes ☐ No

* 8. Have you ever had clients that *misused*, or you suspected *misused* alcohol and/or drugs?

☐ Yes ☐ No

Misuse is defined as using an amount of alcohol and/or drugs that interferes with the client seeking, obtaining, or retaining employment.



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling

Types of Misuse

We would like to ascertain the types of misuse in order to provide you with questions relevant to your experiences.

9. What type of substances were misused?

- ☐ Alcohol
- ☐ Drugs
- ☐ Both alcohol and drugs



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling Alcohol

These questions pertain to alcohol-specific misuse among your clients.

10. How many of your active clients have admitted to misusing alcohol?

11. How many of your active clients do you suspect misuse alcohol, although they have not admitted it to you?

12. Which types of alcohol do clients misuse?

☐ Beer

☐ Liquor

☐ Wine

13. To the best of your knowledge, approximately what percentage of your clients that misuse alcohol fall into the following three categories?

Client's visual impairment or blindness is a result of previous alcohol misuse.

Client's misuse of alcohol is used as a coping mechanism or method of self-medicating for visual impairment or blindness.

Misuse is unrelated to visual impairment or blindness



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling

Drugs

These questions pertain to drug-specific misuse among your clients.

14. How many of your active clients have admitted to misusing drugs?

15. How many of your active clients do you suspect misuse drugs, although they have not admitted it to you?

16. Which [drugs](#) have clients misused?

- | | | |
|--|--|---|
| <input type="checkbox"/> Ayahuasca | <input type="checkbox"/> Khat | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Central Nervous System
Depressants | <input type="checkbox"/> Kratom | <input type="checkbox"/> Prescription Opioids |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> LSD | <input type="checkbox"/> Prescription Stimulants |
| <input type="checkbox"/> DMT | <input type="checkbox"/> Marijuana (Cannabis) | <input type="checkbox"/> Psilocybin |
| <input type="checkbox"/> GHB | <input type="checkbox"/> MDMA (Ecstasy/Molly) | <input type="checkbox"/> Rohypnol (Flunitrazepam) |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Mescaline (Peyote) | <input type="checkbox"/> Salvia |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Steroids (Anabolic) |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Over-the-Counter
Medicines--
Dextromethorphan (DXM) | <input type="checkbox"/> Synthetic Cannabinoids |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Over-the-Counter
Medicines--Loperamide | <input type="checkbox"/> Synthetic Cathinones
(Bath Salts) |

17. To the best of your knowledge, approximately what percentage of your clients that misuse drugs fall into the following three categories?

Client's visual impairment or blindness is a result of previous drug misuse.

Client's misuse of drugs is used as a coping mechanism or method of self-medicating for visual impairment or blindness.

Misuse is unrelated to visual impairment or blindness



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling

Alcohol and Drugs

These questions pertain to alcohol- and drug-specific misuse among your clients.

Alcohol

18. How many of your active clients have admitted to misusing alcohol?

19. How many of your active clients do you suspect misuse alcohol, although they have not admitted it to you?

20. Which types of alcohol do clients misuse?

☐ Beer

☐ Liquor

☐ Wine

21. To the best of your knowledge, approximately what percentage of your clients that misuse alcohol fall into the following three categories?

Client's visual impairment or blindness is related to previous alcohol misuse.

Client's misuse of alcohol is used as a coping mechanism or method of self-medicating for visual impairment or blindness.

Misuse is unrelated to visual impairment or blindness

Drugs

22. How many of your active clients have admitted to misusing drugs?

23. How many of your active clients do you suspect misuse drugs, although they have not admitted it to you?

24. Which [drugs](#) do you suspect clients have misused?

- | | | |
|--|--|---|
| <input type="checkbox"/> Ayahuasca | <input type="checkbox"/> Khat | <input type="checkbox"/> PCP |
| <input type="checkbox"/> Central Nervous System
Depressants | <input type="checkbox"/> Kratom | <input type="checkbox"/> Prescription Opioids |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> LSD | <input type="checkbox"/> Prescription Stimulants |
| <input type="checkbox"/> DMT | <input type="checkbox"/> Marijuana (Cannabis) | <input type="checkbox"/> Psilocybin |
| <input type="checkbox"/> GHB | <input type="checkbox"/> MDMA (Ecstasy/Molly) | <input type="checkbox"/> Rohypnol (Flunitrazepam) |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Mescaline (Peyote) | <input type="checkbox"/> Salvia |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Steroids (Anabolic) |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Over-the-Counter
Medicines--
Dextromethorphan (DXM) | <input type="checkbox"/> Synthetic Cannabinoids |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Over-the-Counter
Medicines--Loperamide | <input type="checkbox"/> Synthetic Cathinones
(Bath Salts) |

25. To the best of your knowledge, approximately what percentage of your clients that misuse drugs fall into the following three categories?

Client's visual impairment or blindness is the result of previous drug misuse.

Client's misuse of drugs is used as a coping mechanism or method of self-medicating for visual impairment or blindness.

Misuse is unrelated to visual impairment or blindness



Massachusetts Commission for the Blind

Vocational Rehabilitation Counseling

Documenting Misuse and Suspected Misuse

These questions ascertain how you go about documenting any misuse, or suspected misuse, among clients with alcohol and/or drugs. Even if you don't have any current clients misusing alcohol or drugs, we would like to get your perspective on how this would be documented if the issue were ever to arise.

26. Is alcohol or drug misuse with your client something that you document (or would document) in your case notes?

☐ Yes

☐ No

27. What specific information about the alcohol or drug misuse do you document (or would document) in your case notes?

- ☐ Type and quantity of drugs or alcohol
- ☐ Frequency of use
- ☐ Length of time of use
- ☐ Previous history of treatment for drugs or alcohol
- ☐ Family history
- ☐ N/A
- ☐ Other (please specify)

28. If there is any additional information you would like for us to know about this topic, please provide us with your thoughts and perspective.