

# Making substance use services more accessible to autistic clients

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## Foreword

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Accessibility is often understood from a practical level, such as ramps, lifts and hearing loops, but is often not understood as starting *before* an autistic person sets foot into a service. Autistic clients must be able to locate the information about a service and have choices in how they engage with this information in person and online. They then must understand how to get to a service physically, including whether public transport stops nearby and if there is nearby parking (and how much this will cost).

Autistic clients may also need to consider whether they can take a personal assistant, close friend, comfort object or emotional support animal. They may also have to contemplate the sensory environment of a setting, the social expectations, and the referral process (including writing long referral forms or coming across in a way that shows they need a service without being referred elsewhere unnecessarily). Going to a new service as an autistic person can be extremely difficult; if you add differing levels of substance dependency, these issues can intensify (Gray-Hammond, 2023).

So much ignorance and ableism, systemic inaccessibility and baked-in prejudices of all kinds (including being distressed by witnessing the ones that don't personally apply to me). In my case, there has never been *any* type or level of [substance recovery] treatment that was accessible.

- An autistic participant in Munday and colleagues, 2025 (p.7)

What does this mean for substance use services? The accessibility of services and practice must be embedded throughout practice; from the moment a potential client walks through the door to when they leave the service. An integral part of getting accessibility right for an individual is open communication throughout their recovery journey - when needs fluctuate, accessibility cannot remain a tick-box onboarding exercise.

This report is an invitation to think deeply about accessibility, what it looks like and how it can become a part of our everyday practice. Read this with an open heart and an open mind – don't be scared to get it wrong, be excited to get it right.

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## Executive Summary

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This report is based on the findings of a three-month internship undertaken by Katie Munday, an SCDTP-funded PhD student. Katie is a founding member of the Autistic Substance Use Network - a home for research into autistic substance use. This report focuses on the accessibility and suitability of Portsmouth City Council's and the Society of St. James' substance use services for autistic clients, integrating literature, lived-experience insights, and observational data.

Autism is a neurodevelopmental difference that influences cognition, communication, sensory processing, and social interaction. These internal differences can render autism largely invisible, contributing to delayed diagnoses, pervasive masking (suppressing authentic behaviours to meet social expectations - Milton & Sims, 2016), and significant mental-health consequences (Autistic Self Advocacy Network, n.d.). These differences, linked to trauma, sensory overwhelm, difficulties with executive function, and the cumulative effects of navigating environments that are not designed for autistic needs, equate to a heightened vulnerability to substance use among autistic populations. Autistic people frequently experience substantial barriers in accessing appropriate and effective substance-use services, despite the elevated substance use risk (Huang et al., 2021; Walhout et al., 2022).

Unfortunately, I was unable to observe and evaluate the current neurodiversity training within the Society of St James due to time constraints and a change of personnel. Therefore, the section on knowledge does not reflect an assessment of SSJ but rather the broader training needs of recovery workers based on previous work (Munday et al., 2025; Papadopoulos et al., 2025). These previous findings reveal that gaps in **professional knowledge** are a central barrier to accessible care. Recovery workers can lack a nuanced understanding of autistic sensory, emotional, and social experiences and can therefore misinterpret clients' needs, misattribute communication differences, and overlook the autistic-specific factors driving substance use. Prior research indicates that autistic-led training, particularly training delivered by autistic individuals with lived experience of substance use, is crucial in addressing these gaps, through enhancing empathy and reducing stigma (Munday et al., 2025).

**Environmental accessibility** was analysed using the SPACE framework (Sensory, Predictability, Acceptance, Communication, Empathy – Doherty et al., 2025). The Society of St James' website is largely accessible, providing clear language, captioned videos, multiple contact pathways, and gender-inclusive options. The Recovery Hub itself offers a warm and welcoming atmosphere, predictable opening hours, and flexible meeting locations. However, sensory challenges such as background noise, variable foot traffic, and cluttered walkways can compromise accessibility. Small, sustainable adaptations—such as adjusting sound levels, maintaining clear walkways, and offering quieter spaces—could substantially improve autistic clients' comfort and engagement.

Observations from the LGBTQIAP recovery group demonstrated the value of **neuro-affirming practice** grounded in empathy, flexibility, and relational safety. Autistic individuals, who are disproportionately represented within LGBTQIAP communities (George & Stokes, 2018), may especially benefit from group environments where identities are affirmed and communication differences are embraced. These sessions exemplified inclusive facilitation, gentle structure, and emotional validation—elements that are critical for autistic engagement in recovery work.

This project's recommendations focus on improving professional competence, enhancing environmental accessibility, and adopting neuro-affirming practices. Key recommendations include regular autistic-led neurodiversity training; clear, concise communication strategies; predictable service structures; ongoing environmental adjustments; and fostering strong, trusting relationships with autistic clients. Services should presume competence, prioritise client autonomy, and view autistic embodiment as a neutral human difference rather than a deficit (Walker, 2021).

Overall, this project highlights that accessible, effective substance-use care for autistic individuals is both necessary and attainable. Through continued commitment to learning, collaboration with autistic communities, and thoughtful adaptation of environments and practices, PCC can play a leading role in delivering genuinely neuro-affirming substance use support.

## Introduction

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Autism is a neurodevelopmental difference that affects how autistic people experience and interact with the world around them. It affects how they think, experience sensory stimuli and how they communicate. Autism affects people differently; some autistic people may have learning disabilities and be non- or minimally-speaking, while others can speak and have no learning disabilities (Autistic Self Advocacy Network [ASAN], n.d.). Much of the autistic experience is internal (such as sensory processing and executive function differences) and therefore autism can be considered an ‘invisible disability’.

Many autistic people experience hyper-awareness and constant adaptation to the preferences and expectations (whether expressed, implied or anticipated) of people around them. This ‘masking’ can be useful when navigating school, work and social situations, but can severely affect an autistic person’s mental well-being, self-perception, and ability to receive an autism diagnosis (Pearson & Rose, 2023). Diagnosis and support for autistic people are difficult to access due to this ‘invisibility’ and other systemic barriers.

Substance use in autistic individuals is complex. Autistic individuals are at risk of forced or accidental use of drugs and are more likely to experience substance use in their immediate family (Griffiths et al., 2019; Ricles, 2017). Autistic people may also start (and continue) to use substances for different reasons than non-autistic individuals, such as managing their emotions, addressing sensory sensitivities, and alleviating difficulties with executive functioning (Weir et al., 2024). In a study conducted by Weir and colleagues (2021), autistic participants indicated they used recreational substances to cope with behavioural and mental health challenges approximately nine times more than their non-autistic counterparts. Furthermore, substances can be used by autistic people to control self-stimulating behaviours and sensory overload (Nolan & McBride, 2015). Some autistic people can use substances to mask – to behave socially, emotionally and physically in culturally acceptable ways (Pearson & Rose, 2023). The practice of masking has been associated with negative mental health outcomes, fatigue, depression, and an increased risk of suicidal ideation among autistic adults (Baldwin & Costley, 2016; Cage et al., 2018; Cassidy et al., 2020; Hull et al., 2017; Livingston et al., 2019). These elements can consequently contribute to a heightened risk of substance use (Longo et al., 2024).

Autistic people have been found to develop substance use disorders and alcohol abuse more than the general population (Abdallah et al., 2011; Huang et al., 2021; Longo et al., 2024), with an increasing number of autistic individuals seeking treatment at specialised addiction facilities (Walhout et al., 2022). This highlights the ongoing necessity to create neuro-affirming care, which has been described by Flower and colleagues (2025) to include:

- a commitment to continue learning about autism,
- providing safety to be one’s autistic self,
- finding a way to communicate,
- authenticity and humility in practice,
- validation of autistic experiences,

- an autistic informed person-centred support,
- genuine acceptance and appreciation of autism.

Substance use services would benefit from recognising how autistic motivations influence substance use and impact treatment engagement and outcomes.

## Language

Language use can have powerful implications on perspectives towards autism and identity (Bottema-Beutel et al, 2021). Therefore, I need to address the use of language in this report. Person-first language emphasises the person before their disability (i.e. person with autism), often used to refer to someone who has an illness or disease that should be cured or treated (Botha et al, 2023).

As an autistic person, I do not believe that I need to be cured; therefore, I use Identity-first language throughout this report (i.e. autistic person). This aligns with the social model of disability and the neurodiversity paradigm, which acknowledges the disabling impact that an environment has on a person when it fails to address their needs (Pellicano & den Houting, 2022; Walker, 2021).

## Aims and approaches

### Aims of this project

The overall aim of this project is to create recommendations on the accessibility and appropriateness of PCC's substance use service for autistic clients. The specific aims of this project were to:

- Create recommendations for broader training and knowledge enhancement of recovery workers based on my previous work and experience.
- Identify the accessibility of physical and online spaces within the SPACE framework (Doherty et al., 2023).
- Understand how practice is implemented when supporting neurodivergent clients.

### A multifaceted approach to accessibility

I employed a multifaceted approach which focused on knowledge, environment and practice. This approach aimed to recognise how practitioners could expand their professional knowledge and reduce harm through neuro-affirming practice. I considered commitment to continued learning and reflexivity as fundamental to improving accessibility of substance use services

The practical elements of this research included:



Figure 1: Accessibility (Munday, 2025).

1. Observation and evaluation of current neurodiversity training within the Society of St James. Specifically, the Evaluating Recovery – Building Excellence in Recovery Work.
2. An audit of the Society of St. James website and the Recovery Hub, to create accessibility recommendations based on the SPACE framework (Doherty et al., 2023).
3. Work closely with LGBTQIAP recovery workers (some of whom are also autistic and/or otherwise neurodivergent).

## The SPACE framework

I use the SPACE framework (Doherty et al., 2023) throughout the auditing of online and in-person spaces. This framework aimed to promote accessibility without adding to the current clinical burdens of staff. Space stands for: Sensory needs, Predictability, Acceptance, Communication and Empathy.

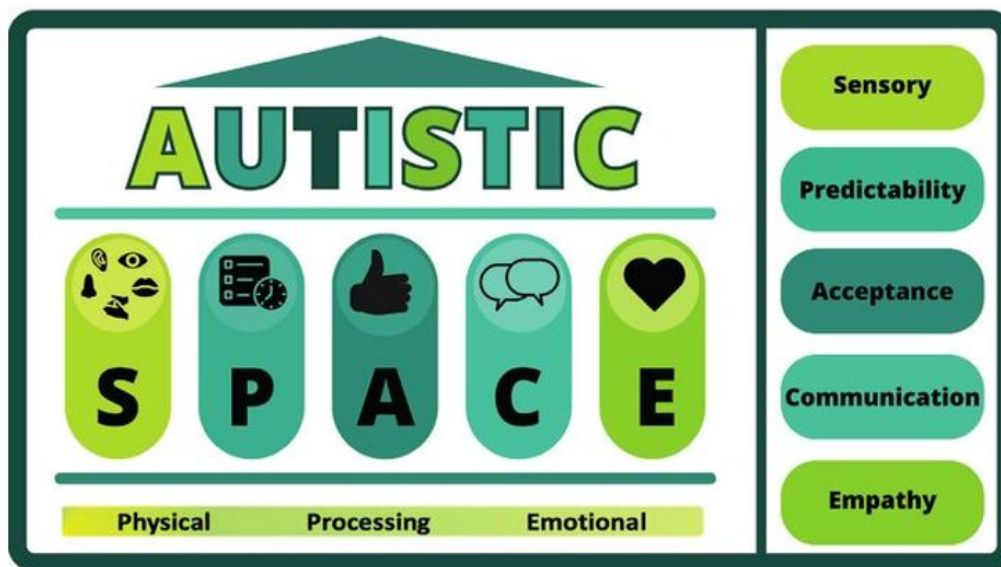


Figure 2: Autistic SPACE (Doherty et al., 2023)

**Sensory** Autistic individuals experience the world differently, with diverse sensory sensitivities that may involve hyper- or hypo-reactivity and fluctuate according to context (MacLennan et al., 2022; Tavassoli et al., 2014). These sensitivities can render healthcare environments inaccessible, leading to distress and misinterpretations of behaviour (Strömberg et al., 2022; McDonnell et al., 2015).

**Predictability** and structured routines reduce anxiety in such settings, while clear communication about procedures and changes enhances accessibility (Doherty et al., 2022; Shaw et al., 2022a).

**Acceptance**, grounded in a neurodiversity-affirmative framework, recognises autism as a natural variation rather than a deficit and calls for environmental adaptation rather than behavioural normalisation (Shaw et al., 2021; Bernard et al., 2022).

**Communication** differences, including literal interpretation and varied speech use, require clarity and flexible modalities such as augmentative and alternative communication (Brignell et al., 2018; Haydon et al., 2021).

**Empathy** misunderstandings arise from mutual misperception (the “double empathy problem”), highlighting the need for autism-informed communication training (Milton, 2012; Bradshaw et al., 2021).

# Findings

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## Knowledge

I aimed to observe and evaluate the current neurodiversity training within the Society of St James. Specifically, the Evaluating Recovery – Building Excellence in Recovery Work. However, due to time constraints and a change of personnel, I was unable to achieve this aim. Therefore, this section does not reflect an assessment of SSJ but rather the broader training needs of recovery workers based on previous work (Munday et al., 2025; Papadopoulos et al., 2025).

Recovery workers have been found to lack an adequate understanding of autistic embodiment—the distinctive ways autistic people experience and interpret the world. This gap in professional knowledge can contribute to inaccessible services, inconsistent care, and reluctance among autistic individuals to seek support. Recovery workers can misunderstand why an autistic person may use substances as well as their unique experiences of pain and sensory input, which can lead to client blame and insufficient accommodations for sensory needs (Munday et al., 2025; Papadopoulos et al., 2025).

Autistic participants in Munday and colleagues' (2025) study recommended that autistic people with lived experience lead training for professionals, given their unique insight into autistic emotional processes and triggers. Participants also suggested autistic-trained specialists within services, noting that withdrawal can be particularly challenging due to heightened sensory sensitivities (Munday, 2025).

## Environments

I used the SPACE framework to audit the Society of St. James website and the physical environment of the Recovery Hub.

### Society of St. James website

The website is easy to navigate and has several ways for potential clients to find support immediately: phone calls, online chat, and online groups. The website is linked across pages, and information is under different banners. Potential clients can get to what they need through different ways of engaging with the website. The language is clear and precise, and the videos are captioned, making them more accessible to those with sensory needs and processing differences. Videos, with captions and full transcripts, are an accessible way to share information and allow clients to see the inside of The Day Rehab Centre.

The website clearly shows all the help available, including support from people who have specialist skills in supporting armed forces and veterans, heroin harm reduction, LGBTQIAP people and people who are homeless (to name but a few).

The online referral is simple and quick. They have options for gender outside of the binary, which is important for autistic people who are more likely to be trans and gender diverse than non-autistic populations (Huisman et al., 2024; Lehmann et al., 2020; Mahfouda et al., 2019).

Other referral questions include communication support needs a client has relating to disability and sensory loss, and how these needs can be best met. The following accessibility questions are available once this box has been ticked:

- If you need to contact me, the best way is (e.g. via email instead of on the phone)
- I need information in braille or large print
- I communicate using a BSL interpreter or a communication guide
- To help me communicate, I use (e.g. hearing aids or lipreading)
- Is there anything else you would like us to know?

There is also a recovery services feedback form, which finishes with the question “How can we make things better?” Clients, or those filling in the form on behalf of a client, are asked to give their honest feedback so that services can be improved.

## The Recovery Hub

### **Sensory**

The colour and aesthetic of the Hub is calming; there is background noise from the radio, which can be uncomfortable for people who experience noise sensitivity. There are lots of people coming in and out, and this will change throughout the day. There is no need to sit next to anyone in the waiting room, and there are quieter nooks to sit in and wait. The door is automatic, so the cold and noise can come in from the inside – these only affect those in the waiting area, not in the rest of the Recovery Hub.

### **Predictability**

The Recovery Hub is easy to access, with a ramp which goes straight to the reception; however, sometimes the ramp is littered with bikes despite a sign which says, “no bikes”. The service is open at the same time every week, including two evenings and Saturday opening times.

Clients are given a choice of where they can access sessions with their case workers; some do this at the Recovery Hub, out in the community (such as a coffee shop) or at home.

### **Acceptance**

People can use the harm reduction equipment without being a client or needing to book a time to do this. Care is holistic. Clients are supported throughout, including Hep C testing, support for families and young people affected by their own or other family members' substance use. Case workers can help with booking into other services and can be relatively hands-on with administrative tasks for those who need this support. There is a computer which can be used by the public for things such as booking an appointment with their doctor and writing Personal Independence Payment applications. The computer can be used with support from recovery workers, if needed. Clients are taken at face value and are helped to make life choices based on their own needs and goals.

There is an autistic-specific Intuitive Thinking Skills session at Room 1

<https://portsmouthcarersservice.co.uk/room-one/>, which is advertised in the Recovery Hub. Clients and the public can self-refer to these sessions, and they do not need a formal diagnosis.

## **Communication**

Communication from staff is specific, concise and warm. The Recovery Hub's initial assessment is a conversation between a client and a staff member. There are set questions, but the style is more conversational than interview style. There is no need for the client to write these forms as they are done alongside a member of staff. There are 19 questions/topics, one of which is the need for accessible information.

## **Empathy**

Clients are met where they are psychologically, including specific neurodivergent needs and identities. Many of the staff are also neurodivergent (formally or informally diagnosed) and bring with them a wealth of knowledge and experience. Staff are patient and offer clear procedures and choices to clients.

## **Other**

The Recovery Hub is in central Southsea and can be accessed by bus and bicycle, and is within walking distance of Portsmouth town centre. There is free parking on the roads for two hours. The space is welcoming and shares lots of information about different recovery help and support. There are several chances to leave feedback. There is also a take-one-leave-one community bookshelf.

## **Practice**

I attended the LGBTQIAP recovery group due to the significant overlap of LGBTQIAP and autistic identities (George & Stokes, 2018; Huisman et al., 2024). Here, I share my reflections on my experiences of the LGBTQIAP sessions.

### **The group set up**

I attended three sessions of the LGBTQIAP recovery group, run by two recovery workers who are warm and welcoming. The sessions are two hours long and run once a week. The sessions start with an overview of the group rules, a check-in session with everyone in the room (including staff). There is a short break before a more hands-on activity. The sessions I attended allowed clients to choose an object from a group before they shared what drew them to the object. These sessions were accessible and allowed us all to participate. The recovery workers based this work on the principle that everything in “recovery is connected, so there are no wrong answers or feelings”.

### **My reflections**

These are some of my thoughts before, during and after the sessions.

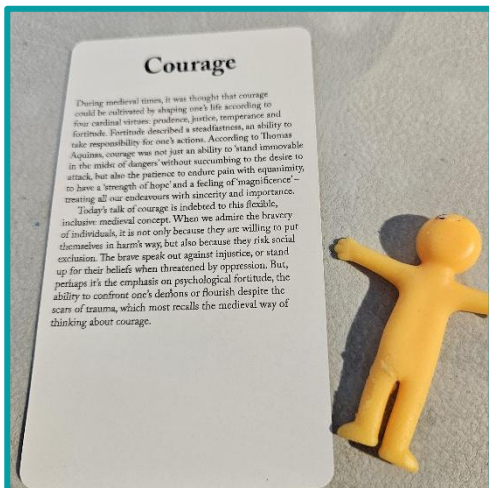
“I was scared to go to the first session. Who would be there? What would it look like? What would the expectations be? I arrived late, but thankfully, there was a twenty-minute leeway, and most people were

outside. The session went quickly, and it felt very comfortable. There were some faces there that I knew, which helped. On the way home, I thought about these sessions as an invitation to look at my healing. I thought because I was sober that I was healed, but there are so many things I have not come face-to-face with yet, and that scares me. Maybe I needed all that time to build strength to even look at these pieces of myself and my history.”

For the second session, I really had to talk myself round to going due to anxiety, which was almost worse than going to the first session:

“Just go down there, you don't need to leave the car. If you get out of the car, you can go for an hour. It's only two hours, so you *could* stay for the whole time. There's no rush to come back, but no obligation for hot drinks after. My stomach churned, chronic illness and anxiety flaring. I'm dressed already, just go do it. Everyone was nice last time. It was busy last time, but I don't know who will be there today. I don't know what to talk about. I'm not sure.”

The session was fun, and we had objects to explore again. This has been a helpful and accessible way to open a conversation. This week, we had emotion cards, and people shared them with the group. I loved that people helped others to read the cards and generally looked after one another without judgment and with love.



Text from my chosen card at an LGBTQIAP recovery session

During medieval times, it was thought that courage could be cultivated by shaping one's life according to four cardinal virtues: prudence, justice, temperance and fortitude. Fortitude described a steadfastness, an ability to take responsibility for one's actions. According to Thomas Aquinas, courage was not just an ability to 'stand immovable in the midst of dangers' without succumbing to the desire to attack, but also the patience to endure pain with equanimity, to have a 'strength of hope' and a feeling of 'magnificence'-treating all our endeavours with sincerity and importance.

Today's talk of courage is indebted to this flexible, inclusive medieval concept. When we admire the bravery of individuals, it is not only because they are willing to put themselves in harm's way, but also because they risk social exclusion. The brave speak out against injustice or stand up for their beliefs when threatened by oppression. But perhaps it's the emphasis on **psychological fortitude, the ability to confront one's demons or flourish despite the scars of trauma**, which most recalls the medieval way of thinking about courage.

I plan to drop into these sessions for as long as they are happy to have me.

# Summary and Recommendations

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## Knowledge

Participants in previous research (Munday et al., 2025; Papadopoulos et al., 2025) shared that professionals in substance use services often lacked knowledge about autistic people and their social, emotional, and sensory needs. Professionals must improve their understanding and approach to supporting autistic clients by participating in regular neurodiversity training. Training created by autistic individuals has proven to be more effective in enhancing awareness of autism and reducing stigma compared to training that incorporates first-person accounts. The key outcomes of such training should include:

- Breaking down stereotypes, understanding sensory profiles, and supporting communication needs,
- Understanding the differences autistic people might experience during use and recovery compared with non-autistic people,
- The importance of service user involvement.

Importantly, this training is a *starting point* for awareness and understanding and follows the principles of personalised care and a person-centred approach. Professionals should be encouraged to engage in other workshops and webinars by autistic people, especially those with substance use experience (Munday et al., 2025).

## Environment

The website and The Recovery Hub were accessible, warm and inviting. Below are specific recommendations (and some general ones) to help sustain a good environment:

- Ensure walkways are kept clear of bikes and other objects.
- Be mindful of the volume and choice of radio station.
- Continue to provide quieter spaces and more natural lighting.
- Closed captions/subtitles on websites should be checked for mistakes and run throughout all videos.
- Offer video-conferencing sessions.
- Provide options for one-to-one, small-group sessions, and autistic-specific groups.
- Allow clients to move around and bring objects for comfort and to aid concentration.
- Check understanding throughout sessions.
- Continue to use plainer language resources, especially for onboarding paperwork.
- Send reminders to clients ahead of time through different mediums so that they can choose what works best for them (this may include letters, text messages, or telephone reminders).
- Offer sensory and communication accommodations to clients from the beginning of their treatment.

## Practice

The practice I observed in the Recovery Hub and at the LGBTQIAP sessions is very good, and it is helpful that so many recovery workers have lived experience of substance use and 'get it'. Establishing and

sustaining relationships in sobriety can be daunting for some autistic individuals, particularly if their relationships contributed to their initial substance use. Fostering strong, trusting relationships with autistic clients is crucial, as these connections may be their only support. Below are some recommendations and resources with this relationship in mind:

- Clearly communicate expectations regarding appointments and procedures – who will be present, what will take place, and anything the client should bring along. This information should be conveyed in their preferred method.
- Encourage clients to share how you can best accommodate their needs.

### Neuro-affirming practice

- a commitment to continued learning about autism,
- providing safety to be one's Autistic self,
- finding a way to communicate,
- authenticity and humility in practice,
- validation of Autistic experiences,
- Autistic informed person-centered support,
- genuine acceptance and appreciation of autism.

Based on Flower and colleagues, 2025

- Provide clients with ample time to process information and allow them to respond to any questions.
- When a client brings a support person, ensure that all information and communication is directed towards the client. The support person may step in if the client feels overwhelmed or requests clarification on their behalf.
- Continue to reflect on your privilege and biases – this is an ongoing process that may require significant unlearning.
- Follow the neuro-affirming practice framework from Flower and colleagues (2025).

### Quick takeaways

If in doubt, follow these five simple recommendations to help improve your autistic client's experience:

1. Accessibility information needs to be at the beginning of a form in case the form itself is inaccessible without this information.
2. Communication is everything – be clear, concise and check understanding.
3. Presume competence.
4. Create and maintain quieter and calmer spaces.
5. Keep learning from autistic people with lived experience.

## Conclusion

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This project examined the accessibility and appropriateness of substance-use services for autistic clients within Portsmouth City Council (PCC), with specific attention to professional knowledge, environmental accessibility, and neuro-affirming practice. The findings of this research, combined with previous literature and lived-experience insights, demonstrate that while aspects of current provision are supportive, there is still room for improvement.

The examination of environments within PCC, through the SPACE framework (Doherty et al., 2023), highlights the importance of sensory-safe, predictable, and affirming spaces. Both the Society of St James website and the Recovery Hub demonstrated strengths in navigability, warmth, and inclusivity. Features such as captioned videos, clear language, varied communication options, and holistic support pathways reflected thoughtful consideration of client needs. The recommendations provided in this report emphasise that maintaining sensory-considerate spaces, offering multiple modes of engagement, and providing clear and consistent communication are essential for neuro-affirming substance use care.

Practice observations indicate that relationship-building plays a central role in supporting autistic individuals, particularly when trauma histories or previous experiences of misunderstanding shape their interactions with services (Gray-Hammond, 2023). The LGBTQIAP recovery group provided an example of relationally grounded, empathic practice where clients could participate authentically and without judgment. Such spaces demonstrate the value of integrating intersectional understanding—including the overlap between LGBTQIAP and autistic identities—into recovery work. Additionally, the reflections underline the need for predictable routines, transparent expectations, and sufficient processing time to ensure that autistic clients can participate meaningfully and safely.

Overall, this project demonstrates that accessible and neuro-affirming substance-use care is essential and *achievable*. Through continued commitment to learning, environmental adaptation, and autistic-informed practice, Portsmouth City Council, the Society of St. James, and other services can meaningfully enhance support for autistic clients. Ultimately, improving accessibility is not a one-time intervention but an ongoing process grounded in humility, curiosity, and collaboration with autistic communities.

## Thank you

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This project was funded by the South Coast Doctoral Training Partnership and supported by Portsmouth City Council, Public Health, Health Determinants Research Collaborations Portsmouth, and the Society of St. James.

I want to thank Gail Mann, Research Development Lead, for your supervision over this project. I have found our conversations thought-provoking, motivating and uplifting. I appreciate you sharing your time, knowledge and experience with me.

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I extend my gratitude to Rob Anderson-Weaver, Public Health Officer. Your insight into starting and changing conversations is motivating and something I shall continue to work on in all aspects of my life. And to Hannah Byrne, Public Health Principal, your work is so very important, and your openness towards me as a queer person tells me I'll be fine when I go back into the job market.

This project could not exist without the amazing Research in Practice team at South Coast Doctoral Training Partnership. Thank you, Professor Ajit Nayak, Professor Sarah Neal, and Catherine Fitch, for your help organising this placement and support throughout.

Thank you.

Katie Munday



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