Masterclass

Autism, Alcohol and Recovery

Understanding the Connection

Clean Slate CLINIC

Speakers:



Dr David McLaughlan
Psychiatrist & Clinical Director
Clean Slate Clinic UK



Dr Alison Lennox
Consultant Neurodevelopmental Psychiatrist

We respectfully acknowledge Australia's First Nations People as the traditional owners of the lands we meet on, and pay respect to their enduring connections to Country through songs, stories, spirituality and ongoing cultural practices.



How this hour works

- Education, not diagnosis or personal advice
- Polls are anonymous
- Use the Q&A for any questions – you can ask anonymously



Poll 1 — anonymous

What brought you here tonight?

A. I'm autistic, or I think I might be

B. I'm supporting someone who is autistic

C. I've noticed I drink to cope with social situations or overwhelm

D. I'm curious about the connection

01.

What Autism Can Look Like in Adulthood

Masking, sensory differences, routines and burnout

Four common experiences

Masking

Hiding or camouflaging autistic traits to fit in - copying others, scripting conversations, forcing eye contact. Effective, but exhausting.

Sensory sensitivity

Noise, light, crowds, textures or smells can feel far more intense - and build up across a day until it becomes overwhelming.

Routines and predictability

Sameness and knowing what's coming can feel regulating. Sudden change or uncertainty can cause real distress.

Autistic burnout

Deep, long-lasting exhaustion after years of coping with demands that don't fit - often mistaken for depression.

Why autism is often recognised late

Masking hides it	Many autistic adults - especially women and people who learned to mask early - have spent years appearing to cope, so others (and they) don't see it.
Outdated stereotypes	Autism was long pictured as a young boy with obvious difficulties. People who didn't fit that picture were often missed.
Other labels came first	Anxiety, depression or alcohol problems are often recognised first - the autism underneath can take years longer to see.

Masking: the hidden cost

What it is	Constantly monitoring and adjusting yourself - your face, voice, words and movements - to come across as 'expected'.
What it costs	Masking uses huge amounts of energy. Many people need long recovery time after work, social events or family gatherings.
Why it matters tonight	When you're depleted from masking, anything that quickly switches you off - including alcohol - can start to feel essential.

02.

Why Alcohol Can Become a Coping Strategy

Social discomfort · Overwhelm · Sleep · Anxiety · Feeling different

Poll 2 — myth or fact? Answers

“Autistic people rarely have problems with alcohol.”

MYTH — research suggests autistic adults who use alcohol or drugs are more likely to do so to manage anxiety, sensory overload and social demands.

“Drinking to cope is a sign of weak willpower.”

MYTH — it's often an understandable answer to a real problem. Recovery means meeting the same need another way.

“Many autistic adults are first seen by services for something else.”

FACT — anxiety, depression or drinking are often noticed long before autism is recognised.

Why alcohol can feel like the answer



1 · It works fast

Alcohol quickly dulls anxiety and sensory input - a shortcut through an overwhelming room.



2 · It lowers the effort

Conversation can feel easier and masking less effortful - for a while.



3 · It helps you fit in

Drinking is woven into socialising. A drink in hand can feel like a way to belong when you often feel different.

The quick fix and the cost

	Social situations	Overwhelm and anxiety	Sleep
What it can feel like	Draining, unpredictable, hard to read	Too much noise, light, change or worry at once	A busy mind that won't switch off
What alcohol seems to do	Eases conversation and quiets self-monitoring	Turns the volume down, fast	Helps you drift off
What it can cost later	A harder next day, and more anxiety next time	Anxiety and sensitivity rebound as it wears off	Broken, poorer-quality sleep and more tiredness
Another way to meet the need	Planned exits, scripts, smaller or shorter events	Sensory tools, quiet spaces, decompression time	Predictable wind-down routines; sleep support from your team

Alcohol often does meet a real need - which is why recovery works best when the need itself is met another way, not just taken away.

How the loop and the routine build

1. A day of masking, noise and demands builds up.
2. Exhaustion or overwhelm hits - and alcohol switches it off quickly, often at the same time and place.
3. Sleep, mood and anxiety worsen as it wears off, so recovery takes longer.
4. Drinking becomes a ritual that helps regulate the day - so the pull grows and the pattern gets harder to change.

Breaking the loop isn't about willpower. It's about reducing the load and building new routines that regulate you.

Routine, safety and change

Why routines matter	Sameness and rhythm help many autistic people regulate. Familiar routines can feel like safety - which makes big changes hard.
When drinking becomes a ritual	Same time, same place, same seat, the same 'safe' drink or glass. The pattern gets more fixed - and is often private, so no one notices.
The strength in it	Many autistic people are very good at making and keeping new rules. Once recovery is the goal, that commitment is a real strength.

03.

Making Recovery Neurodivergence-Friendly

Building a plan that works with your needs, not against them

Recognising your triggers

Sensory	Loud venues, bright lights, crowded transport - and the build-up across a long day.
Social	Small talk, group settings, being 'on' at work or family events, unexpected invitations.
Change and uncertainty	Plans changing, new places, not knowing what's expected or how long something will last.
Exhaustion and burnout	Running on empty after masking. Overwhelm can be a meltdown or a quiet shutdown - the quiet kind is easy to miss.

Tip: notice when the urge to drink shows up - patterns are often clearer written down than in the moment

Alternative coping strategies

Regulate your senses	Noise-cancelling headphones, sunglasses, quiet spaces, fidgets or stimming - meet sensory needs directly.
Build in decompression	Schedule recovery time after work or social events - before you're depleted, not after.
Make it predictable	Plan ahead: who'll be there, how long you'll stay, what you'll drink instead and how you'll leave.
Lean on what you love	Special interests, routines and time alone can be powerful ways to recover - not distractions to apologise for.

Adapting treatment and peer support

In one-to-one care	Adjustments offered at booking; clear, direct language; agendas in advance; written summaries; time to think.
In groups and peer support	Smaller groups, online or camera-off options, knowing the format in advance - and the choice to listen without speaking.
With your care team	Share what helps and what doesn't. Adjustments are part of good care - not a special favour. If 'How are you feeling?' is hard to answer, agree other ways to check in - like changes in routine, or a code word.

"Recovery doesn't have to look the way it does for everyone else. It has to work for you."

Four things we can offer you

1. Information in writing, and a summary after appointments
2. The format, timing and who you'll see - shared in advance
3. Joining online, with your camera off, or just listening
4. A plan that includes your sensory and rest needs - not just your drinking goals

04.

Your Questions and Take-Home Messages

General education - not individual diagnosis or medical advice

If you remember five things

1. **Autism in adulthood can look like masking, sensory sensitivity, a need for predictability and burnout - and is often recognised late.**
2. Alcohol can become a coping strategy because it works quickly - for social discomfort, overwhelm, sleep and anxiety.
3. Drinking to cope is not a willpower problem. The need behind it is real and deserves a better answer.
4. Know your triggers and replace the job alcohol was doing - calming you when overstimulated, or lifting you when understimulated.
5. Adjustments are part of good care. Your routines and focus can be strengths - recovery works best built around how you work.

Q&A

Ask anonymously - nothing is too basic. This is general education, so we can't offer individual diagnosis or medical advice.

“How do I know if I might be autistic - and is it worth getting assessed as an adult?”

“My friends all drink. How do I socialise without it when socialising is already hard?”

“Do I have to tell my care team or group that I'm autistic?”

Further reading

- Weir, E., Allison, C. & Baron-Cohen, S. (2021). Understanding the substance use of autistic adolescents and adults: a mixed-methods approach. The Lancet Psychiatry, 8(8), 673–685.
- NICE (2012, updated 2021). Autism spectrum disorder in adults: diagnosis and management (CG142).
- Royal College of Psychiatrists (2024). Autism and mental health - information resource. rcpsych.ac.uk
- National Autistic Society (UK). Adapting alcohol support services for autistic people. autism.org.uk
- Reframing Autism (AU). Autistic-led information and community. reframingautism.org.au
- Your Clean Slate care team, your GP, or your local autism service - for support and assessment pathways.

Thank you

The recording and resources from tonight will land in your inbox within 48 hours.

Wondering about autism for yourself? Your GP is a good first step towards an adult assessment.

Contact Dr Alison Lennox: info@dralisonlennox.com · www.dralisonlennox.com

If you're struggling right now: your Clean Slate care team · your GP · National AOD Hotline 1800 250 015 (AU) · Lifeline 13 11 14 (AU) · Drinkline 0300 123 1110 (UK) · Samaritans 116 123 (UK).