



Mental Health Nursing: Substance-Related Disorders

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History of Psychoactive Substances

- Used by people in almost all cultures since prehistoric times
- Produce effects in the brain, and altered states of consciousness
- Used by many as enhancers of individual and social functioning
- Sometimes used to relieve depression, fear, anxiety, fatigue, or boredom
- Can be used in various religious ceremonies

Alcohol and Drug Use

- Excessive use contributes to profound individual and social problems
- Any drug that produces pleasurable brain changes has potential for abuse
- Legal drugs like alcohol and prescription drugs can be abused
- Illegal drugs, like heroin, cocaine, marijuana have high potential for abuse and addiction
- Even household products, like inhalants, can be abused

Consequences

- Accidents
- Violence
- Self-neglect
- Fetal abnormalities
- Fetal substance dependence
- Infection with blood-borne pathogens
 - Hepatitis
 - AIDS (Acquired Immune Deficiency Syndrome)



Definition of Terms

- Substance abuse- continued use despite problems related to use of drugs or alcohol
- Substance dependence- severe condition or disease with physical problems and serious disruptions in work, family, and social life



Definitions (continued)

- Addiction- dependence
- Withdrawal symptoms- effects resulting from biological need
 - Develop when body adapts to drug
- Tolerance- with continued use, more of the substance is needed to produce the same effect

Patients with chronic pain may have physical dependence, but not psychological dependence-
They are not considered addicted

Attitudes

- Impacted by social and cultural norms
- Laws becoming tougher for driving while intoxicated (DWI) offenses
- Nurses see substance abusers at their worst, not when they are recovering
- Pts may try to hide substance abuse history, risking drug interactions, missed dx
- Substance abuse is a chronic, relapsing, disabling health condition with genetic and societal implications
- Nurses should attend open meetings of self-help groups to meet recovering alcoholics and addicts

Prevalence of Substance Abuse

- United States has one of the highest levels of substance abuse in the world
- Involved in many medical illnesses, hospitalizations, emergency room visits, and deaths
- Increases motor vehicle accidents, suicide, sexual assault, and high risk sexual behaviors
- Teenagers tend to progress from nicotine to alcohol to marijuana and then to more dangerous drugs

Screening For Substance Abuse

- **CAGE** Questionnaire
 - *Have you ever felt you ought to **C**ut down on your drinking?*
 - *Have people **A**nnoyed you by criticizing your drinking?*
 - *Have you ever felt bad or **G**uilty about your drinking?*
 - *Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye-opener)?*
- Scoring Two “yes” answers indicates probable alcohol abuse and warrants further assessment

Other Screening Tools

- B-DAST- (Brief Drug Abuse Screening Test) scores can suggest drug abuse or addiction
- Breathalyzer – biological measure of blood alcohol content
- If high level without symptoms, it indicates tolerance, and is usually a sign of physical dependence
- Blood and urine screening tests for drug content- very useful for treating drug overdoses or complications in medical settings

Types of Substance Abuse

■ CNS Depressants


- Alcohol
- Barbiturates
- Benzodiazepines

■ Stimulants

- Amphetamines
- Cocaine

■ Opiates

- Heroin
- Meperidine
- Morphine
- Codeine
- Methadone

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- Marijuana (cannabis)
 - Hallucinogens (LSD, Ecstasy)
 - Phencyclidine (PCP)
 - Inhalants- butane (lighter fluid), gas, air fresheners, rubber cement, correction fluid, nitrous oxide (whippets)
 - Nicotine (cigarettes, cigars, snuff, etc)
 - Caffeine



Continuum of Chemically Mediated Coping Responses

■ Adaptive responses

“Natural high” from endorphins, Physical activity, Medication

↔ Occasional use of tobacco, alcohol, prescription drugs ↔

■ Maladaptive responses

↔ Frequent use of tobacco, alcohol, prescription drugs, Use of illicit drugs

↔ Dependence on tobacco and alcohol, Abuse or dependence on illicit drugs



Dual Diagnosis



- Many pts have a substance use disorder along with psychiatric disorder
 - Substance use to “self-medicate” symptoms of psychiatric disorder?
 - Substances may counter the side effects of prescribed medications?
 - Substance use may cause the psychiatric disorder?
 - Genetic predisposition to both?
 - No relationship between substance use and psychiatric disorder?



Co-Dependency

- People who had become dysfunctional as a result of living in a committed relationship with an alcoholic

“An alcoholic was addicted to the bottle, and the co-dependent was addicted to the alcoholic.”



Major Aspects of Co-Dependency

- Overinvolvement with dysfunctional person
- Obsessive attempts to control the dysfunctional person's behavior
- A strong need for approval from others
- Constantly making personal sacrifices to help the dysfunctional person become "cured" of problem behavior
- Enabling behavior, which inadvertently reinforces the drinking of the alcoholic person

Self-Help Resources



- Al-Anon to help family members of alcoholics cope with their own problems that stem from living with an alcoholic
- ACOA (Adult children of alcoholics) are believed to share characteristics of alcoholic
 - There are lasting effects of growing up in an alcoholic home
 - Growing up with an alcoholic parent is chaotic- promotes low self-esteem



Alcoholics Anonymous

- Co-dependency programs are based on model similar to AA
 - Well-known 12 Step recovery program for alcoholics all over the country
 - Composed entirely of alcoholics who have a desire to stop drinking
 - Mutual support can give the alcoholic strength to abstain
 - Includes strong spiritual orientation

Predisposing Factors



- Biological- tends to run in families
 - Cultural differences - Asian people have symptoms of flushing, tachycardia, and intense discomfort from alcohol use
- Psychological Theories
 - Fixation at oral developmental stage
 - Cognitive- Distorted way of thinking
 - Behavioral- Overlearned, maladaptive habits
 - Family systems- disturbed family relationships
 - Pleasure-seeking to avoid pain or stress



Socio-Cultural Factors



- Attitudes, values, norms, and sanctions
 - Can be based on nationality, gender, family background, social environment
 - Alcoholism in females is less accepted by society, but has increased in past decade
 - Promotes hidden abuse problems
 - Prescription drug abuse more socially acceptable for women than men
- Formal religious beliefs
- Multiple social problems, like inadequate housing, poverty, poor health care access or education can influence drug use



Precipitating Stressors



- Withdrawal symptoms and cravings promote continued drug use
- Neurobiology- changes in brain chemistry and nerve cells are powerful factors in drug relapse
- Psychological problems related to adverse childhood experiences promote drug dependence
 - Childhood physical or sexual abuse
 - Low self-esteem and difficulty expressing emotions



Alleviating Factors



- Coping resources include intrapersonal, interpersonal, social factors, and material assets:
 - Problem-solving ability and motivation to change
 - Intellectual traits and personality traits that contribute to positive change
 - Social supports
 - Health
 - Social Skills
 - Economic assets to support recovery

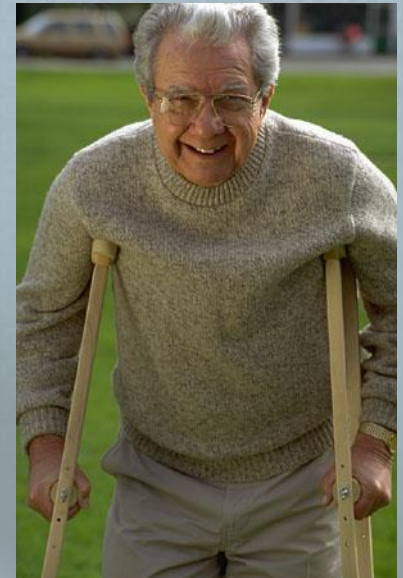


Coping Mechanisms

- Attempting to make the substance abuse a non-problem: "It's just the thing to do," or "I didn't want that job, anyway"
- **Minimization**- "I only had a couple of beers" or "We don't fight about it too much"
- **Denial**- "I don't have a problem. I can quit anytime I want"
- **Projection**- "Tom's the one who can't deal with his family or hold his liquor"
- **Rationalization**- "If you had the problems I have, you'd drink, too"

Assessment

- Initial assessment may not sort out all the facts from the distortions caused by the coping mechanisms
- Assessment is ongoing process
 - Use information from collateral sources
 - Continue observation of behavior over time



Medical Diagnosis



- Alcohol abuse, dependence, intoxication, or withdrawal
- Amphetamine (or related substance) abuse, dependence, intoxication, or withdrawal
- Caffeine intoxication
- Cannabis abuse, dependence, or intoxication
- Cocaine abuse, dependence, intoxication, or withdrawal
- Hallucinogen abuse, dependence, intoxication or persisting perception disorder (flashbacks)



Medical Diagnosis (continued)

- Inhalant abuse, dependence, or intoxication
- Nicotine dependence, or withdrawal
- Opioid abuse, dependence, intoxication, or withdrawal
- Phencyclidine (or related substance) abuse, dependence, or intoxication
- Sedative, hypnotic, or anxiolytic abuse, dependence, intoxication, or withdrawal
- Polysubstance abuse



Examples: Nursing Diagnosis

- Disturbed sensory perception r/t hallucination e/b visual hallucination of snakes in the bed
- Acute confusion r/t alcohol withdrawal e/b disorientation to time, person, and place
- Ineffective coping r/t cocaine abuse of mo. duration e/b loss of job and lack of personal growth
- Dysfunctional family processes related to alcoholism e/b marital conflict and avoidance of the family and home by the children

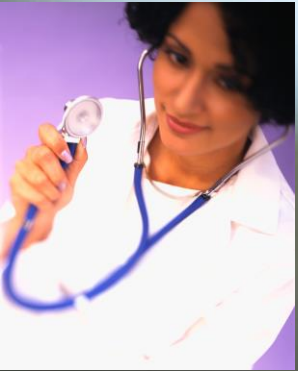
Nursing Care



- Provide for safe withdrawal from drug
 - Withdrawal from alcohol, benzodiazepines, or barbiturates can be life-threatening
- Develop ways to maintain abstinence
- Mobilize support systems, including family, friends, and self-help groups whenever possible
- Health education to prevent substance abuse in community



Interventions



- See separate PowerPoint presentation on Withdrawal and Detoxification interventions
- Monitor self-awareness
- Protect the patient
- Biological, psychological, and social interventions
- Facilitate drug testing
- Intervene with impaired colleagues

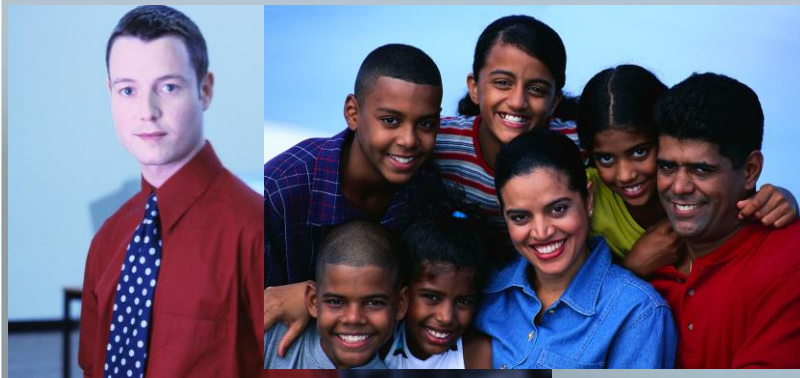


Cognitive-Behavioral Strategies

- Self-control strategies
 - Goal setting, self-monitoring, and learning coping skills
- Social skills training- including assertiveness and drink refusal
- Contingency management (behavioral approach) with rewards given for adaptive behavior like “clean urine”
- Behavioral contracting by written agreements specifying targeted behavior and consequences



Effects of Substance Abuse



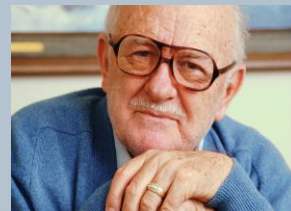
- Substance abuse affects relationships at any age



- Leads to failure to meet role obligations at home, at work, at school, or recreational activities



- Creates hazardous situations and legal problems



Evaluation



- Patient Outcome/Goal
 - Pt will overcome withdrawal safely and with minimum discomfort
 - Abstinence from all mood-altering chemicals
 - Improved psychological and social functioning
 - Reduced frequency and severity of relapse
- Nursing Evaluation
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?

References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby