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Addiction Nursing

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Abstract

The problem of addiction and abuse of psychoactive substances is one of the biggest problems of today's contemporary world, the consequences of which are reflected on the individual, the family and the whole society. The harmful effects of drugs and other opiates have consequences for the entire person but also on its environment. Great efforts are being made in the world by various experts and large financial means to suppress all forms of addiction. In spite of this, have not yet been achieved satisfactory results who could talk about reduction of any kind of addiction and abuse of addictive substances. Young people have their reasons for getting into the world of drugs and other opiates. It often happens that because of their own mental and psychological problems they are ofte not even aware of themselves, they enter in a world where nothing good will happen to them.

Keywords: Addict; Patient; Nurse

Abbreviations: SUDs: Substance Use Disorders

Introduction

Nurses and other health care professionals form a core component of many health care systems so their roles in responding to the challenges set by the increase in the use of psychoactive substance use are crucial [1]. Nurses in both primary health care and residential settings are usually the first point of contact with many who misuse alcohol and drugs. Nurses are often reluctant to work with alcohol and drug misusers, mainly because of anxieties concerning role adequacy, legitimacy and lack of support.

Alcohol and drug misusers must be able to trust nurses with their health and wellbeing. The Code also states that 'as a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions' and that 'you must always act lawfully, whether those laws relate to your professional practice or personal life'. Those with early substance use problems, chronic problem drinkers and drug users have the same rights vis - à - vis other patients in receiving appropriate health care from the National Health Service (NHS). Every member of the health care profession has an important role to play in responding to substance misuse problems.

The etiology of addiction is not entirely clear, but what is known is that it is a complex process [2]. Predisposing factors include physical characteristics such as genetic predisposition, personality, and socio-economic class. Psychological factors contributing to addiction include propensity toward anxiety, depression or impulsiveness, and, in particular, emotional distress where relief of symptoms is brought about by drugs. Cultural and social settings, such as peer or group pressure, social alienation, environmental stress and mass media, are also important factors to consider when developing an understanding of addictive problems in adolescents.

Although definitions vary, prevalence of substance use in adolescence has been thoroughly reported for several countries. In general, the vast majority (~80–90%) of

adolescents in France and the United States have reported consumption of alcohol by the end of high school. Theprevalence rates of addictions, in general, are quite varied. For example, in Canada, the prevalence of adolescent gambling behavior was found to be widespread. Over 80 percent of high-school students reported having gambled in the previous year, and 35.1 percent within the previous month; however, the rate of pathological gambling was determined to be 4.5 percent as measured with the DSM-IV. In the United States, alcohol is the most popular substance used by adolescents–25 percent of 13-year-old adolescents reported using alcohol in the previous 30 days. It is important too that, in addition to definitional and methodological problems in the reporting of prevalence rates, it is unclear how many of these figures represent diverse groups of adolescents around the world.

Misusers

Given the extent and nature of the normalisation of psychoactive substances in society, only a minority of drug and alcohol misusers is likely to come into contact with specialist drug and alcohol agencies [1]. Most of them will invariably have first contact with primary care services, medical and psychiatric services, social services and voluntary agencies, and the criminal justice system. The need for the management and treatment of substance misuse problems is no longer confined to the specialist services. Nurses, in different specialities and settings, are also likely to come into contact with alcohol and drug misusers.

An early intervention in the lifestyle and behaviour of substance misusers helps to limit the associated health, social and familial harms. Early intervention strategies from health and social care professionals can have a dramatic impact on preventing substance misuse becoming a long- term problem. The management of those with established substance use problems and those at an early stage of use is not the sole responsibility of specialist workers and addiction specialists. An active involvement of the different cadres of health workers in managing problems of substance misuse is necessary because of the sharp increase, in recent times, in the number of users of psychoactive substances with abuse potential.

Facts

Addictions can be divided into substance use disorders (SUDs) and behavioral addictions [3]. The primary care provider is in a pivotal role to inquire, provide information, and make appropriate referrals for problematic behaviors. All agents in the SUD category carry the pharmacologic properties of tolerance, habituation, and physical dependence. The legal substances that fall into this category include caffeine, tobacco,and alcohol; illicit substances include marijuana, cocaine, opioids, hallucinogens, inhalants, and stimulants.The behavioral addictions can include gambling, hypersexuality, shopping, compulsive overeating and Internet use, including computer gaming. The science of addictions has grown over the last 10 years and seemingly the neurophysiologic basis is shared among all addictive behaviors. These disorders are considered chronic and relapsing, despite significant negative consequences the dependent behaviors continue. It is now recognized that dopamine is vital in this process, and thus pharmacologic agents have been introduced to target certain areas of the brain.Targeted treatments for tobacco,alcohol,and opioids are now available.

The concept of substance dependence has taken on many meanings, although two concepts have been used over time to define aspects of dependence: behavioral and physical. A basic understanding of several terms is essential. Use is defined as sporadic or intermittent utilization of alcohol or drugs with no adverse consequences. Abuse is defined as utilization of drugs or alcohol that the user has experienced some type of adverse consequence. Substance dependence may be with or without physiologic dependence. Physical dependence refers to the physiologic effects of withdrawal from rapid dose reduction, abrupt cessation of the drug,or administration of an antagonist. Psychological or behavioral dependence emphasizes pathological use patterns and substance-seeking activities; it is a subjective need for the substance. Addiction is a chronic illness and is characterized by craving, inability to control use, compulsive use, and use despite significant consequences.

Our understanding of addiction is based on a lay foundation as much as on our scientific understanding of addiction, which is relatively new [1]. Our understanding of alcohol and drug addiction is embedded in belief systems and attitudes. We have developed a number of myths about addiction and these have been made legitimate. We will need to dispel some of the most popular myths as evidence suggests that they are false. The myths have a significant influence in our understanding of addiction and our interaction with alcohol and drug users and misusers. Many factors impact on nurses and other health care professionals' willingness to intervene with individuals who use drugs and alcohol. These factors include knowledge, training, organisational structure and policies, and previous

positive or negative experiences. Interactions with alcohol and drug users and misusers are also tied up with our myths, attitudes and confidence.

An attitude is the way we feel, think or behave towards an individual or thing. For example, nurses can have a positive or negative attitude towards working with alcohol and drug misusers. That is, they may be reluctant to work with substance misusers because they perceive alcohol and drug misusers as unpleasant and over - demanding. Attitudes are influenced by a variety of factors, including past experiences (positive and negative), knowledge, education, context of the situation, and cultural and religious factors. Changing an attitude is a complex problem as an individual ' s attitudes may be closely tied to their personal values, belief system or important aspects of their self-identity. Attitudes towards substance misusers represent one factor within this wider set that may impact on health professionals' responses. In this context, attitudes towards alcohol and drug misusers can be broadly categorised as professional or personal views. Professional attitudes refer to beliefs concerning professional practice such as role legitimacy (e.g. is it appropriate for me to respond to alcohol use within my professional role?), confidence (perceived level of skills and abilities) and perceived efficacy of available treatments and interventions. Personal attitudes refer to feelings and beliefs that stem from the stigmatised nature of drug use, for example blame and anger.

Alcohol and drug misuse remains a global health problem despite efforts in the legislative control, prevention, intervention strategies, treatment and rehabilitation [1]. We are all addicted to something whether it is alcohol or drugs, chocolate, texting on mobile phones, jogging or watching soap operas on TV. Most of us have some compulsive behaviour patterns, but most of the time these do not cause us any physical or psychological harm or both. The danger arises when we use a substance or thing in an uncontrolled, compulsive way despite the physical, psychological or social harm it causes. In most societies, many individuals will consume alcoholic beverages and others will use illicit psychoactive substances. Individuals have learned that using psychoactive substances makes them feel good. However, the consumption of alcohol or drugs may result in the development of dependence and addiction for a sizeable minority. The nature and extent of the problem will depend upon the individual, the type of psychoactive active substance(s) and the environment. The public health problem related to alcohol and drug misuse is not confi ned to illicit drugs but to prescriptions of painkillers and a new class of ' happy and magic pills' that doctors are prescribing.

Addiction and Genetics

The genetics of cognitive abilities, mental functioning, social attitudes, psychological interests, psychiatric disorders, learning disorders, behavior, addiction, mood, and personality traits have long been of interest to geneticists [4]. This interest has been complicated by the complexity of brain function as well as the social, ethical, legal, and political implications of research in this area. Also complicating study is the tendency for such conditions to be too broadly defined, thus perhaps diluting the possible gene associations. For example, it is more fruitful to look for a specific type of genetic variation connected with a more narrowly defined communication disorder such as expressive, mixed, phonologic, and so on rather than the broadly used term. The contribution of genetic factors to the major types of mental illnesses such as schizophrenia and the mood or affective disorders (including major depressive disorders and bipolar disease) have been investigated.

The observations that disorders affecting mental health and behaviors tend to run in families is claimed as support for all of these theories. Biological families tend to share their genes, their cultural heritage, and their living environment, which includes similar exposure to pathogens, diet, stressors, toxins, dynamic family interactions, patterns of behavior, and other parameters. There has been increasing support for investigation into the contribution of genetic factors in mental illness and behavior. For example, a major workshop on schizophrenia recommended that major efforts be concentrated on looking for predisposing genes. Disorders known to be due to a single gene error (e.g., Lesch-Nyhan syndrome), uniparental disomy (e.g., Prader-Willi syndrome), or a chromosomal variation (e.g., Klinefelter syndrome) can have effects manifested in terms of behavior. There has been increasing recognition of patterns of behavior that accompany some genetic disorders, and the termbehavioral phenotype has been applied to these. These can provide genetic leads to areas for further exploration of chromosome and gene areas that may be responsible for certain behaviors. Many of the genetic disorders can be modified by their external environment, so that behavioral effects may or may not be apparent (e.g., phenylketonuria when phenylalanine is restricted). In multifactorial disorders, a model for the interaction of genes and environment is already present. It is realistic to expect that genetic factors are at least in part responsible for the etiology of the major psychoses, with the question being to what extent. It is also likely that in some relatively rare families, the abnormal phenotype such as schizophrenia may be determined by a single gene error, whereas in others, a different gene may

confer a susceptibility that depends on certain environmental conditions or triggers or another gene variation for expression.

Detoxication

Patients who are to be detoxified will require a thorough medical examination usually with routine blood tests [5]. These patients are at high risk of an underlying medical problem related either to specific drug-related harm, e.g., intravenous users at risk of abscesses, endocarditis, etc., or related to lifestyle, such as malnutrition or tuberculosis. An assessment of mental state is important and this should be monitored during detoxification. Patients may present, for example, with confusion or lowering of mood with suicidal ideation. These symptoms usually do not require anything beyond symptomatic relief and resolve as withdrawal progresses; however, the appropriate level of nursing care and support must be assessed.

Other therapies play an important role in detoxification and can minimize the need for medication. Relaxation training has been said to be a useful way to reduce stress particularly in benzodiazepine withdrawal, and complementary therapies such as massage have also been used to reduce discomfort. Controlled studies of their efficacy are awaited. Competent nursing care is also important. The patient's condition should be assessed accurately, and it has been shown that this can in itself reduce withdrawal symptom scores. Reassurance and attention to nutrition and sleeping patterns also play their part. Any medication prescribed will either substitute for the drug that has been withdrawn or treat the symptoms of the withdrawal syndrome. Consideration must be given to the dosage and the length of time of prescribing.

Nurse

Smoking is the leading cause of preventable illness and premature death in the United States, causing approximately 480,000 deaths annually [6]. Of these deaths, 201,773 are among women, including deaths from secondhand smoke. An estimated 40 million americans smoke, and it has been estimated that of this number, approximately 70% want to quit. Approximately 40% of this number have tried to quit smoking in the previous 12 months. Quitting involves the process of fighting both the physical and psychological dependence of smoking. it is believed that nicotine is as addictive as cocaine, opiates, amphetamines, and alcohol. tobacco use disorder (previously nicotine dependence) is not limited to smoking cigarettes, but is also associated with cigars; smokeless tobacco such as loose-leaf pouches, plugs, twists, or snuff; and chewing tobacco. tobacco use disorder is classified as a substance use disorder in the Diagnostic and Statistical Manual of Mental Disorders.

In relation to substance misuse, nurses must assume a multitude of roles that focus on the provision of effective care, prevention and education [1]. Such roles have been discussed in a document from the World Health Organization/ International Council of Nurses (WHO/ICN 1991) and are: provider of care, counsellor/therapist, educator/resource, advocate, health promoter, researcher, supervisor/leader and consultant.

Nurses are uniquely positioned to enhance prevention and intervention strategies. For example, nurses have the opportunity and competence to assess smoking status, advise on the ill health effects of smoking, and assist in smoking cessation. The International Council of Nurses urges nurses around the world to be in the forefront of tobacco control. Nurses should develop partnerships with a broad range of other professional groups, women's and youth associations, the media, schools, government, and others committed to the prevention of substance misuse and reducing the harm resulting from the consequences of alcohol and drug misuse.

Patients who misuse psychoactive substances may be admitted to a variety of hospital- based settings and their health problems may or may not be related to alcohol and drug misuse. Patients attending hospital with alcohol-related problems fall into two broad categories: (i) those with a less severe drinking problem who may be amenable to brief interventions; and (ii) patients with features of alcohol dependence, requiring detoxifi cation and ongoing treatment.

It is reported that up to 30% of male admissions and 15% of female admissions to general surgical and medical wards have alcohol- related problems. One in six people attending accident and emergency (A & E) departments for treatment have alcohol-related injuries or problems, rising to eight out of ten at peak times, and one in seven acute hospital admissions are misusing alcohol. For many drug misusers, A& E departments may be the first or only point of contact with health services, most often because of accidental overdoses and other crises.

Community mental health nurses are exposed to a wide range of clients with varying degrees of psychiatric disorders and substance misuse. Community drug and alcohol teams may include community psychiatric nurses. Their work may cover the recognition of substance misusers, liaison with primary health care workers, for example general practitioners, in detoxification,

motivation and relapse prevention, counselling, alcohol, drug and HIV (human immunodeficiency virus) education, and other harm minimisation work.

The use of tobacco, alcohol and illicit drugs by young people and school children is the source of much public concern. It is estimated that between 780 000 and 1.3 million children are affected by parental alcohol problems. School nurses are often asked to play a role in delivering health education/promotion (drug and sex education) under the personal, social and health education (PHSE) curriculum. A toolkit for school nurses has been developed to provide information about the effects of parental alcohol misuse on children and what can be done to support these children, both individually and within the wider school context.

Conclusion

Addiction is a mental and psychological condition, and sometimes physical, resulting from the interaction between the body and the drug and other opiates. Addiction is characterized by behavior and other changes that always include the irresistible internal coercion that despite the knowledge of the harmful consequences (loss of control) continue with taking a particular drug or some other opiates, either to induce certain desirable effects, or to avoid suffering that will develop (abstinence crisis) if taking drug and other opiates are interrupted. Therapy communication should be professional and focused on meeting the patient's needs without condemning and criticizing. Nurses can do a lot of help because in these situations, their profession is most pronounced.

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