Executive Summary

- Addiction is a progressive, chronic, and relapsing disorder of the brain that cannot be cured but can be treated.
- It is imperative to recognize the social overlay when planning to meet the health care needs of clients with addiction care needs.
- The implications for society are significant as addiction is a multifarious disease that costs the individual as well as the taxpayers.
- Administrators have the opportunity to provide education for all health personnel on early intervention and screening.
- Denial is a hallmark of the disease of addiction. Health care personnel must not be in denial about addiction because they can take action to prevent and treat addictions.

How a Society or a Social System Perceives a Health Issue has a Significant Impact on the Care System Put into Place to Address that Issue. As suggested in this column (Lucey, 2007), nursing leaders guided by nursing theory and a holistic approach to care, are in the ideal position to positively influence the decisions made about treatment cultures and resource utilization. Addiction is a tightening rod issue in health care. It is imperative to recognize the social overlay when planning to meet the health care needs of clients with addiction care needs. In this issue, some of the emerging science of addiction and the implications for nursing leaders are discussed. In the coming months, the issue of impaired health professionals will be addressed.

Health policy is guided by information generated from research on (a) the incidence and prevalence of disease and disability; (b) risk and protective factors which influence health status; (c) the cost, distribution, availability, and use of health services; (d) public perceptions of the quality of health care available; and (e) the politics of who is held accountable for ill health (American Anthropological Association, 2006). The disease of addiction, the associated biological or genetic factors, and the cost to society will be discussed.

Substance abuse and addiction are topics fraught with emotion. Most individuals initially react to these issues then cognitively respond to them. It is no wonder as alcohol abuse, addiction, and drug abuse, by definition, have negative consequences that affect just about every area of a person's life. It is not uncommon for relationships to be ruined, financial disaster to occur, personal health to deteriorate, and the spiritual self to erode. While alcohol abuse, addiction, and drug abuse cannot be cured, there is recovery for those who are willing to work on the solution.

The Disease Aspects of Addiction

Recent technologic developments enable researchers to view the components of the brain involved in the addictive process. Utilizing state-of-the-art tools, structures in the brain such as the limbic system can be viewed in real time. In fact, the concept of craving which is an essential feature of addiction actually can be seen by utilizing MRI technology. These technologic breakthroughs support the belief that addiction is a disorder of the brain and not a moral issue (National Institute on Drug Abuse [NIDA], 2007). It is the moral degradation of the individual as he plunges into addiction that confuses the unknowing public. Drug abuse and addiction directly affects the brain and results in negative behavior. Often this destructive behavior is seen as a matter of self-will run riot. Scientifically speaking, that is not the case.

We now know that drugs of abuse engage systems in the motivation and pleasure pathways of the brain. The dopamine pathways are the principal pleasure vehicles in the limbic system of the brain (NIDA,
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The Psychological Aspects of Addiction

Drug addiction can be defined in many ways: biologic, psychologic, genetic. Addiction is a disorder of the brain and a person changes as a result of these modifications. Abnormal behaviors are a consequence of aberrant brain function, which means that it is a tangible goal to identify the biological underpinnings of addiction. Whereas recent advances in this latter effort are heartening, a major challenge remains — understand how the many genes implicated in rodent models interact to yield as complex a phenotype as addiction (Nestler, 2000).

Another researcher suggests that addiction boils down an incredibly complex psychological problem that can be viewed on many levels. Low-level explanation refers to molecules in the brain. There are other levels including people's personality traits and moods, people's parents, and environment. Higher level than this is community (Lillenfield, 2007). The critical feature is the effects of drugs or alcohol on behavior; the part of the brain that involves inhibitory control is altered, as is the center for motivation, memory and learning, as well as reward. Behaviorally speaking, the process includes use, abuse, and then addiction. One never knows when the use will become abuse and no one has yet to identify when the addiction switch goes off in the brain. The process can be monitored by observing a person's behavior. As the compulsion to use increases, the person begins to change his personality and acts out in ways that violates his morals, character, and relationships. The changes in the person are subtle at first, as are the changes in the brain. Addiction is a progressive, chronic, and relapsing disorder of the brain that cannot be cured but can be treated.

The Cost of Addiction

According to the Institute of Medicine (2001), “positive health” requires four components: a healthy body, high-quality personal relationships, a sense of purpose in life, and the resilience to stress, trauma, and change. The use of illicit substances and the abuse of alcohol eventually render an otherwise positively healthy individual to one who is a slave to his addiction. The implications for society are significant as addiction is a multifarious disease that costs the individual as well as the taxpayers. The following are research examples of the dollar cost to society by addiction.

- The Nationwide Inpatient Sample funded by the Agency for Healthcare Research and Quality found that treating alcohol addiction and related disorders cost community hospitals about $2 billion in 2006 (Join Together, 2006).
- Malignant Neglect: Substance Abuse and America's Schools, an exhaustive study of the available data on substance abuse in schools, concludes that substance abuse and addiction added at least
$41 billion to the costs of elementary and secondary education in 2001 (National Center on Addiction and Substance Abuse at Columbia University, 2001).

A 2005 study examining emergency department patients found that those with unmet addiction treatment needs incur higher hospital and emergency department charges than other patients. Emergency department patients with unmet treatment needs were 81% more likely to be admitted during their emergency visit and 46% more likely to have reported making at least one emergency department visit in the previous 12 months. According to the research, Tennessee patients with unmet treatment needs who received emergency medical services accounted for $777.2 million in extra hospital charges for the state in 2000, which translates to an additional $1,588 for each emergency patient with an addiction problem that was not addressed (Join Together, 2005).

In 2004, Canada reported that the cost of addiction is $40 billion annually. The Canadian Center on Substance Abuse conducted the study and the tally includes health care costs, lost productivity, and the expense of court cases and prison. In the same report, tobacco addiction alone cost Canadian taxpayers an estimated $17 billion a year. Researchers said 43,162 Canadians died from addiction-related causes in 2002; tobacco use accounted for 37,209 of those deaths.

Cost Implications

While the costs of substance abuse disorders are remarkable, unfortunately, they are tolerated by society. Perhaps a reason is the stigma associated with the disease of addiction. Addiction is a chronic relapsing disease and because of the aberrant and negative behaviors of an addicted individual, friends, family, and business contacts react negatively towards them when they fall short of societal expectations. Addicted people often exhibit shameful behaviors. Society has reacted to these behaviors by refusing to provide adequate funding for appropriate and continued treatment. The truth is treatment does work.

Researchers at the University of California at Los Angeles say that society saves $7 for every $1 invested in addiction treatment; $11,487 for the average $1,583 cost of treating someone with alcohol or other drug problems (Etten et al., 2006).

For many years, the U.S. Congress has been unable to pass a bill mandating equal coverage for substance abuse disorders. A study funded by the Substance Abuse and Mental Health Services Administration found that 77.4% of treatment in 2003 was paid for by Medicaid, Medicare, and other federal, state and local sources, up from 50.4% in 1986. Meanwhile, the private sector’s share of the treatment cost burden slipped from 49.6% in 1986 to 22.6% in 2003. Private insurers, who paid 29.6% of treatment costs in 1986, were only paying 10.1% by 2003. Total dollars paid by private insurers for addiction treatment fell from $2.8 billion to $2.1 billion during the same time period (Mark & Coffey, 2004). This study validates the issue of parity: the burden of substance abuse care is placed dramatically on the public sector which cannot support or sustain treatment for substance disorders. If the costs were shared among private insurers, the availability of treatment would increase, the burden on society would be relieved, and those suffering with substance abuse disorders would be assisted.

Implications for Nursing Leaders

It is fair to say that nurse leaders will be exposed to clients with substance abuse diagnosis in all areas of practice including, hospital, community, public health, and school nursing. This has several important implications.

1. Education about the disease and its treatment is an essential component of staff development. Advances are being made rapidly so this must be an area in which staff is current.

2. Practice policy should require client assessment to include an assessment of substance use regardless of perceived class or ethnic culture. Substance abuse is not limited to any one ethnic group, people living in poverty, or the homeless.

3. As is true in most medical situations, the diagnosis of substance abuse is best achieved as early as possible. Nurses are in the ideal position to look for “teachable” moments. Early intervention is important in the progression of the disease of addiction.

4. Nurse leaders can assist in preventing substance abuse by helping develop community-based programs for those most at risk.

5. Nursing administrators have a separate but significant need to have an awareness and policy related to impaired health professionals.

Summary

Addiction is a disease of the brain that is costly to the individual as well as society. It is not a matter of will; rather, there are notable changes in the brain. Social environment plays a significant factor in the development of an addiction and the genetic link has been established as well. Education and early intervention are the critical prevention tools. Nurses have the opportunity to intervene directly with the patient and his family. Administrators have the opportunity to provide education for all health personnel on early intervention and screening. Denial is a hallmark of the disease of addiction. Health care personnel must not be in denial about addiction because they can take action to prevent and treat addictions.
considered in determining compensation? In addition to number of issues/year and number of hours worked/week, should the number of pages/issue, the journal circulation, the experience or prestige of the editor, the size of the publishing company, or the size of ancillary staff be considered? How can transparency in editor compensation be best accomplished? How can editors who are not satisfied with their compensation negotiate for change? What is the role of the publisher and the professional association in this issue?

Our hope is that this article could lead to a more open discussion about compensation among editors, and that we have provided necessary information for potential editors as they negotiate for an editor position. We especially hope that editors who are currently working for no compensation will become aware that they are in the minority among their peers.

REFERENCES


Statement of Ownership  
**Management and Circulation**  
(required by 39 U.S.C. 3685)  
Date of filing — September 17, 2007. *Nursing Economics* [ISSN 0746-1739] is published bimonthly at East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056, with headquarters or business offices of the publisher at East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056. The name and address of the publisher is Anthony J. Jannetti, East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056. The editor is Conni R. Curran, East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056. Managing editor is Kenneth J. Thomas, East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056. Owner of the publication is Jannetti Publications, Inc., East Holly Avenue/Box 56, Pitman, Gloucester County, NJ 08071-0056. There are no bondholders, mortgagees, or security holders.

Total number of copies printed (average for the preceding 12 months) — 4,656; paid/requested mail subscriptions — 2,523; sales through dealers — 1,229; free distribution by mail — 1,732; total distribution — 4,255; copies not distributed — 403; total — 4,658.

Actual number of copies printed (single issue nearest to filing date) — 4,400; sales through dealers — none; paid/requested circulation — 2,502; total paid/requested circulation — 2,502; free distribution by mail — 75; free distribution outside the mail — 1,355; total free distribution — 1,430; total distribution — 5,932; copies not distributed — 466; total — 4,466.

I certify that all information furnished on this form is true and complete.

Robert C. McElvaine  
Circulation Manager

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**Nurse Urged to Rate Physicians**

CareSeek Inc. has launched NursesRateDoctors.com, a social media networking platform, focused on gathering nurse ratings and reviews of doctors. The NursesRateDoctors online platform allows nurses to anonymously join the site and provide their insights on physicians. It is hoped that a vast knowledge base will be created to help patients seek providers.

NurseRateDoctors is campaigning nurses to participate and to encourage their peers to collectively write one million reviews. In a survey of nurses conducted this year, 91.3% felt that “this is important information to share for the good of the public” and 92.8% felt that “this provides an opportunity to applaud some great providers.”

**NURSING ECONOMICS**/November-December 2007/Vol. 25/No. 6

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