LEcTure OBJECTIVES:

1. Define abuse, dependence, intoxication and withdrawal
2. Discuss predisposing factors implicated in the etiology of substance-related disorders
3. Identify symptomatology and use the information in assessment of clients with various substance-use disorders and substance-induced disorders
4. Identify nursing diagnosis common to clients with substance-use disorders and substance-induced disorders, and select appropriate nursing interventions for each
5. Identify topics for client and family teaching relevant to substance-use and substance-induced disorders
6. Describe relevant outcome criteria for evaluating nursing care of clients with substance-use and substance-induced disorders
7. Discuss the issues of substance-related disorders within the profession of nursing
8. Define codependency and identify behavioral characteristics associated with the disorder
9. Discuss treatment of codependency
10. Describe various modalities relevant to treatment of individuals with substance-use and substance-induced disorders

Reading AssignmenT:

Townsend, Chapter 27

leCtUre OuTLiNE:

I. Substance-Use Disorders

A. Substance Abuse: a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one or more of the following occurring within a 12 month period:

1. Recurrent substance use resulting in a failure to fulfill major role obligations
2. Recurrent substance use in situations in which it is physically hazardous
3. Recurrent substance-related legal problems
4. Continued substance use despite having persistent or recurrent social or interpersonal
problems caused or exacerbated by the effects of the substance

B. Substance Dependence: may be physical or psychological. At least three of the following characteristics must be present for a diagnosis of substance dependence

1. Evidence of tolerance
2. Evidence of withdrawal symptoms
3. Substance is often taken in larger amounts or over longer periods of time
4. Persistent desire or unsuccessful efforts to cut down or control substance use
5. A great deal of time is spent in activities necessary to obtain the substance
6. Important activities are given up or reduced because of substance use
7. Substance use continues despite knowledge of having recurrent physical or psychological problems that were likely caused by the substance

II. Substance-Induced Disorders

A. Substance Intoxication: behavioral changes that can be attributed to the physiological effects of the substance on the CNS and develop during or shortly after the use of the substance

1. Development of a reversible substance-specific syndrome caused by recent ingestion of a substance
2. Clinically significant maladaptive behavior or psychological changes that are due to the effect of the substance on the CNS
3. Symptoms not due to a general medical condition

B. Substance Withdrawal: The physiological and mental readjustment that accompanies the discontinuation of an addictive substance

1. The development of a substance-specific syndrome caused by the cessation of heavy and prolonged substance use
2. The substance-specific syndrome causes clinically significant distress or impairment
3. The symptoms are not due to a general medical condition

III. Predisposing Factors

A. Biological factors

1. Genetics
2. Biochemical factors

B. Psychological factors

1. Developmental influences
2. Personality factors

C. Sociocultural factors

1. Social Learning
2. Conditioning
3. Cultural and ethnic influences

IV. Dynamics of Substance-Related Disorders

A. Alcohol abuse and dependence

1. Profile
2. Historical Aspects
3. Patterns of use/abuse
   a. Phase I. The prealcoholic phase: use of ETOH to relieve the everyday stress and tensions of life
   b. Phase II. The early alcoholic phase: begins with black outs followed by a period of drinking
   c. Phase III. The crucial phase: the individual has lost control and physiological dependence is clearly evident
   d. Phase IV. The chronic phase: emotional and physical disintegration

4. Effects on the body
   a. Peripheral neuropathy
   b. Alcoholic myopathy
   c. Wernicke’s encephalopathy
   d. Kosakoff’s psychosis
   e. Alcoholic cardiomyopathy
   f. Esophagitis
   g. Gastritis
   h. Pancreatitis
   i. Alcoholic hepatitis
   j. Cirrhosis of the liver
   k. Leukopenia
1. Thrombocytopenia

m. Sexual dysfunction

5. Alcohol intoxication: usually at blood alcohol levels between 100 and 200 mg/dl.

a. Assessment:

6. Alcohol withdrawal: occurs 4 to 12 hours of cessation of or reduction in heavy and prolonged alcohol use

a. Assessment:

B. Sedative, Hypnotic, or Anxiolytic Abuse and Dependence: These drugs induce varying degrees of CNS depression from mild tranquilizing relief of anxiety to anesthesia or coma. Usually categorized as barbiturates, nonbarbiturates hypnotics, and anxiety agents.

1. Profile of the substance

a. Effects are additive with one another and with the behavior state of the user

b. Capable of producing physiological and psychological dependence

c. Cross-tolerance and cross-dependence may occur

2. Historical aspects

3. Patterns of use/abuse

4. Effects on the body

a. Sleep and dreaming

b. Respiratory depression

c. Cardiovascular effects

d. Renal function

e. Hepatic effects

f. Body temperature

g. Sexual functioning

5. Sedative, Hypnotic, or Anxiolytic Intoxication: the presence of clinically significant maladaptive behavioral or psychological changes that develop during, or shortly after, use of these substances

a. Assessment:

6. Sedative, Hypnotic, or Anxiolytic Withdrawal: a syndrome of symptoms are produced after a marked decrease in or cessation of intake after several weeks or more of regular use
C. CNS Stimulant Abuse and Dependence

1. Profile of the substance: include caffeine, nicotine, amphetamines, nonamphetamines stimulants, and cocaine

2. Historical aspects

3. Patterns of use/abuse

4. Effects on the body
   a. CNS effects
   b. Cardiovascular/Pulmonary effects
   c. Gastrointestinal/Renal effects
   d. Sexual functioning

5. CNS Stimulant Intoxication: behavioral and psychological changes vary dependent upon specific substance used
   a. Assessment

6. CNS Stimulant Withdrawal: Marked withdrawal symptoms of a “crashing” or “depression” type often follow a period of intense, high-dose use.
   a. Assessment

D. Inhalant Abuse and Dependence

1. Profile of the substance: found in gasoline, paint thinners, etc

2. Patterns of use/abuse

3. Effects on the body
   a. Central Nervous System
   b. Respiratory effects
   c. Gastrointestinal effects
   d. Renal system effects

4. Inhalant Intoxication
   a. Assessment

E. Opioid Abuse and Dependence

1. Profile of the substance: substances exert both a sedative and analgesic effect. Includes opioids, opioid derivatives, and synthetic opiate-like drugs. Includes morphine, heroin,
2. Historical Aspects

3. Patterns of use/abuse

4. Effects on the body
   a. Central Nervous System
   b. Gastrointestinal effects
   c. Cardiovascular effects
   d. Sexual functioning

5. Opioid Intoxication
   a. Assessment

6. Opioid Withdrawal
   a. Assessment

F. Hallucinogen Abuse and Dependence

1. Profile of the substance: these substances are capable of distorting an individual’s perception of reality. Includes LSD and PCP

2. Historical aspects

3. Patterns of use/abuse

4. Effects on the body
   a. Physiological effects
   b. Psychological effects
   c. Panic reaction: known as “bad trip”. A toxic reaction in which the individual hallucinates with intense levels of anxiety and stimulation. The individual fears going insane.
   d. Flashback: a toxic reaction that refers to the transient, spontaneous repetition of a previous LSD-induced experience that occurs in the absence of the substance

5. Hallucinogen Intoxication
   a. Assessment

G. Cannabis Abuse and Dependence

1. Profile of the Substance: May be smoked or taken orally. Includes marijuana

2. Historical aspects
3. Patterns of use/abuse

4. Effects on the body
   a. Cardiovascular effects
   b. Respiratory effects
   c. Reproductive effects
   d. CNS effects
   e. Sexual functioning

5. Cannabis Intoxication
   a. Assessment

V. Application of the Nursing Process

A. Assessment: the nurse must first examine his/her thoughts or feelings regarding working with a patient that has substance abuse issues

1. Assessment Tools
   a. Michigan Alcoholism Screening Test (MAST): A tool that asked direct “yes” or “no” questions in which 5 or more points indicates a problem with ETOH
   b. The CAGE Questionnaire: 2 or 3 “yes” answers strongly suggests a problem with alcohol:
      (1) Have you ever tried to Cut down on your drinking?
      (2) Have people Annoyed you by criticizing your drinking?
      (3) Have you ever felt bad or Guilty about your drinking?
      (4) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang over (Eye-opener)?

2. Dual Diagnosis: the presence of a co-existing substance disorder and mental disorder

3. Diagnosis/Outcome Identification
   a. Nursing Diagnosis
      (1) Ineffective denial
      (2) Ineffective coping
      (3) Imbalanced nutrition
      (4) Risk for infection
      (5) Low self-esteem
      (6) Deficient knowledge
      (7) Risk for injury (withdrawal from CNS depressants)
      (8) Risk for suicide (withdrawal from CNS stimulants)
   b. Outcomes: The client:
      (1) Has not experienced physical injury
      (2) Has not caused harm to self or others
      (3) Accepts responsibility for own behavior
4. Planning/Implementation
   a. Detoxification: providing safe environment and administer substitution therapy (the use of various medications to decrease the intensity of symptoms in an individual who is withdrawing from, or experiencing the effects of excessive use of, substances)
   b. Intermediate Care: educate and explain physical symptoms, causes, and course of treatment
   c. Rehabilitation: promote treatment and maintenance
   d. Client/family education: topics include
      1. Nature of illness
      2. Management of the illness
      3. Support services

5. Evaluation
   a. Has detox occurred without complications?
   b. Is the client still in denial?
   c. Does the client accept responsibility for own behavior?
   d. Has correlation been made between personal problems and the use of substances?

VI. The Impaired Nurse
   A. Substance use by speciality
   B. Recognizing the impaired nurse
   C. What happens to impaired nurse?
   D. Peer Assistance Programs

VII. Codependency: An exaggerated dependent pattern of learned behaviors, beliefs, and feelings that make life painful.
   A. Characteristics of the codependent
   B. The Codependent Nurse
   C. Treating Codependence
      1. Stage I. Survival Stage
      2. Stage II. The Reidentification Stage
      3. Stage III. The Core Issues Stage
      4. Stage IV. The Reintegration Stage
VIII. Treatment Modalities for Substance-Related Disorders

A. Alcoholics Anonymous: a major self help group for the treatment of alcoholism with the sole purpose of helping members stay sober. Many self-help groups are patterned after AA

1. Twelve Steps

B. Pharmacotherapy

1. Disulfiram (Antabuse): drug given to individuals who abuse alcohol as a deterrent to drinking

2. Other medications for treatment of alcoholism
   a. Naltrexone
   b. Selective Serotonin Reuptake Inhibitors (SSRI’s)
   c. Campral

C. Counseling

D. Group Therapy

E. Psychopharmacology for Substance Intoxication and Withdrawal

1. Alcohol

2. Opioids

3. Depressants

4. Stimulants

5. Hallucinogens and Cannabinols