

Promotive and Preventive Activities in Relation to Substance Abuse



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Summary: *The epidemic of substance abuse and associated adverse health consequences pose a formidable public health problem. It is widely acknowledged that substance abuse is a community problem, and that it is multi-dimensional. Thus, a combined and coordinated strategy involving different sectors of the community is needed in order to effectively address substance abuse prevention and intervention. Effective strategies for comprehensive health promotion and substance abuse prevention require multiple programme components that address risk factors and focus on promotion and preventive activities across at least four groups: individual, family, peer group and community.*

Introduction

Substance abuse is emerging rapidly, and bringing with it related social and health consequences. It is estimated that alcohol abuse is about 1.5 times more prevalent than diabetes in the community. Unfortunately, less than 20% of such patients are identified and offered health care interventions. The swift and wide global spread of substance abuse, along with associated problems like HIV, Hepatitis B, C and sexually transmitted diseases, is ample evidence. Community surveys, hospital based studies and mortality indices all suggest an increased

prevalence of alcohol and substance abuse in contemporary society. Nurses and primary health care providers have a key role to play in the early identification and appropriate interventions to prevent, manage and rehabilitate the individuals diagnosed with such problem.

Community surveillance methods:

Community surveillance methods are an effective tool in assessing and understanding issues like substance abuse and they are increasingly being used to assist in the development of public health interventions for substance abuse problems.

Patterns of substance abuse, injecting practices and associated consequences vary across areas and social groups, even within a country, and alter quickly over time. Responses to these problems are also diverse and are influenced by social, cultural, economic, religious and political factors. Drug surveillance information systems deliver information of practical relevance. Located in drug treatment and medical care centers, they cover people who are in touch with such agencies, and reveal much about the problem in wider society. This also enables us to properly identify and target interventions, and to develop interventions that are both appropriate and resource-effective.

Screening tools for surveillance:

Screening may include biophysical investigations (like blood and urine tests) or psychosocial surveys. Screening tools viz. Adolescent Drinking Inventory (ADI) and the CRAFT approach can be used for surveillance.

C -Have you ever rode in a car driven by someone (including yourself) who was "high" or had been using alcohol or substances?

R -Do you ever use alcohol or substances to relax, feel better about yourself, or fit in?

A -Do you ever use alcohol/ substances while you are by yourself alone?

F -Do your family or friends ever tell you that you should cut down on your drinking of substance use?

F -Do you ever forget things you did while using alcohol or substances?

T -Have you got into trouble while you were using alcohol or substances?

Objectives of the surveillance:

- To identify majority of substance dependents in main catchments areas and adjoining localities and to initiate the process of preventive implementation counseling (clarify myths and misconceptions associated with substance abuse).
- To focus on health and social consequences of socially sanctioned substances like alcohol and tobacco as well as illicit substances such as heroin and psychotropic substances in their environment and suggest possible remedial steps.
- To provide awareness of the low cost treatment within community.
- To facilitate formation of local support groups (youth, women, etc.) as well as self-help groups (AA, NA, etc.)
- To utilize local community resources in implementation of nursing care services.

Target Groups for surveillance: target group will consist vulnerable groups in a given population.

Surveillance approaches: To approach the target population for surveillance following approaches can be used:

Health promotion activities:

- Enhance distribution of the sterile needles.
- Substance substitution process to be initiated.
- Condom promotion for substance abusers.
- Voluntary counseling and testing (VCT) services.

- Easy access of HIV & STD testing program.

Prevention Planning

Principles of prevention activities for substance abuse:

General Principles:

- **Principle 1:** Prevention programs should enhance protective factors and reverse or reduce risk factors.
- **Principle 2:** Prevention programs should address all forms of substance abuse, alone or in combination, including the underage use of legal substances (e.g., tobacco or alcohol); the use of illegal substances (e.g., marijuana or heroin); and the inappropriate use of legally obtained substances (e.g., inhalants), prescription medications, or over-the-counter drugs.
- **Principle 3:** Prevention programs should address the type of substance abuse problem in the local community, target modifiable risk factors, and strengthen identified protective factors.
- **Principle 4:** Prevention programs should be tailored to address risks specific to population or audience characteristics, such as age, gender, and ethnicity, to improve program effectiveness.

Family Programs:

- **Principle 5:** Family-based prevention programs should enhance family bonding and relationships and include parenting skills; practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information. Family bonding is the bedrock

of the relationship between parents and children. Bonding can be strengthened through skills training on parent supportiveness of children, parent-child communication, and parental involvement.

- o Parental monitoring and supervision are critical for substance abuse prevention. These skills can be enhanced with training on rule-setting; techniques for monitoring activities; praise for appropriate behavior; and moderate, consistent discipline that enforces defined family rules.
- o Education and information for parents or caregivers reinforces what children are learning about the harmful effects of substances and opens opportunities for family discussions about the abuse of legal and illegal substances.
- o Brief, family-focused interventions for the general population can positively change specific parenting behavior that can reduce later risks of substance abuse.

School Programs:

- **Principle 6:** Prevention programs can be designed to intervene as early as preschool to address risk factors for substance abuse, such as aggressive behavior, poor social skills, and academic difficulties.
- **Principle 7:** Prevention programs for elementary school children should target improving academic and social-emotional learning to address risk factors for substance abuse, such as early aggression, academic failure, and school dropout. Education should focus on the following skills.
 - Self-control;

- Emotional awareness;
 - Communication;
 - Social problem-solving; and
 - Academic support, especially in reading.
- **Principle 8:** Prevention programs for middle or junior high and high school students should increase academic and social competence with the following skills: study habits and academic support; communication; peer relationships; self-efficacy and assertiveness; drug resistance skills; reinforcement of anti-drug attitudes; and strengthening of personal commitments against substance abuse.

Community Programs:

- **Principle 9:** Prevention programs aimed at general populations at key transition points, such as the transition to middle school, can produce beneficial effects even among high-risk families and children. Such interventions do not single out risk populations and, therefore, reduce labeling and promote bonding to school and community.
- **Principle 10:** Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, are more effective than a single program alone.
- **Principle 11:** Community prevention programs reaching populations in multiple settings—for example, schools, clubs, faith-based organizations, and the media—are most effective when they present consistent, community-wide messages in each setting.

Prevention Program Delivery:

- **Principle 12:** When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:
 - *Structure* (how the program is organized and constructed);
 - *Content* (the information, skills, and strategies of the program); and
 - *Delivery* (how the program is adapted, implemented, and evaluated).
- **Principle 13:** Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.
- **Principle 14:** Prevention programs should include teacher training on good classroom management practices, such as rewarding appropriate student behavior. Such techniques help to foster students' positive behavior, achievement, academic motivation, and school bonding.
- **Principle 15:** Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about substance abuse and reinforcing skills
- **Principle 16:** Research-based prevention programs can be cost-effective. Similar to earlier research, recent research shows that for each rupee invested in prevention, a savings of up to Rs 500 in treatment for alcohol or other substance abuse can be seen.

Preventive Interventions:

The best approach to prevention is to begin early to reduce emerging behavioral and emotional problems in youth. Longer lasting results can be obtained from changing school, community, and family environments that promote and maintain substance problems in youth. Communities need nurses and other health care providers who are knowledgeable about substance abuse prevention and who can advocate for the implementation of prevention programs with proven effectiveness.

Many communities across the country have taken positive steps to combat the problem of substance abuse. Examples include alcohol and drug-free school parties, smoke-free buildings, and drug courts. Reducing access and demand are important public health strategies. Raising the minimum drinking age to 21 was found to decrease alcohol use by 25% in those 18 to 20 years old, along with a reduction in related accidents and problems. In contrast, laws prohibiting cigarette sales to minors have not resulted in decreased use. Youth simply get older friends to make purchases for them.

Media campaigns provide needed information and can slowly affect community norms. Efforts spearheaded by citizen groups, such as Mothers against Drunk Driving (MADD), can have a positive impact as well, whereas warning labels on alcohol or tobacco appear to have little impact on behavior change.

Major strategies for the prevention substance use are:

- **Supply reduction** (policies and activities aimed at minimizing the availability of alcohol and other substances to people

- **Demand reduction** (aimed at decreasing the internal need or demand for the substances by the people).
- **Harm reduction**, which tends to minimize the harm resulting due to substance use, and thus acts at the levels of secondary and tertiary prevention.

Level of substance abuse prevention:

Primary Prevention. Primary prevention aims to prevent the nonusers from initiating use and to prevent the individuals who are experimenting with substance from progressing and chronic and abusive use of substances. This may include preventing substance use among children and adolescents. School health nurses can be involved in education efforts in the schools. Family strengthening strategies are key to preventing problems, as are social competency programs.

Social competency skills

- Provide love and affection to a child
- Let the child learn how to face the problems rather than avoiding it, so use problem-solving approach.
- Constant observation of children company and peer group.
- Strengthen interpersonal and social skill in individual this lead to increased self-esteem and positive self-concept.

Family counseling: - Parental counseling and guidance regarding rearing and upbringing of their children and avoidance of neglect and rejection in their case. The parents should be helped to look at the way of modeling their children and bringing about changes if necessary.

- 1 Alert parents for symptoms of maternal depression and sign of child battering and abuse.

- 2 Educate parents about childhood growth and development.
- 3 Childrearing practice i.e. rewarding and punishment.
- 4 To develop internal control or social consciences rather than punishment.
- 5 Reduce the disorganization of family.
- 6 Develop a relationship of support and assistance to child
- 7 Identify the family hero, the scape goat and the lost child.
- 8 Improve the living conditions.

Tips For Parents: Talk with child about alcohol and other substances.

- Listen to child
- Help child to feel good about him or herself.
- Help child to develop strong values
- Be a good role model or example in your own use of alcohol, other substances or tobacco
- Help child to deal with peer pressure
- Set firm no use rules about drinking and other substance use by the children
- Encourage healthy, creative activities.

School Education programs:

- Develop educational program for teachers so that they can better help their students with the question of drinking alcohol and substance abuse.
- More recreational facilities
- To develop positive coping mechanisms e.g. sublimation

Legal approach

- Strict laws and punishment against drug peddling
- Dry days and dry areas

- Increase the age for consumption of alcohol
- Strict punishment for driving while drunk.

Advertising Policies:

- Advertising policy should take into consideration all ad venues to which people are exposed, including Magazines, TV, in-store displays, and concession stands at sports events and concerts.
- Given the high rates of beer advertising awareness among adolescents watching televised sports, the current practice of airing frequent beer ads during such programming warrants examination.
- Youth reactions to specific such ads should be examined on a regular basis, by advertisers and by policymakers, so that ads particularly appealing to young people can be identify.
- Warning labels on the containers on the substances.
- Negative propaganda for use of alcohol or other substances and message can be disseminated through radio or television, posters on important public places.
- Pamphlets can be placed in areas like local health clinic, hospital waiting rooms, schools, grocery stores.

Secondary Prevention. Secondary prevention involves screening and treatment to minimize the health and social consequences of substance abuse. The efforts are aimed at people with mild to moderate drinking problems. Several brief therapies have evolved to address their special needs. These range from simple advice to stop drinking to more elaborate programs involving early identification presentation of assessment findings, education advice regarding the need to reduce drinking with an emphasis on personal

responsibility self-help manuals, and periodic follow-up. People with mild to moderate drinking problems are increasingly being referred to treatment programs through the courts after drunken driving charges. Nurses should be non-defensive, non-judgmental and accepting but firm.

- She should maintain an empathetic approach
- She should have high degree of alertness, tact and skill
- She should use approach of hopefulness, caring and supportive but firm.
- She should use appropriate motivational technique depending upon patient's motivational level.

Tertiary Prevention. Tertiary prevention is aimed at preventing relapse of those who have already been treated for substance use problems. It involves decreasing the complications of substance use. Medical and psychiatric treatment settings still serve a major role here, as do more current case management, community outreach, and dual diagnosis programs.

Policy approaches often include legislation to reduce negative consequences of using substances, rather than the use itself. This approach is called harm reduction. It includes efforts to reduce the effects of drunkenness on oneself and others such as that occurring through car accidents, drowning, and family disputes. It also can include providing public education to increase the number of designated drivers, offering rides to incapacitated friends, using seat belts and arranging sleepovers after parties involving alcohol.

Self-help groups:

“Self-help” group and therapeutic communities,

attempt a complete life style change with abstinence as a goal. These are non profit, non governmental organizations and may provide support to user and his family all together.

Methods and media for health education:

Media has touched and deeply affected the lives of people worldwide, particularly the importance of reaching the public through these venues has concentrated on three fronts: to simplify, produce and disseminate health messages that are understandable and appealing to all media outlets, public and stakeholders. Following are the some of the important methods and medias for public education regarding the promotion of health and prevention of the substance abuse.

- Audio-visual publicity
- Development and distribution of print materials
- Press advertisements
- Out door publicity
- Anti-substance awareness campaigns and
- Awareness programs in schools and colleges

Basic information dissemination is a cheap, quick and useful method of intervention. Its most common forms are:

- Leaflets, fliers or posters containing clear and simple messages.
- Other mediums such as fact-sheets, comics, street plays, theatre, public meetings, workshops, and video can also be employed.

More sophisticated forms of information delivery are sometimes referred to as social marketing. These are based on the recognition that:

- One-time or limited exposure to information is less successful than interventions, which reinforce positive behaviors or values.
- A single message is insufficient to reach the multiple and diverse communities who may engage in health risk behaviors
- The adaptation of commercial marketing techniques can improve the analysis, execution and evaluation of program designed to facilitate behavioral change.

Health education is a core element of most intervention strategies. It can be used to:

- Provide accurate and essential advice about the harms of substance use, problems stemming from substance use, harmful effects of IDU, including adverse health consequences.
- Inform people and organizations about important services available for dealing with substance use and related adverse consequences.
- Promote or defend key concepts and interventions (for instance, preventing HIV and other blood borne pathogens among substance users).

Providing information alone is not enough: individuals also have to be in a position to act on the knowledge they possess. Interventions should target to change the behavior of an individual.

Educational programs can also be conducted in a range of other locations including the family, residential homes, criminal justice system, brothels, and the workplace. Developing programs that reach at risk groups is a challenge.

Community Based Action: Many people affected

by substance use and related consequences may have limited contact with existing health and prevention organizations. Innovative methods are needed in order to reach the populations most likely to be affected.

Outreach involves entering settings where those engaging in risk behaviors gather, and distributing health education and prevention materials through one-to-one interaction.

Peer education was developed in the recognition that those engaging in risk behavior (e.g. street children and substance users) could act as effective prevention advocates in their own social networks.

Community Based Nursing Interventions: In community based approach nurse need to implement following interventions:

- Identification of people who have risk factors through social networks and multiple entry points.
- Educating the people about their prescription.
- Educating the public about the addictive, synergistic and antagonist effect of substances with each other and with alcohol.
- Build protective factors by giving healthy prevention messages
- Participation in community and other activities
- Home visits and follow-up (family counseling)
- **Motivational counseling:**
 - Express empathy through reflective listening
 - Develop discrepancy between patients' goals or values and their current behavior.
 - Avoid argument and direct confrontation
 - Roll with resistance

- Support self-efficacy
- Involvement of family, ex-users and volunteers
- Social reintegration of cured substance abusers.
- Advocacy with government officials on policy matters
- Promotion on healthy lifestyle
- Stress management training.

The community based nursing approach must include all the steps of the nursing process; assessment, planning, implementation and evaluation. The evaluation of the community based approach based on accomplishment of the expected outcomes and short-term goals. The nurse and patients with a team together should implement the program in achievement of expected outcomes and goals.

Suggested reading material :

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10. Singh, M. (1998): 'Making Target Communities and Workplaces Substance Free in India.' In V.Navaratnam, A. Abu Baker (Eds). International Monograph Series Centre for Substance Research USM, Pulau Penang: 21-29.
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Suggested slide material

Slide 1

Introduction and basic concept

- Substance abuse is emerging as an epidemic.
- There are evidences of increased prevalence of substance abuse in society.

- Comprehensive substance abuse prevention require multiple programme components that address risk factors across at least four groups:
 - Individual
 - Family
 - peer group
 - Community (school, workplace and local neighborhood).
- 8. Promotion on healthy lifestyle
- 9. Advocacy with government officials on policy matter
 - **Target Groups for surveillance:**
 - Adolescent children in schools,
 - Underprivileged/ slum population
 - School dropouts,
 - High rate of consumption of legal substances
 - Migrant workers,
 - Substance traffickers/net workers
 - Homeless,
 - Sex workers

Slide 2

Screening tools for surveillance

- Screening may including biophysical investigations (like blood and urine tests) or psychosocial surveys.
- Important screening tools are:
 - Adolescent Drinking Inventory (ADI)
 - CRAFT approach
 - Substance Usage Screening Inventory (DUSI)
 - Problem-Oriented Screening Instrument for Teenagers (POSIT)

Slide 3

Community based nursing interventions

1. Identification of people who have risk
2. Build protective factors by giving healthy prevention messages
3. Participation in community and other activities
4. Home visits and follow-up (family counseling)
5. Motivational counseling
6. Involvement of family, ex-users and volunteers
7. Social reintegration of cured substance abusers.

Slide 4

Prevention principles & interventions

- There are various principles under risk factors and protection, prevention planning, family, school and community programs.

Prevention interventions:

- Primary Prevention
- Secondary prevention
- Tertiary prevention

Slide 5

Methods and media for health education

- Audio-visual publicity
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- Press advertisements
- Out door publicity
- Anti-substance awareness campaigns and
- Awareness programme in schools and colleges