

# Substance Abuse in Vulnerable Populations

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*Summary: Substance abuse in vulnerable populations tend to be higher and all aspects of management are different including initiation, course, complications and outcome. This chapter deals with prisoners, elderly, women, neonates and health professionals. It discusses etiology, prevalence, complications and management principles in these groups.*

## **Section I: Substance abuse in offenders, handicapped and homeless**

### **Introduction:**

Offenders, homeless and handicapped are a vulnerable group in which use of illicit substances are a demonstrable problem. Substance use tends to augment involvement in crime and is more common among repeated offenders. A history of substance use also predicts various form of maladjustment in this group.

Presence of economic disparity and lack of moral sense and other factors cause a rise in crime and substance abuse. Homelessness and physical handicap have a plethora of mental health and social difficulties and high level of stress leading to substance abuse.

### **Epidemiology**

Crime has increased rapidly during the past few decades. Many studies suggest that the prevalence rates of substance abuse and mental disorder are considerably higher among this vulnerable population than in general population.

Cote and Hodgins found a life time prevalence of substance abuse to be 62% in those suffering from acute psychotic disorders (APD) and 49% among prisoners. Alcohol was the commonest substance being abused (67%). Several researches reported relationship between psychopathy and violent crime.

### **Etiology**

Substance abuse disorders are caused by multiple factors including genetic vulnerability, environmental stressor, social pressure, individual personality and presence of psychiatric problem.

#### **1 Biological Factors:**

- Hereditary factor
- Biochemical factors (disturbance in neurotransmitters)
- Brain pathology
- Low level of intelligence

#### **2 Personality factor:**

- Antisocial personality
- Borderline personality

#### **3 Psychological factor:**

- Label of antisocial personality.
- Low self esteem.
- Pathogenic family pattern.
- Sociopathic parental model.
- Fear, tension, irritability.

#### **4 Social and cultural factor:**

- Poverty.
- Unemployment

- Illiteracy
- Social maladaptation
- Social rejection.
- Criminality and gang culture

### **Management of Substance use disorder:**

Substance use treatment depends on variety of factors like age, overall health, and the substance being abused.

1. **Assessment:** A complete history of physical health, family and social back ground and occupation should be collected. The pattern of substance use also should be identified.
2. **Screening:** Identify the symptoms of use in the individual by accurate screening. Symptoms are:
  - Weight loss
  - Poor hygiene
  - Malnutrition
  - Red eyes
  - Loss of appetite
  - Insomnia, tremors, slurred speech
  - Physical injury
  - Harm to self and others.

It is important for caretakers and nurse to identify the specific symptoms of substance abuse.

A variety of treatment programme for substance abuse are available usually based on type of substance abused.

3. **Detoxification:** Based on the substance being abused.
4. **Individual and family therapy** often recommended to address the developmental, psychosocial and family issues that may have contributed to and result from the development of substance abuse disorder.

### **Nursing Intervention:**

- 1 Develop trust and accept the patient as an individual.
- 2 Collect information regarding type of substance used, time and amount of consumption.
- 3 Identify the types of treatment required and explain the treatment options to patient and refer him for treatment.
- 4 Set limits on patient's manipulative behaviour.
- 5 Explain the patient about detoxification and withdrawal symptoms and their management.
- 6 Assess the motivational level and explain responsibility of his maladaptive behaviour.
- 7 Patient should be able to realize his nature and harmful use of substances.
- 8 Assess the patient anxiety level and provide individual support and therapy.
- 9 Nurse should observe the sleeping pattern and nutrition level of patient and provide education and support to relieve this problem.
- 10 Involvement and support of family members is important. The nurse should facilitate the involvement.
- 11 Prevention  
There are some major approaches to prevention.
  - i) Community based prevention programmes usually involve the media and are aimed to educate community and the group.
  - ii) Family focused prevention involves family skills training, parents training and social skills training.

### **Section II:**

#### **Substance abuse in older adults**

Substance abuse disorder in older adults has been given comparatively little attention, as prevalence studies have focused mainly on younger persons. Age related stress such as loss of a spouse, retirement or loneliness may trigger substance use. Older adults who frequently suffer from one or more chronic diseases often require medication. Episodes of acute illness may require additional medications. Elderly may purchase over the counter (OTC) drugs to remedy common ailments related to aging, such as constipation, sleep disturbance and joint pain. The complexities involved in the self-administration of medication may lead to a variety of misuse situations such as taking too much or too little medication, combining alcohol with medication, combining prescribed medications with over the counter drugs, taking medications at the wrong time, or taking someone else's medication.

Elderly alcohol abusers include those who began excessive alcohol use later in life. Many late onset alcohol abusers are widowers. Alcohol interacts with various drugs, altering the normal effect of the medication on the body. In an older adult who has a chronic illness and takes many medications, the combination of drugs and alcohol can lead to serious drug overdose.

**Etiology:** Researchers have long been asking the questions of what causes addictive behavior and why some people feel compelled to keep abusing substances they know are harmful to them. Three factors are responsible for this namely: Biological, Psychological and social factors.

**Biological:**

- 1 Genetic predisposition.
- 2 Low levels of monamine oxidate enzymes.
- 3 Inadequate self-care abilities especially in the old age persons.
- 4 Variants in liver enzymes that metabolize substances either slowly or too fast.
- 5 Physical symptoms like pain, coughing, insomnia and stress related illness.

**Psychological:**

- 1 Low self esteem.
- 2 Self-derogatory.
- 3 Increased need of power.
- 4 History of antisocial activity.
- 5 Emotional component like fear, tension & irritability.

**Social:**

- 1 Dysfunctional family dynamics.
- 2 Social Maladaptation.
- 3 Loss of life partner (specially in old widowers)

The modern disease model of substance abuse is truly a biopsychosocial one - it encompasses the body, the mind, and society's influences in studying the disease and formulating treatment.

**Nursing Management:**

**Assessment:** As people age their ability to absorb, metabolize and dispose off drugs changes along with some changes in their normal physiology due to aging, making them at risk of harmful reactions which include the following:

- 1 Changes in sleeping and eating patterns.
- 2 Confusion or disorientation.
- 3 Malnutrition.
- 4 Poor hygiene.
- 5 Neglecting one's appearance.
- 6 Slurred speech.
- 7 Incontinence or difficulty in urination.
- 8 Blurred vision or dry mouth.
- 9 Tremors.
- 10 Shakiness.

It is important for doctors, nurses and family members to monitor older adults, especially since they may take several medications at once in addition to herbal remedies. Collect a detailed history of physical health social cultural background and family support.

**Nursing Intervention:**

1. Show warmth, support, respect and understanding in communication with patients.
2. Provide a menu of treatment options, from which patients may pick those that seem more suitable.
3. Include a clear recommendation or advice on the need for change in a supportive and concerned rather than judgmental manner.
4. Explain them that anxiety is a symptom of withdrawal and is usually time limited.
5. Observe sleeping behavior of the patient because sleep is often disturbed. Sleep deprivation, contributes to anxiety.
6. Check for apprehension and a change in vital signs.
7. Monitor for hallucination because alcohol use can cause hallucination in elderly.
8. Take care of nutrition and safety measures

especially for the elderly patients.

9. Give health education to the family members and encourage patient to follow up with treatment once he is detoxified.
10. Include the patients in occupational therapies so that their mind gets diverted.

### **Section III: Substance abuse in women/ pregnant women**

Women with substance abuse disorders differ from men in several ways. They experience more difficult physiological and psychosocial courses, and are more likely to suffer from a comorbid depression and suffer from more shame guilt, interpersonal problems and financial difficulty than men. Due to poor socialization, women are also more likely to be in situations of helplessness than men. Although women have special treatment needs, they are less likely to receive treatment.

For a pregnant woman, substance abuse is double danger. Firstly substances may harm her own health, interfering with her ability to support pregnancy. Second, some substances can directly impair foetal development.

#### **Epidemiology**

The prevalence of alcohol abuse in women is almost half that in men in world. In India, chewing tobacco is common practice among many women across the country. National multi-centered studies in early 1980s reported negligible substance use rates among women. The findings in 1990s also indicate that substance abuse was predominantly male phenomenon and that 92 to 94% of women had never used substances in their lifetime.

#### **Etiology**

1. **Genetic differences:** Genetic research is demonstrating a link between substance abuse

in parents and similar occurrence in their offspring.

2. **Social factors:** The stressful life style, poverty, hopelessness and frustration lead to substance abuse. Divorce, broken family, death of spouse and lack of a meaningful relationship are also contributory factors. Childhood sexual abuse increases the risk for substance abuse.

3. **Psychological factors:** Women substance abusers use substances to cope with low-self esteem, personal stress, and external locus of control.

4. **Family system:** The difficulties in marital relationship results in pain and the vulnerable spouse begins to use chemicals to offset the frustration. This, in turn, creates new disharmony. Soon the family is in rigid disorganization and problem solving becomes difficult and one family crisis follows another.

#### **Management**

**Assessment:** For any woman with substance use problem, the following questions need to be answered.

- 1) Does the woman have a significant problem related to substance use?
- 2) What is the severity of substance use and are there any complications?
- 3) What kind of treatment will be required?

#### **Screening**

The goal of screening for substance abuse disorders is to identify individuals who are at risk of developing substance related problems and who need further assessment to diagnose or treat their substance-abuse disorder.

### **Nursing intervention**

Since substance abusers differ greatly in respect to both severity of dependence and factors contributing to their abuse. No one type of treatment program will work for every individual. Often several approaches may be required. Nursing interventions vary depending on the nature of the current problems and their severity. Monitoring vital signs and neurological functioning are necessary, where as when the substance abuse problem is secondary to other physical or psychiatric problems, education of patient and family may be priority.

### **Treatment approaches to substance dependence in women**

- 1 Establishing confidentiality and rapport, being non-judgmental.
- 2 Assessment of severity of problem.
- 3 Educate ill effects of substance on her and on her family and fetus if she is of reproductive age.
- 4 Feed back of damage due to substance.
- 5 Help in reduction or abstinence and in handling high-risk situations.
- 6 Increase self-esteem.

### **Intervention**

Interventions include: -

- 1) Pharmacological Treatment
- 2) Non-pharmacological treatment

#### **1. Pharmacological treatment**

Most of patients with substance use disorder will need pharmacotherapies to treat or prevent withdrawal symptoms to promote abstinence and prevent relapse. (Please refer chapter on pharmacologic treatment of substance abuse)

### **2. Non pharmacological treatment**

A number of psychosocial approaches have received controlled empirical evolution in treatment of substance-use disorders.

#### **Low intensity approaches: -**

These include brief motivational interventions and referral to "Self-help" groups.

Brief interventions are used as an approach in individuals who are not dependent on a substance but whose use is considered harmful or problematic. These individuals are not usually "patients" as they are identified in primary care, legal or occupational settings and not seeking treatment for substance abuse. The essential ingredients of such intervention include feedback of personal risk, personal responsibility for change, and advice to change, menu of alternative change options, therapist empathy and facilitation of self-efficacy. Self-help group is fellowships of individuals with common problems. Referral to these groups via "Alcoholics anonymous" (AA) and "Narcotics anonymous" (NA) are commonly used strategies in addition to other approaches. Both are dealt with in detail in other sections of this manual.

**High Intensity approaches: -**The above approaches may not be effective for severe or complicated cases and referral to specialty substance-abuse treatment may be required. This includes cognitive-behavioral interventions, marital and family therapies, short-term psychodynamic and interpersonal approaches and disease model approaches.

### **Section IV: Effects of maternal substance abuse in neonates**

Substance abuse is a clearly documented threat to both mother and fetus. Infants who were

exposed to substances throughout pregnancy are reported to have significant decrease in mean birth weight, length and head circumference. The risk of pre-maturity can be reduced by a factor of two to three with adequate prenatal care.

Some substances can be harmful when used at any time during pregnancy, others however, are particularly damaging at specific stages.

- **At the stage of organ formation:**

Most of the body organs and systems of foetus are formed within the first ten weeks or so of pregnancy. During this stage, some substances and alcohol in particular can cause malformations of such parts of developing fetus such as heart, the limbs, and the facial features.

- **At the stage of prenatal growth:**

After about the tenth week, the fetus should grow rapidly in weight and size. At this stage, certain substances may damage organs that are still developing such as eyes, as well as nervous system. Continuing substance use also increases the risk of miscarriage and premature delivery. The greatest danger substances pose at this stage is their potential to interfere with normal growth. Intrauterine growth retardation is likely to result in a low birth weight baby - a baby born too early, too small, or both. Low birth weight babies require special care and run a much higher risk of severe health problems or even death.

- **At the stage of birth:**

Some substances can be especially harmful at the end of pregnancy. They may make delivery more difficult or dangerous, or they may create health problems for the newborn baby.

### **Alcohol:**

Alcohol is one of the most dangerous substances for pregnant women, especially in early weeks. In the mother's body, alcohol breaks down chemically to a cell-damaging compound that is readily absorbed by fetus. Heavy drinking during early pregnancy greatly increases the risk of a cluster of birth defects known as fetal alcohol syndrome. This cluster includes a small skull abnormal facial features and heart defects, often accompanied by impeded growth and mental retardation. Heavy drinking in late pregnancy may also impede growth. Furthermore the functional integrity of basal ganglia is affected by prenatal alcohol exposure results in Down's syndrome in child.

### **Tobacco:**

Smoking during pregnancy appears to raise the risk of miscarriage. But the primary danger is hindered fetal growth, Nicotine depresses the appetite at a time when a woman should be gaining weight, and smoking reduces the ability of the lungs to absorb oxygen. The fetus, deprived of sufficient nourishment and oxygen, may not grow as fast or as much as it should.

### **Cocaine and Methamphetamines:**

These are powerful stimulants of central nervous system. They suppress the mother's appetite and exert other forces on her body, causing the blood vessels to constrict, the heart to beat faster and blood pressure to soar. The growth of fetus may be hindered, and there are higher risks of miscarriage, premature labor and a condition called abruptio placenta. If these substances are taken late in pregnancy, the baby may be born substance dependent and suffer withdrawal symptoms, such as tremors, sleeplessness, muscle spasms and sucking difficulties. Some

experts believe learning difficulties may later develop.

#### **Heroin and other Narcotics:**

Heavy Narcotics use increases the danger of premature birth with such accompanying problems for infant as low birth weight, breathing difficulties, low blood sugar and bleeding within the head. The babies born to opiate dependent mothers show opiate withdrawal when new born. IDU mothers may become infected with HIV virus from contaminated needles and have high risk of passing the virus into their babies.

#### **Inhalants:**

At least one inhaled substance has been clearly connected with birth defects. The organic solvent toluene, widely used in paints and glues, appears to cause malformations like those produced by alcohol.

#### **Nursing Assessment: -**

The most accurate way to identify a woman who is using substance during pregnancy is to ask her. There are two critical reasons for this. First, urine testing is only an indicator of substance use within the last 48-72 hours. The more accurate test of hair sampling is expensive and not widely used. Meconium testing is also expensive and does not prevent problems during pregnancy. Second, an expectant mother's greatest desire is to have a normal and healthy baby. The stigma associated with substance use may require that nurses ask women more than once about substance intake.

#### **Assessment of newborn: -**

1. Review the child's growth pattern- Height, Weight, and Head circumference

2. Look for neuro-developmental concern- Head Circumference, Delay in speech development, altered motor skills, Sleep disturbances, reduced attention and learning deficits.
3. Other physical abnormalities -facial features, cardiac anomalies and function, limb deformities and ophthalmologic problems.

#### **Intervention:**

1. Ensure exclusive breast-feeding during first 6 months of life.
2. Adaptive behaviors also are important in determining the long terms effects associated with FAS. Adaptive behaviors illustrate how a child performs daily activities that are required for personal and social competence. These behaviors may be medical, physical social, emotional or familial and include skills used daily such as walking, talking, dressing and completing household chores.
3. Pediatric nurses follow a child from birth to adolescence in clinical and outreach setting and are in a unique position to recognize delays in development or central nervous system dysfunction.

#### **Supporting families: -**

Research focused on parents raising a child with disabilities has increased over the past three decades. Professional and peer support of families are seen as critical to decreasing stress and increasing resilience in families.

#### **Conclusion**

1. Extent and severity of substance use problem among offenders, physically handicapped and homeless is relatively unknown. Early identification, effective treatment availability and appropriate brief

nursing intervention help to decline the problem.

2. Older people are not immune to the development of substance misuse and dependence on legal and illicit substances as well as prescribed and “over the counter medication”. The nature and extent of the problem and associated physical and psychological co-morbidity is greatly underestimated.
3. Prescribed medication should not be shared and relatives or friends should be aware of the risk of recommending or giving potentially addictive substance to older people.
4. General and specialist physicians and nurses have a responsibility in the detection and identification of the severity of the disorders and associated so that appropriate or specialist interventions can be efficiently accessed and implemented.
5. Physicians should be aware of the local arrangements regarding referral of the elder person for specialized help and the process should be a rapid as possible.
6. It should be emphasized that once recognized older addicts have a good chance of reducing or abstaining.
7. Substance abuse and dependence is often associated with other co-morbid conditions in women. These disorders are further complicated by pregnancy. If a substance dependent woman became pregnant, it affects both mother and baby.
8. Some substances can be harmful when used at any time during pregnancy, others, however, are particularly damaging at specific stages.
9. Clinical research on the treatment of this population has been limited. Along with pharmacological approach other approaches

are also necessary such as family therapy, marital therapy, cognitive behavioral interventions etc. for treatment and care of substance abuse among women

## **Section V: Substance abuse in health care professionals**

### **Introduction**

Health care professionals are said to be at risk of substance misuse. Substance misuse by health care professionals raises many concerns, including the threat to patient care. Self medication is common health care professionals as they have relatively easy access to psychoactive substances. Many have stress due to frequent contact with illness and death and disrupted sleep and social life. In addition to negative effects on the individuals physical and mental health and negative effect on their families, substance misuse may threaten the ability to provide adequate patient care. Those in specific specialties are noted to be at higher risk, which include emergency medicine, psychiatry and anesthesia. Recognition of the risk of substance misuse should be explicitly included early in the training of health care workers. Special treatment programme should be holistic in approach and should not concentrate solely on substance misuse issues but include the treatment of depression, anxiety, sexual and adjustment disorders.

### **Epidemiology:**

In an Australian study, 42.1% of male doctors and 52.9% of female doctors had written prescriptions for themselves in the past years. A recent conference stressed that all medical practitioners are at risk of substance misuse problems.

Professionals from several specialties were found to have preferences for specific substances: physicians working in emergency, anesthesia and chronic pain clinics are likely to use opiates. A strong association was found between Psychiatrists and benzodiazepine use, family practitioners and obstetricians had a significantly higher prevalence than all physicians for narcotic use.

In one study, illicit substance use was reported by 33.1% of medical students. Cannabis was the most commonly used substance (28.3% of men and 35.6% of women).

In 1987, The American Nurses Association estimated that 10-20% of nurses had substance abuse problems, and that 6.8% of nurses were impaired because of their alcohol and other substance abuse.

Piko/conducted a cross-sectional study among 218 female nurses in Hungary. She found significant associations between the use of alcohol, tranquilizers and sleeping pills by stress level.

### **Etiology**

A number of factors have been implicated in the predisposition to abuse of substances. At present, there is no single theory that can adequately explain the etiology of this problem.

### **Biological factors**

An apparent hereditary factor is involved in the development of substance-use disorders. This is especially evident with alcoholism, less, with other substances. Other studies have shown that male biological offspring of alcoholic fathers have a four times greater incidence of alcoholism than offspring of non alcoholic fathers.

A second biological hypothesis relates to the possibility that alcohol may produce morphine-like substances in the brain causing euphoria that are responsible for alcohol addiction.

### **Psychological factors**

Having once experienced the gratification of a supportive, substance induced pattern of ego functioning, users attempt to repeat this satisfying experience as a solution to their own conflicts

Research suggests that certain personality traits may play an important part in both the development and maintenance of alcohol dependence. Characteristics that have been identified include impulsivity, negative self concept, weak ego, low social conformity, neuroticism and introversion. Substance abuse has also been associated with antisocial personality and depressive response styles.

### **Sociocultural factors:**

Various studies have shown that children and adolescents more likely to use substances if they have parents who provide a model for substance use. Peers often exert a great deal of influence for the use of substances for the first time. This is particularly true in the work setting. In situations where drinking is valued and is used to express group unity with plenty of leisure time available, chances of alcohol abuse are high.

Another important learning factor is the effect of the substance itself. Many substances create a pleasurable experience that encourages the user to repeat it.

Clues for substance abuse by health care professional :

- 1) Has extreme interest in giving the medications and in carrying the narcotic box keys. The dependent nurse tends to hang around the unit when they are not on duty, since this is the source of their supply.
- 2) Medicates another nurse's patient.
- 3) Always uses the maximum amount of PRN dosage when the other nurse thinks it's useless. The PRN medications present the most opportunity to divert drugs.
- 4) Patient complains that the sedation given on one shift does not seem to be as effective as on others.
- 5) Patients complain that they did not receive a sedative when the record indicates they did.
- 6) Physical changes in multiple dose vials such as cloudiness or lightness in color. When stealing by substitution, the nurse will remove part of the drug and substitute with normal saline or distilled water.
- 7) Frequent wastage by one nurse such as spillage or drawing blood into the syringe.
- 8) Supplies in the emergency room seem to be missing, these may be easily diverted, as records are sometimes less accurate.
- 9) Entire stock of one drug may disappear from the pharmacy, along with the sign out sheet. This may be written off as an accounting error.

**Clues apparent in job interviews**

- 1) Hazy references.
- 2) History of frequent job changes.
- 3) Signs in Physical appearance.
- 4) When nursing shortages are acute, supervisors tend not to verify references.

We can manage these workers as follows:

**Medical Managements or (Psychopharmacology):**

Several medications can help an individual overcome the symptoms of substance withdrawals. These are dealt with in detail in another section of this manual..

**Nursing management:**

**General Interventions:** Primary nursing intervention in a substance dependence treatment program are helping the patient acknowledge the substance dependence and facilitating the patient's development of effective coping skills in this type of program. The nurse works as an integral part of the treatment team in providing consistent limits, structured support, education and referrals for continued support. In case of Alcohol dependence, treatment goals focus on facilitating the Patient's insight, fostering self-esteem, and helping the patient develop coping and problem- solving skills.

**Management programmes for substance dependent health care professionals:**

Programmes were organized either at local, regional or national levels.

One study concluded that the need for dedicated services was justified in order to protect patients and confirmed that doctors are a scare resource with a high morbidity rate. A local support network can be established as present in UK. (British Medical Association Counselling Service for Sick Doctors Trust.)

## Conclusion:

There is a need for future research to focus on high-risk groups. In order to understand the impact of substance misuse in the population of health care workers and to make comparisons within population groups, standard questions about substance misuse should be included in health and lifestyle studies. Investigations should move beyond asking about alcohol and nicotine only. Longer term follow up studies would provide more information about co-morbidity, relapse rates and the determinants of relapse, thus contributing to the planning of effective treatment programs.

The need for special services for addicted doctors has been highlighted. Reporting trends in the misuse of substances by healthcare workers need to reflect current prescribing patterns, current fashions in the misuse of substances, changes within the specialties and gender differences.

Health care workers should be alerted to the risks of substance misuse from early on in their training. Although healthcare settings offer more opportunities for access to substances with abuse potential and also for treatment, the latter may be much more difficult to access.

## Suggested reading materials

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## **Suggested slide material**

### **Slide-1**

#### **Major reason of substances abuse and criminal behaviour**

- Poverty
- Migration
- Unemployment
- Frustration
- Starvation

### **Slide-2**

#### **Incidence**

- Mental Illness and substance abuse disorders are high in offenders
- Prevalence rate is 49% for substance abuse in offenders and 67% of substance abuse is due to alcohol use.

### **Slide-3**

#### **Etiology**

- Biological Factors
- Personality Factors
- Psychological Factors
- Socio-cultural Factors.

### **Slide-4**

#### **Management**

- Assessment
- Screening
- Diagnosis
- Detoxification
- Brief Nursing Intervention

### **Slide 5**

#### **Nursing Intervention for offenders and homeless with substance abuse**

- Develop trust and accept the patient as an

individual.

- Collect information accurately
- Explain the treatment option for patient
- Set limits
- Explanation about the treatment options.
- Assess the patient motivational level
- Create awareness about harmful consequence of substance use
- Involvement and support of family members should identify and involve them in the therapy.

### **Slide 6**

#### **Etiology of substance abuse in old age**

Biological

Psychological

Social

### **Slide 7**

#### **Nursing Intervention for older groups with substance abuse**

- Show warmth, support, respect and understanding in communication with patients
- Provide treatment options
- Family motivation and enhance support
- Participate in diversional activities

### **Slide 8**

#### **Etiology of substance abuse in women**

1. Genetic differences
2. Social pressure
3. Stress
4. Family system

#### **Slide 9**

##### **Treatment approaches to substance dependence in women**

- Establishing confidentiality and rapport, being non-judgment.
- Assessment of severity of problem.
- Educate ill effects of substance to her and family and fetus
- Feed back of damage due to substance.
- Help in reduction or abstinence and is handling high-risk situations
- Increase self-esteem.

#### **Slide 10**

##### **Substance abuse among health professionals**

- Health Care Professionals are great risk to be Substance Abuse.
- Emergency Medicine, Psychiatrist, Anesthetist and nurses are in High Stress Specialties and they are more prone to be substance abuse.
- Easy availability of psychoactive substance is other reasons for substance abuse in this group.

#### **Slide 11**

##### **Incidence of substance abuse among healthcare professionals**

- In the U.S.A. 10-15% of Physician will develop Chemical dependence during the

life time.

- British Medical Association estimated that one doctor in 15 could suffer from some form of dependence.
- Several Specialties were found to have preference for specific substance

#### **Slide 12**

##### **Etiology**

- Biological Factors
- Psychological Factors
- Socio cultural Factors

#### **Slide 13**

##### **Clues for substance abuse by health care professionals**

##### **Management of substance abuse in professionals**

- Assessment
- Screening
- Diagnosis
- Detoxification
- Brief Nursing Intervention

#### **Slide 14**

- Conclusion
- Future direction