



Nurse-Led Interventions in the De-Addiction Setting: Current State of Evidence

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Abstract: Substance abuse is one of the most life-threatening illnesses worldwide, which can be associated with adverse consequences related to repeated use of the substance. Nurses are directly involved in providing care for patients with substance abuse disorder. Therefore, they are in a key position to help patients suffering from substance abuse. However, the nurse's role in the assessment and management of substance abuse is not well-defined. There is substantial data available on various nurse-led interventions on reducing substance use disorders and are majorly based on preventive and psychosocial interventions. The present article provides an account of the summary of the involvement of nurses in the various de-addiction setting. Nurses should acknowledge the extent of the problem and the importance of various interventions for alcohol and other psychoactive substances. There is a need to develop standards and implementation protocols as per the area of involvement such as PHCs, general hospital wards, or outpatient settings. Screening must be incorporated with routine clinical practice when assessing new patients and during periodic reviews. As the largest members of the health care team, nurses can make a significant impact on reducing substance use disorders by engaging in related interventions. But nurses lack courage due to time inadequacy, lack of confidence, and knowledge. Education, training & evidence-based researches can only help the nurses for the effective implementation of these interventions.

Keywords: Nurse-led interventions, de-addiction

1. INTRODUCTION

Substance abuse is one of the most life-threatening illnesses worldwide, which can be associated with adverse consequences related to repeated use of the substance. Untreated substance abuse might result in disturbances in social, occupational, or recreational activities. Furthermore, intoxication and withdrawal might have devastating impacts on health. [1] Substance use disorder (SUD) is a prevalent health issue with serious personal and societal consequences. SUDs are often associated with various physical health problems [2, 3], comorbid with other psychiatric disorders [4] and implicated in significant social and economic consequences. [5, 6] The substantial increases in access to care for SUDs have led to a greater emphasis on evaluating interventions to identify best practices for SUD treatment in healthcare systems. [7] There is no single intervention appropriate for all individuals with substance abuse. The effective intervention should

consider the multiple needs of the individual with substance abuse, not only drug use.

2. PATHWAYS OF CARE IN DE-ADDICTION: ROLE OF NURSE

Nurses are directly involved in providing care for patients with substance abuse disorder. Therefore, they are in a key position to help patients suffering from substance abuse. However, the nurse's role in the assessment and management of substance abuse is not well-defined. [8] Nurses should anticipate addiction and be aware of their risk factors. They should accurately assess patients and immediately report any signs and symptoms of addiction. Sudden change in behaviors and personality, social isolation, poor occupational performance, preoccupation with substances abused, and sudden weight loss are among the commonly reported symptoms of substance abuse. Nurses need to know the most common substances that cause abuse such as Alcohol, Amphetamines, Caffeine, Cannabis, Cocaine, Hallucinogens,

Inhalants, Nicotine, Opioids, Phencyclidine, Sedative, and hypnotics, or anti-anxiety agents. To better assess substance abuse in patients, nurses should use specific and valid screening tools such as the CAGE questionnaire for screening of Alcoholism. Furthermore, nurses should be aware of the laboratory tests used to assess patients with substance abuse such as blood alcohol levels. During the assessment phase, nurses should examine their feelings and avoid stigmatizing patients with substance abuse. [9]

Nurses should help patients to overcome many barriers that negatively influence attitudes toward seeking professional help, including lack of knowledge, denial, comorbidity, embarrassment, and lack of support. Nurses can participate in different management modalities for patients with substance abuse disorders such as conducting individual therapy for clients with the substance-related disorder who have high levels of anxiety and inadequate coping mechanisms. [10]

Nurses can discuss with the patient possibility of relapse and refusal to continue therapy. In a group setting, nurses can facilitate group discussions to enhance sobriety and willingness to share experiences. The adequate period spent in treatment is critical to achieving sobriety. Nurses can also instruct patients to do behavioral modifications and use specific medications such as Disulfiram (Antabuse). No specific antidotes are available for all substances abused, and each substance usually has a specific antidote to be used. During the detoxification process, the nurse should provide a calm and supportive environment for the patient and administer the needed therapy as ordered. Most symptoms of intoxication are self-limited and resolve within a few days after the supportive treatment. During the intoxication process, most patients experience acute symptoms such as anxiety, agitation, and tremor. Most of the time, anxiety, agitation, and seizures are treated by benzodiazepines.

For the severe agitation, antipsychotics are used. [11] Abrupt discontinuation of the substances abused is usually not recommended. However, some substances such as stimulants and hallucinogens can be discontinued without tapering off or replacement with another therapy as they have rare and low-grade withdrawal symptoms. [12] If necessary, intravenous fluids and antiemetics are administered during supportive care. Unsurprisingly, patients with severe intoxication symptoms should have frequent neurological assessments and be initially

attached to continuous cardiac monitoring with pulse oximetry. [13]

When the condition of the patient becomes better, nurses should promote understanding of the physical symptoms and how to deal with them. The nurse can explain to the patient the causes of substance abuse. Immediately before discharge, the nurse should encourage continued participation in outpatient support systems and long-term treatment. Patients should be also instructed about alternative sources of satisfaction and coping strategies. The patient should acknowledge the relationship between everyday life problems and substance use. Nurses should tell patients that substance abuse disorder is a mental illness like schizophrenia and depression and could be associated with poor coping strategies. [14] Interventions directed toward increased self-worth are encouraged. Safety is an important aspect that should be prioritized to assure that the patient has not caused harm to self or others or caused any physical injury to others. The most important point before discharge is to support the patient to assume responsibility for his or her behavior and to verbalize the importance of abstaining from the use of substances. Finally, after discharge, a long-term follow-up is recommended, and the nurse can work as a liaison between the patient and the community services. [15]

There is substantial data available on various nurse-led interventions on reducing substance use disorders and are majorly based on preventive and psychosocial interventions. Various approaches in preventive interventions include school-based prevention programmes [16], family-based prevention programmes [17], restricting or banning on related advertisements. [18] Most of the nurse-led interventions are psychosocial interventions that aim to cut down or reduce current pattern substance use and incorporates strategies such as motivational interviewing, cognitive-behavioral therapy [19] and screening, and brief interventions. Brief intervention is a time-limited psychological treatment strategy in which structured therapy of short duration is offered to assist an individual to stop or reduce harmful or hazardous drinking. Screening is often offered before the brief intervention and the length of the intervention is determined by the risk levels of alcohol use as per the screening instrument. [20]

2.1. Nurse-Led Screening and Brief Interventions in the De-Addiction Setting

As the biggest component of the health care workforce, nurses can make a significant impact

in reducing the harmful use of alcohol by engaging in screening and BIs. Empirical evidence exists for the involvement of nurses in the delivery of BIs for hazardous or harmful use of alcohol in primary health care and inpatient hospital settings. [21, 25] A systematic review compared the efficacy of nurse-conducted brief interventions (NCBIs) in reducing alcohol consumption, by looking at with treatment as usual compared to other treatments and general physician delivered brief interventions. The review concluded that five trials reported a statistically significant reduction in alcohol consumption in the intervention group with 6-12 months to follow up period in which two trials having the opinion that BI delivered by nurses was as efficacious as by physicians. Empirical evidence exists for the involvement of nurses and midwives in the delivery of brief interventions for hazardous or harmful use of alcohol in primary health care and inpatient hospital settings. [26, 36]

The evidence for nursing involvement in screening and brief interventions in hospital emergency departments is weaker, and it may be that emergency departments, where patients often present with acute or critical health needs, are not suitable environments for discussion of a topic such as substance use.

Findings from studies of brief interventions conducted in outpatient clinics, during an appointment after initial treatment of an injury, indicate that this is an area where screening and brief interventions can be very effective. The studies that tested interventions delivered to hospital inpatients used relatively small samples, but the results suggest that the interventions had been effective. [37, 44]

Although nurses working in primary health care generally assess patients' alcohol use, it appears that they seldom use validated screening tools. While nurses do give advice and information to patients whom they consider to be hazardous and harmful drinkers, there is some evidence that they are working from a low knowledge base. As a consequence, the interventions may be inappropriate, or opportunities to intervene may be missed. Findings from this review suggest that few hospital nurses routinely screen patients for alcohol use, and there is little evidence of nurses' or midwives' practice regarding screening and brief interventions for the hazardous and harmful use of other substances. Many studies pointed out the practice of nurse-led interventions in the de-addiction setting. [45, 54]

2.2. Nurse-Led Cognitive -Behavioral Interventions in De-Addiction Settings

The various components of cognitive-behavioral interventions were used for decreasing substance abuse among the various population. The available literature suggests the involvement of nurses as a therapist in reducing substance use in diverse settings such as school health setting. [55] The nurse's role in delivering family-based therapies includes counseling, promotion of self-care activities, developing strengths and resources, providing supportive therapy, education, health teaching, and ultimately, building resiliency in youths and their families. [56] Nurses also address adolescents' substance use and related problems by enhancing family function through building skills related to communication and conflict resolution. [57] Interventions may include developing contracts to reinforce behaviors associated with abstinence from drugs, implementing skill-based interventions and training, developing communication skills, and facilitating access to education and training opportunities that can help the young person develop the skills necessary to obtain employment or attend school. [58]

2.3. Nurse-Led Interventions on Decreasing Substances among Homeless Youth

A community-based participatory action pilot study assessed the impact of a nurse-led intervention on decreasing the use of drugs and alcohol among a sample of homeless young adults (N=154) visiting a drop-in site in Santa Monica, California. The program consisted of an HIV/AIDS and Hepatitis Health Promotion (HHP) program led by nurses. Six-month follow-up data were obtained from 100 of these individuals. Findings revealed significant reductions in alcohol and marijuana use and binge drinking. The successful outcomes of the study intervention recommend the utility of nurse-led promotion strategies to decrease drug and alcohol use and other risky behaviors in homeless youth populations. [55]

2.4. Nurse-Led Interventions in De-Addiction Settings Future Directions

Nurses should acknowledge the extent of the problem and the importance of various interventions for alcohol and other psychoactive substances. There is a need to develop standards and implementation protocols as per the area of involvement such as PHCs, general hospital wards, or outpatient settings. Screening must be

incorporated with routine clinical practice when assessing new patients and during periodic reviews. Moreover, continuous education is required to utilize the available resources such as validated screening tools and manuals for the delivery of various interventions, amended as necessary for a range of clinical settings;

3. CONCLUSION

As the largest members of the health care team, nurses can make a significant impact on reducing substance use disorders by engaging in related interventions. But nurses lack courage due to time inadequacy, lack of confidence, and knowledge. Education, training & evidence-based researches can only help the nurses for the effective implementation of these interventions.

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