NARAYANA
COLLEGE OF NURSING

Dr.Anjani devi M.Sc(N), Ph.D.
Associate Professor cum HOD
Department of Mental Health Nursing
Narayana college of Nursing

What is

ADDICTION

& Substance Abuse?

SUBSTANCE ABUSE

Disorders due to Psychoactive substance use refer to conditions arising from the abuse of Alcohol, Psychoactive drugs & Other Chemicals such as Volatile Solvents.

TERMINOLOGIES

Substance refers to any Drugs, Medication, or Toxins that shares the potential of abuse.

Addiction is a Physiological & Psychological dependence on Alcohol or other drugs of Abuse that affects the Central Nervous System in such a way that withdrawal symptoms are experienced when the substance is Discontinued.

Abuse refers to Maladaptive pattern of Substance use that impairs health in a board sense.

Dependence refers to certain Physiological & Psychological phenomena induced by the repeated taking of a Substance.

Tolerance is a state in which after repeated administration, a drug produced a decreased effect, or increasing doses are required to produce the same effect.

Withdrawal State is a group of signs & symptoms recurring when a drug is reduced in amount or withdrawn, which last for a limited time.

ICD – 10 CLASSIFICATION

F10 – F19 Mental & Behavior Disorders due to Psychoactive Substance Use.

F10 - Mental & Behavior Disorders due to use of Alcohol.

F11 - Mental & Behavior Disorders due to use of Opioids.

F12 - Mental & Behavior Disorders due to use of Cannabinoids.

F13 - Mental & Behavior Disorders due to use of Sedatives & Hypnotics.

F14 - Mental & Behavior Disorders due to use of Cocaine.

F16 - Mental & Behavior Disorders due to use of Hallucinogens.

COMMONLY USED PSYCHOTROPIC SUBSTANCE

- Alcohol
- Opioids
- Cannabis
- Cocaine
- Amphetamines & other sympathomimetics
- Sedatives & Hypnotics
  (Eg : Barbiturates)
- Inhalants (Eg : Volatile Solvents)
- Nicotine
- Other Stimulants
  (Eg : Caffeine)

ETIOLOGY

BIOLOGICAL FACTORS

Genetic Vulnerability :

Family History Of Substance use Disorders

Biochemical Factors :

- Role of Dopamine & Nor-epinephrine have been implicated in Cocaine, Ethanol, & Opioid Dependence.
- Abnormalities in Alcohol dehydrogenase or in the Neurotransmitter mechanisms are thought to play a role in Alcohol Dependence.

Neurobiological theories :

- Drug addict may have an inborn deficiency of Endomorphins.
- Enzymes produced by a given gene might influence hormones & Neurotransmitters, contributing to the development of a personality that is more sensitive to the peer pressure.
- Withdrawal & Reinforcing effects of drugs.
- Co-morbid medical Disorder (Eg: To Control Chronic Pain)

BEHAVIORAL THEORIES

- Drug abuse as the result of Conditioning / Cumulative reinforcement from drug use.
- Drug use causes euphoric experience perceived as rewarding, thereby motivating user to keep taking the drug.
- Stimuli & Setting associated with drug use may themselves become reinforcing or may trigger drug craving that can lead to relapse.

PSYCHOLOGICAL FACTORS

- General Rebelliousness
- Sense of Inferiority
- Poor Impulse Control
- Low Self-Esteem
- Inability to cope up with the pressures of living & society (Poor Stress Management Skills)
- Loneliness, Unmet needs
- Desire to escape from reality
- Desire to experiment, a sense of Adventure
- Pleasure Seeking
- Machoism
- Sexual Immaturity

SOCIAL FACTORS

- Religious Reasons, Peer Pressure
- Urbanization, Extended Period of Education
- Unemployment, Overcrowding
- Poor Social Support
- Effects of Television & Other Mass Media
- Occupation: Substance use is more common in chefs, Barmen, Executives, Salesman, Actors, Entertainers, Army, Personnel, Journalists, Medical personnel, etc.,

EASY AVAILABILITY OF DRUGS

- Taking Drugs Prescribed by the Doctors (Eg: Benzodiazepine Dependence)
- Taking drugs that can be bought legally without Prescription (Eg: Nicotine, Opioids)
- Taking Drugs that can be Obtained from illicit Sources (Eg: Street Drugs)

PSYCHIATRIC DISORDERS

Substance Use Disorders are more Common in Depression, Anxiety Disorders (Social Phobia), Personality Disorders (Especially Anti-Social Personality), & Occasionally in Organic Brain Disorders & Schizophrenia.

CONSEQUENCES OF SUBSTANCE ABUSE

- This Commonly Leads to Physical Dependence, Psychological Dependence, Or Both.
- It may cause Unhealthy Lifestyles & Behaviors Such as poor diet.
- Chronic Substance abuse impairs Social & Occupational Functioning, Creating Personal, Professional, Financial, & Legal Problems (Drug Seeking is commonly associated with Illegal Activities, Such as Robbery or Assault).

- **Drug Use Beginning in early Adolescence may lead to emotional & behavioral Problems, Including Depression, Family Problems with Relations, problems with or Failure to Complete School, & Chronic Substance abuse Problems.**
- **In Pregnant women, substance Abuse Jeopardizes (Danger of Loss) fetal Well-being.**
- **Psychoactive substances Produce negative Outcomes In Many Patients, Including Maladaptive Behavior, "Bad Trips" – Drug Induced Psychosis, & even Long Term Psychosis.**

- **IV Drug Abuse May lead to Life Threatening Complications.**
- **Illicit Street Drugs pose added Dangers; Materials used to dilute them can cause toxic Or allergic Reactions.**

ALCOHOL DEPENDENCE SYNDROME

Alcohol Means Essence, anciently it called as Magnus Hass which is derived from Arabic Word.

Alcoholism refers to the uses of alcoholic Beverages to the Point of Causing Damage to the Individual, Society, Or Both.

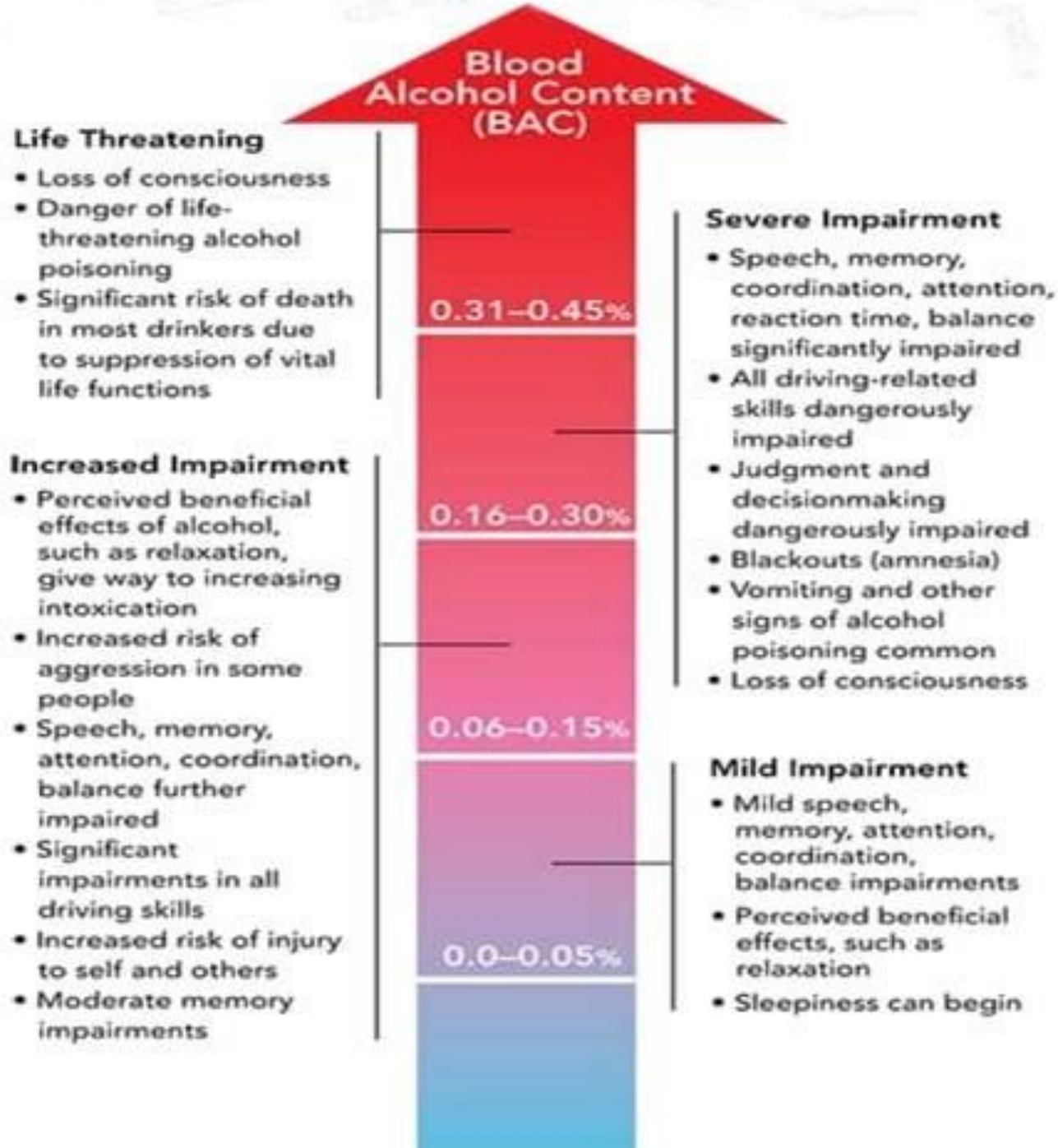
(Or)

Chronic Dependence of Alcohol Characterized by Excessive & Compulsive Drinking that produce Disturbances in mental Or Cognitive level of functioning which interferes with social & Economic Levels.

PROPERTIES OF ALCOHOL

- Alcohol is a Clear Colored Liquid with a Strong Burning Taste.
- The Rate of Absorption of alcohol into the Blood stream is more Rapid than its Elimination.
- Absorption of Alcohol into the Bloodstream is Slower when food is Present in the Stomach.
- A Small amount is Excreted through Urine & a Small Amount is Exhaled.

CONCENTRATION OF ALCOHOL IN BLOOD



EPIDEMIOLOGY

Incidence of Alcohol Dependence is 2% in India.

20 – 30 % of Subjects Aged Above 15years are Current Users Of Alcohol, & Nearly 10% of them are Regular Or Excessive Users.

15 – 30 % Of Patients are Developing Alcohol – Related Problems & Seeking admission in Psychiatric Hospitals.

TYPES OF DRINKERS

MODERATE DRINKERS	PROBLEM DRINKERS
It does not Cause much problems physically & Mentally	It Cause Impaired Health, Family & Society

Spectrum of Psychoactive Substance Use

Casual/Non-problematic Use

- recreational, casual or other use that has negligible health or social effects

Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects

Beneficial Use

- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

Problematic Use

- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration

RISK FACTORS

- Chaotic home environment
- Ineffective parenting
- Little mutual attachment and nurturing
- Inappropriate, shy, or aggressive classroom behavior
- Academic failure
- Low academic aspirations
- Poor social coping skills
- Affiliations with deviant peers
- Perceived external approval of drug use (peer, family, community)
- Parental substance abuse or mental illness

PROTECTIVE FACTORS

- Strong family bonds
- Parental engagement in child's life
- Clear parental expectations and consequences
- Academic success
- Strong bonds with pro-social institutions (school, community, church)
- Conventional norms about drugs and alcohol

CAUSES OF ALCOHOLISM

- Hard physical Labour, (Occupations – Bar mates, Medical Professionals, Journalists & Actors).
- A Sudden loss of Properties or Closed ones.
- Ignorance
- Suddenly a person Become a Rich / Poor.
- Disorders Like Depression, Anxiety, Phobia, & Panic Disorders.
- Biochemical Factors (Alterations in Dopamine & Epinephrine)
- Psychological factors (Low self Esteem, Poor Impulse, Escape From reality, Pleasure Seeking).
- Sexual Immaturity
- Social Factors (Over Crowding, Peer Pleasure, Urbanizations, Religious Reason, Unemployment, Poor Social Support, Isolation).

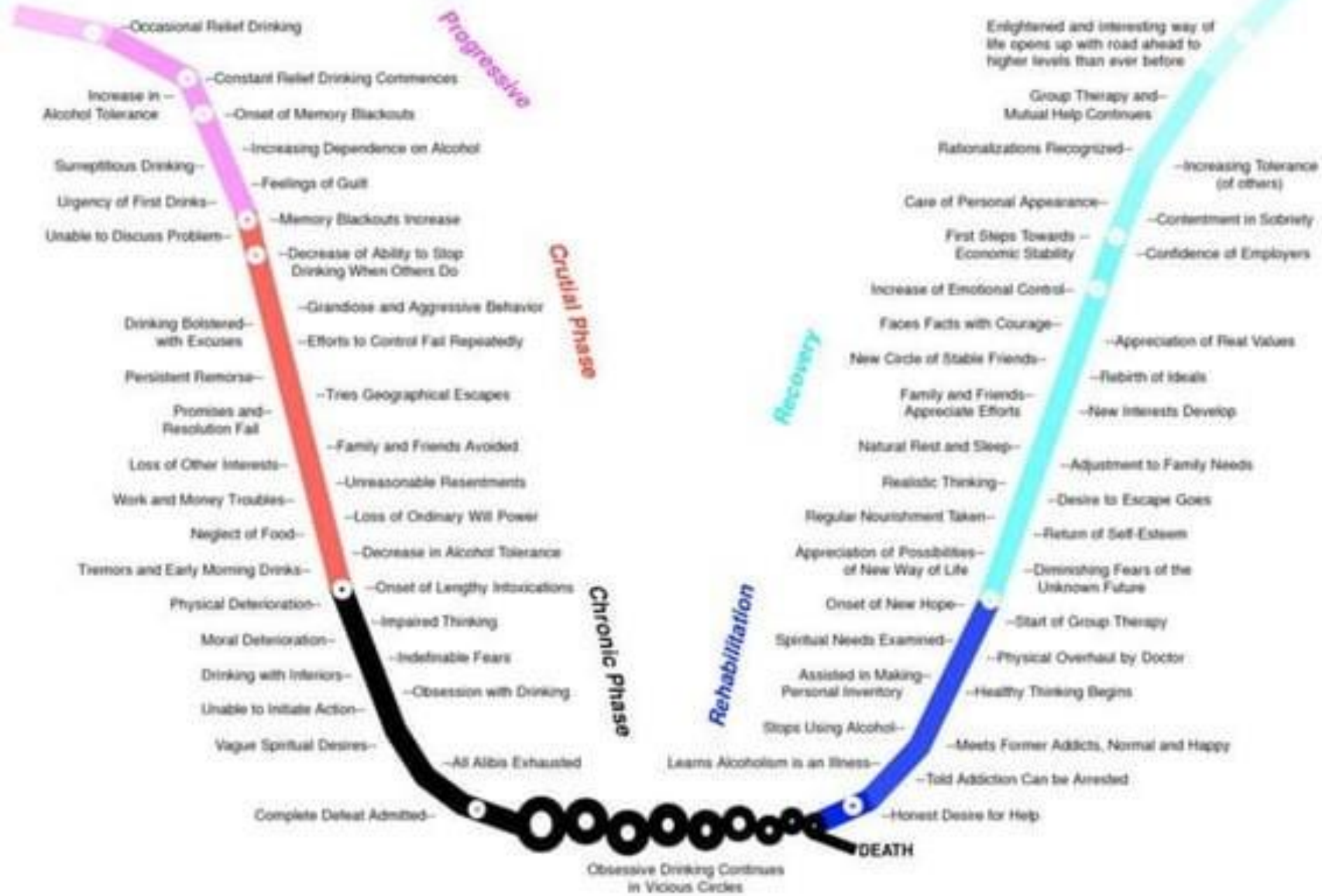
PROCESS OF ALCOHOLISM

- Experimental Stage
- Recreational Stage
- Relaxation Stage
- Compulsion Stage

STAGES OF ALCOHOLISM

- Progressive Phase
- Crucial Phase
- Chronic Phase
- Rehabilitative Phase
- Road For Recovery

A Chart of Alcohol Addiction and Recovery



PHASES OF ALCOHOLISM

Phase - I
Abusive Drinking
Enlargement Of Allostasis
"Kindling"

Phase - II
Dependence Attainment

Phase - IIIa
Repeated Withdrawal
Sensitization of
Negative Symptoms

Phase - IIIb
Repeated Stress
Sensitization of
Negative Symptoms
During Sobriety

Craving During
Withdrawal

Craving During
Sobriety

Phase - IV
Relapse

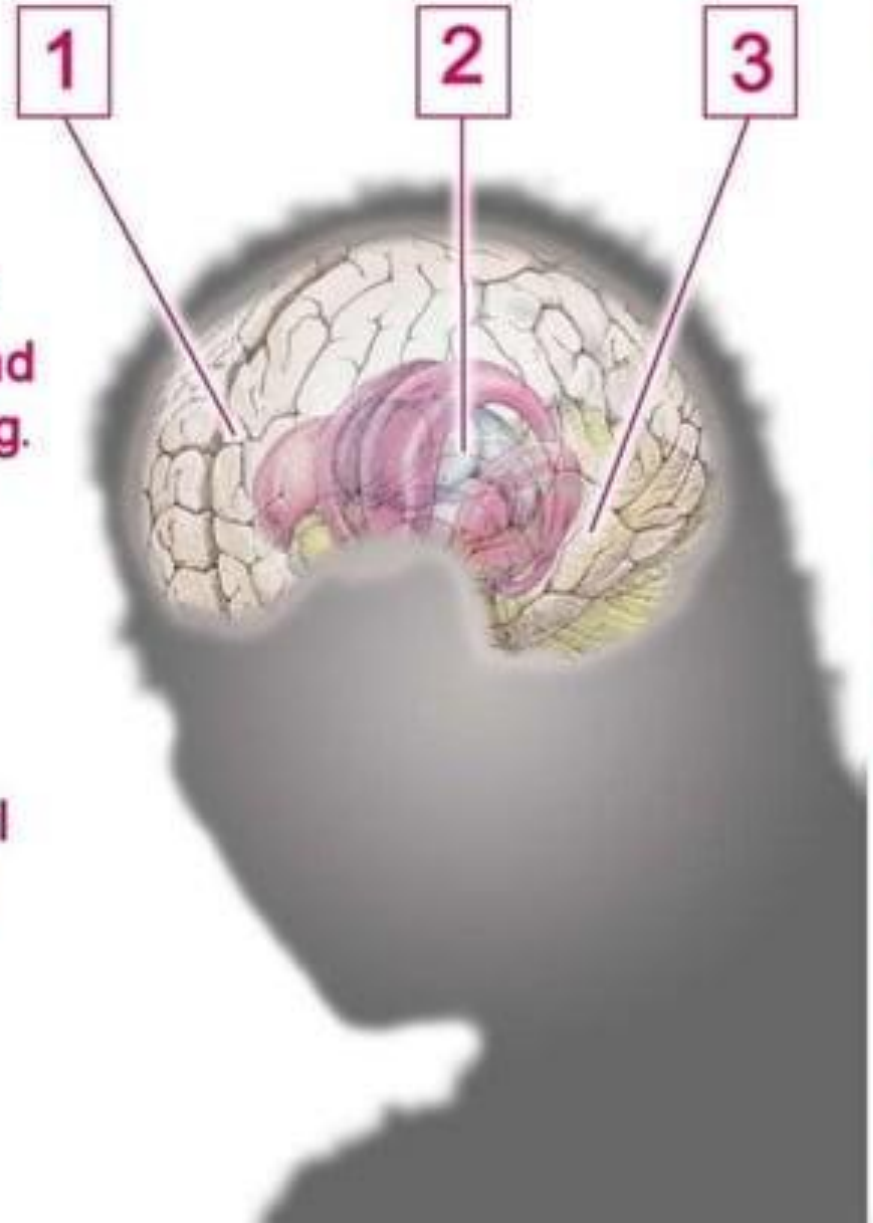
Phase - V
Loss Of Control
upon Relapse

HOW ALCOHOL ATTACKS THE BRAIN

Psychopathology

1.
First, alcohol affects the forebrain and **assaults motor coordination and decision making.**

2.
Then, alcohol knocks out the midbrain, and you **lose control over emotions and increase chances of a blackout.**



3.
Finally, alcohol batters the brainstem as it **affects heart rate, body temperature, appetite and consciousness,** a dangerous and potentially fatal condition.

CLINICAL FEATURES OF ALCOHOL DEPENDENCE

- **Minor Complaints :**

(Malaise, Dyspepsia, Mood Swings Or Depression, Increased Incidence of Infection)

- **Poor Personal Hygiene.**
- **Untreated Injuries (Cigarette Burns, Fractures, Bruises that cannot be fully Explained).**
- **Unusually High tolerance for Sedatives & Opioids.**
- **Nutritional Deficiency (Vitamins & minerals).**

- Secretive Behavior (may Attempt to Hide disorder or Alcohol supply).
- Consumption Of Alcohol-Containing products (Mouthwash, After-Shave lotion, Hair Spray, Lighter Fluid, Body Spray, Shampoos).
- Denial of Problem.
- Tendency to Blame others & Rationalize Problems (Problems Displacing Anger, Guilt, Or Inadequacy Onto Others to Avoid Confronting Illness).

ICD-10 CRITERIA FOR ALCOHOL DEPENDENCE

- A Strong Desire to take the Substance
- Difficulty in Controlling Substance Taking Behavior
- A Physiological Withdrawal State.
- Progressive neglect of Alternative pleasures or Interests.
- Persisting with Substance Use Despite Clear Evidence of Harmful Consequences

PSYCHIATRIC DISORDERS DUE TO ALCOHOL DEPENDENCE

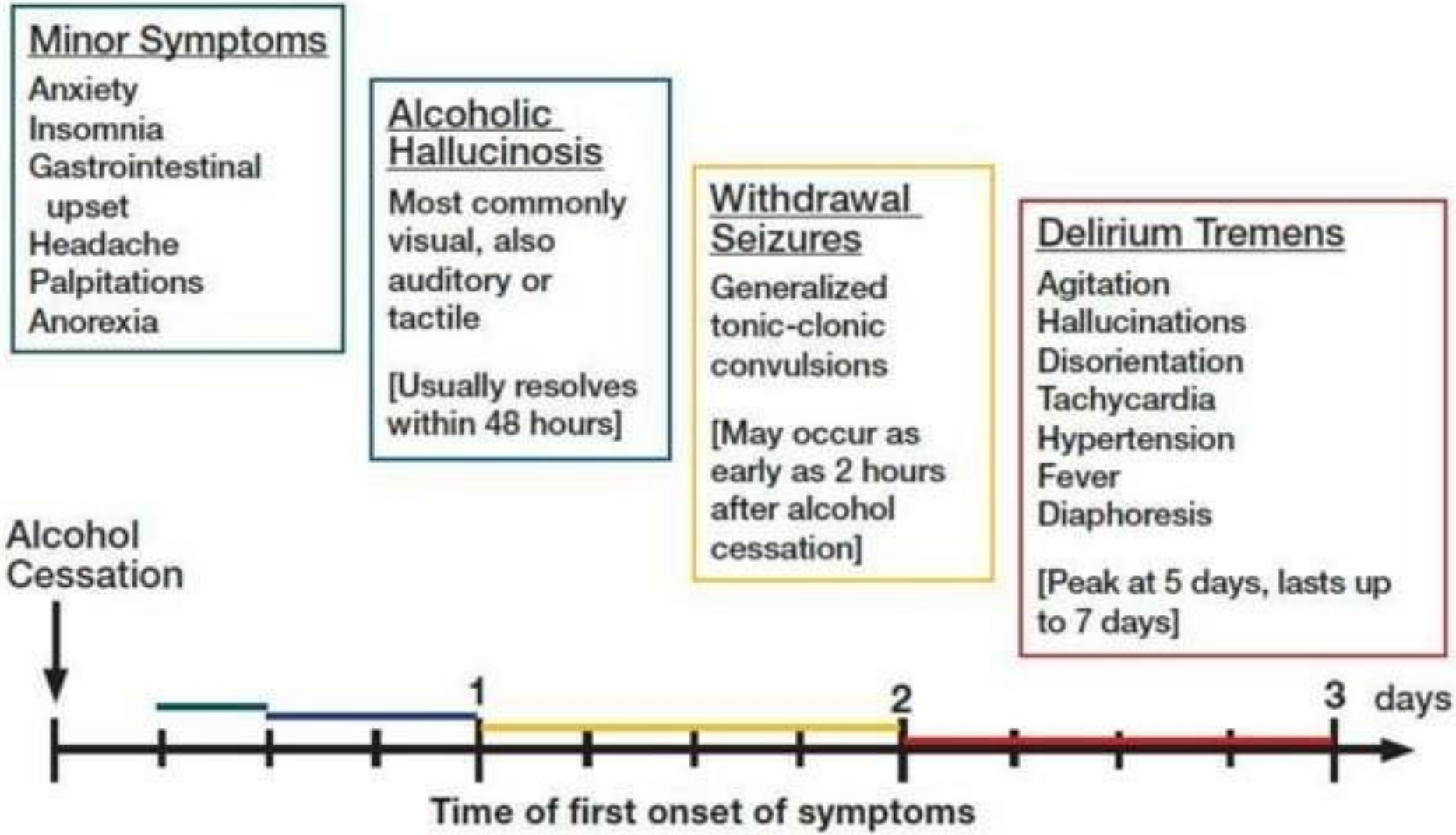
- ✓ Acute Intoxication
- ✓ Withdrawal Syndrome
- ✓ Alcohol-Induced Amnestic Disorders
- ✓ Alcohol-Induced psychiatric Disorders

ACUTE INTOXICATION

It Develops During Or Shortly After Alcohol Ingestion.

It is Characterized by,

- Clinically Significant Maladaptive Behavior or Psychological Changes (Eg's: Inappropriate Sexual or Aggressive Behavior).
- Mood Lability
- Impaired Judgment
- Slurred Speech
- Inco-ordination
- Unsteady gait
- Nystagmus
- Impaired Attention & Memory
- Finally Resulting in Stupor or Coma.


Minor Symptoms
Anxiety
Insomnia
Gastrointestinal upset
Headache
Palpitations
Anorexia
Alcoholic Hallucinosis
Most commonly visual, also auditory or tactile
[Usually resolves within 48 hours]
Withdrawal Seizures
Generalized tonic-clonic convulsions
[May occur as early as 2 hours after alcohol cessation]
Delirium Tremens
Agitation
Hallucinations
Disorientation
Tachycardia
Hypertension
Fever
Diaphoresis
[Peak at 5 days, lasts up to 7 days]
Alcohol Cessation
1
2
3
days
Time of first onset of symptoms

WITHDRAWAL SYNDROME

- Person Who Have been Drinking Heavily Over a Prolonged period of time, Any Rapid Decrease in the amount of Alcohol in the Body is likely to Produce Withdrawal Symptoms.

These are:

- Simple Withdrawal Symptoms
- Delirium Tremens

SIMPLE WITHDRAWAL SYNDROME:

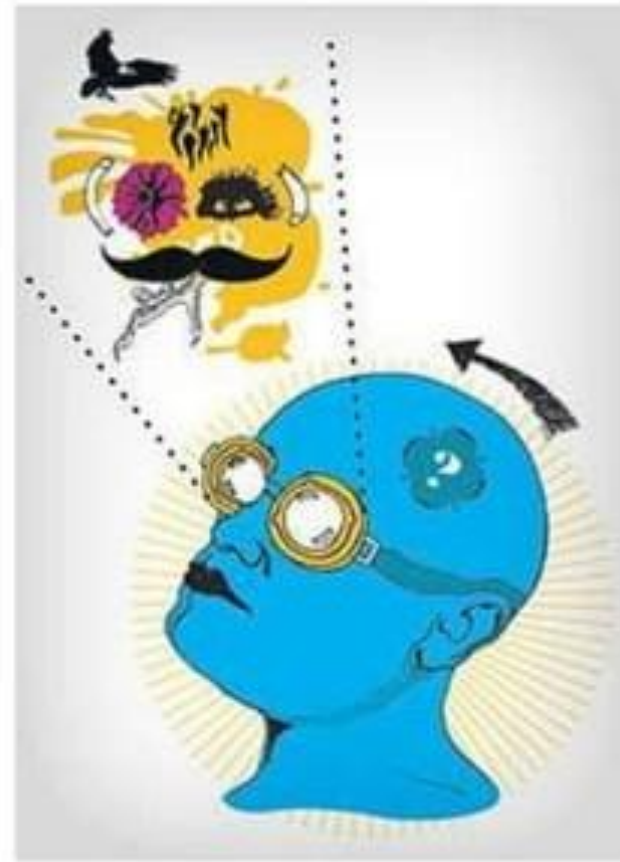
It is Characterized by,

- **Mild tremors**
- **Nausea**
- **Vomiting**
- **Weakness**
- **Irritability**
- **Insomnia**
- **Anxiety**

DELIRIUM TREMENS

It Occurs Usually within 2-4days of Complete or Significant Abstinence From Heavy drinking.

The course is Very Short, with Recovery Occurring within 3-7days.



It is Characterized by,

- A Dramatic & Rapidly Changing Picture of Disordered Mental Activity, with Clouding Of Consciousness & Disorientation in Time & Place.
- Poor Attention Span.
- Vivid Hallucinations which are Usually Visual, Tactile Hallucinations Can also Occur.
- Severe Psychomotor Agitation
- Shouting & Evident Fear
- Grossly Tremulous Hands which Sometimes Pick-Up Imaginary Objects; Truncal ataxia.
- Autonomic Disturbances Such as Sweating, Fever, Tachycardia, Raised Blood pressure, Pupillary dilation.
- Dehydration with Electrolyte Imbalances.
- Reversal of Sleep-Wake Pattern or Insomnia
- Blood tests to Reveal Leucocytosis & LFT
- Death may Occur due to Cardiovascular Collapse, Infection, Hyperthermia, Or self Inflicted Injury.

ALCOHOL-INDUCED AMNESTIC DISORDERS

Chronic Alcohol Abuse associated with Thiamine Deficiency (Vitamin B) is the most frequent Cause of Amnestic Disorders.

This Condition is Divided into :

- **Wernicke's Syndrome**
- **Korsakoff's Syndrome**

WERNICKE'S SYNDROME is Characterized by,

- Prominent Cerebellar Ataxia
- Palsy of the 6th Cranial Nerve
- Peripheral Neuropathy
- Mental Confusion

KORSAKOFF'S SYNDROME

The Prominent Symptoms in this Syndrome is Gross Memory disturbance.

Other Symptoms Include:

- Disorientation
- Confusion
- Confabulation
- Poor Attention Span & Distractibility
- Impairment of Insight

ALCOHOL-INDUCED PSYCHIATRIC DISORDERS

Alcohol Induced Dementia:

- It is a long term Complication of Alcohol Abuse, Characterized by Global decrease in cognitive Functioning (Decreased Intellectual Functioning & Memory).
- This Disorder tends to Improve With Abstinence, But Most of The Patients may have Permanent disabilities.

Alcohol-Induced Mood Disorders:

Persistent Depression & Anxiety

Suicidal Behavior

Alcohol-Induced Anxiety Disorders:

Panic Attacks

Impaired Psychosexual Dysfunction:

Erectile Dysfunction & Delayed Ejaculation

Pathological Jealousy:

Delusion of Infidelity

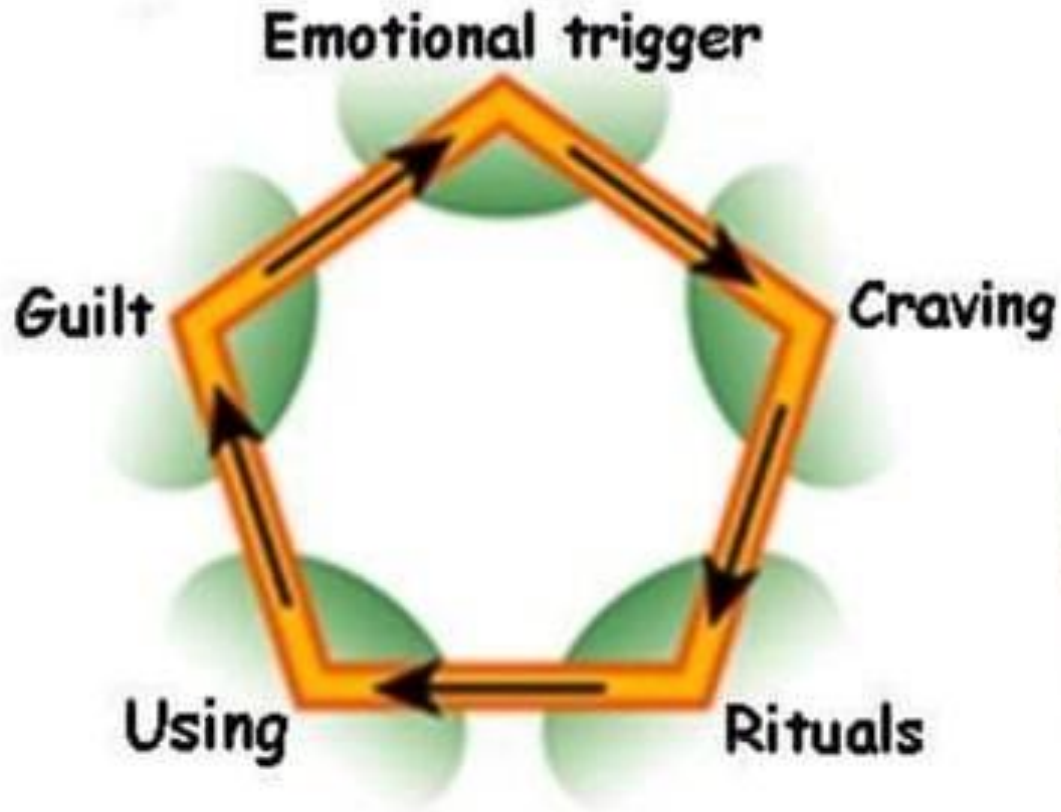
Alcoholic Seizures:

- Generalized Tonic - Clonic Seizures Occur Within 12-48 Hours After a Heavy Bout of Drinking.
- Status Epilepticus

Alcoholic Hallucinosis:

- Presence of Auditory Hallucination during Abstinence
- Regular Alcohol Intake

ADDICTION CYCLE



RELAPSE

Relapse refers to the process of returning to the use of alcohol or drugs after a period of Abstinence.

Relapse Dangers:

- **The presence of drugs or Alcohol, Drug users, Places where you used Drugs.**
- **Negative Feelings, Anger, Sadness, Loneliness, Guilt, Fear, & Anxiety.**
- **Positive Feelings which make you celebrate.**
- **Boredom – A State of Feeling Bored.**
- **Increase the Intake of drug.**
- **Physical pain**
- **Lot of Cash**

RELAPSING


Pre-contemplation
Contemplation
Determination/ Preparation
Action
Maintenance
Relapse/ Recycle
Fence
0–3 Months
3–6 Months
Over 6 months
No; Denial
Maybe; Ambivalence
Yes, Let's Go; Motivated
Doing It; Go
Living It
Start Over; Ugh!!

Warning Signs Of Relapse:

- Stopping medications on one's own or against the advise of medical professionals.
- Hanging around old drinking haunts & drug using Friends.
- Isolating themselves.
- Keeping Alcohol, drugs around the houses for some reason.
- Obsessive thinking about using drugs / Drinking.
- Fail to follow their treatment plan, Quitting therapies, Skipping doctor's appointments.
- Feeling Over – Confident
- Difficulties in Maintaining Relationships.
- Setting Unrealistic Goals.
- Changes in Diet, Sleep, Energy levels, & Personal Hygiene.
- Feeling Overwhelmed.
- Constant Boredom.
- Sudden Changes in Psychiatric Symptoms.
- Unresolved Conflicts.
- Avoidance.
- Major life Changes – loss, Grief, Trauma, Painful Emotions, Winning the Lotteries.
- Ignoring Relapse warning Signs & Symptoms

Signs & Symptoms of Relapse:

- Experiencing Post acute Withdrawal
- Return to denial
- Avoidance & defensive Behavior
- Starting to Build Crisis
- Feeling Immobilized (Stuck)
- Become depressed
- Loss of control
- Urges & Cravings
- Chemical Loss of Control

COMPLICATIONS OF ALCOHOL ABUSE

Alcohol Damages body Tissues by Irritating them Directly

↓

Changes that Occur During Alcohol Metabolism by Interacting With other drugs

↓

Aggravating Existing disease / Accidents brought on by Intoxcification

↓

Tissue Damage can Lead to a Host of Complications

Gastro Intestinal Complications	Neurologic Complications
Chronic Diarrhea Esophagitis Esophageal Cancer Esophageal Varices Gastric Ulcers Gastritis Gastro Intestinal Bleeding Malabsorption Pancreatitis	Alcohol Dementia Alcoholic hallucinosis Alcohol Withdrawal Delirium Korsakoff's Syndrome Peripheral Neuropathy Seizure Disorders Subdural Hematoma Wernicke's Encephalopathy

Cardiopulmonary Complications	Psychiatric Complications
Arrhythmias Cardiomyopathy Essential Hypertension Chronic Obstructive Pulmonary Disease Pneumonia Increased Risk of Tuberculosis	Amotivational Syndrome Depression Impaired Social & Occupational Functioning Multiple Substance Abuse Suicide

Hepatic Complications	Other Complications
Alcoholic Hepatitis Cirrhosis Fatty Liver	Beri Beri Fetal Alcohol Syndrome Hypoglycemia Leg & Foot Ulcers Prosatitis

Complications From Alcohol Dependence

- Insomnia
- Depression
- Dementia
- Suicide
- High Blood Pressure
- Erectile Dysfunction (men)
- Bleeding in the Digestive Track
- Changes in Menstrual Cycle (women)
- Cancers of the Liver, Esophagus and Colon

DIAGNOSTIC EVALUATION

- History collection.
- Mental Status Examination.
- Physical Examination.
- Neurologic Examination.
- CAGE Questionnaires.
- Michigan Alcohol Screening Tests (MAST).
- Alcohol Use Disorders Identification Tests (AUDIT).
- Paddington Alcohol Test (PAT).
- Blood Alcohol Level to indicate Intoxication (200mg/dl).
- Urine Toxicology to reveal use of Other Drugs.
- Serum Electrolytes Analysis Revealing Electrolyte Abnormalities associated with Alcohol Use.
- Liver function Studies demonstrating alcohol related Liver Damage.
- Hematologic Workup Possibly revealing Anemia, Thrombocytopenia.
- Echocardiography & Electrocardiography demonstrating Cardiac Problems.
- Based on ICD10 Criteria.

CONT……

- CDT
- GGT
- Testosterone
- MCV
- Urine toxicology
- Serum electrolyte analysis
- Liver function
- ECG

TREATMENT MODALITIES

- Symptomatic Treatment.
- Fluid Replacement Therapy.
- IV Glucose to Prevent Hypoglycemia.
- Correction of Hypothermia / Acidosis.
- Emergency Measures for Trauma, Infection or GI Bleeding.

TREATMENT FOR WITHDRAWAL SYMPTOMS

DETOXIFICATION:

The Drugs of Choice are Benzodiazepines.

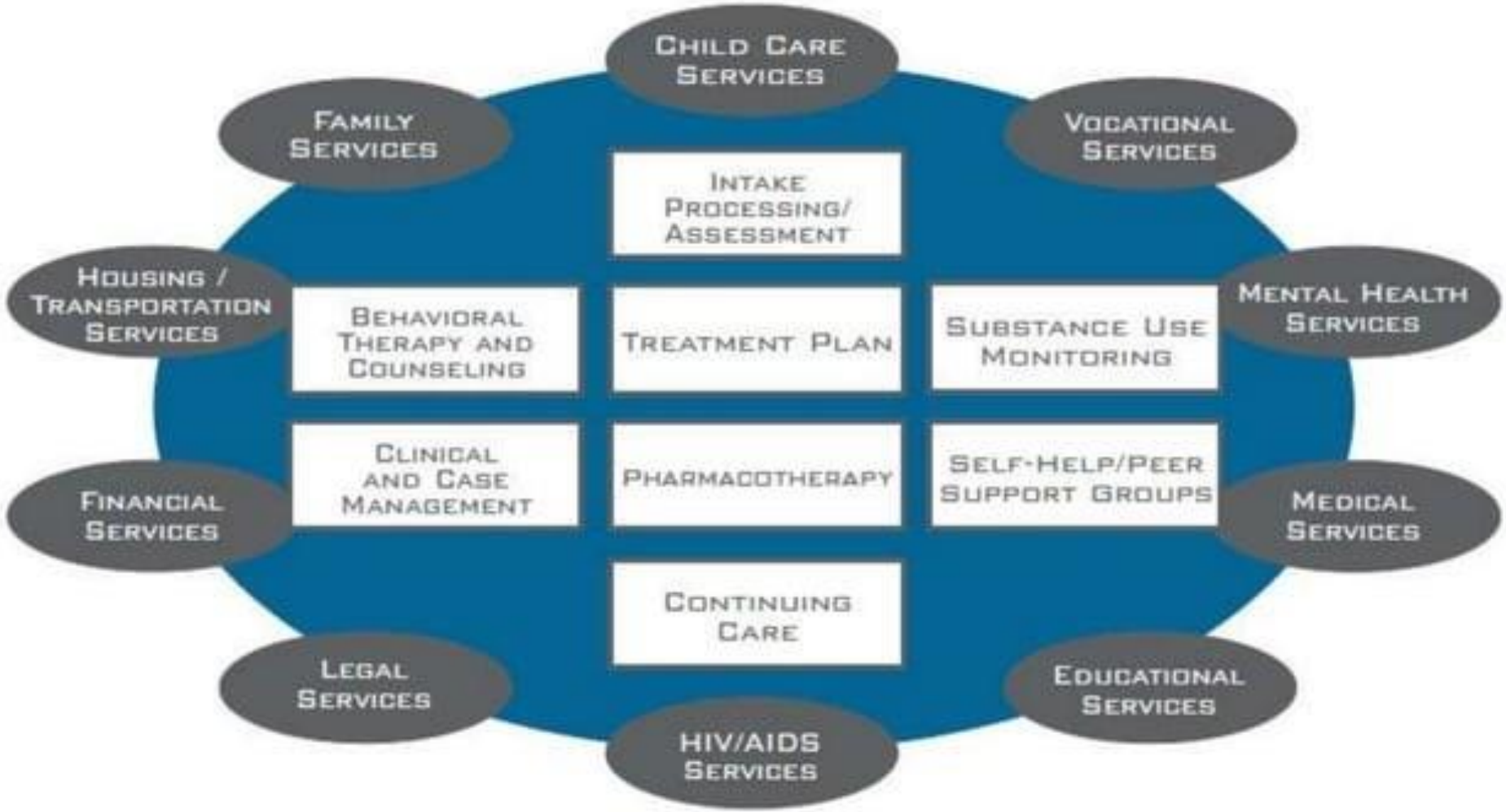
Egs: Chlordiazepoxide 80-200 mg/day

Diazepam 40-80 mg/day, in divided doses.

OTHERS:

- Vitamin B – 100mg of Thiamine Parenterally, Bd 3 to 5 days, Followed by Oral Administration for Atleast 6 months.
- Anticonvulsants
- Maintaining Fluid & electrolyte Balance
- Strict Monitoring of Vitals, Level of Consciousness & Orientation.
- Close Observation is Essential

Components of Comprehensive Drug Abuse Treatment



The best treatment programs provide a combination of therapies and other services to meet the needs of the individual patient.

ANTICRAVING MEDICATIONS

- Naltrexone
- Acamprosate
- Aversion medication
- Other drugs
- Topamax

ALCOHOL DETERRENT THERAPY

Deterrent agents are given to desensitize the individual to the effects of alcohol & Abstinence.

The Most commonly Used Drug is Disulfiram or Tetraethyl thiuram disulfide or Antabuse.

DOSAGE:

Initial Dose is 500mg/day orally for the 1st 2weeks, followed by a maintenance dosage of 250mg/day.

The Dosage should not exceed 500mg/day.

INDICATIONS:

Disulfiram use is as an Aversive Conditioning Treatment for Alcohol Dependence.

CONTRAINDICATIONS:

- **Pulmonary & Cardiovascular Disease**
- **Disulfiram Should be used with caution in patients with Nephritis, Brain Damage, Hypothyroidism, Diabetes, Hepatic Disease, Seizures, Poly-drug Dependence or an Abnormal EEG.**
- **High Risk for Alcohol Ingestion.**

ACTION:

It is an Aldehyde Dehydrogenase inhibitor that interferes with the metabolism of alcohol & Produces a marked increase in blood acetaldehyde levels.

↓

Accumulation of acetaldehyde(more than 10 times which occurs in the normal metabolism of alcohol) produces a wide array of Unpleasant reactions Called DISULFIRAM-ETHANOL REACTION (DER).

↓

Characterized by Nausea, Throbbing headache, Hypotension, Sweating, thirst, Chest Pain, tachycardia, Vertigo, blurred Vision associated with Severe Anxiety.

ADVERSE EFFECTS:

Fatigue, Dermatitis, Impotence, Optic Neuritis, Mental Changes, Acute Polyneuropathy, Hepatic Damage, Convulsions, Respiratory Depression, cardiovascular Collapse, Myocardial Infarction, Death.

NURSING RESPONSIBILITY:

- An informed Consent should be taken before Starting treatment.
- Ensure that at least 12hours have elapsed since the last ingestion of Alcohol before Administering the Drug.
- Patient should be warned against Ingestion of any alcohol-containing preparations such as Cough Syrups, Sauces, Aftershave Lotions, Etc.,
- Caution patient against taking CNS Depressants & Over-the-Counter(OTC) Medications during disulfiram therapy.
- Instruct The Patient to avoid driving or other activities requiring alertness.
- Patients should be warned that the Disulfiram-alcohol Reaction may continue for as long as 1or 2 weeks after the last dose of disulfiram.
- Patients should carry identification cards describing Disulfiram-alcohol reaction & listing the name & phone number of the physician to be called.
- Emphasize the Importance of Follow-Up visits to the physician to monitor progress in long-term therapy.

PSYCOLOGICAL THERAPIES

PSYCHOLOGICAL THERAPY:

- Motivational Interviewing
- Group Therapy
- Aversive Conditioning / Therapy
- Cognitive Therapy
- Relapse Prevention Technique: This technique helps the patient to identify high-risk relapse factors & develop strategies to deal with them.
- Cue Exposure Technique: The technique aims through repeated exposure to desensitize drug abusers to drug effects, & thus improve their ability to Remain Abstinent.
- Assertive Training
- Behavior Counseling
- Supportive Psychotherapy
- Individual Psychotherapy

AGENCIES CONCERNED WITH ALCOHOL-RELATED PROBLEMS

- This is a self Help organization founded in the USA by 2 Alcoholic men Dr. Bob Smith & Dr. Bill Wilson On 10th june,1985.
- Alcoholic Anonymous considers Alcoholism as a Physical, Mental, Spiritual disease, a Progressive one, which can be Arrested but not Cured.
- Members attend Group meetings usually twice a week on a long – term basis.
- Each member is assigned a support person from whom he may seek help when the temptation to drink occurs.

- In Crisis he can obtain immediate help by telephone.
- Once Sobriety is achieved he is Expected to help others.
- The Organization works on the firm belief that Abstinence must be Complete.
- The only Requirement for membership is a Desire to stop drinking.
- There is no authority, but only a fellowship of imperfect alcoholics whose strength is formed out of weakness.
- Their primary purpose is to help each other stay sober and help each other alcoholics to achieve sobriety.

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.

2. Came to believe that a Power greater than ourselves could restore us to sanity.

3. Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

4. Made a searching and fearless moral inventory of ourselves.

5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

6. Were entirely ready to have God remove all these defects of character.

7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.

9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory and when we were wrong promptly admitted it.

11. Sought through prayer and meditation to improve our conscious contact with God, *as we understood Him,* praying only for knowledge of His will for us and the power to carry that out.

12. Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Al-Anon

This is a Group Started by Mrs. Annie, Wife of Dr. Bob to support the Spouses of Alcoholics.

Al-Teen

Provides Support to their Teenage Children.

Hostels

These are intended mainly for those rendered homeless due to alcohol-related problems. They Provide Rehabilitation & Counseling. Usually abstinence is a Condition of Residence.

NURSING MANAGEMENT

Nursing Assessment:

Recognition of Alcohol Abuse using CAGE Questionnaire

C – Have you ever felt you ought to CUT down on your drinking ?

A – Have People ANNOYED you by criticizing your drinking ?

G – have you ever felt GUILTY about your drinking ?

E – Have you ever had a drink first thing in the morning (An EYE – OPENER) to steady your nerves or get rid of a Hangover ?

- ❖ Be suspicious about ‘At Risk’ Factors:
  - ➢ Problems in the Marriage & Family , At Work , With Finances or with the Law
  - ➢ At risk occupations
  - ➢ Withdrawal Symptoms after Admission
  - ➢ Alcohol – related physical Disorders
  - ➢ Repeated Accidents
  - ➢ Deliberate Self Harm
- ❖ If at – risk Factors raise Suspicion, the next step is to ask Tactful but Persistent Questions to confirm the Diagnosis.
- ❖ Certain clinical Signs lead to the suspicion that drugs are being injected: Needle Tracks & Thrombosed Veins, wearing Garments with long Sleeves, etc., IV use should be suspected in any patient who presents with Subcutaneous Abscesses or Hepatitis.

❖ **Behavioral Changes**:

Absence from School or work, Negligence of Appearance, Minor Criminal Offences, Isolation from Former Friends& Adoption of new Friends in a Drug Culture.

❖ **Laboratory Tests**:

Raised Gamma – Glutamyl Transpeptidase (GGT), Raised Mean Corpuscular Volume (MCV), Blood Alcohol Concentration, Most drugs can be detected in urine except Lysergic Acid Diethylamide (LSD).

❖ **Gastrointestinal**:

Nausea/Vomiting , Changes in Weight/Appetite, Signs of Malnutrition, Color & Consistency of Stool.

❖ **Nervous System:**

Orientation, Level of Consciousness, Co-ordination, Gait, Long term & Short term Memory, Signs of Depression & Anxiety, Tremors Or Increased Reflexes, Pupils (Constricted/Dilated)

❖ **Cardiovascular & Respiratory:**

Vital Signs, Peripheral Pulses, Dyspnea on Exertion, Abnormal Breath Sounds, Arrhythmias, Fatigue, Peripheral Edema.

❖ **Integumentary:**

Skin lesions, Needle tracks on Scaring on arms, legs, fingers, toes, under the tongue, or between gums & lips.

❖ **Emotional Behavior:**

- Affect, Rate of Speech, Suspiciousness, anger, agitation, Hallucinations, Blackouts, Violent Episodes, Support Systems
- Denial & Rationalization are the feelings of fear, Insecurity, Low Self Esteem.

- Identify the type of Substance the person has been using , the amount, frequency, method of administration & the length of time the substance has been abused.
- Note of any Suicidal ideation or interest, with drained Symptoms.
- Assess for level of motivation for treatment.
- Identify reason for Admission.
- A Baseline Physical & Emotional Nursing assessment is done to determine Admission status & Provide baseline from which to determine progress towards an expected Outcome.

NURSING DIAGNOSIS

- Risk for injury related to Hallucinosis, acute Intoxication evidenced by Confusion, Disorientation, inability to identify potentially Harmful Situations.
- Altered Health Maintenance related to inability to identify, manage or seek out help to maintain health, evidenced by various physical symptoms, Exhaustion, Sleep Disturbances, etc.,
- Ineffective Denial Related to weak, under-developed ego, evidenced by Lack of Insight, Rationalization of problems, Blaming Others, Failure to Accept responsibility for his Behavior.
- Ineffective individual coping related to impairment of adaptive behavior & Problem – Solving abilities, evidenced by use of substances as Coping Mechanisms.

OTHER SUUBSTANCE USE DISORDERS

DRUG ADDICTION IN INDIA

- 40 lakhs Registered Drug addicts in South Asia, Among this 1.25 lakhs are in India.

DISTRIBUTION:

Alcohol – 42 %

Opioids – 20%

Heroin – 13%

Cannabis – 6.2%

Others – 1.8%

- Majority of Drug Addicts Aged Between 16 – 30 Years
- These drug Abusers are mostly Unmarried, Under low Socio – Economic status
- Among this Drug users 33% were Engaged in Anti – Social Activities.

OPIOID USE DISORDERS

- The most Important Dependence Producing Derivatives are Morphine & Heroin.
- The commonly Abused Opioids (Narcotics) in our Country are Heroin (Brown Sugar, Smack)
- And the Synthetic Preparations Like Pethidine, Fortwin & Tidigesic.
- More Opiate Users had begun with Chasing Heroin (Inhaling the Smoke / Chasing the Dragon), they Gradually Shifted to Needle use.
- Injecting Drug users have become a high Risk Group for HIV Infection.

ACUTE INTOXICATION

It is characterized by,

- **Apathy,**
- **Bradycardia,**
- **Hypotension,**
- **Respiratory Depression,**
- **Subnormal Temperature,**
- **Pinpoint Pupils.**

In Later Stage,

- **Delayed reflexes,**
- **Thready Pulse,**
- **Coma.**

WITHDRAWAL SYNDROME

It Rarely Produce a Life – Threatening Situation.

Common Symptoms Includes,

Watery Eyes, Running Nose, Yawning, Loss of Appetite, Irritability, Tremors, Anxiety.	Sweating, Cramps, Nausea, Diahorrea, Insomnia, Raised Body Temperature, Piloerection

Withdrawal Symptoms Begin Within 12 Hours of the Last Dose, Peak in 24 -36 hours, Disappear in 5 – 6 Days.

COMPLICATIONS

- **Illicit Drug Use: Parkinsonism, Peripheral Neuropathy, Transverse Myelitis.**
- **Intravenous Use: Skin Infections, thrombophlebitis, Pulmonary embolism, Endocarditis, Septicemia, AIDS, Viral Hepatitis, tetanus.**
- **Involve in criminal Activities.**

TREATMENT

Opioid Overdose: Treated with Narcotic Antagonists [Egs: Naloxone, Naltrexone]

Detoxification: Withdrawal symptoms can be managed By Methadone, Clonidine, Naltrexone, Buprenorphine, etc.

Maintenance Therapy: After the Detoxification Phase, the patient is maintained on one of the following Regimens:

- Methadone Maintenance
- Opioids Antagonists
- Psychological methods like Individual Psychotherapy, Behavior Therapy, Group Therapy, Family Therapy.

CANNABIS USE DISORDER

- Its derived from hemp plant cannabis sativa.
- The dried leaves and flowering tops are often referred to as **GANJA** or **MARIJUANA**.
- The resin of the plant is referred to as **HASHISH**.
- Bhang is a drink made from cannabis.
- Cannabis is either smoked or taken in liquid form.

How Cannabis Works

Endocannabinoids (Brain Derived)

Foods: Omega-3s & Omega-6s

Anandamide (AEA)

Phytocannabinoids (Plant Derived)

Buds, Tinctures, Extracts

THC, CBD, CBN, etc.

Synthetic Cannabinoids (Pharmaceutical Lab)

Patented Synthesized Compound

THC-only (Marinol)

Endocannabinoid Receptors (Brain Receptors)

CB1, CB2, etc.

The endocannabinoid system (ECS) is involved in regulating a variety of physiological processes including appetite, pain and pleasure sensation, immune system, mood, and memory.

ACUTE INTOXICATION

MILD INTOXICATION

It is characterized by

- Mild impairment of consciousness and orientation.
- Tachycardia
- A sense of floating in the air
- Euphoria
- Dream Like States
- Tremors
- Photophobia
- Dry Mouth
- Lacrimation
- Increased Appetite
- Alteration In The Psychomotor Activity

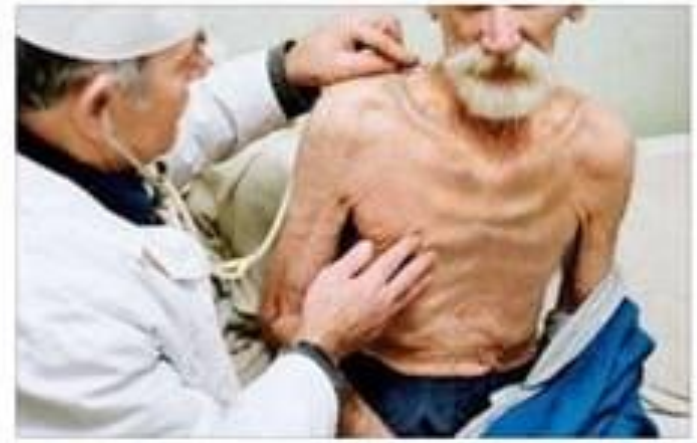
SEVERE INTOXICATION

It Causes Perceptual Disturbances Like

- **Depersonalization**
- **Derealization**
- **Illusion**
- **Hallucination**
- **Somatic Passivity**

WITHDRAWAL SYMPTOMS

- Increased Salivation
- Hyperthermia
- Insomnia
- Decreased Appetite
- Loss Of Weight



COMPLICATIONS

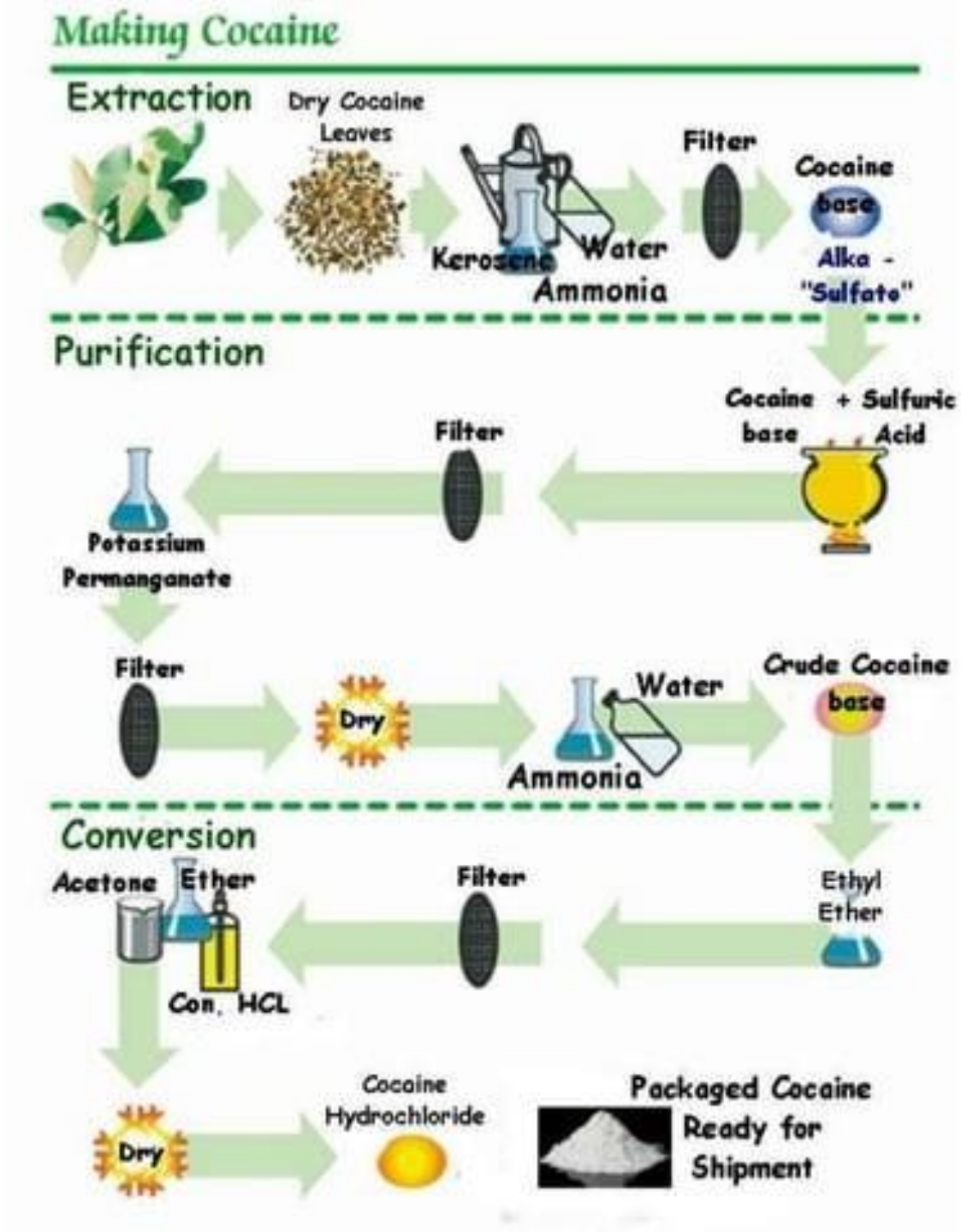
- Memory Impairment
- Amotivational Syndrome
- Transient Or Short Lasting Psychiatric Disorders Such as Acute Anxiety, Paranoid Psychosis, Hysterical Fugue Like States, Hypomania, Schizophrenia.

TREATMENT

Supportive And Symptomatic Treatment

COCAINE USE DISORDER

- Cocaine is an Alkaloid derived from the Shrub *"ERYTHOXYLON COCA"*
- Common street name is *"CRACK"*
- In 1880 it is used as a Local Anesthesia.
- It can be administered orally, intra-nasally by smoking or parenterally.


Making Cocaine
Extraction
Dry Cocaine Leaves
Kerosene
Water
Ammonia
Filter
Cocaine base
Alka - "Sulfate"
Purification
Cocaine base
+ Sulfuric Acid
Filter
Potassium Permanganate
Filter
Dry
Water
Ammonia
Crude Cocaine base
Conversion
Acetone
Ether
Con. HCL
Filter
Ethyl Ether
Dry
Cocaine Hydrochloride
Packaged Cocaine Ready for Shipment

ACUTE INTOXICATION

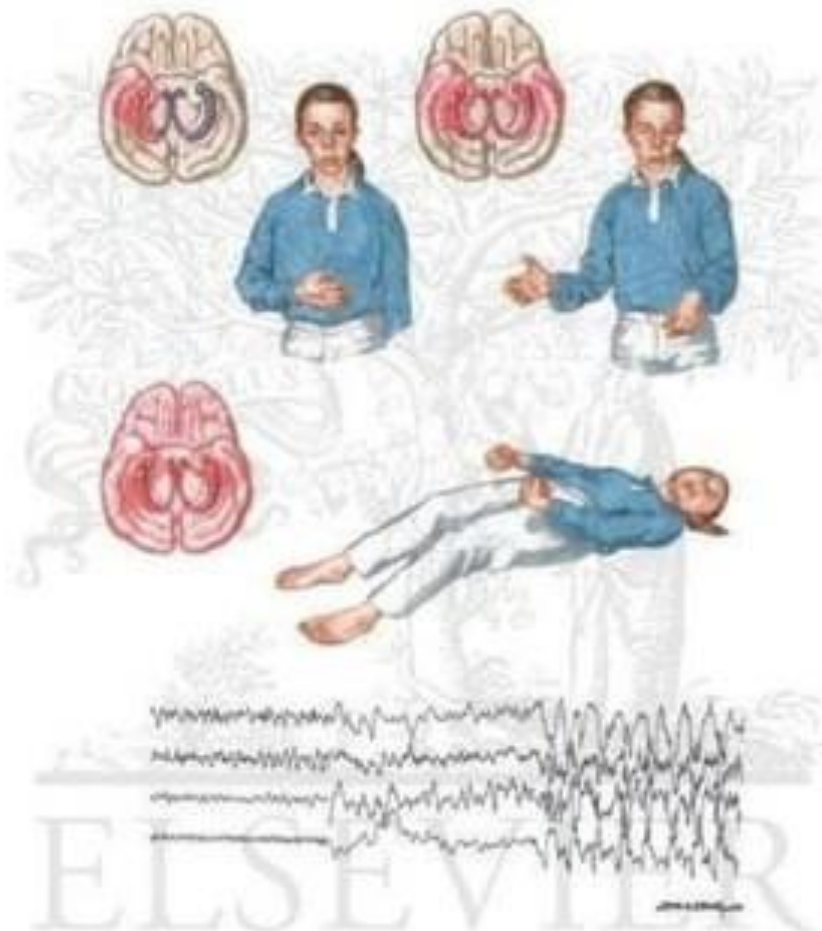
Characterized by pupillary dilatation, tachycardia, hypertension, sweating and nausea & hypo manic picture.

WITHDRAWAL SYNDROME

- **Agitation**
- **Depression**
- **Anorexia**
- **Fatigue**
- **Sleepiness**

COMPLICATIONS

- Acute Anxiety reaction.
- Uncontrolled compulsive behavior.
- Seizures
- Respiratory depression
- Cardiac Arrhythmias



TREATMENT

MANAGEMENT OF INTOXICATION:

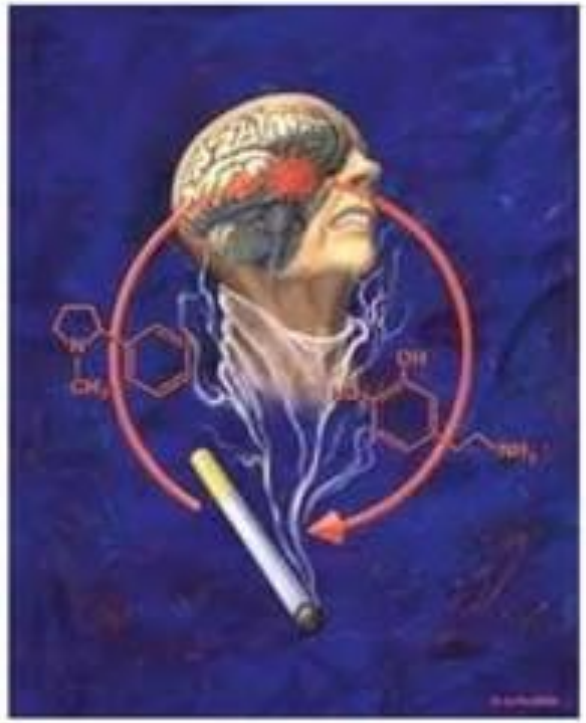
- Amyl Nitrite is an antidote.
- Diazepam / Propanolol (withdrawal syndrome)
- Anti - Depressants (Imipramine or Amitriptyline).
- Psychotherapy.

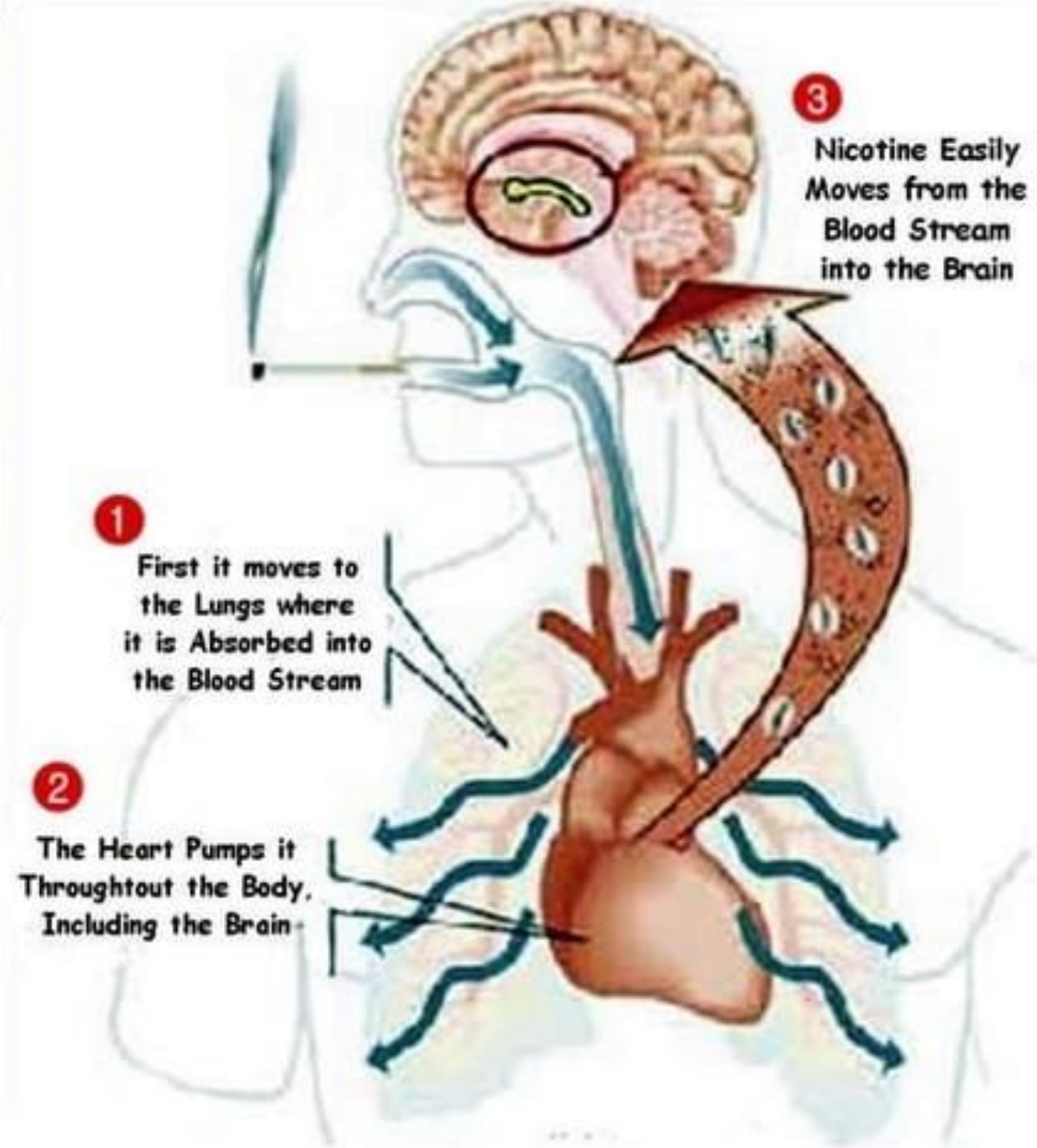
NICOTINE ABUSE DISORDER

- It is Obtained from "NICOTIANA TABACUM".
- It is one of the most Highly Addictive & Heavily Used Drug.

TOBACCO PRODUCTS

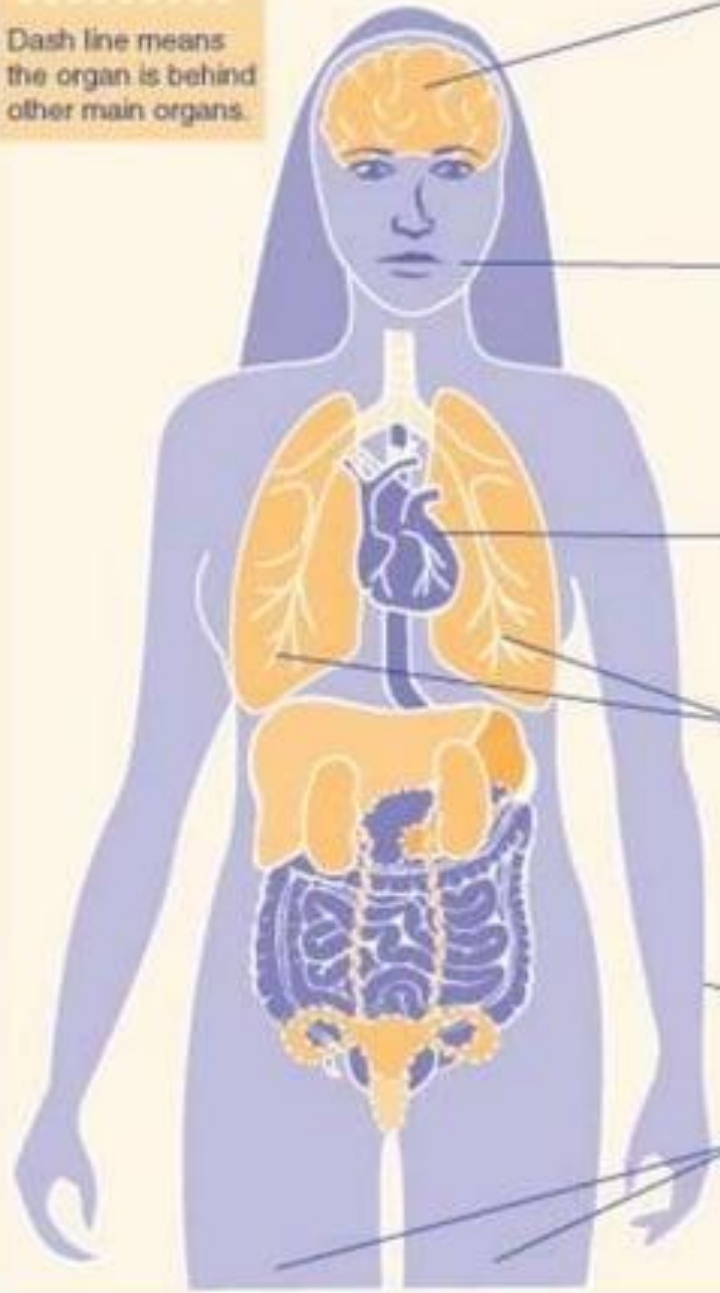
Chemical Components in Cigarettes




3
Nicotine Easily Moves from the Blood Stream into the Brain
1
First it moves to the Lungs where it is Absorbed into the Blood Stream
2
The Heart Pumps it Throughtout the Body, Including the Brain

How Tobacco Affects Your Body

Dash line means the organ is behind other main organs.



Brain
Nicotine, the drug that makes tobacco addictive, goes to your brain. It makes you feel good when you are smoking, but it can make you anxious, nervous, moody, and depressed after you smoke. Using tobacco also causes headaches and dizziness.

Mouth
Tobacco stains your teeth and gives you bad breath. You won't be able to taste your favorite foods as well either, because it ruins some of your taste buds. Tobacco use also causes bleeding gums (gum disease) and cancers of the mouth and throat.

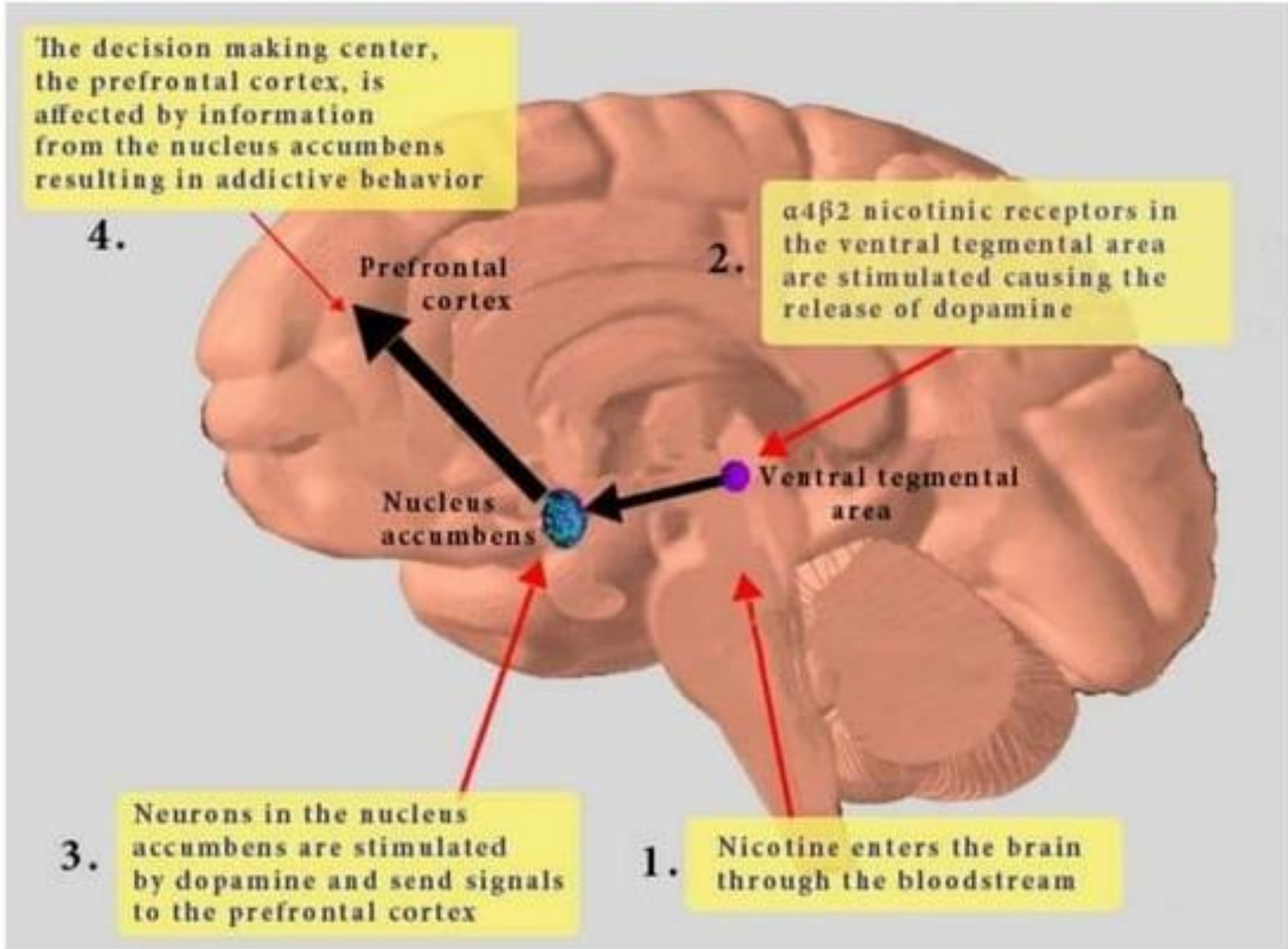
Heart
Smoking increases your heart rate and blood pressure. If you try to do activities like exercise or play sports, your heart has to work harder to keep up.

Lungs
Smokers have trouble breathing because smoking damages the lungs. If you have asthma, you can have more frequent and more serious attacks. Smoking causes a lot of coughing with phlegm (mucous). Tobacco can also cause emphysema (lung disease) and lung cancer.

Skin
Smoking cigarettes causes dry, yellow skin and wrinkles. The smell sticks to your skin too.

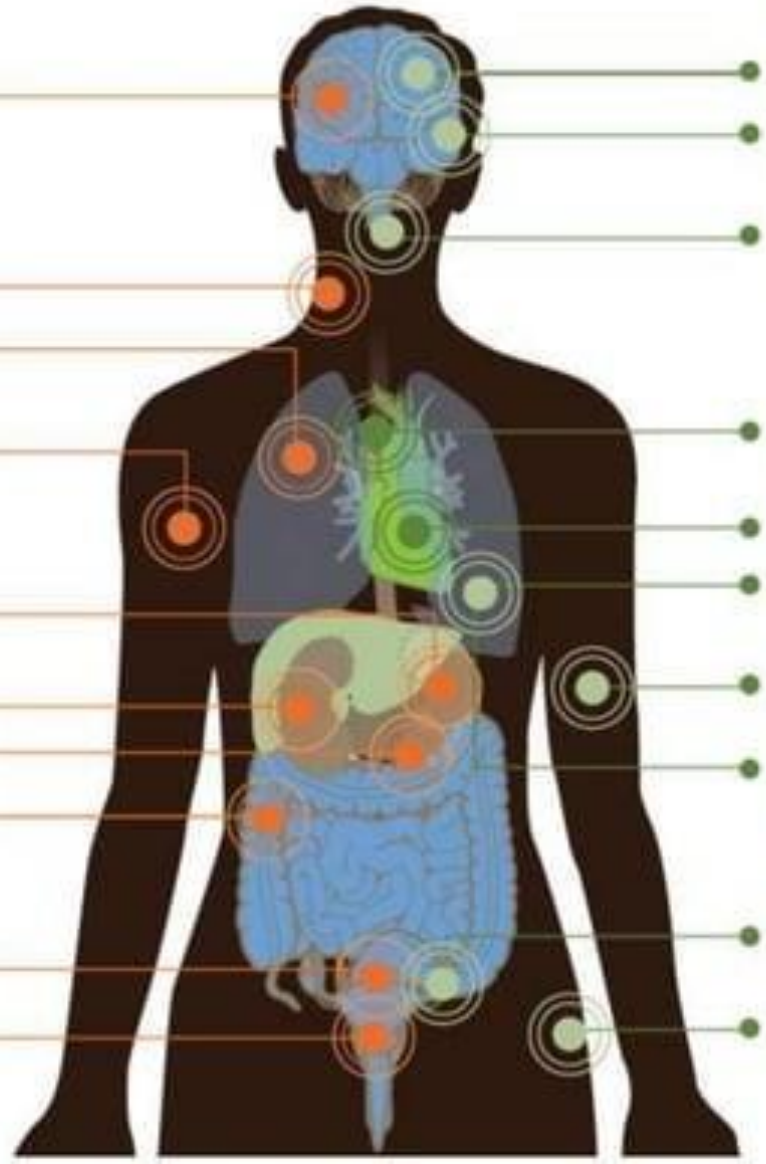
Muscles
Less blood and oxygen flow to your muscles, which causes them to hurt more when you exercise or play sports.

HOW NICOTINE AFFECTS THE BRAIN



Risks from Smoking

Smoking can damage every part of the body



Cancers

- Head or Neck
- Lung
- Leukemia
- Stomach
- Kidney
- Pancreas
- Colon
- Bladder
- Cervix

Chronic Diseases

- Stroke
- Blindness
- Gum infection
- Aortic rupture
- Heart disease
- Pneumonia
- Hardening of the arteries
- Chronic lung disease & asthma
- Reduced fertility
- Hip fracture


Anxiolysis
Cognitive Enhancement
Cerebro-vasodilation
Neuro-protection
Anagelsia
Anti-psychotic (vigilance)
Nicotine
+
-
GI Distress
Hypothermia
Emesis
Hypertension
Seizures
Respiratory Distress

NICOTINE DEPENDENCE SYMPTOMS

- Impaired Attention, Learning, Reaction Time, Problem Solving Abilities.
- Lifts One's Mood
- Decreases Tension
- Depressive Feeling
- Decreased Cerebral Blood Blow
- Relaxes the Skeletal Muscles.

TABLE 2. **Valid Symptoms and Signs of Tobacco Withdrawal**

Irritability
Depression
Difficulty concentrating
Restlessness
Insomnia
Impatience
Craving
Decreased heart rate
Hunger
Impaired performance
Increased monoamine oxidase levels
Weight gain

ADVERSE EFFECTS OF NICOTINE

- Respiratory paralysis
- Salivation
- Pallor
- Weakness
- Abdominal Pain
- Diahorrea
- Increased Blood Pressure
- Tachycardia
- Tremor

The Cost of Tobacco

Smoking causes these NCDs:

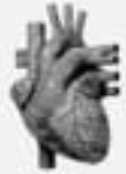
35%

of all
LUNG DISEASE

26%

of all
CANCERS

11%



of all
HEART DISEASE & STROKE

NICOTINE TOXICITY

- Inability to Concentrate
- Confusion
- Sensory Disturbances
- Decreases the Rapid Eye Movement while Sleep

During Pregnancy,

- Increased Incidence of Low Birth Weight Babies
- Increased Incidence of Newborns with Persistent Pulmonary Hypertension.

TREATMENT

PSYCHOPHARMACOLOGICAL THERAPY

Nicotine Replacement therapy:

- Nicotine Polacrilex Gum (Nicorette)
- Nicotine Lozenges (Commit)
- Nicotine Patches (Nicotrol, Nicoderm)
- Nicotine Nasal Spray (Nicotrol)
- Nicotine Inhaler

Non – Nicotine Medications:

- Bupiropian (Zyban) – Started with 150mg , Bd For 3 Days ; After that Increase the dose to 300mg, Bd.

THERAPIES

- Smoking Cessation
- Behavior Therapy
- Aversive Therapy
- Hypnosis

AMPHETAMINE USED DISORDER

- Powerful CNS stimulants with peripheral sympathomimetic effect.
- Commonly used are Pemoline and Methyl Phenidate.

ACUTE INTOXICATION

Characterized by,

- Tachycardia
- Hypertension
- Cardiac failure
- Seizure
- Hyperpyrexia
- Pupillary dilation
- Panic
- Insomnia
- Restlessness
- Irritability
- Paranoid hallucinatory syndrome
- Amphetamine induced psychosis

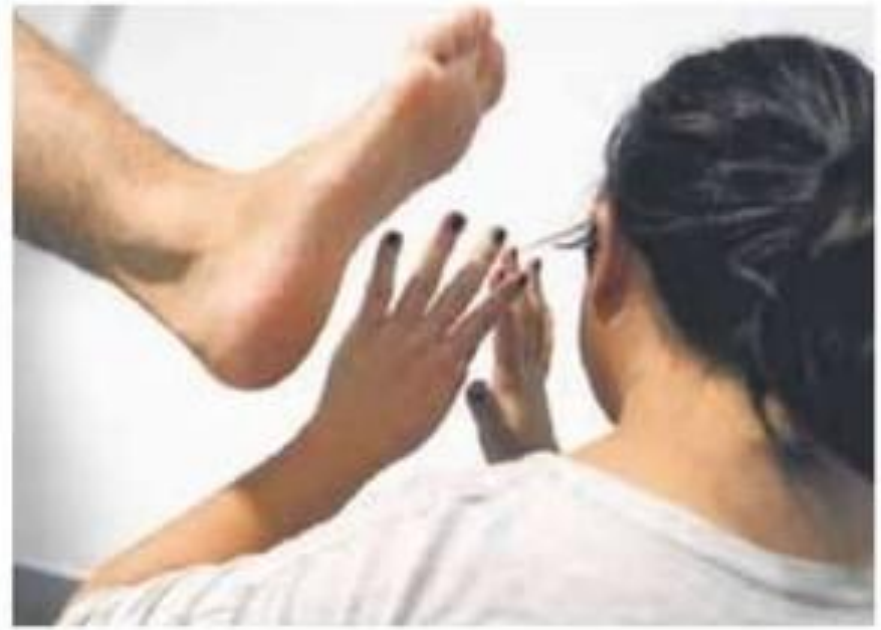
WITHDRAWAL SYNDROME

Characterized by

- **Depression**
- **Apathy**
- **Fatigue**
- **Hypersomnia / Insomnia**
- **Agitation**
- **Hyperphagia**

COMPLICATIONS

- Seizure
- Delirium
- Arrhythmias
- Aggressive behavior
- Coma



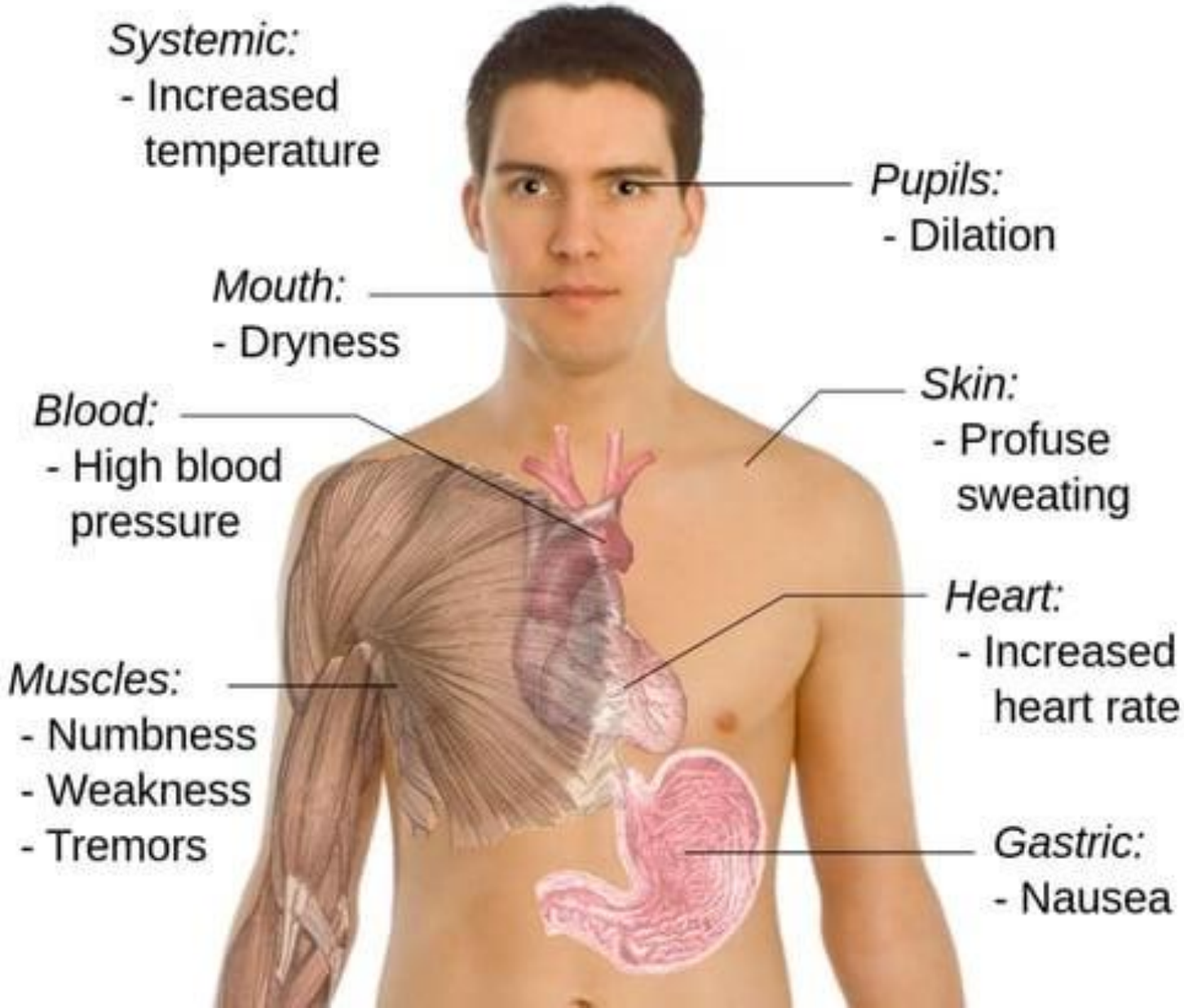
LSD USE DISORDER

(LYSERGIC ACID DIETHYLAMIDE)

- A powerful Hallucinogen
- First synthesized in 1938.
- Produces its effect by acting on 5-Hydroxy Tryptamine (serotonin) levels in brain.
- A common pattern of LSD used in TRIP (followed by long period of abstinence)

Physical effects of

Lysergic acid diethylamide (LSD)



INTOXICATION

Characterized by Perceptual changes occurring in clear consciousness

- **Depersonalization**
- **Derealization**
- **Illusions**
- **Synesthesias (colors are heard, sounds are felt)**
- **Automatic hyperactivity**
- **Marked anxiety**
- **Judgment impaired.**
- **Paranoid ideation**

WITHDRAWAL SYMPTOMS

- Flashbacks (a brief experiences of the hallucinogenic state)

COMPLICATIONS

- Anxiety
- Depression
- Psychosis / visual Hallucinosis

TREATMENT

Symptomatic Treatment with

- Anti-Anxiety,
- Anti-Depressants or
- Anti-Psychotic medications.

BARBITURATE USE DISORDER

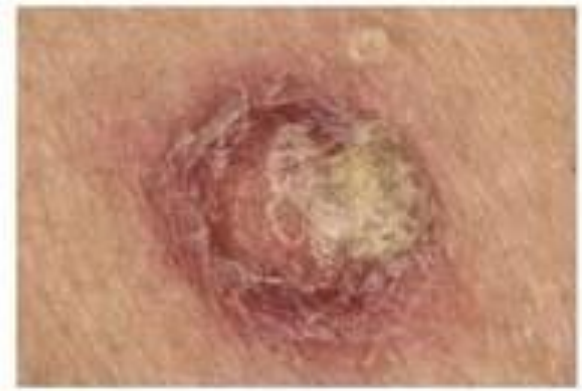
The Commonly Abused Barbiturates are seco - barbital, pento - barbital, amo - barbital.

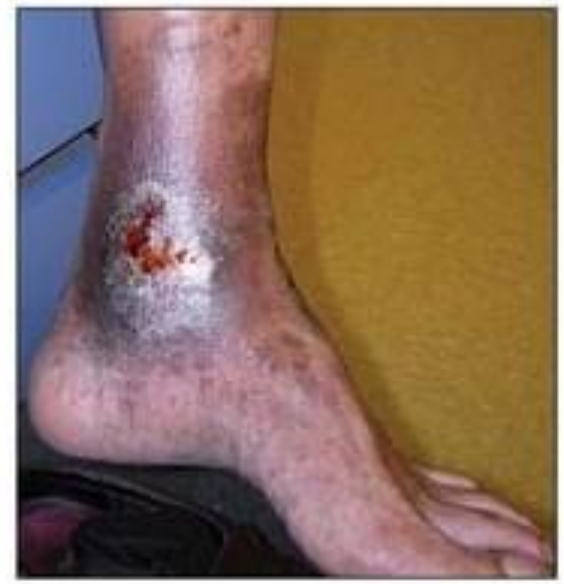
INTOXICATION

- Acute intoxication characterized
- Lability of mood
- Disinhibited behavior
- Slurring of speech
- Inco-ordination
- Attention and memory impairment

COMPLICATIONS

- Intravenous use can lead to skin abscess
- Cellulitis
- Infection
- Embolism
- Hypersensitivity reaction





WITHDRAWAL SYNDROME

- Restlessness
- Tremors
- Seizure in severe cases resembling delirium tremens

TREATMENT

- If the patient is conscious, induction of vomiting and use of Activated Charcoal can reduce the absorption.
- Treatment is symptomatic.

INHALANTS / VOLATILE USE DISORDER

The Commonly used Volatile Solvents include

- **Petrol**
- **Aerosols**
- **Thinners**
- **Varnish remover**
- **Industrial solvents**

INTOXICATION

- Inhalation of a volatile solvent leads to Euphoria
- Excitement
- Belligerence
- Slurring of speech
- Apathy
- Impaired Judgment
- Neurological signs

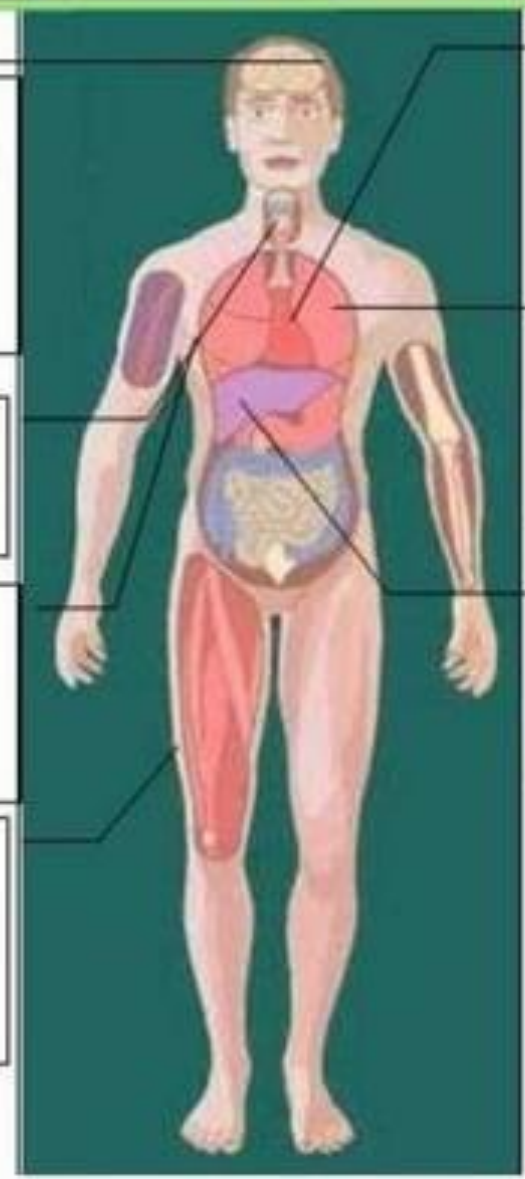
VOLATILE SUBSTANCE ABUSE
HARM & REDUCTION

Damage to brain – impaired concentration, reactions, memory and function
Don't use solvents
Don't use toluene based compounds

Swelling of windpipe –
Don't spray solvents straight in to the mouth

Suffocation –
Don't use in poorly ventilated areas
Don't place bags over face

Accidents –
risk of hallucinations
Don't use in dangerous places
Don't use alone
Avoid naked flames



Heart Failure: don't use solvents
Don't exert after use – running or other exercise

Chest problems
Don't inhale solvents

Liver Damage –
Don't use solvents
Don't use toluene based compounds

WITHDRAWAL SYMPTOMS

- Anxiety
- Depression

COMPLICATIONS

- Irreversible damage to the liver and kidneys
- Peripheral neuropathy
- Perceptual disturbances
- Brain damage

TREATMENT

- Reassurance
- Diazepam for intoxication.


Outpatient Rehabs
12 Step Programs
Medical Detox
Dual Diagnosis Rehabs
Non 12 Step Rehabs
Cognitive Behavioral Therapy
Biophysical Treatment
Equestrian Therapy
Drug Therapy
Executive Rehabs
Wilderness Rehabs
Holistic Rehabs
Religious Rehabs
Motivational Therapy
INDIVIDUAL NEEDS
For Addiction Treatment

NURSING INTERVENTIONS

Acute Intoxication

- **Care for a Substance Abuse patient starts with an Assessment** - To determine which substance he is abusing, Assess the Signs and symptoms vary with the substance and dosage.
- **During the Acute phase of drug Intoxication and Detoxification** - Maintaining the patient's vital functions, ensuring his safety, and easing discomfort.
- **During Rehabilitation**, caregiver help the patient acknowledge his substance abuse problem and find alternative ways to cope with stress & help the patient to achieve recovery and stay drug-free.

Acute Episodes

- Continuously monitor the Patient's Vital Signs and Urine Output.
- Watch for Complications of Overdose & Withdrawal.
- Maintain a safe and quiet environment.
- Take appropriate measures to prevent suicide attempts and assaults.
- Remove harmful objects from the room, and use restrains only if you suspect the patient might harm himself or others.
- Approach the patient in a non - threatening way; limit sustained eye contact, which he may perceive as threatening.
- Institute seizure precautions.
- Administer IV fluids to Increase Circulatory Volume.
- Give medications as Ordered.
- Monitor & Record the Patients effectiveness.

Withdrawal State

- Administer Medications as ordered, to Decrease Withdrawal Symptoms, Monitor & Record their Effectiveness.
- Maintain a Quiet & Safe Environment, because Excessive Noise may Agitate the Patient.

WHEN THE ACUTE EPISODE HAS RESOLVED

- Carefully Monitor & Promote Adequate Nutrition.
- Administer drugs carefully to prevent Hoarding.
- Check the patient's mouth to ensure that he has swallowed Oral Medication.
- Closely Monitor Visitors who might Supply him with Drugs.
- Refer the Patient for Rehabilitation as appropriate; Give him a list of available Resources.
- Encourage Family Members to seek Help Regardless of whether the Abuser Seeks it.
- Suggest Private Therapy or Community Mental Health Clinics.

- **Use the Particular Episode to Develop Personal Self Awareness and an Understanding and Positive Attitude towards the Patient.**
- **Control Reactions to the Undesirable behaviors, Commonly During Psychological Dependence, Manipulation, Anger, Frustration, and Alienation.**
- **Set limits when Dealing with Demanding Manipulative Behavior.**

PREVENTION

PRIMARY PREVENTION

- Reduction of Prescribing by Doctors (Anxiolytics Especially Benzodiazepines)
- Identification & Treatment of Family Members who may be Contributing to the Drug Abuse.
- Introduction of social changes by

  - Putting Up the Price of Alcohol & Its Beverages.

  - Controlling / Abolishing the Advertising of Alcoholic drinks.

  - Controls On sales by Limiting Hours Or Banning sales in Super-Markets.

  - Restricting Availability & Lessening Social Deprivation (Governmental Measures).

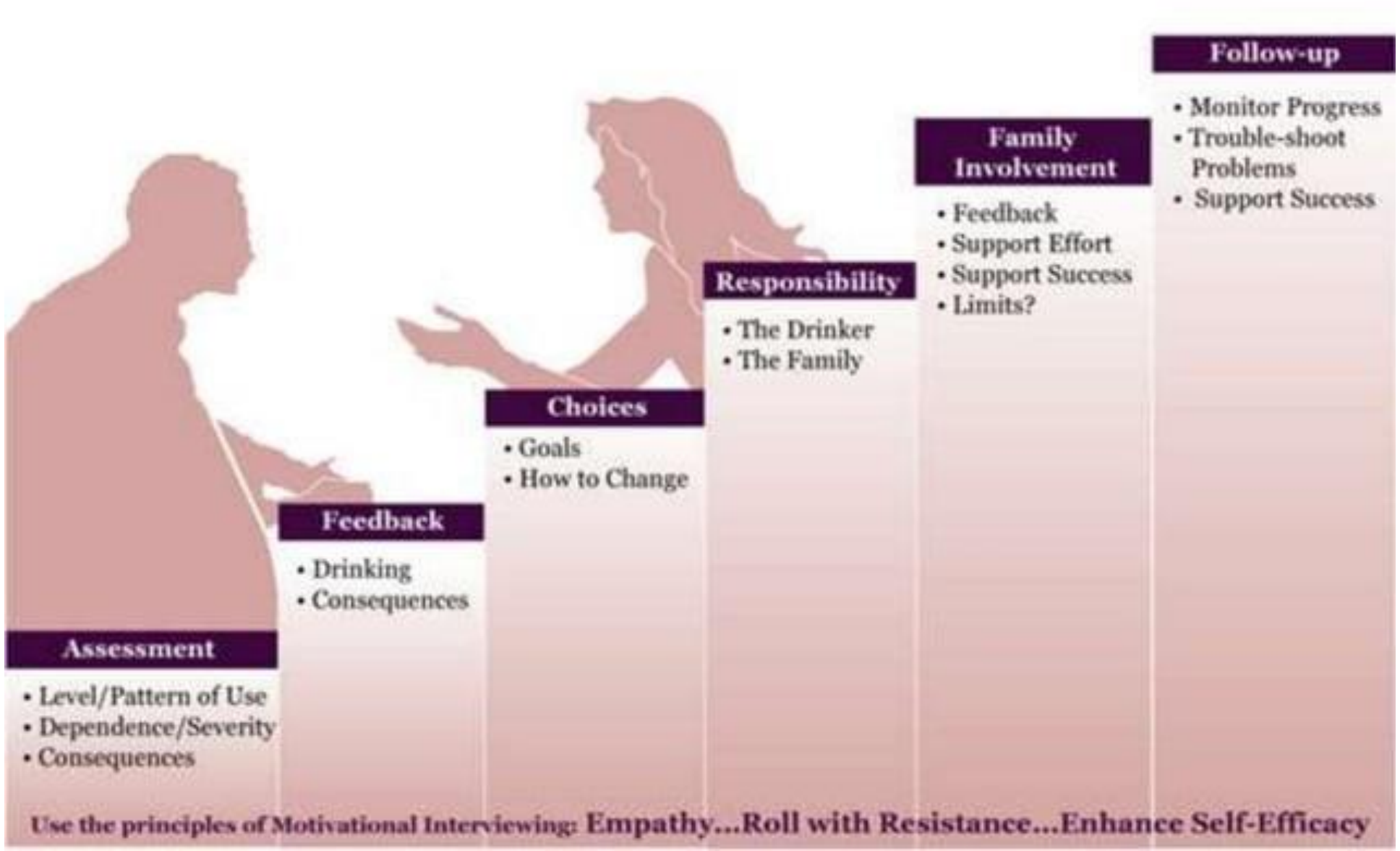
- **Strengthen the Individual's Personal & Social Skills to Increase Self Esteem & Resistance to Peer Pressure.**
- **Health Education to College Students & the Youth about the Dangers of Drug Abuse.**
- **Over all Improvement in the Socio – Economic Condition of the Population.**

Figure 4a. Raising Drinking as an Issue

SECONDARY PREVENTION

- Early Detection & Counseling.
- Brief Intervention in Primary Care (Simple Advices from Practitioner & Educational Leaflet).
- Motivational Interviewing.
- A Full Assessment which Includes, Appraisal of Current Medical, Psychological & Social Problems.
- Detoxification with Benzodiazepines.

Figure 5. Brief Interventions With the Drinker Present



TERITARY PREVENTION

- Alcohol Deterrent Therapy
- Other Therapies include Assertive Training, Teaching Coping Skills, Behavior Counseling, Supportive & Individual Psychotherapy.
- Agencies concerned with Alcohol – Related Problems (Alcoholic Anonymous, Al – Anon, Al – Teen, etc).
- Motivation Enhancement including Education about Health consequences of Alcohol use.
- Identifying High Risk Situations & Developing Strategies to Deal with them (Eg: Craving Management).
- Drink Refusal Skills (Assertiveness Training)
- Dealing with Faulty Cognitions.

- Handling Negative mood States.
- Time Management.
- Anger Control.
- Financial Management.
- Developing the Work Habit.
- Stress management.
- Sleep hygiene.
- Recreation & Spirituality.
- Family Counseling – To Reduce Interpersonal Conflicts, Which may Otherwise Trigger **RELAPSE**.

REHABILITATION

The Aim of Rehabilitation of an Individual De -addicted from the Effects of Alcohol/Drugs.

- **To Enable him to Leave the Drug Sub – Culture.**
- **To Develop New Social Contacts, In this Patients First Engage in Work & Social Activities in Sheltered Surroundings & then take Greater Responsibilities for Themselves in Conditions Increasingly like those of Everyday Life.**
- **Continuing Social Support is Usually Required when the Person makes the Transition to Normal Work & Living .**


Rehabilitation Nurses
SPEECH & LANGUAGE THERAPY
SPECIALIST CONSULTANTS
Patient Centred Rehabilitation
Physio-Therapy
DIETETICS
Hydro-Therapy
NEUROPSYCHOLOGY
Occupational Therapy


SAY NO TO DRUGS!
DRUGS
DRINKING + DRIVING KILLS!

PSYCHOEDUCATION

(FOR PATIENTS & FAMILY)

- Teach about the Physical, Psychological & Social Complication of Drug & Alcohol Use.
- Inform the Concern that Psychoactive Substance may alter a person's Mood, Perceptions, Consciousness or Behavior.
- Explain to the Family that the Patient may Use Lies, Denial or Manipulation to continue Drug of Alcohol Use and to avoid Treatment.
- Teach the Patient/Family that Drug Overdose or Withdrawal can result in a Medical Emergency & even Death, Give the Family Emergency resources for Help.
- Caution the Patient that Sharing Dirty or Used Needle can Result in a Life-Threatening Disease such as AIDS, Hepatitis – B.


STOP
DRUGS


HELP
Get Help NOW!
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- Teach the Family to Establish Trust with the Patient and to Use Firm limit Setting, when necessary to help the Patient Confront Drug Abuse Issues.
- Provide the Patient with a Full Range of Treatment during Hospitalization such as Medication, Individual Therapy, Group therapy, 12 step program(AA) & Behavior Modification to Strengthen the Recovery Process.
- Teach how to Recognize Psychosocial Stressors that may Exacerbate Substance Abuse Problem & how to Avoid or Prevent them.
- Emphasize the Importance of Changing Lifestyle, Friendships & Habits that Promote Drug Use to Remain Sober.
- Teach about the Availability of Local Self – Help Programs (AA, Al – Anon, Al - Teen) to Strengthen the Patient's Recovery & Support the Family's Assistance.

Do drugs control
YOUR LIFE?

Your life. Your community.
No place for drugs.


How?
Where?
When?
Which?
What?
Who?
Why?
Where


THANK YOU
THANK YOU!
THANK YOU