Substance Abuse/Addiction _

A. Knowledge

Demographics

National Institute of Drug and Alcohol (NIDA) yearly household surveys give statistics on substance abuse, for example:

47.5% of high school seniors try an illicit drug before graduation

60% of high school students (grades 9 through 12) reported drinking alcohol from moderate to excessive levels on one or more occasion in the month prior to survey (however these surveys exclude homeless, runaways, and institutionalized)

Psycho pharmacology

Old/new commonly used drugs

Biomedical effects of abused substances

Substances abused vary by culture, socioeconomic class, influenced by cost, law enforcement, etc.

Things to know

Myths about drugs

Street language

Prevalence of polydrug abuse

Generational/family issues

Rigid prohibition of use may be as bad as acceptance or modeling of misuse

Dysfunctional families more likely to experiment with substances

For adolescents: permeation of drugs in their culture, fashion, music, art

Recognition of symptoms, signs: importance of review of systems

Physical: fatigue, sleeplessness, anorexia

Psychological: depression, nervousness, suspicion, Aggression, suicide, fatigue, fighting

Adolescents: often present with suicide gestures, motor vehicle accidents

Associated laboratory abnormalities: eosinophilia, elevated LFTS's, proteinuria, hematuria

Dual diagnoses: substance abuse/psychiatric illness

Relation of drug use to nutritional deficiencies, HIV, STD's, prostitution, child abuse/neglect, criminal behavioral, gangs

Substance abuse and pregnancy, e.g., neonatal withdrawal syndrome, fetal alcohol syndrome

Stages of abuse
Treatment
Prevention models: school programs, media, community programs
Treatment models: for adults predominantly inpatient, for adolescents predominantly outpatient
Community based treatment programs that address health and mental health services, child care, parental education besides substance abuse treatment residential care that enables parents and children to reside together
Respite care for children of substances abusing parents
Examples of detoxification protocols
Local resources and referrals

B. Skills
Familiarity with standardized patient education techniques, e.g., peer counseling
Interview technique: breaking through denial, data collection
Use of previsit questionnaires, i.e., SMAST, CAGE
Clinician self assessment: awareness of one's own attitudes and experiences with drugs, alcohol
Understanding how to effectively utilize resources and referrals

C. Attitudes
Nonjudgmental attitude toward patients who abuse
Sensitivity to magnitude and seriousness of problem
Sensitivity to needs of patient concerning substance abuse but also other needs, e.g., depression, lack social supports

D. Barriers
Strong historical and cultural myths, e.g., alcohol viewed as non-toxic, not dangerous or cocaine as a "high class" drug without permanent side effects
Denial: providers, patient, family
Lack of resources (particularly for women with children)
10.6 million adults and adolescents are estimated to need Treatment in the U.S.
Treatment often not covered by insurance
Denial and fear of hospital administration re: attracting addicts to clinical programs, resistance to setting up programs and adequately training house staff and other clinicians
Lack of faculty with knowledge of substance abuse
Personal resonances to SA/alcoholism

Association with poverty

Counter therapeutic effect of societal "stereotyping" of the "typical" substance abuser

E. Advocacy

Advocate for community based treatment programs (with both home based and center based components), that have multidisciplinary personnel to offer not only substance abuse treatment but also health, mental health, child care, educational and vocational assistance

Support of appropriate legislation especially for initiatives to prevent addiction and to treat addicts

Provide space for support group meetings on site

Outreach to schools: preventive education

Support of in service training of staff/out of hospital training

Advocate for residential care that enables parents and children to reside together

Support of transitional programs/care to integrate back into the community

Advocate for age appropriate treatment resources, i.e., ALATEEN

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