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**ROLES AND RESPONSIBILITIES OF NURSES STRUGGLING
WITH SUBSTANCE ABUSERS**

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Abstract

This review aimed to highlight the problems that individuals who are addicted to substance have with social stigma. Nursing approaches to these problems were reviewed in the light of the literature and updated information about the subject was presented. The study was conducted by reviewing the literature in Turkish and English databases and "substance abuse, stigma, nursing, care, struggle" key words were scanned. In general, the negative attitudes towards individuals who are addicted to substance make it difficult for them to heal and integrate into social life. Individuals who are addicted to substances are exposed to stigma not only by society but also by health professionals. While working with patients using substances, nurses must understand discrimination, ethics, professional, legal practices and be aware of their attitudes and behaviors in order to ensure proper care for all their patients. Nurses who have an important role in the prevention of addiction and during the treatment process in the team have a core role in their qualifications and knowledge levels in providing quality, accessible and evidence-based care for substance addicted individuals.

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Keywords: Substance Abuse, Stigma, Nursing, Care, Struggle



1. Introduction

Substance abuse is a serious mental health problem affecting millions of people every year worldwide, which needs to be presented in all its dimensions and risk effects as it is an important public health problem concerning all individuals in society. It has serious medical, legal, social and security implications (Saatçioğlu et.al., 2007; Turkey Drug Report, 2013; World Health Statistic, 2010). Substance abuse does not only affect the individual using it, but also the family of the individual, society and the cultural structure and economic operation of the society. Besides creating health problems on a large scale, substance abuse is a multidimensional biopsychosocial problem resulting in significant damage to the individual and the society, through traffic accidents, suicide, criminal inclination, broken families, breakdown in business life, occupational losses and economic problems (Yıldırım et.al., 2001; Aydoğdu and Çam, 2013).

Substance abuse is the abuse of psychoactive materials like alcohol, tobacco, caffeine, illegal drugs, medicine, relaxants and volatiles. The consumption may be beneficial or harmful depending on the amount, frequency, means and ingredients of the substance (Ministry of Health Promotion, 2010). According to DSM-5, substance abuse disorders are described as a set of cognitive, behavioral and psychological symptoms continuing the substance usage of the individual despite serious problems regarding the substance. Substance abuse does not necessarily result in problematic behaviors or effects; yet depending on the type of the substance used and certain conditions, substance abuse may cause physical and psychological problems in individuals, regardless of socioeconomic status and settlement (American Psychiatric Association, 2013).

The prevalence of substance usage differs in terms of countries. For instance, while adult substance use is common in Denmark, Romania and England, it is less than 10% in Bulgaria, Greece, Portugal, Romania and Turkey (European Drug Report, 2014). Nearly 19.5 million individuals living in the U.S.A. report using illegal drugs and 15.9 million individuals consume alcohol (Sleeper, and Bochain, 2013). Despite this, substance abuse and substance usage is relatively low in Turkey compared to the U.S.A. and European countries. However, it has been reported that there is an increase in substance usage in Turkey and that this increase is faster than normal population increase rate (Asi Karakaş, and Ersöğütçü, 2016).

Regarding the physical and psychological effects of substance abuse, the World Drug Report (2016) prepared by United Nations Drug and Crime Office reported that there is substance usage disorder in more than 29 million people, that 12 million of these people take drugs venously, and that 14% of them have HIV. Besides, it was also stated that only one in six people having substance usage disorders is treated and that substance usage causes important health problems (United Nations Office on Drugs and Crime, 2016). It was also stated that world usage prevalence of cannabis – the second most commonly used drug around the world – is 183 million. Although usage prevalence among countries differs, it was reported that there is an increase in cannabis usage in Europe (United Nations Office On Drugs And Crime, 2016). An examination of cannabis usage rates in Turkey in 2013 found 56,286 cannabis usage cases and a 43% increase in cannabis possession and usage in the last five years (Department of Anti-Smuggling and Organized Crime Turkey Drug Report, 2014).

According to the National Survey on Drug Use and Health (2015), 15.1 million adult individuals aged 18 and over have alcohol usage disorder, that 9.8 million men and 5.3 million women experience alcohol usage disorder problem and that around 1.3 million of individuals with alcohol usage disorders get treatment. Alcohol usage disorder is an increasingly important problem in Turkey, just like the rest of the world, with deaths due to

the abuse of alcohol amounting to 4% (2.5 million) of all deaths (Burzul, 2016 Alcohol Facts and Statistics, National Institute on Alcohol Abuse and Alcoholism, 2017).

Substance abuse is a significant factor increasing health problems and crime rates and decreasing productivity. It was reported that substance abuse disorders increase morbidity and mortality rates, causing the death of around 100,000 people annually and costing society a loss of 184 billion dollars annually (Sleeper and Bochain, 2013). Substance abuse causes individuals to show suicidal, bohemian and criminal behaviors. It was stated that the probability of committing crime in people using drugs/stimulants is 3-4 times higher than those who don't (Altuner et al., 2009). Asan et al.'s study (2015) reported that 21.5% of patients abusing alcohol and substance experienced legal problems before substance usage and that this increased to 36.4% after substance usage. Besides, it was remarked that 19.9% of abusers do not continue their education because of alcohol-substance usage, 47% experience job loss, and 22.5% involved in accidents.

Studies in recent years on substance abuse posit that substance abuse and negative social problems caused by substance abuse increased rapidly (Sungu, 2015; Livingstone et al., 2012). Stigma refers to a social process in which there are experiences of intuitions causing exclusion or accusation of a person or a group through negative social judgement or evaluation (Martin and Johnston, 2017). Stigma of individuals with or possibility to begin substance usage disorder threatens their mental and body health, retards their healing process and causes an increase in risky behaviors. Besides, it partially or totally prevents fighting against substance usage (Livingstone et al., 2012). This negative attitude towards substance dependent individuals generally makes it difficult for them to heal and integrate into social life (Sungu, 2015; Van Boekel et al., 2016).

2. Problem Statement

Substance abuse is an important public health issue that affects millions of individuals in the world and has medical, legal, social and security implications that concern the whole of society. Individuals who are addicted to substances face many difficulties in the society. The first of these difficulties is seeking treatment and symptom management, the second is social stigma that affects their physical and mental health in relation to their diagnosis.

3. Research Questions

3.1 What are the effects of stigma on addicted individuals?

3.2 What are the nursing approaches towards the stigma that substance dependent individuals are exposed to?

4. Purpose of the Study

This review aims to highlight the problems that individuals who are addicted to substances face with social stigma in view of the nursing approaches required to help these individuals to heal. Nursing approaches to these problems were reviewed in the light of the literature and updated information about the subject was presented.

5. Research Methods

The study was conducted by reviewing the literature in Turkish and English databases where "substance abuse, stigma, nursing, care, struggle " key words were scanned to collect the necessary data to answer the research questions.

6. Findings

6.1. Stigma that Substance Abusers Individuals Face

It is obvious that substance abuse is a common mental health problem affecting millions of people worldwide annually, with significant repercussions. The social stigma against substance abuse is a well-known. Substance dependent individuals are not only subject to social stigma, but also experience internalized stigma at the same time. People facing social stigma experience direct social discrimination accompanied by inability of getting a job and interpersonal rejection. Individuals affected by social stigma develop negative attitudes and beliefs towards themselves about the attitude of society towards them. This is characterized as perceived stigma, or in other words, internalized stigma (Schomerus, 2011; Grant et al., 2016). In addition, individuals with substance usage disorders are more subject to stigma compared to individuals with other mental illnesses. Substance dependent individuals are seen as more dangerous individuals accompanied with social avoidance and isolation compared to individuals with other mental health problems (Adlaf et al., 2009; Ronzani et al., 2009).

Stigma against substance dependent individuals categorise individuals, causing low self-respect, feelings of shame and guilt, social alienation and retreating in search for help. As a result, substance dependent individuals label themselves and experience internalized labeling (Schomerus et al., 2011; Van Boekel et al., 2016). Birtel et al. (2017) identified in their study that internalized stigma has a relationship with low self-respect, high depression and anxiety and deterioration in sleep quality, and that lack of social support systems causes internalized stigma and feeling ashamed (Birtel et al., 2017). The study by Sungu (2015) about stigma stated that nicotine and alcohol addiction is common in university students but that students label substance dependent individuals negatively. In a study conducted with the families of substance dependent individuals (2010), it was posited that the most important source of labeling and discrimination in individuals is families, that its biggest effect is negative self-respect comprising obstacles in individuals' reaching services, that it stops the individuals' search for help, and that the most important coping strategy in fight against labeling is peer support (Experiences of People Who Use Alcohol and Other Dugs in Toronto, 2010). Manuel et al. (2017) identified in their research out of all participants, 34.4% experience labeling, including hesitation and embarrassment in getting health service because of substance usage, as a personal obstacle (Manuel et al., 2017).

Substance dependent individuals experience negative effects of labeling intensively in the physical, social, emotional, environmental, spiritual, financial, intellectual and vocational sense and at the same time, they are subject to labeling by society, family and health professionals (White, 2009). Fraser et al. (2017) identified in their study that substance dependent individuals are exposed to labeling in the health care system, in their offices, in judiciary systems, in media, family and friend environments (Fraser et al., 2017). Kelly et al. (2009) expressed in their study that depending on the labeling they are exposed

to, substance using individuals have difficulties in setting up a home, in their offices and in getting health care and that they are judged and denied by health care professionals (Kelly and Westerhoff, 2009). Nurses, as part of a professional occupational group, may also have a negative attitude towards substance using individuals and may display an avoidant approach in giving care service to substance dependent individuals compared with other patient groups. This situation causes the nurses to make shorter visits, to show a less empathic approach to the individual and to decrease cooperation with the patient in health care service (Van Boekel et al., 2013).

Judgmental attitudes of health care professionals towards substance dependent individuals may hinder such individuals in meeting their needs and attaining the required service (Schomerus et al., 2011; Van Boekel et al., 2016). Sleeper and Bochain's (2013) qualitative research identified that substance dependent individuals are exposed to labeling because of the attitudes and behaviors of health care professionals – including nurses, that attitudes and behaviors toward labeling decrease the life quality of substance dependent individuals and increase anger and disappointment. As individuals with internalized labeling first label themselves and are then exposed to labelling by society and health professionals, their getting treatment becomes difficult or their treatment is affected negatively. Health care professionals trigger this situation not only with their attitudes, but also with discrimination specific to the individual (Schomerus et al., 2011; Link and Phelan, 2013). Substance dependent individuals define their feelings as being treated by health care professionals in a different way compared to other patients and as being belittled. These individuals experiencing labeling anxieties with past experiences do not go to hospital even when they have minor health problems and are unable to prevent these problems from turning into more difficult and serious situations later (Fraser et al., 2017).

6.2. Nursing Approaches in Fighting against Labeling (Stigma) Substance Abuser Individuals Experience

Being professionals, nurses need to understand the ethical, professional and legal applications of discrimination while working with substance abusers and to be aware of their attitudes and behaviors while providing the suitable care to such individuals (Scioli et al., 2015). In order to prevent labeling and discrimination against individuals using substances, nurses have a great responsibility in training the society and health professionals about substance usage. Changing labeling against substance dependent individuals could be quite difficult. Even if the situation is enabled through education, differences may be seen in individual results (Crapanzano et al., 2014).

Generally, effective nursing approaches in reducing labeling and problems about labeling in substance dependent individuals and in fighting against these problems are as follows. Nurses should

- be aware of their own attitudes and prejudices first in order to provide totally objective care to substance dependent individuals,
- get rid of their own prejudices. Even if there are negative feelings and thoughts, this situation should not be reflected on the patient, and recovery and hope in individuals should be supported,
- always support substance dependent individuals in their fight against labeling by developing a client-nurse relationship dependent on trust,
- be provided with a better understanding of abuse by using artistic sides like poetry and painting, other than understanding substance dependent individuals only cognitively,

- avoid using non-therapeutic communication techniques, as the quality of communication used with substance dependent individuals is quite important,
- enhance their theoretical knowledge about problems that can decrease labeling, while building trust, hope, recovery and life quality of substance dependent individuals via continuous education through current literature,
- actively participate in public informing activities to decrease labeling toward substance dependent individuals,
- encourage substance dependent individuals to express their feelings, anxieties and fears they experience toward labeling,
- undertake scientific research about the labeling substance dependent individuals are exposed to, share the research results in national and international platforms, and lead in the application of research results,
- be aware of not using belittling and insulting terms about substance dependent individuals and teach all health professionals that these kinds of behaviors are unacceptable, unprofessional and unethical. At the same time, they should use professional terms like “substance usage disorder” instead of negative words like “addict, dirty, clean” and so on,
- use communication channels like media, press in the fight against labeling in substance abuse,
- help improve coping skills in fighting against labeling of substance dependent individuals, and should direct individuals to self-help groups, associations and other social centers. (Paininen and Bade, 2008; Kelly and Dow, 2010; Yüksel, 2014; Townsend, 2016).

7. Conclusion

Substance abuse is a common mental health problem associated with negative results. Substance dependent individuals are exposed to labeling both by the society and by health care professionals. Health care professionals, especially nurses, have important roles and responsibilities in fight against labeling – one of the negativities that substance dependent individuals experience. Nurses understanding their attitude towards care and their professional skills is crucial in effective nursing, which is the focus of professional health care (Sleeper and Bochain, 2013). The attitudes of nurses who are with these individuals for a long time are important in the individuals’ getting effective and quality health care service. Nurses should understand discrimination, ethical, professional and legal applications, and should be aware of their attitudes and behaviors to provide fair care to all individuals. Efficiency and information levels of nurses who have a crucial role in teamwork in labeling process substance dependent individuals experience have a key function in providing quality, reachable and evidence-based care. As a member of a professional occupation, nurses should pay attention to and discard their prejudices and judgmental attitudes and strive humbly in order to provide quality health care (Danda, 2012). At the same time, nurses should be aware of prejudices, attitudes and behaviors of the society, of the health professionals, of the families of substance dependent individuals, of the substance dependent individuals and most importantly, of their own, against substance addict individuals in labeling such individuals. Nurses should take an active role in raising and creating public awareness for fighting against the labeling that substance

dependent individuals experience in order that such individuals receive the necessary help they need to recover and return to society (Sleeper and Bochain, 2013; Fırıncık, 2016; Albayrak, Balcı, 2014).

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