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Substance Use and Addictive Disorders

Mental Health Nursing

Alcohol use disorder, opioid use disorder, cannabis and other substance-related disorders, intoxication, withdrawal, dependence, de-addiction and rehabilitation.

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CHAPTER 10 / MENTAL HEALTH NURSING 10. Substance Use and Addictive Disorders

1. Concepts and assessment

Substance use disorder involves impaired control, harmful consequences and functional impairment; tolerance means reduced response with repeated exposure, withdrawal refers to symptoms after reduction/cessation. Physiological dependence may occur with prescribed medicines without addiction. Assess type, quantity, route, time of last use, co-use, overdose/withdrawal history, medical/psychiatric conditions, social supports and motivation. Use validated tools (e.g., AUDIT, withdrawal scales under protocol) with clinical assessment.

Alcohol use disorder

Definition and pathophysiology: Compulsive/problematic alcohol use with increased harm; abrupt withdrawal in dependent people may be dangerous.

Clinical features and investigations: Intoxication: impaired coordination/consciousness; withdrawal: tremor, anxiety, sweating, tachycardia; severe seizures or delirium tremens.

Management and nursing care: Urgent assessment for severe withdrawal; prescribed benzodiazepine-based monitored protocol where indicated, thiamine and nutrition, electrolyte/medical evaluation. Do not delay emergency glucose for hypoglycaemia. Relapse-prevention medicines and psychosocial support by specialist.

Opioid use disorder

Definition and pathophysiology: Problematic opioid use; overdose suppresses respiration.

Clinical features and investigations: Overdose: reduced consciousness, slow/absent breathing, often pinpoint pupils; withdrawal: yawning, lacrimation, diarrhoea, aches, agitation.

Management and nursing care: Overdose: emergency call, ventilatory support and naloxone per protocol, repeat assessment for recurrent toxicity. Treatment may include buprenorphine or methadone with qualified care; offer harm reduction and overdose education.

Cannabis use and withdrawal

Definition and pathophysiology: Cannabis can cause intoxication, anxiety, cognitive impairment or psychotic symptoms in some users; withdrawal may cause irritability and insomnia.

Clinical features and investigations: Assess onset, co-use, psychosis, dependence and functional impact.

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Management and nursing care: Supportive care, behavioural treatment, sleep and coping support, evaluate severe agitation/psychosis and safeguarding.

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Stimulants, sedatives and other addictions

Definition and pathophysiology: Stimulants can cause sympathetic toxicity; sedatives depress CNS and abrupt benzodiazepine withdrawal can be dangerous. Gambling disorder involves impaired control and harm.

Clinical features and investigations: Stimulant: chest pain, agitation, hyperthermia; sedative: respiratory depression, withdrawal seizures; gambling: financial/relationship harm.

Management and nursing care: Urgent medical assessment for toxicity and monitored withdrawal care; avoid unsupervised abrupt cessation of dependent sedative use. Motivational support, CBT and specialist services.

2. De-addiction and rehabilitation

Use nonjudgmental language, motivational interviewing (open questions, affirmations, reflective listening, summaries), readiness assessment and shared harm-reduction/recovery goals. Do not equate relapse with failure. Connect medication treatment, counselling, peer support, housing/employment and family services; assess infectious disease and vaccination needs, nutrition and mental illness. Teach overdose response and safe medication storage. Document consent, risk, withdrawal monitoring and referrals.

3. Important Examination Questions

Long Answer Questions

1. 1. Discuss alcohol and opioid use disorders with withdrawal/overdose nursing management.

Short Answer Questions

1. 1. Differentiate tolerance and dependence
2. 2. explain motivational interviewing
3. 3. discuss relapse prevention.

Very Short Answer Questions (with answers)

1. 1. Which antagonist reverses opioid effects? - Naloxone.
2. 2. Can severe alcohol withdrawal be life threatening? - Yes.

4. Quick Revision

- Prioritize breathing in overdose.
- Alcohol/sedative withdrawal may require monitored care.
- Treat substance use without stigma.

5. Conclusion

Prioritize breathing in overdose. Alcohol/sedative withdrawal may require monitored care. Treat substance use without stigma.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. A person needs greater exposure to obtain a response previously achieved with less. Which concept does this illustrate?

A. Withdrawal
B. Intoxication
C. Tolerance
D. Remission

2. Which cluster is described as characteristic of opioid overdose?

A. Yawning, lacrimation and diarrhoea
B. Tremor, sweating and tachycardia after stopping alcohol
C. Irritability and insomnia after stopping cannabis
D. Reduced consciousness, slow breathing and often pinpoint pupils

3. Which communication approach fits motivational interviewing in substance-use care?

A. Open questions, affirmations, reflective listening and summaries
B. Closed interrogation, confrontation and blame
C. Threats, punishment and imposed goals
D. Lecturing, moral judgments and guarantees of success

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Answer key and explanations

1. C - Tolerance

Tolerance is a reduced response following repeated exposure.

2. D - Reduced consciousness, slow breathing and often pinpoint pupils

The notes contrast respiratory depression in overdose with the symptoms of withdrawal.

3. A - Open questions, affirmations, reflective listening and summaries

Motivational interviewing uses these collaborative communication techniques.

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