



# The Effectiveness of Substance Abuse Management: Perspectives of Nurses in Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria

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## Authors' contributions

This work was carried out in collaboration between both authors. Author DDF designed the study and wrote the protocol. Author DDF performed the statistical analysis, managed the literature search and wrote the first draft of the manuscript with assistance from author EOA. Both authors read and approved the final manuscript.

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## ABSTRACT

The study assessed the perspectives of nurses in Neuropsychiatric Hospital, Aro, Abeokuta, Nigeria on the effectiveness of substance abuse management. It made use of a descriptive research design. The study was conducted at the Department of Nursing, Neuropsychiatric Hospital, Aro, Abeokuta, Ogun state, Nigeria. A sample size of hundred nurses was used. This was calculated using thirty percent of the target population (ninety nurses) at ten percent error (ten nurses) to accommodate for attrition rate according to the rule of thumb. A stratified random sampling technique was utilized. Eight of the ten hospital wards were selected at random. Twelve of all the twenty nurses in each of the selected wards were randomly selected. Hundred questionnaires were printed and distributed. The instrument for data collection used for this study was a self-designed questionnaire consisting of closed-ended questions. A hundred percent of distributed questionnaires were retrieved. Data collected were analyzed through the use of tables, followed by interpretation in percentages. Out of hundred nurses, eighty-eight percent (88%) are of

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the view that people exposed to some types of treatment and remain in them subsequently reduce their use of psychoactive substances and ninety-seven percent (97%) believed treatment attends to multiple needs of the individual, not just drug abuse. Ninety percent (90%) rejected single treatment as effective in managing substance abuse and ninety-three (93%) believed skills learnt through cognitive-behavioural approaches remain with the individual after completion of treatment. It was concluded from the nurses' viewpoint that individuals should be exposed to some types of substance abuse treatment and remain in it before there can be subsequent reduction of psychoactive substance. Treatment should attend to multiple needs of the individual, not just drug abuse and different approaches should also be employed. It was thereby recommended that addiction treatment should be provided by healthcare professionals equipped with the knowledge and skills and government should pay attention to funding and policy making as regards substance abuse management.

*Keywords: Effectiveness; management; nurses; perspectives; substance abuse.*

## 1. INTRODUCTION

### 1.1 Background

Substance abuse represents one of the major psychological problems in the modern world, especially among the youths. According to *The Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), substance use disorders are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occurs when the recurrent use of alcohol and / or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home [1].

Substance abuse as explained by World Health Organization refers to the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioural, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance and sometimes, a physical withdrawal state [2]. United Nations Office on Drugs and Crime considered drug dependence as a multifactorial health disorder that often follows the course of a relapsing and remitting chronic disease. Unfortunately, in many societies, it is still not recognized as a health problem and many people suffering from it are stigmatized

and have no access to treatment and rehabilitation [3].

There are many historical examples of how societies perceive selected substances as being immoral objects of use, displacing them out of the light of conscience into the dark areas we do not like to overtly talk or think about [4]. Health care professionals' attitudes towards both illicit drugs and the people who use them affect their approach to providing care. Health-care professionals in general hold a negative view of patients with current or past illicit drug use [5]. Because nurses have more face-to-face interactions with patients in many treatment settings than any other health care providers, they are in a unique position to affect the health and well-being of persons with drug and alcohol addiction in a positive way. However, they must have knowledge about addiction and the treatment in order to be effective caregivers [6].

Compared to mental health nurses, general nurses have lower levels of knowledge and competence regarding safe drinking limits and alcohol withdrawal management [7]. Regardless of how or why an addiction begins, nurses in medical-surgical settings often find themselves caring for patients who have an addiction and comorbid medical or psychiatric problems. These nurses often have not had sufficient education about addiction and its treatment [6].

No single factor establishes whether an individual will become addicted to drugs. However, National Institute on Drug Abuse (NIDA) reported the overall risk for addiction may be influenced by many things. The biological makeup of the person (genetics), conditions at home, school or neighbourhood and a person's developmental stage are examples of some of

the factors that may lead to drug abuse. Adolescents are most likely to follow the crowd, which can have serious consequences when drugs are involved [8].

According to learning theory, addiction is simply a learned behaviour. In other words, people learn to engage in addictive behaviour according to well-established learning principles [9].

People may learn addictive behaviour through classical conditioning by pairing the pleasure of addictive substances or activities, with environmental cues. Fortunately, what we learn can also be unlearned. The power of a cue is diminished through a process called cue exposure. Cue exposure repeatedly presents a person with the cue, without pairing. This diminishes the cue's power to bring about cravings [9].

A system of rewards and punishments forms the basis for operant learning. Healthy choices can be rewarded so they become more appealing than addictive behaviour. Unlike classical conditioning and operant conditioning, social learning occurs when we learn something by observing others [9].

Over the past 15 years, scientific knowledge of effective, evidence-based therapies to treat people with substance use disorders has increased substantially. At the same time, substance use disorders – the misuse and abuse of both legal substances (e.g. alcohol) and illegal ones (e.g. drugs not legally prescribed) – is gaining recognition as a chronic condition for many patients that must be managed in a manner similar to diseases such as diabetes or heart disease [10]. The specific type of treatment or combination of treatments will vary depending on the patient's individual needs and, often, on the types of drugs they use [11].

Treatment for drug abuse and addiction is delivered in many different settings using a variety of behavioural and pharmacological approaches. Treatment is delivered in outpatient, inpatient and residential settings [12]. Once admitted to a hospital for treatment for a medical condition, individuals with addiction are often reluctant to remain in the hospital for the required treatment period [6]. While some people who experience substance abuse problems do not receive help, there is good evidence that people exposed to some types of treatment subsequently reduce their use of psychoactive substance and show improvement in other life

areas. In general, treatment outcomes are improved when appropriate treatments are also provided for significant life problems (communication problems, lack of assertiveness, unemployment) [13]. Drug treatment is intended to help addicted individuals stop compulsive drug seeking and use. Treatment can occur in many different forms and for different lengths of time. Because drug addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring [12].

Research has shown that when group therapy, either offered in conjunction with individualized drug counselling or formatted to reflect the principles of cognitive behavioural therapy or contingency management, positive outcomes are achieved [12]. The skills individuals learn through cognitive behavioural approaches remain after the completion of treatment. The use of vouchers facilitates patients' engagement in treatment and successfully aids them in gaining substantial periods of cocaine abstinence. Motivational enhancement therapy seems to be more effective for engaging drug abusers in treatment than for producing changes in drug use. Participants treated using the Matrix model show statistically significant reductions in drug and alcohol use, improvements in psychological indicators and reduced risky sexual behaviours associated with HIV transmission [12].

According to Power, et al. [10], studies of trained clinicians using the following interventions have found these therapies to be effective for at least some populations and diagnoses: motivational interviewing, motivational enhancement therapy, cognitive behavioural therapy, structured family and couples therapy, contingency management, community reinforcement therapy and 12-step facilitation therapy. Some practices that were deemed to be ineffective were considered such, only if applied alone, in the absence of other evidence-based interventions.

Individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness of treatment and related services used to address those problems, and the quality of interactions between the patient and his or her treatment providers [12]. Currently, there are barriers to the widespread use of evidence-based interventions. These barriers, which have been present for many years, include a lack of attention at the federal level to funding

and policy making, health professions education and training, and the long-lasting mental health and substance abuse schism. Education about substance abuse identification and treatment is lacking for physician and nursing generalists. In the United States, infrastructures at the national level (National Institute of Mental Health, National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism), as well as state and local funding mechanisms have proven to be on-going barriers to integrating mental health and substance abuse care [14].

In addition, therapeutic work environments that provide employment for drug-abusing individuals who can demonstrate abstinence have been shown not only to promote a continued drug-free lifestyle but also to improve job skills, punctuality and other behaviours necessary for active employment throughout life [12].

Nurses play a vital role in helping patients undergoing drug rehabilitation. They monitor their progress, help them adjust to life without drugs and teach them how to maintain their sobriety after leaving rehab. They work with patients of all ages, from teenagers undergoing rehab at residential treatment centres for juveniles to adults seeking outpatient services through their primary care physicians [15]. Lack of knowledge by nurses about addiction and their negative attitudes toward addicted persons perpetuates poor care given by nurses to persons with addiction. When nurses care for addicted persons with care and compassion, they help these clients live as healthy a life as possible given their circumstances and the life choices they have made [6].

On a typical day in 2010, adolescent admissions of Americans to substance abuse treatment were principally by the following sources – 163 by the criminal justice system, 62 by self-referred or referred from other individuals, 49 by schools, 44 by community organizations, 22 by alcohol/drug abuse care providers and 17 by other healthcare professionals; 71 303 were clients in outpatient treatment, 9 302 in non-hospital residential treatment and 1 258 in hospitals [16].

According to Brody, of the 23.5 million teenagers and adults addicted to alcohol or drugs, only 1 in 10 gets treatment, which too often fails to keep them drug-free [17]. In 2011, 21.6 million Americans aged 12 or older needed treatment for an illicit drug or alcohol use problem, but only 2.3

million received treatment at a specialty substance abuse facility [12]. Comparison of relapse rates between drug addiction and other chronic illnesses are as follow: Type 1 diabetes – 30% to 50%, Drug addiction – 40% to 60%, Hypertension – 50% to 70%, Asthma – 50% to 70% [12].

According to Onifade, Somoye, Ogunwobi, Akinhanmi and Adamson [18] in their study, 'a descriptive survey of types, spread and characteristics of substance abuse treatment centres in Nigeria', a large proportion (48%) was located in the South-West geopolitical zone of the country, most (58%) were run by non-governmental organizations, half of them performed internal or external evaluation of treatment process or outcome. There were a total of 1 043 for all categories of paid and volunteer staff, with an average of 33 staff per unit. Most of the funding came from charitable donations (30%). New client admissions in the past one year totalled 765 and 2 478 clients received services in the non-residential units in the past year.

More than one-third of the approximately two million people entering publicly funded substance abuse treatment in the United States do not complete treatment. Additionally, racial and ethnic minorities with addiction disorders, who constitute approximately 40 percent of the admissions in publicly funded substance abuse treatment programs, may be particularly at risk for poor outcomes. Using national data, it was found that blacks and Hispanics were 3.5–8.1 percentage points less likely than whites to complete treatment for alcohol and drugs, and Native Americans were 4.7 percentage points less likely to complete alcohol treatment. Only Asian Americans fared better than whites for both types of treatment [19].

The global burden of disease attributable to alcohol and illicit drug use amounts to 5.4% of the total burden of disease. Data from 147 countries (88% of the world population), collected in 2008, show that the main location for treatment of substance use disorders is the specialist substance abuse system, followed by the mental health system, the general health system, and primary care [20].

## 1.2 Statement of Problem

Substance abuse is a disorder that can be managed. Due to an increased number in the rate of this act, with several factors responsible,

different lines of management have also been devised. Individuals benefit from any of the lines of management within a certain period of time with the effectiveness depending on different factors. Substance abuse is typically a chronic disorder characterized by occasional relapses; a short-term, one-time treatment is usually not sufficient [12]. As stated in a study to assess nurses' knowledge and their attitude towards care of clients with substance abuse in Borno state, Nigeria, the majority of the nurses had good knowledge about substance abuse and showed satisfactory attitude while caring for clients with substance abuse [21]. According to Roberts et al. [13], there is good evidence that people exposed to some types of treatment subsequently reduce their use of psychoactive substance and show improvement in other life areas.

This study, therefore, will assess the perspective of nurses in Neuropsychiatric Hospital, Aro, Abeokuta, about the effectiveness of substance abuse management, highlighting factors responsible for drug abuse and suggesting more effective ways of management.

### 1.3 Operational Definition of Terms

**Effectiveness:** The desired or intended result.

**Management:** The mode of dealing with substance abuse.

**Nurses:** Registered nurses in Neuropsychiatric Hospital, Aro, Abeokuta.

**Perspective:** A point of view based on facts.

**Substance Abuse:** Misuse of chemical substance involving intoxication and dependence.

### 1.4 Research Questions

1. What is the level of knowledge nurses have about substance abuse and its management?
2. How effective is substance abuse management as viewed by nurses?
3. What are the factors affecting the effectiveness of substance abuse management from nurses' viewpoint?

## 2. METHODOLOGY

A descriptive study design was adopted, since the focus is to assess the perspectives of nurses in Neuropsychiatric Hospital, Aro, Abeokuta, on the effectiveness of substance abuse management.

The target population was the registered nurses in Neuropsychiatric Hospital, Aro, Abeokuta, which were about three hundred. The sample size consisted of a hundred nurses from the target population. Out of the target population, thirty percent (ninety nurses) was utilized using the rule of thumb at ten percent error (ten nurses) to accommodate for attrition rate. A stratified random sampling technique was utilized. Eight of the ten hospital wards were selected at random. Twelve of all the twenty nurses in each of the selected wards were randomly selected. The instrument used for this study was a self-designed questionnaire consisting of structured closed-ended questions (yes/no questions), based on published facts, made up of sections to assess the knowledge of nurses about substance abuse and its management, their perspectives on the effectiveness of the management and their standpoint on the factors responsible for the effectiveness of the management. The respondents had to choose only one alternative out of the two alternatives provided. The instrument used (questionnaire) was subjected to scrutiny to make sure there is face validity. The content of the instrument was compared with the objectives of the study, research questions and the literature to ensure content validity. A pre-test study on ten nurses was done to determine the reliability. Ambiguities were corrected before the administration of the instrument. Hundred questionnaires were printed and ninety-six were distributed. The four remaining questionnaires meant to accommodate for attrition rate were distributed to the more experienced nurses working at the administrative block. A hundred percent of distributed questionnaires were retrieved.

### 2.1 Data Analysis

Data collected were analyzed using descriptive statistics only i.e. the use of tables and representation in percentages, thereby summarizing the data into more understandable forms. This was followed by interpretation of data presented on the tables.

### 2.2 Ethical Consideration

Approval and ethical clearance were obtained from the chairman of the ethical committee of the hospital in order to conduct the study. Both written and oral permissions were obtained from each nurse that participated in the study after explaining to them the importance and objectives of the study. The right to refuse or withdraw from

the survey was also explained to each nurse separately before administering the questionnaire. The researcher also explained to all nurses that their answers would be confidential and will only be used for scientific research purposes.

### 3. RESULTS

#### 3.1 Knowledge of Nurses about Substance Abuse and Its Management

It was revealed that all the nurses knew what psychoactive drugs are, with majority having knowledge about what substance abuse is but identifying nicotine as a class of psychoactive drugs. Slight average number of nurses did not believe in a single causative factor of drug addiction. Majority are knowledgeable about the factors responsible for substance abuse, the purpose of drug treatment and the various treatments available.

#### 3.2 Perspectives of Nurses towards Effectiveness of Substance Abuse Management

Many nurses are of the view that people who are exposed to some types of treatment and remained in them subsequently reduce their use of psychoactive substance. It was also believed that positive outcomes are achieved when group therapy is offered in conjunction with other treatments. Majority are of the mind-set that treatment attends to multiple needs of the individual, not just drug abuse and a single treatment was rejected as effective in managing

substance abuse. Skills learnt through cognitive-behavioural approaches were believed to remain with the individual after completion of treatment.

#### 3.3 Perspective of Nurses on Factors Affecting the Effectiveness of Substance Abuse Management

Majority of the nurses are of the perspective that out-dated methods do not increase treatment effectiveness and that treatment outcomes depend on the extent and nature of patient's problem. It was accepted the fact of quality interactions between the patient and treatment providers affecting treatment effectiveness. Many are of the viewpoint that serious medical or mental illness decrease the likelihood of dropout of treatment but do not believe that lack of funding and policy making at the federal level does not affect treatment effectiveness. To improve treatment, education and training of health professionals was viewed necessary.

### 4. DISCUSSION

The study shows that majority of nurses have knowledge about what psychoactive drugs are except for the identification of nicotine as a class of psychoactive drugs. They also have knowledge about what substance abuse is, factors responsible and its management. Contrary to these findings, it was stated in a study [7] that general nurses have lower levels of knowledge and competence regarding safe drinking limits and alcohol withdrawal management as compared to mental health nurses. In another study [6], it was stated that

**Table 1. Knowledge of nurses about substance abuse and its management**

Variables	Frequency		Percentage (%)	
	Yes	No	Yes	No
Psychoactive drugs are chemical substances that affect the brain functioning	100	-	100	-
Substance abuse is the harmful or hazardous use of psychoactive substance	98	2	98	2
Nicotine is a class of psychoactive drugs	94	6	94	6
A single factor can establish whether an individual will become addicted to drugs	42	58	42	58
Detoxification is one of the factors responsible for substance abuse	25	75	25	75
Drug treatment is intended to help addicted individuals to continue drug seeking and use	32	68	32	68
Treatment is delivered in out-patient, in-patient or residential setting	93	7	93	7
Pharmacotherapy and behavioural therapy are evidence-based approaches to drug treatment	97	3	97	3
12-step facilitation therapy is not a behavioural therapy for drug treatment	34	66	34	66

**Table 2. Perspectives of nurses towards effectiveness of substance abuse management**

Variables	Frequency		Percentage (%)	
	Yes	No	Yes	No
People exposed to and remain in some types of treatment subsequently reduce their use of psychoactive substance	88	12	88	12
Positive outcomes are achieved when group therapy is offered in conjunction with other treatment	97	3	97	3
The use of vouchers aid abstinence	71	29	71	29
Treatment attends to multiple needs of the individual, not just drug abuse	97	3	97	3
Detoxification alone change long-term drug abuse	25	75	25	75
A single treatment is effective in managing substance abuse	10	90	10	90
Skills learnt through cognitive-behavioural approaches remain with individual after completion of treatment	93	7	93	7

**Table 3. Perspective of nurses on factors affecting the effectiveness of substance abuse management**

Variables	Frequency		Percentage (%)	
	Yes	No	Yes	No
Out-dated methods increase treatment effectiveness	28	72	28	72
Treatment outcomes depend on the extent and nature of patient's problem	92	8	92	8
Quality of interactions between the patient and treatment providers affect treatment effectiveness	95	5	95	5
Serious medical or mental illness decrease the likelihood dropout of treatment	74	26	74	26
Lack of funding and policy making at the federal level does not affect treatment effectiveness	26	74	26	74
Education and training of health professionals is necessary for an improved treatment	95	5	95	5
Characteristics/Personalities of patients do not influence treatment outcome	29	71	29	71

regardless of how or why an addiction begins, nurses in medical-surgical settings often find themselves caring for patients who have an addiction and co-morbid medical or psychiatric problems. These nurses often have not had sufficient education about addiction and its treatment, contrasting with our findings.

Regarding the effectiveness of substance abuse management, the nurses supported the fact that people who are exposed to some types of treatment and remain in them subsequently reduce their use of psychoactive substance. From their perspective, positive outcomes are achieved when group therapy is offered in conjunction with other treatments. The use of vouchers was believed to aid abstinence and the fact that treatment attends to multiple needs of the individual, not just drug abuse, was supported. Also, it was viewed that detoxification alone cannot change long term drug abuse, a single treatment is ineffective in managing substance abuse and skills learnt through cognitive-behavioural approaches remain with

the individual after completion of treatment. These were supported by Roberts, et al. [13] saying, 'While most people who experience substance abuse problems do not receive help, there is a good evidence that people exposed to some types of treatment subsequently reduce their use of psychoactive substances and show improvement in other life areas'. Also, NIDA [12] said, 'Most people who get into and remain in treatment stop using drugs'. NIDA [12] also stated that the skills individuals learn through cognitive-behavioural approaches remain after the completion of treatment.

Findings also revealed factors affecting the effectiveness of substance abuse management as perceived by nurses. It was perceived that out-dated methods do not increase treatment effectiveness, treatment outcomes depend on the extent and nature of patient's problem, quality of interactions between the patient and treatment providers affect treatment effectiveness and serious medical or mental illness decrease the likelihood of dropout of

treatment. It was also believed that lack of funding and policy making at the federal level affects treatment effectiveness. Education and training of health professionals was viewed necessary for an improved treatment. They also supported the fact that characteristics/personalities of patients influence treatment outcome. These were supported by NIDA [12], saying, 'Individual treatment outcomes depend on the extent and nature of the patient's problems, the appropriateness of treatment and related services used to address those problems, and the quality of interactions between the patient and his or her treatment providers'. Pelletier and Diego [14] also said, 'Currently, there are barriers to the widespread use of evidence-based interventions. These barriers, which have been present for many years, include a lack of attention at the federal level to funding and policy making, health professions education and training, and the long-lasting mental health and substance abuse schism'.

With the above perspectives, for substance abuse management to be effective, nurses should be involved in drug treatment to help addicted individuals stop compulsive drug seeking and use. They should have scientific knowledge of effective, evidence-based therapies to treat people with substance use disorders which will give them active participation in substance abuse management as substance abuse is managed using multidisciplinary approach. Nurses should also take active role in continuous dissemination of accurate information concerning substance abuse and its management to individuals, families and the communities. They should be involved in policy making on the use of evidence-based interventions.

## 5. CONCLUSION

From the nurses' viewpoint, individuals should be exposed to some types of substance abuse treatment and remain in it before there can be subsequent reduction of psychoactive substance use and treatment should attend to multiple needs of the individual, not just drug abuse. As a single treatment is also perceived to be ineffective in managing substance abuse, different approaches should be employed in its management.

To improve the effectiveness of substance abuse management, addiction treatment should be provided by health professionals equipped with

the knowledge and skills and there should be quality interactions between the patient and treatment providers. Government should pay attention to funding and policy making, health professions education and training and provision of treatment infrastructures.

## CONSENT

The author declares that a written informed consent was obtained from the nurses and other approved parties in the process of data collection.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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