

Case Study

## The effective nursing care for drug-dependent young people

— One case study —

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### Abstract

We are currently experiencing the third period of wide-scale drug abuse in Japan, and the average age of those who use illegal drugs is decreasing. And furthermore, the inhalation of narcotic substances is increasingly preferred over their injection. Because it is now easier to ingest such substances, an increasing number of young people are becoming addicted to drugs. While young people initially tend to try drugs out of a sense of curiosity and a desire to be trendy, many of them end up becoming addicts.

Currently in Japan, there are three types of systematic models that deal with drug-dependent youth: (1) the Legal Model, (2) the Medical Model, and (3) the Social Model. Activities related to nursing care come under the Medical Model.

The primary aims in nursing care for drug-dependent patients include providing physiological care for patients experiencing withdrawal symptoms, and supporting the personal growth of patients by fostering cordial nurse-patient relationships. The successful fulfillment of these aims can result in facilitating the withdrawal of patients from narcotic substances, as well as the development of their ego-identities.

In this presentation, we will discuss the most effective types of nursing interventions for drug-dependent patients.

**Key words:** drug-abuse youth, medical therapy & treatment, nursing care for drug-dependent

### Introduction

Drug abuse has been a serious social problem in Japan since the end of the World War II. The third period of wide-scale drug abuse in Japan began in 1995. A prominent feature of this period is that drug abuse is occurring at younger ages. Two reasons for this are that drugs are becoming more easily obtainable through the widespread availability of mobile phones and the Internet, and the prices of drugs have been decreasing. To make matters worse, high school students tend to experiment with drugs out of a sense of curiosity and a desire to be trendy. Some female high school and college students end up becoming addicted to drugs that they only began taking in order to lose weight.

Currently in Japan, there are three types of systematic models that deal with drug-dependent youth; first, the Legal Model, which

attempts to restrict drug use by relying on laws regarding the use of drugs as acts of delinquency or crime in order to maintain social safety and order; secondly, the Medical Model, which provides medical treatment and care to those dependent on drugs, regarding them as drug-dependent patients; thirdly, the Social Model, which provides care and protection to drug dependent persons as those who have difficulties coping with life.

Drug abuse and drug-dependence have adverse effects on both society and individuals. Their social influences are mainly related to the Social Model. In addition to dealing with the medical treatment and care of drug dependents under the Medical Model, it is also important to deal with them under the Social Model. In other words, drug-dependents are expected to be rehabilitated into society after they have physically recovered through hospitalization.

In this presentation, I will discuss how to fulfill our roles as nurses on a medical team under the Medical Model.

### **The Medical Model**

As described above, the Medical Model indicates the provision of medical treatment and care of drug-dependent patients. There are three categories of Medical Model facilities: first, emergency medical facilities for those with acute intoxication and injuries related to drug use; secondly, general hospitals for those with physical disorders caused by the habitual use of drugs; and thirdly, psychiatric treatment facilities for drug-dependent patients and those with secondary mental disorders. It is vital that the facilities in each category cooperate with each other.

### **Unique Problems of Drug-Dependent People**

Based on my clinical experience, eight problems peculiar to drug-dependent patients are: 1) unrealistic expectations of the effects of drugs, 2) difficulty in abstaining from drugs and difficulty in maintaining abstinence, 3) changes in character during the process of drug dependence in terms of motivation, emotions and morals, and resultant disorders in human relationships, 4) withdrawal symptoms such as vegetative neural signs and abnormalities in mental functioning, 5) secondary physical and mental disorders caused by acute and chronic intoxication, 6) social problems such as crime, accidents, domestic problems, occupational problems and economic problems, 7) feeble resistance to stresses in social life, and 8) easy recurrence of drug dependence and easily shifting to dependence on other types of drugs. I will also add co-dependency between a drug-dependent patient and his or her family members. Family members should be involved in medical treatment and care, too.

Among these eight problems peculiar to drug-dependent patients, three points are particularly emphasized: 1) changes in character during the process of drug dependence in terms of motivation, emotions and morals and the resultant disorder in human relationships, 2) withdrawal symptoms such as vegetative neural signs and abnormality in mental functioning, and 3) secondary physical and mental disorders caused by acute and chronic intoxication. In addition to these three points,

care for the co-dependent family is also indispensable.

### **A Case Study**

A representative case is presented. The young man was 18 years old when I first met him. He lived with his parents and a younger sister. His father was a 44-year-old office worker who did not participate in raising his children. The patient had very few memories of playing with his father when he was a young child. Although the patient tried to attract his father's attention, the father seemed to love his daughter better than his son. His mother was a 41-year-old housewife who took care of their children almost by herself. She did not have a good relationship with her husband and thought he was irresponsible toward his children. The younger sister had very few conversations with her father. Although she cooked for her brother while their mother was out, the brother and sister did not dine and together did not get along well.

### **Hospitalization History**

When the patient was a freshman in high school, he first sniffed paint thinner given to him by a long-time friend. At that time, he was arrested by the police, who placed him in protective custody. Thereafter, he was hospitalized for three months. After leaving the hospital, he started sniffing aerosolized codeine and became addicted. He quit school and stayed extremely intoxicated all the time. His family asked that he be hospitalized again for his own protection.

This hospitalization changed him. He calmly said to me, "Whenever I was feeling irritated, the nurses took good care of me both physically and mentally. I was able to confide in them about all of my feelings. Those who listen do not have to be your parents. Now I know the importance of having somebody to listen to my problems and agonies. I don't need to rely on drugs anymore."

He told me that he has not taken drugs for two years now, and that he has been working part-time.

### **Learnings from this Case Study**

From the case of this young man, I learned three points that nurses should keep in mind.

First, nurses should recognize that the period of treatment for the acute physical withdrawal symptoms of drug-dependents is the most crucial time for building a trusting relationship with the patient. Secondly, nurses should try to empathize with their patients during this painful period of withdrawal. Thirdly, nurses should maintain their own emotional composure at all times.

As far as mental health care is concerned, I learned the importance of being a good listener to those with drug-induced character changes and to those with disordered human relationships. The reason why being a good listener is important is that drug-dependent patients have a very low sense of self-esteem, and the anti-social activity of using drugs is their way of expressing themselves. Furthermore, many drug-dependent youth have an anxiety complex about being abandoned.

In this particular case, I worked hard to create a safe and comfortable environment for the patient. I also worked to develop a psychological bond with him because I believe in the importance of helping patients achieve peace of mind during the process of recovery.

## Discussion

### Nursing care during the acute stage

This acute stage of drug withdrawal symptoms is the most crucial time for building a trusting relationship with the patient. So I did try to empathize with the patient about the awful pain caused by withdrawal symptoms. While I maintaining my emotional composure at almost all times.

#### 〈Physical nursing care〉

I observed his painful or serious symptoms, such as nausea, vomiting, diarrhea, abdominal pain, sweat, chill, fever, chest pain, rapid changes in blood pressure, headache, convulsions, insomnia, hallucination, delusion, delirium, depression and so on.

I reported those symptoms to the doctor and helped to give him medical treatments, which prevented complications and dehydration.

I helped the patient to ease those symptoms using many nursing skills.

I helped the patient become more comfortable using many nursing skills.

I arranged the bedside environment to help him feel safe and relaxed.

#### 〈Mental nursing care〉

I listened him intensely and accepted the fact that he had a drug-induced character changes and disordered human relations.

By doing so I realized that he had a very low sense of self-esteem, and that anti-social activity was his way of expressing himself. Furthermore, I realized that he had an anxiety complex about being abandoned.

### Nursing care during the recovery stage

#### 〈Mental nursing care〉

I tried to provide a good role model in terms of motivation, emotions and morals as his senior in life. I believed my attitude both influenced and motivated him to abstain from drugs.

In order to activate and maintain his motivation, I let him choose which rehabilitation program he wanted to attend, instead of just presenting him with my choice for him. As a result, he accepted himself and learned how important it was for him to express himself.

## Conclusion

- 1) Nurses should realize that the drug-dependent patients have just another disease like any other patient, and should empathize with them about the pain caused by their withdrawal symptoms or the toxicity of the drugs.
- 2) Providing intensive and empathetic care for a patient with physical and mental disorder during the acute stage has a great influence them and changes their awareness about their life choices.
- 3) Nurses should help patients make self-decisions regarding their own choices in life, in order to facilitate their mental growth.
- 4) Nurses should try to improve themselves in order to provide patients with a good role model in life, and to encourage activate patients' motivation to abstain from drugs.
- 5) Nurses should try to help the patients enter the Social Model.
- 6) Nurses should try to encourage and help co-dependent family members to respect their own roles in the family.

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#### References

- Metropolitan Police Department: White Paper on Police, 2003 Edition
- Wada K.: Drug Dependency: Review of Psychiatry, No. 34, Life Science, p9, 2000.
- Andoh k. et al: The Delinquency on Adolescence Stage, Adolescentology, Vol. 18 No. 1. p60-67, 2000.
- Freud A.: The Ego and the Mechanisms of Defence, Seishinshobo, 1996.
- Burrow S.: An Outline of Forensic Nursing Role, British Journal of Nursing, 2(18), p903 1993.
- Burnard P. et al: Aspects of Forensic Phychiatric Nursing, Avebury Press, Aldershot, 1992.
- Fukushima A.: Introduction of Delinquency Psychology, Chuokoronsha, 2000.
- Fukushima A.: Introduction of Crime Psychology, Chuohkoronsha, 2000.
- The Research and Training Institute of the Ministry of Justice: White Paper on Crime, 2003 Edition.
- Ikujiima H.: The Present Situation and Theme of Clinical Delinquency in Japan, The Japanese Journal of Child and Adolescent Psychiatry, 10 (1) 52-69. 2000.
- Konuma K. et al: Societal Control and Model of Legal Drug Treatment, A Japanese Success Story? "Drug Tretment Systems in an International Perspectives", p239-252, Sage Publications, Thousand Oaks, 1998.
- Koike J. et al: Environmental Factors in Substance Abuse, Japanese Journal of Clinical Psychiatry, 31 (5): 535-541, 2002.
- Mitsui T.: Drug Dependency and Psychoeducation, Japanese Journal of Clinical Psychiatry, 30 (5): 493-500, 2000.
- Okumura Y.: Correctional Treatment and Rehabilitation of Juvenile Delinquents: Through Clinical Experience at Medical Reform & Training School, Psychiatry, 43 (11): p1195-1202, Igakushoin, 2001.