

## NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

**Guideline:** Care of the patient with a history of substance abuse



**Policy Number Superseded:**

**Responsibility:** All trained inpatient behavioral health staff

**Effective Date:**  
June 2024

**Purpose of Guideline:**

1. Provide patients with factual knowledge about substance abuse.
2. Assist patients in exploring alternate ways of dealing with family issues and stressors regarding the substance use.
3. Orient patients to support groups available in the community.

**Initial Effective Date:**  
July 2005

**Equipment:** Substance abuse group offered as needed. Assignments related to drug use and abuse.

PROCEDURE	POINTS OF EMPHASIS
(1) Obtain history of substance abuse: <ul style="list-style-type: none"> <li>(a) History of prescription drugs.</li> <li>(b) History of over-the-counter drugs.</li> <li>(c) History of social drugs:               <ul style="list-style-type: none"> <li>(i) Nicotine/other social drugs.</li> <li>(ii) Caffeine.</li> <li>(iii) Alcohol.</li> </ul> </li> </ul>	Assess for feelings of hopelessness, helplessness, and suicidal thinking.  There are psychiatric conditions associated with substance abuse such as mood disorder, anxiety disorders, attention deficit disorder, and major depressive disorder. Alcohol abuse is sometimes heavy during the teen and young adult years. Also, heavy drinking has been shown to increase the likelihood of illicit drug use. Most cocaine abuse begins with the use of alcohol and cigarettes.

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<p>(2) Identify possible risk factors:</p> <ul style="list-style-type: none"><li>(a) Unstable home environment.</li><li>(b) Poor level of supervision in the home.</li><li>(c) Peers use of drugs.</li><li>(d) Poor performance in school.</li><li>(e) Approval of drug using behavior by others (peers and school).</li><li>(f) Availability of drugs.</li><li>(g) Liberal parental attitude of own past drug use.</li><li>(h) History of trauma/abuse.</li><li>(i) Mental health diagnosis.</li></ul>	
<p>(3) Signs of addiction include:</p> <ul style="list-style-type: none"><li>(a) Cravings, need for drug.</li><li>(b) Mood changes.</li><li>(c) Weight gain or loss.</li><li>(d) Changes in sleeping patterns.</li><li>(e) Stealing.</li><li>(f) Anxiety, anger, frustration.</li><li>(g) Changes in friendships.</li><li>(h) Slipping grades.</li><li>(i) Keeping secrets.</li><li>(j) Withdrawal and/or loss of interest in activities.</li></ul>	
<p>(4) Assignments will address issues surrounding substance abuse. Assignments can include:</p> <ul style="list-style-type: none"><li>(a) Discussing life areas that drugs negatively affect.</li><li>(b) Identify situations in which use of drugs is likely to increase.</li><li>(c) Pros and cons of substance abuse.</li><li>(d) Positive ways to deal with stress.</li></ul>	<p>Assignments may be used to help patient identify common enabling behaviors.</p> <p>Using appropriate methods of dealing with stressors will also be addressed.</p> <p>Discuss issues such as legal issues, increased fighting, absenteeism, changes in personality.</p> <p>Encourage positive coping skills.</p>
<p>(5) Patient will receive information regarding supportive community resources, which may be useful after discharge.</p>	

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(A) Documentation:

Document in patient medical record:

- (1) History of alcohol and drug use.
- (2) History of substance abuse by family members.
- (3) Attendance at substance abuse group.
- (4) Education offered and response to alternate ways of dealing with stressors.

(B) References:

Tolliver, B. K. & Anton, R. F., Assessment and treatment of mood disorders in the context of substance abuse. *Dialogues in Clinical Neuroscience*. 2015; 17(2):181-190.

McLellan, A. & Woodworth, A. The affordable care act and treatment for substance use disorders: Implications of ending segregated behavioral healthcare. *Journal of Substance Abuse Treatment*, 2014.

Joe, G., Knight, D., Becan, J., Flynn, P. Recovery among adolescents: Models for post-treatment gains in drug abuse treatments. *Journal of Substance Abuse Treatment*, 2014.

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