

4
Zeinab Loutfy.

ASSESSMENT OF KNOWLEDGE, ATTITUDE, AND
PRACTICE OF FAMILY MEMBERS LIVING WITH ADDICTS

Thesis

Submitted in Partial Fulfilment for the
Degree of M.Sc. Nursing
(Psychiatric Nursing)

By

AFAF MOHAMED FAHMY
(B.Sc. Nursing)

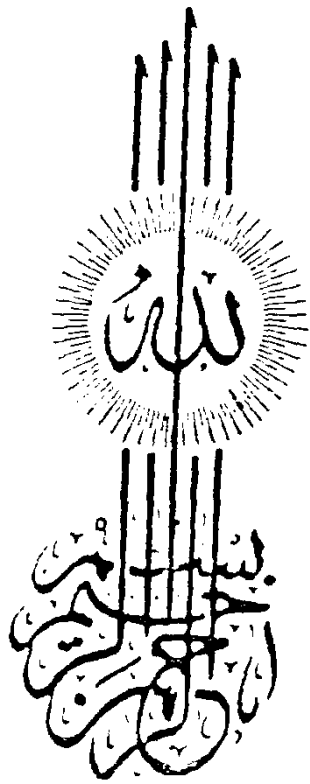
31316

Supervisors

Prof. Dr. AHMED OKASHA
Prof of Psychiatry and
Head of Unit of Psycholo-
gical Medicine.
Faculty of Medicine
Ain Shams University.

Dr. ZEINAB LOUTFY
Assist. Prof. and Head
of the Psychiatric Nursing
Unit.
High Institute of Nursing
Ain Shams University.

HIGH INSTITUTE OF NURSING
AIN SHAMS UNIVERSITY





ACKNOWLEDGMENTS

Grateful acknowledgment is made to all people who have made this research possible.

My deepest appreciation to Prof. Ahmed Okasha, Head of Psychiatric unit, Faculty of Medicine, Ain Shams University, for his kind supervision, advice, support, helpful guidance and precious encouragement.. I feel great honour for being one of his students. He gave me much of his time , his effort and his personal enthusiasm.

I would like to express my deep thanks and appreciation to Dr. Zeinab Loutfy, the Head of Psychiatric Nursing Department, High Institute of Nursing, Ain Shams University, not only for her honouring me by supervising this work, but also for her continuous guidance and encouragement since my first steps in the psychiatric field. She gave me much of her time, she taught me persistence and scientific research, and helped me throughout this work patiently and supplied me with a wealth of references which have expanded my view greatly.

My deepest gratitude goes also to all my colleagues of the psychiatric nursing department, Ain Shams University.

My thanks go to the Director and staff of Abbassiya Mental Hospital, for their kind help and cooperation.

My special thanks are due to Dr. Mohsen Gad-Allah, Assistant Professor of Medical Statistics, Ain Shams University for his kind assistance and help in statistical analysis of the data.

My hearty thanks are due to my parents and brothers for their tolerant understanding and support at all times.

Afaf El Bishry

April. 1990.

CONTENTS

<u>Chapter</u>	<u>Page</u>
I INTRODUCTION	1
Definition of terms	4
II REVIEW OF LITERATURE... ..	8
The drug dependent person	8
Personality of the addict	9
Reasons for taking drugs	12
Causes of addiction	13
Methods of drug use	16
Clues to the diagnosis of substance abuse	17
The family and the addict	19
Stigma of addiction	25
Attitude of society	26
Drug abuse prevention	27
Nurse's role in prevention of addiction	29
Nurse's role in education, consultation and liaison.....	33
Nurse's role with the hospitalized addict	35
The nurses role in handling the addict's family	56
III. AIM OF THE STUDY	59
IV. SUBJECTS AND METHODS	59
V. RESULTS	62
VI. DISCUSSION	92
VII. CONCLUSION & RECOMENDATION	102
VIII. SUMMARY	106
IX. REFERENCES	115
APPENDIX .	
PROTOCOL.	
ARABIC SUMMARY .	

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Distribution of family members visiting the addict according to their relationship and level of education.	63
2. Distribution of addicts according to their mean of age, income, level of education, occupation, and treatment for the 1st time and recurrence of addiction.	64
3. Relation between the level of education of addicts' relatives and their knowledge about addicts' diagnosis.	65
4. Relation between the level of education of addicts' relatives and the identified causes of addiction.	66
5. Relation between the level of education of addicts' relatives and the signs and symptoms observed by family members.	69
6. Relation between the level of education of addicts' relatives and observed behavior made by them.	71
7. Relation between the level of education of the addict relatives and manifestation of withdrawal symptoms by the family members.	73
8. Relation between the educational level of addicts relatives and their knowledge about treatment received in the hospital by the addict.	74
9. Family members attitude toward addiction.	75
10. Prognosis of addiction as perceived by the family member visiting the addicts.	76

11..	Rational given by family members regarding telling versus hiding the presence of an addict family member at home.	
12.	Trials made by the family members to keep the addicts' illness as a secret.	78
13.	How did outsiders know about the addicts according to family members.	79
14.	Rational given by family members regarding allowing the addict to join versus not joining them in outdoor visits.	80
15.	Suggestions given by the family member of addict in helping the addict to cure.	80
16.	Kin relationship and future plans after discharge of the addict from the hospital to avoid his relapse.	81
17.	Approaches used by the family members before coming to Abbassiya Hospital to treat the addict.	81
18.	Relation between the level of education of the addicts' family members and their behaviour to overcome addicts' excitement during withdrawal symptoms before admissions.	81
19.	Relation between the level of education of addict's family members and their behavior in different situation.	88
20.	Rational given by the family member regarding allowing versus, not allowing the addict to share in family matters.	90

INTRODUCTION

INTRODUCTION

There is no doubt that we live in a society in which drugs are viewed by certain people as a mean to relieve pain, fear, and boredom! the use of drugs is presently rampant and is continuing to increase in our society. These individuals who become dependent or being defined as addicts have a pattern that contribute to health impairment, family dysfunction, accidents, criminal behavior, distractive social behavior, and other adverse consequences.

Many addicts are hospitalized to get read of their withdrawal symptoms, then go home, at this point they are not cured. They need a lot of help from their family members who must be knowledgeable enough and who should have proper communication skills to help their addict members recover and not relapse.

According to the World Health Organization (1975), the problem of an addict in a family is a problem for the whole family as the addict becomes difficult to live with, irritable, changeable in mood, unreasonable, or withdrawn from social contact. His

health and psychological problems also affect the family. Tension and arguments within the family are also frequent.

Income required for the support of the family may be spent on drugs. Decreased productivity can further reduce the family income. Other family obligations such as child care may be neglected and several problems between husband and wife may occur. As the whole family is in trouble not only the drug addict, they are all in need of help.

According to The world Health Organization (1986), the more family members know about the problem, the better, they will be able to prevent cases from developing, to detect cases early when they occur and also to help them during recovery.

Nurses working with addicts are according to Walker (1974), Trevelyan (1988), too frequently involved solely in the administrating and dispensing of drugs. The nurse must turn her attention to problem solving and corrective interpersonal. In order to best utilize her skills and maximize her therapeutic effectiveness in relating to her addict patients.

Therefore the psychiatric nurse is the key person in health educating the family members regarding drug dependence, and in helping them developing the communication skills necessary to help their drug addict member.

In order to be able to health educate the family members it is therefore necessary to assess their knowledge, attitude, and practice toward their addict member.

Definition of terms:

The World Health Organization defines drug dependence as "a state, psychic or also sometimes physical, resulting from interaction between a living organism and drug, and characterized by behavioral and other responses that always include a compulsive desire or need to use the drug on a continuous basis in order to experience its effects and/or avoid the discomfort of its absence. (Macdonald, 1975).

Drug habituation is defined as " a habit-forming drug, is one which is or may be taken without the production of all the characteristic outlined in the definition of addiction and which is generally considered to be determined to the individual and to society....".

Drug habituation is characterized by desire but not a compulsion to continue taking the drug, little or not tendency to increase the dose and some degree of psychic dependence but absence of physical dependence and hence no abstinence syndrome.

While drug addiction is characterized by "Craving"; tolerance, psychic and physical dependence as shown by

the development of psychological and physical abstinence symptoms respectively. (Hofman, 1980).

Addiction is the repeated or chronic use of alcohol or drugs with a resulting dependency on these substances. Carroll, (1982), and Serag El Din, (1985).

A state of periodic or chronic intoxication detrimental to the individual and to society produced by the repeated consumption of the drug".

Its characteristics include:-

1. An overpowering desire or need to continue taking the drug and to obtain it by any means.
2. A tendency to increase the dose (tolerance).
3. A psychic and sometimes physical dependence on effect of the drug.
4. The presence of withdrawal symptoms. (Okasha, 1983).

The term addiction should be used only when these three aspects, tolerance, intense craving, for the drug and withdrawal symptoms are present. (Burr, 1987)

Abstinence Syndrome. is a pathological system reaction, presumably of biochemical origin which occurs when a substance is abruptly and completely withdrawn e.g. in alcohol addiction, the abstinence syndrome is delirium tremens; for barbiturate addiction, an acute confusional state usually occurs and ushered by epileptic form fits. So, we can go further to define Addiction as a clinical syndrome characterized by psychological dependence, change in tolerance and a specific abstinence syndrome. (Serag El Din, 1985)..

Substance abuse is the use of a psychoactive drug, alcohol or a combination of the two to the extent that it seriously interferes with an individual's physical health, social relationships, or vocational functioning the official diagnostic criteria are: a pattern of pathological use, an impairment in social or occupational functioning due to substance use and a minimal duration of disturbance of at least one month. (McKelvy et al., 1987).