Reasons of dropout from residential substance abuse treatment

Thesis

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By

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Abstract

Introduction: Dropout from substance abuse treatment had different meanings. It was understood as a break from treatment, as an end to treatment, or as a means of reduced treatment intensity. **This study aimed** to assess the reasons of dropout from residential substance abuse treatment. **Subjects & Methods**; Exploratory Descriptive design was used in carrying out this study was conducted at the inpatient addiction department of the El-Abbassia Governmental Hospital; the study sample consisted of 90 dropped out substance abusers in the previously mentioned settings. **Tools**: Structured interviewing questionnaire and reasons for dropout from residential treatment questionnaire. **Results:** The mean reason of dropout was the lack of social support, directly followed by resistance to change. **Conclusion:** Based on the study finding it was concluded that the main reason of dropout was the lack of social support, directly followed by the resistance to change, while the less affecting reason was the client's relationship with other addicts. **Recommendation:** It is recommended that, Educational programs must be set up to increase the addict's awareness of the dangers of addiction, the importance of completing the treatment, the symptoms of dropping out, and the symptoms of craving and how to eliminate them. Mentoring programs must be designed for the families of the addicts to guide them to the right methods of supporting and helping the client to continue the treatment.

Key Words: Dropout, Substance Abuse, Residential Treatment

INTRODUCTION

Addiction is complex phenomena that defy simple explanation or description. A tangled interaction of factors contributes to an individual's seeking out, using, and perhaps subsequently abusing drugs **(National Institute on Drug Abuse, 2010)**.

Increasing treatment uptake is, however, only one measure of success. Unplanned discharge, or 'drop out', is a well-recognized phenomenon of drug treatment, with people dropping out before participating fully in elements of treatment that will engender change (**Deane et al., 2012; Samuel et al., 2011)**.

Failure to complete treatment, often referred to as drop-out, is common. on the topic report of drop-out ranging from 21,5 to 43% in detoxification, 23–50% in outpatient treatment, 17–57% in inpatient treatment, and 32–67.7% in substitution treatment. The outcome of patients after they drop-out of addiction treatment is unfavorable compared to those who complete treatment. Several studies show an increased risk of relapse, legal and financial difficulties, poor health, and readmission associated with dropping out **(Eisen et al., 2012)**.

Additionally, drop-out comes with a high cost to society in terms of undermining treatment effectiveness, contributing to crime, spreading HIV, and causing a great deal of pain to loved ones**(Smyth et al., 2012)**

Although drop-out is not unique to addiction treatment, the consequences are more severe compared to drop-out from general psychotherapy. Previous investigations of the dose–response relationship in psychotherapy suggest that therapeutic benefits occur early in treatment and increase more slowly at higher dosage levels **(Acierno, 2012)**.

The large number of correlates of dropping out from addiction treatment, including several patient factors (e.g., younger age, female gender, socially isolated, lower socioeconomic status and motivation, more advanced stages of alcoholism, a history of crime, and personality disorder) and treatment factors **(Becona et al., 2012)**.

Residential drug rehabilitation is often seen as a treatment of last resort for people with severe substance abuse issues. These clients present with more severe symptoms, and frequent psychiatric comorbidities relative to outpatients **(Chiesa, and Serretti, 2014)**.

Risk factors include those individual or social factors associated with an increased likelihood of a negative outcome. Risk factors can be related to biological, behavioral, and social/environmental characteristics. They include characteristics such as family history, depression or residence in neighborhoods where addiction is tolerated where the more factors that place the child at risk for addiction, the more likely it is she or he will experience substance use **(Weisman et al., 2009)**.

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. Substance abuse nurses need either an associate or bachelor's degree in nursing and must be licensed as registered nurses **(Robin et al., 2013)**.

Significance of study

Addiction is the greatest social problem in Egypt, where national search for addiction results confirmed that the total preparations of drug use in Egypt is 20,6% comprehensive all kinds of experimental use access to addiction and the usage of harmful and addictive has arrived 6% of the population in Egypt , Many substance abusers undergoing treatment but the high level of client dropout from treatment programs, especially residential treatment .a large number of clients who dropout do so in the first weeks of treatment. Completion rates vary by modality from 41% for outpatient services to 73% for short term residential or hospital admission **(Samhsa, 2013).** Therefore will prepare a therapeutic program to help patients to complete treatment and reduce the problem of dropout from substance abuse treatment**.**

Aim of the Study

The aim of this study is to assess the reasons of dropout from residential substance abuse treatment.

Research quotation:

What is the reasons of dropout from residential substance abuse treatment ?

Review of Literature

Overview about substance abuse

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Addiction affects neurotransmission and interactions within reward structures of the brain, including the nucleus accumbens, anterior cingulate cortex, basal forebrain and amygdale, such that motivational hierarchies are altered and addictive behaviors, which may or may not include alcohol and other drug use, supplant healthy, self-care related behaviors. Addiction also affects neurotransmission and interactions between cortical and hippocampus circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioral response to external cues, in turn triggering craving and/or engagement in addictive behaviors**(*Hall et al., 2015).***

Likewise the addict is not the only one who suffers the consequences of the habit. Families have to cope with feelings of anger, frustration and fear when dealing with loved ones who abuse drugs. Children live in fear of the next uproar, and spouses feel angry, insecure and frustrated. Family members often become the victims of the addict's emotional or even physical abuse. Many times the end-result of the addict spouse's irresponsibility and inability to function results in divorce and dissolution of

the family. When this occurs, the addict must live with incredible guilt, which leads to increased abuse ***(van et al., 2015).***

Also an authoritative definition of drug addiction as propounded by the WHO is that it is a state of periodic and chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) A tendency to increase the dose; (3) A psychic (psychological) and sometimes a physical dependence on the effects of the drug. ***(Ploscowe, 2014).***

Classification of Substances

The following are substance abuse ,Caffeine dependence, Tobacco dependence, Alcohol dependence, Cannabis (marijuana and Hashish), Cocaine, Hallucinogens dependence, Inhalants dependence, Opioids, Amphetamine and other stimulants, Phencyclidine (or related substances), Sedatives, hypnotics or Anxiolytics and Other (or unknown) substances including for example: anabolic steroids and anticholinergic **(Stimmel.,2014)**.

Nicotine is an addictive stimulant found in cigarettes and other forms of tobacco. Tobacco smoke increases a

user's risk of cancer, emphysema, bronchial disorders, and cardiovascular disease. The mortality rate associated with tobacco addiction is staggering ***(Hatsukami et al., 2013).***

The alcohol consumption can damage the brain and most body organs. Areas of the brain that are especially vulnerable to alcohol-related damage are the cerebral cortex (largely responsible for our higher brain functions, including problem solving and decision making), the hippocampus (important for memory and learning), and the cerebellum (important for movement coordination) ***(Chooed et al., 2013).***

Then the marijuana is the most commonly abused illegal substance. This drug impairs short-term memory and learning, the ability to focus attention, and coordination. It also increases heart rate, can harm the lungs, and can increase the risk of psychosis in those with an underlying vulnerability ***(Buckner et al., 2013).***

As well the prescription medications, including opioid pain relievers (such as OxyContin® and Vicodin®), anti-anxiety sedatives (such as Valium® and Xanax®), and ADHD stimulants (such as Adderall ® and Ritalin®), are commonly misused to self-treat for medical problems or