

Improving nurses' attitudes toward patients with substance use disorders

By Matthew Tierney, MS, PMHNP-BC, ANP-BC

Editor's note: The author uses substance use disorder as a diagnostic term. However, some of the research he cites uses a different term, such as drug addiction or drug misuse. In those cases, to ensure an accurate description of the study, he retains the specific terminology of that study.

PEOPLE with substance use disorders suffer not just from the disorder itself but also from discrimination. In a 2014 survey, more than half of respondents said treatment options for people with drug addiction (the survey's term) aren't effective—and nearly half opposed

increasing government spending on treatment. What's more, almost two-thirds believed discrimination toward people with drug addiction isn't a serious problem and 43% opposed equivalent insurance benefits for drug addiction. The overwhelming majority (78%) said they wouldn't work closely with someone with a drug addiction.

The survey highlights stigmas and stereotypes related to substance use disorders, as well as biased attitudes toward people with these problems. (See *Key facts about substance use*.) Even many nurses and other healthcare professionals have negative attitudes,

which may contribute to suboptimal care or create barriers to care.

Exploring nurses' attitudes

Nurses see patients with substance use disorders in emergency departments (EDs) and many other settings. In 2009, almost 1 million visits to public nonfederal EDs involved use of an illicit drug; the total number of drug-related ED visits was estimated at 4.6 million.

Like the general public, many nurses think poorly of people with substance use disorder. Substance use can cause not only physical signs and symptoms but also behavioral dysregulation that may be

Why many nurses are biased against patients with these disorders—and what can be done



beyond the person's control.

Nursing literature describes a variety of nurses' attitudes and feelings toward patients with substance use disorders, including:

- intolerance
- anger
- distrust
- powerlessness
- anxiety
- feelings of being manipulated by these patients
- frustration, futility, and disappointment related to patient relapse and recidivism.

A longitudinal review of the literature on nurses' attitudes revealed many nurses across three decades believed treatment for substance use disorders was hopeless and "misusers" (the study authors' term) were irresponsible. However, surveys from recent years showed nurses' attitudes have improved over three decades, becoming more positive and less condemnatory. Also, younger respondents with more education are likely to be optimistic about the treatment of alcohol use disorders specifically. As the next generation of nurses enters the workforce, this is good news.

A fairly recent review from Australia showed that nurses' attitudes toward patients with problem alcohol use improved over time. Study authors noted that "on average, the nurses had neutral to positive attitudes regarding alcohol problems, which is encouraging compared to the predominantly negative views uncovered by research from the 1980s and 1990s."

But nurses' perspectives on patients with substance use disorders aren't defined by straightforward improvement. The picture is more complex, with dissonance between what nurses value and how they feel and behave. The authors of the longitudinal review cited above noted that although nurses'

Key facts about substance use

The statistics below come from the 2015 National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration:

- About **27 million** Americans ages 12 and older (roughly one in 10 Americans) used an illicit drug in the past 30 days.
- An estimated **130 million** Americans ages 12 and older reported lifetime use of any illicit drug, with 44 million reporting use during the past year.
- Roughly **18.9 million** Americans ages 12 and older misused a prescription psychotherapeutic medication and 12.5 million misused a pain reliever.
- Approximately **7.7 million** illicit drug users met the criteria for a diagnosable substance use disorder.
- About **176 million** Americans ages 12 and older (two-thirds of the population) reported they drank alcohol in the last 12 months and about 15.7 million met the criteria for alcohol use disorder.
- Nearly **67 million** Americans reported binge alcohol use in the past month.

Most likely, overall statistics on harmful substance use are higher than these estimates because NSDUH doesn't include institutionalized or incarcerated persons.

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attitudes improved over time, "a significant minority...continued to stereotype alcohol and drug misusers negatively." Authors of the Australian review found consistent pessimism in a solid minority of nurses, including 14% who didn't want to work with patients who are "drinkers" and 12.5% who found little reward in working with people with alcohol problems. (See *Vicious cycle: Knowledge deficit, poor care, escalating demands*.)

Even in the context of negative perceptions of patients with substance use disorders, nurses can simultaneously feel sympathetic

concern and an ethical duty to care for them. They may experience their ambivalent feelings as internal struggles, feeling frustrated even as they strive to understand patient suffering and focus on patient strengths and the possibility of a better future.

Why nurses have negative feelings, and what can be done

Nurses consistently say lack of knowledge or competence in caring for patients with substance use disorders contributes to their negative feelings, including powerlessness and anxiety. A 2014 qualitative study found nurses believed they lacked knowledge of substance abuse and dependence, which caused "a disconnect in their ability to care for patients with both physiologic and psychiatric disorders." This knowledge deficit can perpetuate suboptimal care, and nurses recognize this.

One thing is clear: Nurses must become more knowledgeable about substance use disorders to care for patients effectively. Few have had adequate, if any, educational preparation in substance use disorders. Yet education can lead

Vicious cycle: Knowledge deficit, poor care, escalating demands

Nurses' lack of knowledge about substance use can cause patients to escalate their demands, in turn reinforcing nurses' biases and ultimately resulting in poor care. In one study, British nurses admitted they lacked both knowledge of addiction (the study authors' term) and confidence in managing patient needs related to drug use. Patients recognized the nurses' lack of knowledge and confidence, and believed it negatively affected the care they received. In particular, they believed their need for drug withdrawal management went unnoticed.

Patients viewed nurses' perceived lack of knowledge both as a threat to their care and an opportunity for exploitation. Nurses, for their part, perceived patients as aggressive and demanding. Both parties contributed to increasing escalation of demands, which only reinforced nurses' negative attitudes. Patients with substance use disorders might be less demanding and hostile with nurses if they received knowledgeable, evidence-based care and didn't feel the need to defend themselves against inexperience.

not just to more effective care but also to improved attitudes. In one comparative study, undergraduate nurses received 16 hours of substance-use education that included theory, epidemiology, identification of alcohol-related harms, and nursing-care elements (such as patient education, counseling, brief interventions, and motivational interviewing). This education led to greater knowledge and improved attitudes toward working with patients who had alcohol problems—specifically in students' ability to help them. It also increased their personal and professional satisfaction in this work. Other studies show that even brief educational programs that focus on treating substance use disorders can improve nurses' knowledge, confidence, and attitudes.

Beyond education

But education alone isn't enough. Nurses also need support. A 2014 study of hospital-based medical-surgical nurses who'd received 10 hours of drug and alcohol education plus role support found they had better therapeutic attitudes when working with patients who had substance use disorders. The strongest factor related to this improvement was having someone to collaborate with in creating the plan of care.

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eralist nurses in Australia found role support was the strongest driver of nurses' therapeutic attitude and that workplace education on illicit drug use was useful only when combined with role support. Other studies identify education, training, and support as key factors in improving providers' attitudes toward patients with substance use disorders.

Of course, other healthcare pro-

professionals also need more than just education to improve their attitudes and to reduce patient stigmatization. In the 1990s, all healthcare professions began using a disease model of substance use disorders. Providers generally are knowledgeable and confident when it comes to disease models of illness and care. Yet while the paradigm has shifted to some degree, an attitude shift didn't follow. Perhaps this shows that personal and institutional stigmas are slow to change, even as care structures evolve.

Resources for change

In nursing, we can identify numerous resources for support in caring for patients with substance use disorders. Unit or system educators, such as clinical nurse specialists, can design specific support programs based on patient and provider needs. Those helping to improve nurses' attitudes (and care outcomes) toward patients with substance use disorders should investigate available support options to treat patients effectively. Ideally, they should identify local champions who have, or can pursue, addictions certification from the International Nurses Society on Addictions (IntNSA) at the registered nurse (RN) or advanced practice RN level. Also, the Providers' Clinical Support System for Medication Assisted Treatment, a joint project of numerous substance use treatment organizations, has a mentoring program that includes nurse mentors (pcssmat.org/mentoring/). In addition, the American Psychiatric Nurses Association has an addictions council and offers many online resources. (See *Resources for support, information, and education*.)

Many effective evidence-based treatments for substance use disorders exist and can be applied to excellent effect. The Affordable Care Act and the 2016 federal

Resources for support, information, and education

The following organizations offer resources on substance use disorders and addictions.

American Psychiatric Nurses Association

Addictions Council: apna.org/i4a/pages/index.cfm?pageID=5509

Substance use resources: apna.org/i4a/pages/index.cfm?pageid=4792

Association for Medical Education and Research in Substance Abuse

amersa.org/resources/health-professions-organizations/

International Nurses Society on Addictions

Nursing certification in addiction: intnsa.org/certification

National Institute on Drug Abuse

drugabuse.gov

University of California at San Francisco

Substance use resources: nccc.ucsf.edu/clinical-resources/substance-use-resources/

Clinician-to-clinician telephone consultation focusing on substance use evaluation and management for primary care clinicians: Substance use warmline at [855-300-3595](tel:855-300-3595)

budget created additional opportunities to devote public funds toward effective treatments.

Patients with substance use disorders can—and do—get better every day. According to the Kaiser Family Foundation, nurses in the United States (including both RNs and licensed practical nurses) number approximately 3.96 million. We represent the largest healthcare workforce in the country. By pursuing education and support in treating patients with substance use disorders, we can lead the way in reducing stigmas and discrimination.

But we can improve more than just our attitudes. Let's also improve treatment for patients with substance use disorders. Our patients need and deserve it. ★

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