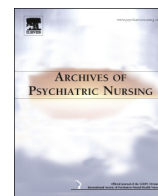




Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnuA Concept Analysis of *Substance Misuse* to Inform Contemporary TerminologyKhadejah F. Mahmoud^{a,*}, Deborah Finnell^b, Christine L. Savage^b, Kathryn R. Puskar^a, Ann M. Mitchell^a^a University of Pittsburgh School of Nursing, 3500 Victoria Street, 415 Victoria Building, Pittsburgh, PA 15261, USA^b Johns Hopkins University School of Nursing, Department of Acute and Chronic Care, 525 N. Wolfe Street, Baltimore, MD 21205-1730, USA

ARTICLE INFO

Article history:

Received 9 January 2017

Revised 11 April 2017

Accepted 4 June 2017

Available online xxxx

Keywords:

Substance use

Misuse

Concept analysis

At-risk use

ABSTRACT

Previous diagnostic categories of substance abuse and dependence have given way to the current view that substance use disorders occur on a continuum with a broad range of severity. This current view is featured in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V)*. In recognizing the role of stigma in preventing persons from seeking substance use treatment, advocates have called attention that particular terminology can fuel such stigma. To mitigate the negative effects of such stigmatizing language, the International Society of Addiction Journal Editors (ISAJE) recommends against using previously-used and possibly pejorative terminology for substance abuse and dependence, unless a particular scientific justification exists. The purpose of this paper is to: (1) present a concept analysis of the term *substance misuse* and (2) recommend an alternate term for *substance misuse* that is neither pejorative nor inadvertently stigmatizing: *at-risk substance use*.

© 2017 Elsevier Inc. All rights reserved.

INTRODUCTION

The prevalence of and consequences associated with substance use have been a concern both in the United States and worldwide (Substance Abuse and Mental Health Services Administration [SAMHSA], 2011; United Nations Office on Drugs and Crime [UNODC], 2011). Various terms are used to capture the consequential use of substances, which include *alcohol and other drugs (AOD)*. In addition, the term *substance misuse* has been used interchangeably with other substance-related concepts such as substance abuse, addiction, or substance dependence (McCabe, Boyd, & Teter, 2009). Nevertheless, researchers in the substance use field have failed to provide a clear and precise definition of these various terms (Kelly, Saitz, & Wakeman, 2016). For example, *substance misuse* has been used to describe the spectrum of unhealthy use regarding AOD, which includes low-risk use, at-risk (i.e., hazardous) use, and harmful use (American Society of Addiction Medicine [ASAM], 2013). Following the recent departure from previous diagnostic categories of substance abuse and dependence and the consequent adoption of the term substance-use disorders (SUDs), the impact on using the term *substance misuse* remains unclear (American Psychiatric Association [APA], 2013c). Therefore, how to best define and use the term *substance misuse* remains a subject of debate.

Failure to define *substance misuse* in a particular study will affect how the concept is operationally defined and measured. A clear definition of *substance misuse* is needed not only for use in theory, research, and practice, but also to guide prevention and intervention initiatives

(Kelly, Rendina, Vuolo, Wells, & Parsons, 2015). With 5% of the global burden of disease associated with alcohol use (World Health Organization [WHO], 2014) and the national concern over the dramatic rise in opioid overdoses (Centers for Disease Control and Prevention [CDC], 2015), the terms related to substance use must be clearly defined. Moreover, the ability of healthcare providers to apply evidence-based practices and develop treatments in clinical settings would be enhanced with a clearer definition (Kelly et al., 2016; Smith et al., 2013). One way to supply this definition is through a concept analysis.

CONCEPT ANALYSIS

The purpose of a concept analysis is to clarify any vagueness associated with a particular term and inform further concept development (Rodgers & Knafl, 2000). A concept analysis can help clarify terms that are overused and—as a result—have lost their original meanings. Our concept analysis examines and describes the term *substance misuse*. In this concept analysis, we reviewed the defining *attributes*, *antecedents*, and *consequences* (see Fig. 1) of *substance misuse* vis-à-vis a recommended term—*at-risk substance use*—that is not pejorative or inadvertently stigmatizing. We followed the eight-step method described by Walker and Avant (2005) in our concept analysis of *substance misuse*. The sections below are organized in accordance with these eight steps.

Step 1: Select a concept

The call to attention about the appropriate use of language in the specialty field of substance use (ASAM, 2013; Botticelli & Koh, 2016; Broyles et al., 2014; Kelly, Wakeman, & Saitz, 2015; Wakeman, 2013)

* Corresponding author.

E-mail address: kfm22@pitt.edu (K.F. Mahmoud).

prompted this concept analysis for *substance misuse*. Individuals who use AOD are among the most stigmatized and subject to harsh moral judgments—perceptions and attitudes that are barriers for this population to seek treatment (Janulis, Ferrari, & Fowler, 2013; Kulesza, Ramsey, Brown, & Larimer, 2014; Van Boekel, Brouwers, van Weeghel, & Garretsen, 2013). According to Broyles et al. (2014), terms that are not clearly defined or ill-defined, such as *substance misuse*, inadvertently add to the stigma already experienced by these individuals who could benefit from treatment. Efforts should be directed toward eliminating such ambiguity, reaching consensus, and appropriately using these terms to reduce the negative consequences of *substance misuse*, guide clinical practice, aid generalization of scientific findings, and improve treatment outcomes (Botticelli & Koh, 2016; Kelly et al., 2016; Kelly, Wakeman et al., 2015; Wakeman, 2013).

Step 2: Determine the aims or purposes of analysis

The aim of this concept analysis was to define the term *substance misuse* to not only broadly support contemporary applications, but also suggest an alternative more appropriate terminology. This project was undertaken after the substance abuse and dependence diagnostic categories were not carried forward to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V)* (APA, 2013c). The nomenclature in the *DSM V* reflects an understanding that substance-use occurs along a continuum and features corresponding levels of severity (i.e., mild, moderate, and severe). The current SUDs criteria were created to eliminate challenges that clinicians encountered when applying substance abuse and dependence diagnostic criteria (APA, 2013a, 2013b; Savage, 2016). The continuum featuring severity specifiers reflects the degree of impairment associated with the substance use and is based on the number of symptoms that are evident (McCabe et al., 2009). Unfortunately, in some cases, individuals are diagnosed with a SUD without having the severity of their symptoms and/or the associated impairment specified, which impedes the ability of healthcare providers to generalize research findings (Kelly et al., 2016) and devise effective treatment plans (McCabe et al., 2009).

Despite these changes made to the *DSM V*, the changes fail to reflect the entire spectrum of substance use that addresses conditions or states that do not meet the SUD diagnostic criteria (ASAM, 2013). As a result, the term *severe substance misuse* was used previously to reflect substance dependence and addiction (ASAM, 2013). A variety of others terms have been used to describe the spectrum of substance use related to health including: (1) *low risk use*, which reflects no use or is defined as “consumption of an amount of alcohol or other drug below the amount identified as hazardous; use in circumstances not defined as hazardous” (ASAM, 2013, p. 2); (2) *at risk use* which is defined as “any level of alcohol consumption that increases the risk of harm to a person’s health or well-being or that increases the risk of harm to others” (Finnell et al., 2015, p. 1); (3) *hazardous use* which is defined as patterns of use that puts the individual at increased risk for harm (ASAM, 2013), (4) *harmful use*, which is defined as “use with health consequences in the absence of addiction.” (ASAM, 2013, p. 4). As a result of these multiple terms, reaching consensus on the meanings and use of

these terms in the substance specialty literature is a necessity. Therefore, periodically revisiting substance-related terms is useful to determine whether or not they remain appropriate and relevant at present.

Step 3: Identify all uses of the concept that can be discovered

The *Merriam-Webster’s Collegiate Dictionary* defines *misuse* as “to use (something) incorrectly” or “to treat (someone) unfairly” (Misuse, 2003). In this definition, *something* refers to a substance such as AOD. Moreover, the word *substance*, as defined by the *Merriam-Webster’s Collegiate Dictionary*, denotes “a material of a particular kind,” “the quality of being meaningful, useful, or important,” and a “drug that is considered harmful and whose use is controlled by law or made illegal” (Substance, 2003). In the context of this paper, the word *substance* has been used to refer to either all substances (including AOD) or all substances except alcohol (Kelly et al., 2016). In order to be consistent with the *DSM V* and the recommendations of Kelly et al. (2016), the word *substance* in this concept analysis addresses AOD. Prescribed and over-the-counter (OTC) medications also are included as substances because *medication* often precedes *misuse* in the literature (i.e., see Fig. 1).

Table 1 and Table 2 provide a summary of the definitions identified throughout the literature, from general *substance misuse* to *substance misuse* related to specific substances (i.e., prescription and OTC medications, alcohol, and drugs).

Although most definitions of *substance misuse* address therapeutic or medical purposes, both McCabe et al. (2009) and the National Center on Addiction and Substance Abuse at Columbia University (CASA) (2012) suggest that *misuse* could refer to both medical and recreational intent. In contrast, Schroeder and Ford (2012) emphasize that *misuse* can be used for self-treatment or non-recreational purposes, such as enhancing an individual’s intellectual performance or reducing his/her need for sleep.

The term *substance misuse* frequently has been used to indicate either the overuse of prescription drugs (i.e., analgesics, tranquilizers, sedatives, and stimulants) or OTC medications (Bronstein et al., 2008; Cabriaes, Cooper, & Taylor, 2013; CASA, 2012). As a result, the term *misuse* often has been linked with prescription and/or OTC drugs in the literature, as seen in Table 1. Nonetheless, the term *misuse* also has been used to describe a broad range of substances. For example, according to Bolland (2008), *misuse* was used to refer to both legal drugs or substances (i.e., prescription or OTC drugs or legal substances, such as volatile and solvent products) and illicit drugs or substances. Moreover, according to this definition, the single use of an illicit drug/substance (i.e., illegal drug/substance) constitutes *substance misuse*. Bolland (2008) also defined *misuse* to represent a pattern of use that is similar to hazardous or harmful alcohol use, in which actual harm or risk of harm is implied in legal/illicit drugs or substances. In contrast, McNeely et al. (2015) classify *misuse* as a subcategory of unhealthy or risky drug use, in which the effect of illicit drug use is equivalent to prescription drug *misuse* (i.e., using the substance without prescription, more than prescribed, or for other motives/purposes). Moreover, the term *misuse* can describe problematic use, which is defined as “use in

Table 1
Substance misuse definitions.

Source of definition	Corresponding substance misuse definitions
The Tufts Health Care Institute expert panel (Katz et al., 2007)	– Using a medication for self-treatment other than indicated, whether it is intentional or not and irrespective of the consequence.
United States Food and Drug Administration (FDA) (2010)	– Using a drug prescribed for themselves or others for a different medical condition or that the individual is changing the drug dosage or frequency without consulting the primary healthcare provider.
The National Center on Addiction and Substance Abuse at Columbia University (CASA) (2012)	– Using a medication for a different medical condition, tampering with the prescribed dosage, or using it more frequent or longer than intended.
The World Health Organization (WHO) (1994)	– Using a substance in a way that does not match with its medical or legal recommended use. Examples of substance misuse include using prescription drugs for non-medical reasons, exceeding the recommended limit for alcohol use among healthy individuals, or using illicit drugs.

Download English Version:

<https://daneshyari.com/en/article/6786844>

Download Persian Version:

<https://daneshyari.com/article/6786844>

[Daneshyari.com](https://daneshyari.com)