



## Nursing Interventions for Managing Patients with Substance Use Disorders: Review

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### Abstract

**Background:** Substance-related disorders (SRDs) pose a significant public health challenge, with rising global drug use and related fatalities. Effective management requires a multidisciplinary approach, particularly the involvement of nursing interventions to support detoxification and promote long-term abstinence.

**Methods:** This review systematically analyzed current literature from multiple databases, including Scopus and PubMed, focusing on non-pharmacological nursing interventions for SRD management over the past five years. The search utilized specific Boolean operators to identify relevant clinical trials and studies addressing the effectiveness of various nursing strategies.

**Results:** Findings indicate that non-pharmacological interventions, such as telematic monitoring, health education, and relaxation techniques, significantly enhance patient outcomes during detoxification. Positive reinforcement strategies, including financial incentives and community engagement, were also linked to improved adherence to treatment. However, many studies lacked long-term follow-up, highlighting the need for further research to assess the sustainability of these interventions.

**Conclusion:** Nurses play a critical role in the management of SRDs through the implementation of evidence-based non-pharmacological interventions. By integrating health education, relaxation methods, and positive reinforcement into comprehensive care plans, nurses can effectively support patients in achieving and maintaining abstinence. Future studies should focus on longitudinal assessments of these

interventions to better understand their long-term efficacy and to refine nursing practices in this vital area of healthcare.

**Keywords:** Substance use disorders, Nursing interventions, non-pharmacological therapies, Abstinence, Health education.

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## 1. Introduction

Substance-related disorders (SRD) are a significant public health issue. The DSM-5 defines substance use disorder as "a maladaptive pattern of substance use, leading to clinically significant impairment or distress." The United Nations reported a 22% increase in global drug users from 2010 to 2019 (1,2). Likewise, the Spanish National Drugs Observatory documented a rise in fatalities due to acute substance reactions, with 493 deaths in 2003 and 974 in 2020. This results in diminished adherence to antiretroviral treatment (ART) among HIV patients, heightened infection risk, and increased morbidity and mortality (3).

A multidisciplinary approach, including nurses, is crucial for a comprehensive viewpoint. Nursing actions about Substance-Related Disorders (SRD) are included in intervention 4514 of the Nursing Interventions Classification (NIC) titled "Substance Use Treatment: Drug Withdrawal," which is described as "care of a patient undergoing drug detoxification." This intervention was validated in 1992 and amended in 2013. The rise in morbidity and death linked to SRDs necessitates the continuous use of evidence-based nursing interventions to facilitate detoxification (4,5).

A systematic review indicated that the utilization of digital devices enhanced abstinence (6). Another study correlated the practice of mindfulness with a decrease in stress and withdrawal symptoms (7). Physical exercise is similarly linked to improved adherence to treatment and alleviation of withdrawal symptoms. Additionally, another systematic review examined the advantages of involving a family member during the patient's detoxification, leading to improved maintenance of abstinence (8,9). However, several of these studies lack post-intervention follow-up, resulting in insufficient knowledge regarding long-term outcomes (6-12).

The incidence of SRD and its consequences is rising. It is essential to examine the detoxification process thoroughly and to assess which actions are efficacious. Prior systematic studies underscore the need to understand effective strategies for sustaining abstinence among SRD patients throughout and particularly after treatments (13-17). Examining various strategies, such as the integration of a care coordinator or incentive systems, may enhance a patient-centered approach and bolster patient desire to reduce dropouts and extend periods of abstinence. The primary aim is to evaluate the existing evidence on non-pharmacological therapies, developed in the last five years, to enhance abstinence duration in patients with substance-related disorders, which may be implemented partially or entirely by nurses.

## 2. Methods

The examined databases include Scopus, Pubmed, CINAHL, Cochrane Database of Systematic Reviews, and Web of Science Core Collection. The subsequent descriptions and Boolean operators used were: ["Substance-related Disorders"] OR ["Opioid-related disorders"] OR ["Cocaine-related disorders"] OR ["Amphetamine-related disorders"] OR ["Heroin dependence"] AND ["Nurs\*"] AND ["Clinical Trial"].

## 3. Health Education as a Nursing Proficiency

Health education (HE) is characterized as "the actions undertaken to induce behavioral and environmental modifications in individuals" (18-20). This fundamental aspect of nursing practice is vital in the realm of SRD management. Health education provides patients with the information and skills necessary to make educated health decisions, comprehend the effects of drug use, and grasp the detoxification process. Notwithstanding its significance, the evaluation indicated that none of the trials including instruction on healthy living practices showed notable enhancements in abstinence (21-25). This research indicates that

while health education is a core nursing duty, its efficacy may be constrained when executed in isolation or devoid of accompanying interventions. The intricacy of addiction and the elements that sustain drug use necessitate those educational interventions be included in a wider framework of assistance.

The integration of health education with telematic monitoring seems to improve abstinence rates (26,27). Telematic monitoring enables ongoing patient interaction via mobile apps and telecommunications technologies, providing real-time feedback and assistance. Customized follow-up, allowing patients to engage regularly with healthcare experts, is especially advantageous during withdrawal phases (26-29). This accessibility allows healthcare practitioners to promptly detect difficulties and modify treatment plans as necessary, hence improving patient trust and adherence to abstinence.

Furthermore, individualized follow-up yields supplementary benefits in other facets of healthcare. Research indicates that regular monitoring and assistance may enhance vaccination rates for hepatitis B virus (HBV) and hepatitis A virus (HAV), as well as improve adherence to antiretroviral medication (ART) among HIV patients (15, 18). These interconnected interventions highlight the many functions of nurses, who act as educators, monitors, and patient advocates, promoting complete and successful treatment.

Nurses may use diverse teaching strategies customized to meet specific patient requirements to enhance the effectiveness of health education (30). Structured Workshops: Providing group sessions that address the ramifications of drug use, promote healthy coping mechanisms, and encourage lifestyle modifications may enhance peer support. Tailored sessions provide a focused approach to patient education, addressing particular issues, beliefs, and motives. Access to online courses, videos, and interactive applications improves information availability for patients, enhancing educational accessibility. Motivational interviewing assists patients in cultivating internal motivation for behavioral change by examining their emotions and objectives related to drug use. By using these tactics, nurses may improve the efficacy of health education and eventually facilitate more substantial lifestyle modifications that aid recovery (15,17).

#### **4. The Function of Relaxation Methods**

Relaxation methods have gained recognition as a non-pharmacological approach that may support abstinence in people undergoing detoxification. These strategies include disciplines like mindfulness, meditation, deep-breathing exercises, and gradual muscular relaxation. Evidence indicates that while these treatments may enhance patient well-being, their efficacy in fostering prolonged abstinence is inconsistent.

The review indicated that relaxing methods support abstinence, however not uniformly during the full follow-up duration. This contradiction corresponds with results from another comprehensive study, which showed that activities like meditation and relaxation were not consistently linked to extended durations of abstinence (30). The findings indicate that while relaxation methods favorably influence stress reduction and coping mechanisms, they should not be regarded as independent therapies.

Nonetheless, the integration of relaxation methods with tailored telephone follow-ups may substantially enhance their efficacy in fostering abstinence (17, 24). Research indicated that those participating in mindfulness techniques had reduced stress levels and improved emotional regulation, both of which are crucial for controlling cravings and triggers for drug use. Furthermore, the integration of several non-pharmacological therapies, such as cognitive therapy, physical activity, mindfulness practices, and educational reorientation, has shown a synergistic impact in fostering abstinence (10). This comprehensive approach underscores the need to incorporate many therapy methods that tackle the intricate realities of drug use.

Nurses may use relaxation techniques via many methods: Mindfulness-Based Stress Reduction (MBSR) Programs, which teach patients to concentrate on the present moment, therefore equipping them with skills to manage cravings and withdrawal symptoms. Nurses may facilitate mental exercises via guided imagery and visualization to foster tranquility and enhance beneficial healing outcomes (31). Patients may be instructed in simple ways to effectively handle acute anxiety and emotional discomfort, perhaps preventing

recurrence. By including relaxation methods in holistic care plans, nurses may facilitate the emotional and psychological dimensions of drug use treatment (32).

## **5. The Significance of Positive Reinforcement**

Positive reinforcement is essential for initiating and sustaining behavioral modifications in people with SRDs. The principle of rewarding desirable behaviors may greatly influence treatment results and enable patients to stay involved in their recovery journey. The study indicates that consistently favorable outcomes were seen in trials where patients were financially compensated for attending follow-up consultations and remaining abstinent (11, 19, 23). These financial incentives may foster responsibility and encourage patients to prioritize their treatment. This method poses ethical concerns, especially regarding justice and sustainability.

The ethical ramifications of financial incentives arise when evaluating the equity of compensating just certain patients. Disparities in access to resources might engender perceptions of injustice among patients receiving treatment (12). Additionally, a vital inquiry emerges: Do patients encounter heightened relapse rates after the cessation of financial incentives? Comprehending the enduring consequences of incentivization is essential for formulating ethical and effective treatment strategies.

Novak et al. (22) present an option that entails paying patients for engaging in community service instead of only for maintaining abstinence. This concept promotes accountability and cohesion throughout the community, possibly strengthening social support structures essential for ongoing healing. Involving patients in community service not only benefits them but also strengthens their dedication to constructive habits.

A viable strategy involves incentivizing patients' advancement by giving them duties, such as client-to-client mentorship (21). Peer support has shown to be an effective instrument in rehabilitation since people often connect more profoundly with others who have had analogous circumstances. Nurses may foster mentoring connections and actively oversee mentorship programs, thus improving community and support among patients.

The nurse's involvement as a case manager is becoming acknowledged as vital in diminishing relapse rates and enhancing abstinence outcomes (18, 19). By establishing support systems that include financial incentives and opportunities for shared responsibility, nurses may cultivate a good atmosphere that promotes recovery.

## **6. Nurse Autonomy in Non-Pharmacological Interventions**

The treatments outlined—such as telematic monitoring, relaxation methods, health education, case management, client-to-client mentoring, and reward management—can be independently devised and executed by nurses. These tasks are integral to nursing practice and correspond with the primary objectives of patient-centered care (7).

Nurses have a distinctive role within the healthcare system, emphasizing a holistic approach to patient care that encompasses physical, emotional, and social aspects. The continuum of care underscores the need for fluid transitions across various healthcare levels, facilitating integrated treatments that address medical, psychological, and social requirements. Telematic monitoring and case management need continuous evaluations and modifications informed by patient input, a domain in which nurses excel. Through the formulation of care plans that include non-pharmacological therapies, nurses may significantly enhance health outcomes for patients with SRDs (11,20,23,26).

## **7. The Role of Interprofessional Collaboration**

In contrast, several therapies, such as physical fitness programs, cognitive therapy, or the administration of ART, need coordinated engagement with other healthcare providers. This interprofessional strategy is essential for delivering holistic care that encompasses all facets of a patient's health. Nurses must champion

their involvement in collaborative initiatives, advocating for enhanced integration of nursing services within multidisciplinary teams (28,30).

The efficacy of therapies often depends on communication and coordination among providers. Nurses may act as essential facilitators of collaboration, ensuring that all individuals engaged in a patient's care collaborate towards shared objectives. Through the use of their communication abilities and the promotion of a collaborative environment, nurses may improve patient involvement and compliance with treatment regimens (31).

## **8. Advantages of the Evaluation**

The review exhibits numerous significant features that augment its contribution to the comprehension of non-pharmacological therapies for patients with SRDs. A primary strength is in the thorough explanation of the most pertinent results of interventions implemented in the last five years. This emphasis on current data facilitates the incorporation of modern techniques and developments that may have been absent in prior studies. The study underscores the significance of the care coordinator function, which accentuates the need for proficient nurse management within the multidisciplinary team. Coordinators operate as vital contacts, guaranteeing that patients have the necessary care and resources throughout their rehabilitation process. This position enhances care continuity and facilitates connections among various healthcare professionals.

Furthermore, the use of novel technology instruments, like as mobile apps, might augment the efficacy of non-pharmacological therapies. These digital advancements enhance communication between patients and clinicians, allowing for real-time monitoring and assistance that was previously unavailable. As technology in healthcare advances rapidly, nurses must remain informed about new tools and incorporate them into their practice to enhance patient involvement and results. The analysis ultimately delineates nurse treatments that demonstrably reduce drug use during the first year of follow-up. By concentrating on evidence-based solutions, nurses may adopt practices that have proven helpful, enhancing their confidence in these methods and bolstering patient faith in the healthcare system.

## **9. Constraints of the Evaluation**

Notwithstanding its merits, the review recognizes numerous limits that need examination. A major issue is the absence of blinding in the examined therapies, which may have favorably affected the outcomes. The biases inherent in unblinded research may undermine the dependability of the results. The variability of therapies and discrepancies in follow-up lengths hinder the capacity to reach conclusive determinations about the most effective ways for controlling SRDs. Uniformity in research designs and procedures is crucial for formulating strong recommendations for nursing practice. The lack of literature on certain non-pharmacological therapies hindered the identification of a singular successful method. The absence of thorough studies investigating long-term consequences highlights the need for more study in this domain.

## **10. Future Directions**

To mitigate these limitations, further research should focus on extended post-intervention follow-up durations and the use of therapies among more homogenous groups exhibiting analogous drug use behaviors. Investigating the convergence of diverse non-pharmacological therapies and their cumulative impact on patient outcomes will be significant. Longitudinal studies monitoring patient development over long durations may provide significant insights into the sustainability of treatments and assist in identifying optimal nursing care methods. Furthermore, a qualitative study examining patient experiences with various treatments might enhance nursing strategies and elevate patient-centered care.

## **11. Conclusion**

In conclusion, telematic monitoring, financial incentives for positive reinforcement, and mentoring initiatives for individuals with drug use problems are excellent methods to promote abstinence. Nurses can successfully implement these treatments, positioning themselves as key contributors to the

multidisciplinary care of SRDs. Nonetheless, more studies with prolonged follow-up durations are essential to assess the long-term effectiveness of these therapies.

As healthcare advances, the role of nurses in treating chronic illnesses like SRDs is more vital. Through the adoption of new, evidence-based practices and collaboration with multidisciplinary teams, nurses may substantially enhance patient health outcomes. Nurses may significantly influence the lives of individuals with substance-related disorders through their holistic approach, devotion to patient education, and commitment to ongoing development, therefore promoting hope, recovery, and sustained success.

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التدخلات التمريضية لإدارة المرضى الذين يعانون من اضطرابات تعاطي المواد: مراجعة

## الملخص

**الخلفية:** تمثل اضطرابات تعاطي المواد (SRDs) تحديًا كبيرًا للصحة العامة، مع ارتفاع معدلات استخدام المخدرات والوفيات المرتبطة بها عالميًا. تتطلب الإدارة الفعالة لهذه الاضطرابات نهجًا متعدد التخصصات، خاصة من خلال التدخلات التمريضية لدعم إزالة السموم وتعزيز الامتناع عن التعاطي على المدى الطويل.

**الطرق:** قامت هذه المراجعة بتحليل منهجي للأدبيات الحالية من عدة قواعد بيانات، بما في ذلك PubMed وScopus، مع التركيز على التدخلات التمريضية غير الدوائية لإدارة SRDs خلال السنوات الخمس الماضية. تم استخدام عوامل تشغيل بوليانية محددة لتحديد التجارب السريرية والدراسات ذات الصلة التي تناولت فعالية استراتيجيات التمريض المختلفة.

**النتائج:** تشير النتائج إلى أن التدخلات غير الدوائية، مثل المراقبة عن بعد، والتعليم الصحي، وتقنيات الاسترخاء، تعزز بشكل كبير من نتائج المرضى أثناء إزالة السموم. كما ارتبطت استراتيجيات التعزيز الإيجابي، بما في ذلك الحوافز المالية والمشاركة المجتمعية، بتحسين الالتزام بالعلاج. ومع ذلك، افتقرت العديد من الدراسات إلى متابعة طويلة الأجل، مما يبرز الحاجة إلى مزيد من البحث لتقييم استدامة هذه التدخلات.

**الاستنتاج:** يلعب الممرضون دورًا حيويًا في إدارة SRDs من خلال تنفيذ تدخلات غير دوائية قائمة على الأدلة. من خلال دمج التعليم الصحي، وأساليب الاسترخاء، والتعزيز الإيجابي في خطط الرعاية الشاملة، يمكن للممرضين دعم المرضى بفعالية لتحقيق الامتناع عن التعاطي والحفاظ عليه. يجب أن تركز الدراسات المستقبلية على التقييمات الطولية لهذه التدخلات لفهم فعاليتها على المدى الطويل بشكل أفضل وتحسين الممارسات التمريضية في هذا المجال الحيوي من الرعاية الصحية.

**الكلمات المفتاحية:** اضطرابات تعاطي المواد، التدخلات التمريضية، العلاجات غير الدوائية، الامتناع عن التعاطي، التعليم الصحي.