

Nursing Care for Substance Abuse Patients: Best Practices

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Abstract:

Effective nursing care for substance abuse patients involves a comprehensive and compassionate approach tailored to their unique needs. Key best practices include the implementation of trauma-informed care, which acknowledges the profound impact of past traumas on individuals with substance use disorders. Nurses should establish a supportive and non-judgmental environment, fostering trust and open communication. Regular assessment of the patient's physical and mental health is essential to identify co-occurring disorders and potential complications. Additionally, creating individualized care plans that integrate evidence-based therapies, such as cognitive-behavioral therapy and motivational interviewing, can empower patients in their recovery journey. Collaboration is critical in the management of substance abuse patients. Nurses should work closely with interdisciplinary teams, including social workers, mental health professionals, and addiction specialists, to ensure comprehensive care. Educating patients about addiction and available treatment options enhances their understanding and engagement in the recovery process. Encouraging participation in support groups such as Alcoholics Anonymous or Narcotics Anonymous can provide essential peer support and motivation. Lastly, continuous follow-up care and the establishment of a supportive discharge plan are vital in reducing the risk of relapse and promoting long-term recovery success.

Keywords: Substance Abuse, Nursing Care, Trauma-Informed Care, Non-Judgmental Environment, Individualized Care Plans, Evidence-Based Therapy, Interdisciplinary Collaboration, Patient Education, Support Groups, Relapse Prevention

Introduction:

Substance abuse remains a significant public health challenge globally, affecting millions of individuals, families, and communities. It encompasses a range of disorders characterized by the compulsive use of drugs or alcohol, leading to detrimental consequences for personal health, social relationships, and societal functioning. According to the World Health Organization (WHO), substance use disorders are among the leading causes of mortality and morbidity worldwide, contributing to the burden of disease and disability. As healthcare

providers dedicated to promoting health and supporting recovery, nurses play an essential role in the comprehensive care of individuals with substance abuse issues [1].

The prevalence of substance abuse disorders has sparked critical discussions about the requirements of effective treatment methodologies, particularly within nursing practice. Nurses comprise the frontline workforce in various healthcare settings, ranging from emergency departments and outpatient clinics to mental health facilities and rehabilitation centers. Their interactions with patients provide a

unique opportunity to influence treatment outcomes positively. However, providing care to individuals with substance abuse disorders poses unique challenges, including the stigma associated with addiction, the complexity of co-occurring mental health disorders, and the multifaceted withdrawal symptoms that some patients experience. These factors necessitate a nuanced understanding of the best practices in nursing care, which are informed by research, guidelines, and innovative rehabilitation strategies [2].

Best practices in nursing care for substance abuse patients encompass a range of interventions that address both the physiological and psychological dimensions of addiction. Evidence-based nursing models emphasize the importance of a patient-centered approach that fosters empathy, compassion, and respect. Nurses must possess the skills to assess the unique needs of each patient, which includes recognizing the underlying reasons for substance use, evaluating the extent of substance dependence, and understanding the individual's personal and social context. Comprehensive assessments can reveal critical information about a patient's medical history, current psychosocial dynamics, and any concurrent mental health issues that may be contributing to their substance misuse. With this knowledge, nurses can design tailor-made care plans that incorporate therapeutic interventions, health education, and community resources [3].

Holistic care is another pivotal aspect of best practices in nursing care for substance abuse patients. This approach recognizes that addiction is not merely a physical ailment but rather an intricate phenomenon influenced by a myriad of factors, including psychological, social, and environmental elements. Holistic nursing care entails addressing the entirety of the individual—from physical health and nutritional needs to emotional state and spiritual well-being. Interventions can include motivational interviewing techniques, cognitive-behavioral strategies, and the integration of alternative therapies such as mindfulness, yoga, or recreational activities. Engaging patients in their recovery journey, empowering them to set personal goals, and helping them develop coping strategies are crucial steps towards achieving long-term sobriety [4].

Collaboration among healthcare professionals is essential in delivering comprehensive and effective care for substance abuse patients. Multidisciplinary

teams that include nurses, physicians, social workers, counselors, and addiction specialists facilitate a comprehensive approach to treatment. This collaboration enables the sharing of expertise and resources—ultimately providing more effective and sustained support for patients. Team meetings and case discussions promote integrated care planning tailored to an individual's unique profile, helping to ensure that all dimensions of their health and well-being are addressed [5].

As the landscape of substance abuse treatment continues to evolve, ongoing education and training for nursing professionals remain paramount. Exposure to the latest research findings, treatment modalities, and intervention strategies equips nurses with the knowledge and skills necessary to address the complex needs of their patients. Continuing education opportunities, workshops, and certification programs can assist nurses in staying informed about evidence-based practices and emerging trends in substance use treatment. Furthermore, fostering a culture of empathy and respect within healthcare environments can combat the stigma surrounding substance abuse disorders and promote a more supportive atmosphere for recovery [6].

Assessment and Screening Techniques:

Drug abuse is a critical public health issue that affects millions of individuals and their families worldwide. Understanding the complex nature of addiction and effectively assessing drug-abuse patients is pivotal in devising appropriate interventions and treatment plans.

Drug abuse, or substance use disorder (SUD), manifests as a chronic, relapsing condition characterized by compulsive drug-seeking behavior, continued use despite harmful consequences, and significant changes in brain function. It can lead to various health issues, including psychological disorders, physical health deterioration, and social problems. Therefore, an effective evaluation process is crucial for establishing the severity of the disorder and tailoring treatment strategies accordingly [7].

A comprehensive assessment is essential for several reasons. Firstly, it helps healthcare providers understand the unique context of each patient's substance use, including patterns of use, type of substances abused, and individual triggers. Secondly, it aids in identifying co-occurring mental

health disorders, which are common in individuals with substance use disorders. Lastly, thorough evaluations facilitate the classification of the patient's severity of use, guiding treatment decisions and promoting better outcomes [7].

Components of the Assessment Process

The assessment process typically includes several key components:

1. **Clinical Interviews:** The initial step in evaluating a drug abuse patient often involves a structured clinical interview. This process focuses on gathering information about the patient's history, including drug use patterns, duration, frequency, and types of substances used. Clinicians often employ standardized tools such as the Substance Abuse Subtle Screening Inventory (SASSI) or the Addiction Severity Index (ASI) to structure these interviews. The aim is to develop a baseline understanding of the patient's substance use and its impact on their life [8].
2. **Medical History Review:** A thorough examination of the patient's medical history is vital to identify any existing health conditions that may be exacerbated by drug use. Additionally, understanding the patient's family health history can provide insight into potential genetic predispositions to addiction and mental health disorders [8].
3. **Physical Examination and Laboratory Tests:** A comprehensive physical examination is crucial in evaluating the physical health of drug abuse patients. This may include checking vital signs, neurological assessments, and examinations of specific organ systems affected by substance abuse, such as the liver and cardiovascular system. Laboratory tests, including toxicology screenings, blood tests, and urinalysis, can corroborate self-reported substance use and identify coexisting health issues [8].
4. **Psychological Assessment:** Assessing the psychological state of drug abuse patients is critical, as many individuals suffering

from SUD also experience underlying mental health conditions, such as depression, anxiety, or personality disorders. Mental status examinations, psychiatric interviews, and standardized psychometric assessments, such as the Beck Depression Inventory (BDI) or the Hamilton Anxiety Scale, help gauge the psychological profile of the patient [8].

5. **Risk Evaluation:** A crucial aspect of the evaluation process involves assessing the patient's risk for overdose, self-harm, or harm to others. This includes understanding any previous incidents of overdose, suicidal ideation, or violent behavior associated with drug use. Safety planning and risk management strategies can thus be developed based on this evaluation [9].
6. **Social and Environmental Factors:** Understanding the social context in which drug abuse occurs is essential for comprehensive care. Factors such as the patient's family dynamics, social support systems, living conditions, educational background, and employment status can significantly influence their treatment outcomes. Gathering information about these aspects helps clinicians develop a solid treatment plan congruent with the patient's environment [9].

Monitoring and Ongoing Assessment

The assessment process should not be a one-time event; ongoing evaluation is vital to adapt treatment strategies based on patient progress and emerging needs. Regular follow-ups utilizing standardized screening tools can help track substance use, treatment adherence, and recovery milestones. This dynamic approach allows healthcare providers to modify interventions, considering patients' feedback and potential challenges faced during the treatment [10].

Best Practices in Patient Evaluation

Several best practices are recommended to enhance the evaluation process for drug abuse patients:

- **Cultural Competence:** Recognizing and respecting cultural differences is fundamental in providing effective care.

Culturally sensitive assessments can facilitate better patient engagement and encourage honesty during reporting.

- **Empathy and Rapport Building:** Establishing a strong therapeutic alliance with the patient can improve trust and collaboration. Encouraging open communication helps patients feel safe sharing sensitive information about their substance use.
- **Involvement of Family and Support Systems:** Including family members or significant others in the assessment process can provide additional insights into the patient's behavior and the social context of their drug use while fostering a supportive environment for recovery [11].

Trauma-Informed Care Approaches:

Trauma-informed care (TIC) has emerged as a critical approach in the nursing profession, particularly concerning patients with substance use disorders (SUDs). Understanding and implementing TIC principles is essential for creating a supportive environment that recognizes the profound impact of trauma on individuals struggling with addiction [12].

Trauma-informed care is a framework grounded in the understanding that many individuals seeking medical assistance have experienced trauma, which can significantly affect their health, behavior, and interactions with care providers. It shifts the focus from asking, "What is wrong with you?" to "What happened to you?" This shift in perspective acknowledges the role of trauma in shaping health behaviors and outcomes, particularly for those with SUDs, who may use substances as a coping mechanism to alleviate the pain associated with traumatic experiences [13].

Research indicates a strong correlation between history of trauma—such as physical, emotional, or sexual abuse, domestic violence, and neglect—and the development of substance use disorders. Many individuals with SUDs report experiencing adverse childhood experiences (ACEs), including emotional and physical abuse, which can lead to feelings of hopelessness, isolation, and emotional dysregulation. These factors often contribute to the

initiation and continuation of substance use as a maladaptive coping strategy [14].

The National Institute on Drug Abuse (NIDA) highlights that trauma can exacerbate addiction and complicate and hinder treatment, often leading to higher relapse rates. Therefore, addressing the underlying trauma is paramount in successfully treating substance abuse. Recognizing this, TIC provides a vital framework that integrates trauma awareness into the treatment and care of individuals with SUDs [14].

Principles of Trauma-Informed Care in Nursing

A trauma-informed approach to nursing care can be structured around several core principles: safety, trustworthiness, choice, collaboration, empowerment, and cultural sensitivity.

1. **Safety:** This principle emphasizes the importance of creating a physically and emotionally safe environment for patients. Nurses should recognize the signs of trauma and ensure that the clinical setting, including the interactions and experiences within that setting, feels secure for those with SUDs [15].
2. **Trustworthiness:** Developing trust is fundamental in any nurse-patient relationship, particularly with those who have experienced trauma. Nurses should communicate openly and honestly, keep commitments, and maintain clear boundaries to build a rapport that fosters trust [15].
3. **Choice:** Providing patients with options promotes a sense of control and autonomy that may have been lost due to their traumatic experiences. Nurses should involve patients in decision-making regarding their treatment plans and respecting their preferences about care, which can enhance engagement and commitment to recovery.
4. **Collaboration:** A collaborative approach encourages partnership between patients and healthcare providers. This mutual respect addresses the power dynamics often present in traditional healthcare settings and empowers patients to take an active role in their treatment [16].

5. **Empowerment:** Supporting patients in recognizing their strengths and abilities is crucial for enhancing their sense of self-efficacy. Nurses can aid patients in setting achievable goals and celebrating their progress, which reinforces positive behavior changes.
6. **Cultural Sensitivity:** Understanding the role of cultural context in trauma and substance abuse is vital for effective care. Nurses should take into account the diverse backgrounds and experiences of individuals, as cultural perceptions of trauma and addiction can significantly affect treatment outcomes [16].

Practical Strategies for Implementing Trauma-Informed Care in Nursing

Incorporating TIC into nursing practice requires intentional strategies and ongoing training. Here are some practical approaches:

1. **Education and Training:** Nurses should receive ongoing education on trauma and its effects on mental health and substance use. Understanding the biological, psychological, and social implications of trauma is essential for providing effective care [17].
2. **Screening for Trauma:** Nurses can utilize validated screening tools for trauma history during assessments. Identifying patients' past traumas enables nurses to tailor interventions appropriately and sensitively.
3. **Establishing a Therapeutic Environment:** Creating a calming and supportive environment within clinical settings can help alleviate anxiety and promote feelings of safety for patients with SUDs. This may include designing spaces that minimize triggers and provide privacy [17].
4. **Active Listening and Validation:** Employing active listening strategies can make patients feel valued and understood. Validating their experiences and feelings fosters a compassionate connection that encourages openness and honesty [18].

5. **Promoting Self-Care and Coping Skills:** Nurses can assist patients in developing self-care practices and healthy coping mechanisms. This can include teaching relaxation techniques, mindfulness strategies, and healthy lifestyle choices to promote resilience and recovery [18].
6. **Interdisciplinary Collaboration:** Collaborating with a multidisciplinary team—including psychologists, social workers, and addiction specialists—allows nurses to provide holistic care. A comprehensive approach ensures that all aspects of a patient's well-being are addressed [18].

Individualized Care Planning:

Drug abuse remains one of the most pressing public health issues facing societies worldwide. The illicit use of drugs leads to a myriad of adverse consequences, including higher rates of physical and mental health problems, social and economic instability, and increased rates of crime. Given the complexity of drug abuse and its pervasive impact, developing an effective, individualized care plan is paramount for the successful recovery of patients struggling with substance use disorders [19].

Substance Use Disorder (SUD) encompasses a range of conditions associated with the harmful use of psychoactive substances, including alcohol, illicit drugs, and prescription medications. Defined by a combination of behavioral, cognitive, and physiological symptoms, SUD manifests through the inability to control or reduce substance use despite its negative consequences. It often co-occurs with other mental health disorders, further complicating treatment. This complexity underscores the need for individualized care plans that address not just the substance use but also the overarching health and psychosocial issues confronting the patient [19].

An effective care plan for drug abuse patients should ideally be tailored to the unique needs of each individual. Factors such as personal history, types of substances used, co-occurring mental health conditions, social support networks, cultural background, and socioeconomic status play a vital role in shaping a patient's care plan. Personalization in treatment recognizes that a "one-size-fits-all"

approach is inadequate and ineffective, leading to increased dropout rates and relapse.

The first step in creating an individualized care plan is a comprehensive assessment. This process involves gathering detailed information about the patient's history, including substance use patterns, personal and family medical histories, psychosocial factors, and previous treatment attempts. Tools such as the DSM-5 criteria may be employed to understand the severity of the substance use disorder, along with standardized screening instruments like the Addiction Severity Index (ASI) or the Substance Abuse Screening Inventory (SASI) [19].

This robust assessment forms the backbone of the care plan; it allows healthcare providers to identify specific areas needing intervention and establishes a baseline for measuring progress during treatment [20].

Treatment Options for Drug Abuse Patients

Once a thorough assessment is complete, the next step involves selecting appropriate treatment modalities based on individual needs. Various evidence-based treatment approaches exist for drug abuse patients, including but not limited to:

1. Behavioral Therapies

Behavioral therapies, including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Contingency Management, aim to modify patient attitudes and behaviors related to drug use while enhancing coping strategies. These therapies emphasize the importance of recognizing triggers for drug use and developing strategies to avoid relapse [20].

2. Medication-Assisted Treatment (MAT)

MAT combines behavioral therapies with medications to treat substance use disorders, particularly for opioid, alcohol, and nicotine dependence. Medications such as methadone, buprenorphine, and naltrexone have been found effective in reducing cravings and withdrawal symptoms, allowing patients to focus on their recovery [21].

3. Holistic and Complementary Approaches

Integrating holistic approaches can enhance treatment efficacy. Techniques such as mindfulness,

yoga, acupuncture, and nutritional counseling can support mental and physical health, fostering overall well-being. Mindfulness practices, for instance, can help patients develop greater awareness of their thoughts and feelings, facilitating better emotional regulation and coping strategies [21].

4. Support Groups and Peer Recovery Support

Engagement in support groups, like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), fosters camaraderie and provides patients with valuable peer support. These peer-led groups can help individuals share their recovery experiences and reinforce commitment to sobriety [22].

5. Family Involvement

Family therapy is another crucial aspect of individualized care, as substance use disorders often impact the entire family dynamic. Involving family members in treatment can facilitate better communication, heal relationships, and reinforce the importance of a sober lifestyle within the family context [23].

Implementing the Care Plan

With a tailored treatment approach in place, implementing the care plan follows. This phase necessitates collaboration among a multidisciplinary team of professionals, including physicians, mental health counselors, social workers, and case managers. Regular clinical discussions can ensure that the patient's progress is monitored, and adjustments to the care plan can be made accordingly [24].

Furthermore, motivation and engagement at this stage are vital. The healthcare team must support the patient throughout the process, helping them build self-efficacy and encouraging them to take ownership of their recovery journey.

Recovery from drug abuse is often a long-term process, requiring ongoing support to prevent relapse. Once the immediate treatment phase is completed, aftercare planning becomes crucial. This may include scheduling regular follow-up appointments, creating relapse prevention strategies, and providing access to community resources.

Continued participation in support groups can also assist relapse management, reinforcing the sense of community among recovering individuals. Education regarding the potential for relapse and

strategies to cope with triggers can enhance a patient's resilience and preparedness [25].

Evidence-Based Interventions:

Drug abuse remains a severe public health challenge, affecting millions of individuals and families globally. The World Health Organization (WHO) has identified substance abuse as a critical contributor to various health issues, increased morbidity and mortality rates, and the deterioration of social and economic conditions. Consequently, the need for effective interventions is paramount. Evidence-based interventions (EBIs) have emerged as the gold standard in treatment, aimed at providing reliable and effective therapeutic strategies for drug abuse patients [26].

Evidence-based interventions are strategies informed by the best available research, clinical expertise, and patient values. In the realm of drug abuse treatment, these interventions result from systematic reviews of existing studies, meta-analyses, and controlled trials. They aim to maximize treatment effectiveness while considering individual patient circumstances and preferences. The goal is to integrate scientific knowledge with clinical practice, thereby ensuring that treatment decisions are backed by empirical evidence [27].

The practice of utilizing EBIs in drug abuse treatment is rooted in the fields of psychology, psychiatry, and public health. These interventions can vary widely, from pharmacological approaches to behavioral therapies, community programs, and harm reduction strategies. The key is that these treatments show efficacy in reducing substance abuse, improving mental health outcomes, and enhancing the overall quality of life of patients [28].

Types of Evidence-Based Interventions

1. Pharmacological Interventions:

Pharmacotherapy involves the use of medications to manage substance use disorders (SUDs). Several FDA-approved medications are available for treating specific types of drug dependence:

- **Methadone:** Often used in the treatment of opioid dependence, methadone is a long-acting opioid agonist that helps reduce cravings and withdrawal symptoms.

- **Buprenorphine:** A partial agonist that addresses opioid dependence, buprenorphine can be prescribed in outpatient settings and shows promise in reducing withdrawal symptoms while minimizing illicit drug use.
- **Naltrexone:** An opioid antagonist that blocks the euphoric effects of opioids and is also approved for alcohol use disorder. Naltrexone can help prevent relapse after detoxification.
- **Acamprosate:** Used in treating alcohol dependence, acamprosate aims to stabilize the chemical balance in the brain that would otherwise be disrupted by alcohol withdrawal [29].

2. Behavioral Therapies:

Behavioral therapies are psychological approaches designed to modify harmful behaviors and thought patterns associated with drug abuse. Several effective models include:

- **Cognitive-Behavioral Therapy (CBT):** This therapy helps patients identify and challenge negative thought patterns and behaviors, develop coping strategies, and improve decision-making skills.
- **Motivational Interviewing (MI):** MI is a client-centered approach that enhances an individual's motivation to change by exploring and resolving ambivalence toward substance use. It fosters intrinsic motivation through empathetic communication.
- **Contingency Management (CM):** This intervention uses positive reinforcement to encourage sobriety. Patients receive tangible rewards for maintaining sobriety or participating in treatment.

- **Group Therapy:** This method leverages peer support to foster a communal recovery experience. It can include approaches such as 12-step facilitation, which encourages participation in support groups like Alcoholics Anonymous [30].

3. **Harm Reduction Strategies:**

Harm reduction is an evidence-based approach focused on minimizing the negative consequences of drug use rather than solely emphasizing abstinence. These interventions include:

- **Needle Exchange Programs (NEPs):** NEPs provide sterile syringes to intravenous drug users, reducing the risk of HIV and hepatitis transmission [31].
- **Supervised Consumption Spaces:** These facilities allow individuals to use drugs in a controlled and safe environment, often accompanied by medical supervision and access to addiction services.
- **Naloxone Distribution Programs:** Naloxone is an opioid antagonist that can reverse opioid overdoses. Its distribution to high-risk populations, along with training, has been proven effective in reducing overdose deaths [31].

4. **Integrated Treatment Approaches:**

For individuals with co-occurring mental health disorders, integrated treatment models that address both substance use and mental health are crucial. This includes individualized treatment plans that incorporate therapy, medication, and support services tailored to meet the dual needs of the patient [32].

Effectiveness of Evidence-Based Interventions

The efficacy of evidence-based interventions is well-documented through extensive research. Studies show that patients who receive EBIs are more likely to achieve sobriety, reduce drug use, and

experience improved mental and physical health outcomes compared to those who do not. Moreover, these interventions can lead to significant reductions in healthcare costs by preventing emergency medical situations associated with substance abuse.

For example, a systematic review of methadone maintenance therapy (MMT) for opioid-dependent individuals revealed substantial reductions in illicit opioid use, criminal activity, and the risk of HIV transmission. Similar findings are observed with the integration of behavioral therapies, where systematic applications of CBT and MI have been associated with enhanced recovery outcomes and reduced relapse rates [32].

Challenges in Implementation

While evidence-based interventions hold great promise, several challenges impede their widespread implementation. These include:

1. **Barriers to Access:** Many patients may face obstacles in accessing treatment due to financial constraints, lack of insurance, or inadequate healthcare infrastructure in their communities [33].
2. **Stigma:** The societal stigma surrounding drug abuse and addiction can discourage individuals from seeking help and participating in treatment, adversely impacting recovery efforts.
3. **Limited Training:** Not all healthcare providers are trained in evidence-based practices, leading to variations in treatment quality and effectiveness.
4. **Policy Constraints:** Inflexible policies governing treatment settings can limit the provision of comprehensive care, particularly for integrated treatment approaches [33].

Collaboration with Interdisciplinary Teams:

The growing complexity of drug abuse and addiction necessitates innovative solutions beyond traditional treatment models. Collaborative approaches that integrate multidisciplinary teams have emerged as pivotal in addressing the myriad challenges faced by individuals struggling with substance use disorders [34].

Multidisciplinary teams typically consist of healthcare professionals from various disciplines, including medicine, psychology, social work, nursing, addiction counseling, and occupational therapy. Each member contributes unique perspectives and skills, providing a comprehensive approach to understanding and treating drug abuse in a holistic manner. These teams aim to create a seamless continuum of care, allowing for better patient outcomes while addressing the complex interplay of biological, psychological, and social factors that contribute to addiction.

The drug abuse landscape is complicated by factors such as mental health disorders, social stigma, economic hardship, and a lack of resources. Therefore, a unified approach is crucial for effective intervention. Multidisciplinary teams work to capitalizing on their varied skills to tailor treatment plans that align with each patient's specific needs [34].

The Rationale for Collaboration

1. **Complexity of Substance Use Disorders:** Drug abuse is often intertwined with psychological disorders such as anxiety, depression, or PTSD. A multidisciplinary approach allows for simultaneous treatment of co-occurring conditions, ensuring a holistic framework that can ultimately improve patient prognosis [35].
2. **Diverse Skill Sets:** Each professional on a multidisciplinary team brings unique expertise. For instance, a psychiatrist can focus on medication management, while a psychologist provides therapeutic support and a social worker can assist with socio-economic issues. This diversity enables the team to address the multifaceted nature of addiction more effectively than any single discipline could [35].
3. **Comprehensive Assessment:** Effective treatment begins with a thorough assessment. Multidisciplinary teams can perform detailed evaluations that encompass physical health, mental health, social circumstances, and environmental triggers. This thorough understanding is crucial for identifying the appropriate intervention strategies.
4. **Patient-Centered Care:** By promoting collaboration, multidisciplinary teams focus on personalized care that aligns with the patient's values and preferences. Engaging patients in their treatment helps empower them, fostering motivation and commitment to recovery [35].
5. **Enhanced Communication:** Communication within a multidisciplinary framework encourages continuous dialogue about treatment progress and challenges. Regular case meetings allow for the sharing of insights from different disciplines, fostering a more cohesive treatment strategy [36].

Benefits of Collaborative Approaches

The integration of multidisciplinary teams in treating drug abuse patients yields multiple positive outcomes:

1. **Improved Treatment Adherence and Retention:** Patients often find multidisciplinary approaches more engaging, leading to higher rates of treatment adherence. Moreover, coordinating care across different services reduces the risk of patients falling through the cracks [37].
2. **Decreased Recidivism Rates:** A holistic, well-rounded treatment plan that addresses various factors associated with addiction can lead to lower relapse rates. By monitoring patients from multiple perspectives and making adjustments in real-time, teams can quickly intervene when issues arise.
3. **Accessible Resources:** Multidisciplinary teams have the potential to connect patients to a broader range of resources, such as housing support, job training, and mental health services. In turn, this enhances patients' recovery prospects by addressing the socio-environmental factors that influence their substance use.
4. **Reduction of Stigma:** Interprofessional collaboration fosters a community-oriented approach to drug abuse treatment, which can help reduce societal stigma associated with addiction. When healthcare providers,

policymakers, and community organizations work together, they create a supportive environment that encourages patients to seek help without fear of judgment [38].

Mechanisms of Collaboration

Effective collaboration within multidisciplinary teams for drug abuse patients can manifest through various mechanisms:

1. **Integrated Treatment Models:** Some healthcare systems have implemented integrated treatment models that facilitate simultaneous psychological, medical, and social interventions. Examples include medication-assisted treatment (MAT) combined with counseling services and case management, addressing multiple aspects of recovery in a cohesive manner [39].
2. **Regular Team Meetings:** Frequent discussions among team members allow for real-time updates on patient progress, sharing of insights, and brainstorming solutions to emerging challenges. These meetings also serve an essential role in fostering team cohesion and a sense of shared ownership of the treatment process.
3. **Training and Development:** Cross-disciplinary training enhances team members' understanding of one another's roles and skills, fostering respect and improving collaboration. Workshops and seminars focusing on addiction, mental health, and community resources can equip team members with a well-rounded perspective [39].
4. **Utilization of Technology:** Electronic health records and collaborative platforms can streamline communication among team members, ensuring access to comprehensive patient data. Technologies such as telehealth can also facilitate remote consultations, broadening access to multidisciplinary teams, especially in underserved areas [40].

Challenges to Collaboration

While the integration of multidisciplinary teams presents numerous advantages, it is not without challenges. Issues such as differing professional agendas, variations in communication styles, and hierarchical barriers can impede collaboration. Moreover, allocating resources and time for team meetings or integrated service delivery can be difficult within a fragmented healthcare system.

To overcome these challenges, it is essential for organizations to foster a workplace culture that encourages collaboration and values the contributions of all team members. Leadership commitment to establishing clear roles, responsibilities, and shared goals is also critical for successful multidisciplinary efforts [41].

Patient Education and Empowerment:

The prevalence of drug abuse has emerged as a significant public health crisis affecting individuals, families, and communities globally. This multifaceted issue not only poses immense physical and psychological challenges for patients but also necessitates a comprehensive approach from healthcare professionals, particularly nurses. In the realm of nursing care, patient education and empowerment emerge as critical components of effective intervention strategies for drug abuse patients.

Drug abuse encompasses the habitual use of illicit substances or the inappropriate use of prescription drugs, often leading to significant clinical and social complications. Each patient's journey with substance use disorder can vary widely based on genetic, environmental, psychosocial, and individual factors. Nurses play a pivotal role in the continuum of care, operating at the intersection of clinical knowledge and interpersonal relationships. They are typically among the first healthcare providers patients encounter and are thus positioned to initiate change through education and empowerment that target the root causes and symptoms of addiction [42].

The Role of Patient Education

Patient education is a foundational aspect of nursing care that involves informing patients about their health conditions, treatment options, and self-management strategies. For drug abuse patients, education is crucial for several reasons:

1. **Increasing Knowledge:** One of the primary goals of patient education in drug abuse is to increase patients' awareness about the dangers and consequences of substance abuse. This includes understanding the effects of drugs on both physical and mental health, the risks of addiction, and the potential for overdose. Through structured educational programs, nurses can provide essential information that empowers patients to make informed decisions regarding their substance use [43].
2. **Promoting Treatment Compliance:** Education is instrumental in encouraging patients to actively participate in their treatment plans. Explaining the benefits of adherence to treatment regimens, such as medication-assisted treatment (MAT) or psychotherapy, can lead to improved health outcomes. When patients understand the rationale behind their treatment plans, they are more likely to comply, which is crucial for recovery [44].
3. **Facilitating Skills Development:** Nurses can provide practical education on coping mechanisms and life skills that enhance patient resilience against relapse. Skills such as stress management, problem-solving, and communication can be taught through individualized or group sessions, which can significantly alter a patient's coping strategies in high-risk situations [45].
4. **Emphasizing the Importance of Support Systems:** Educating patients about the importance of building a strong support network can foster a sense of community and engagement in recovery. Nurses can guide patients in identifying their support structures, including family, friends, and support groups, thus reinforcing their role in the recovery process [46].

Empowerment in Nursing Care

Empowerment in nursing care refers to the process of providing patients with the tools, resources, and confidence necessary to take an active role in their recovery journey. The empowerment approach is particularly relevant to drug abuse patients, as

addiction often diminishes personal agency and self-esteem. Key strategies for promoting empowerment include:

1. **Active Participation:** Nurses can encourage patients to actively participate in their care planning and decision-making processes. By involving patients in discussions about treatment options, nurses facilitate ownership of their health journey. This phase is critical as it enables patients to articulate their goals, preferences, and fears, fostering an environment of trust and collaboration [47].
2. **Building Self-Efficacy:** Empowerment is intrinsically linked to self-efficacy, or the belief in one's ability to succeed. Nurses can adopt motivational interviewing techniques to bolster patients' confidence, helping them set achievable goals and celebrate small victories along the recovery pathway. By acknowledging progress, nurses reinforce the belief that change is possible [48].
3. **Fostering Resilience:** Resilience can be cultivated through the provision of resources and support aimed at overcoming barriers encountered during recovery. By equipping patients with coping strategies and problem-solving skills, nurses enable them to navigate the complexities of life post-treatment, thereby enhancing their capacity to resist relapse.
4. **Advocacy:** Nurses can serve as advocates for drug abuse patients, helping them navigate healthcare systems, connect with community resources, and access necessary services. Advocacy is an essential aspect of empowerment, as it encourages patients to seek out help and ensure their voices are heard in their treatment journey [49].

Challenges in Patient Education and Empowerment

Despite the clear benefits of patient education and empowerment, several challenges exist within nursing practice. These challenges include:

1. **Stigma:** The stigma associated with drug abuse can create significant barriers to

patient engagement. Patients may hesitate to seek help, fearing judgment or discrimination from healthcare providers. Nurses must work to create safe and welcoming environments that promote open dialogue about substance use [50].

2. **Personal Bias:** Healthcare professionals are not immune to preconceived notions about addiction, which can affect the quality of care provided. Ongoing training and education for nurses about the complexities of substance use disorders is paramount in addressing personal biases and enhancing empathetic patient care [51].
3. **Resource Constraints:** Structural barriers, such as inadequate staffing or limited access to educational resources, can hinder the ability of nurses to provide comprehensive education and empowerment initiatives. Addressing systemic issues within healthcare systems is essential for fostering an environment conducive to patient growth and recovery.
4. **Patient Readiness:** Each patient's readiness to engage in education and allow themselves to be empowered varies significantly. Overcoming reluctance requires patience, consistent support, and a willingness to meet patients where they are in their recovery journey [52].

Outcomes of Effective Education and Empowerment

When successfully implemented, patient education and empowerment can yield significant positive outcomes for drug abuse patients, including:

1. **Improved Recovery Rates:** Education that leads to a better understanding of addiction and its treatment correlates with higher recovery rates. Empowered patients who feel more in control of their health decisions are more likely to pursue long-term recovery [52].
2. **Reduced Relapse Rates:** Enhanced coping skills and social support result in lower relapse rates. Empowered patients equipped with practical tools can manage

stressors that may trigger drug use more effectively [52].

3. **Enhanced Quality of Life:** Patients who engage in their recovery process often report improved overall quality of life, characterized by healthier relationships, employment, and social roles. Increased self-esteem and purpose contribute significantly to this enhanced well-being [52].
4. **Long-Term Health Benefits:** Sustained recovery promotes long-term physical and mental health benefits, including reduced healthcare costs associated with the complications of drug abuse [52].

Follow-Up and Aftercare Strategies:

Drug abuse is a pervasive issue that affects individuals, families, and communities across the globe. The impact of substance misuse is profound, leading to devastating consequences for physical health, mental well-being, and societal stability. While the initial phase of addiction treatment, often involving detoxification and rehabilitation, is essential, it is equally vital to consider the aftercare strategies and follow-up care that sustain recovery. Aftercare and follow-up strategies play a critical role in providing ongoing support, reducing the risk of relapse, and facilitating long-term recovery [53].

Importance of Follow-up Care

Follow-up care refers to continued medical and psychological support for individuals following the initial treatment for drug abuse. This phase is crucial for several reasons:

1. **Support System:** Transitioning from a structured rehabilitation environment back to daily life can be daunting. Follow-up care offers a support system that assists individuals in navigating the challenges post-treatment and reinforces the coping skills learned during rehabilitation.
2. **Relapse Prevention:** The risk of relapse is notably high in the weeks and months following treatment. Continued engagement through follow-up care strategies can significantly mitigate this risk, providing tools and resources helpful for maintaining sobriety.

3. **Health Monitoring:** Many individuals recovering from substance abuse face co-occurring mental health disorders or other medical issues. Follow-up care allows for ongoing monitoring of mental and physical health, ensuring that any emerging issues are addressed promptly.
4. **Encouragement and Motivation:** Regular follow-ups serve as a motivational force for individuals in recovery. They provide a platform for celebrating progress, discussing setbacks, and reinforcing the commitment to sobriety [53].

Components of Effective Aftercare Strategies

1. Structured Aftercare Programs

Structured aftercare programs provide a well-defined pathway for recovery following the completion of initial treatment. These programs may include:

- **Outpatient Therapy:** Participating in regular outpatient therapy sessions with a counselor or therapist can offer emotional support, facilitate the expression of feelings, and help in developing coping strategies [54].
- **Support Groups:** Peer support is instrumental in recovery. Programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or SMART Recovery provide a community of individuals who share similar experiences, fostering encouragement and accountability.
- **Sober Living Homes:** For those who may lack a supportive environment at home, sober living homes can serve as transition spaces where individuals can reside in a drug-free setting while gradually reintegrating into society [54].

2. Individualized Follow-up Plans

Each individual's recovery journey is unique. Therefore, aftercare should be tailored to meet the specific needs of each person. This may involve:

- **Personalized Counseling:** Individual counseling sessions can target a person's unique triggers, stressors, and life circumstances, ensuring that strategies for

coping with these challenges are customized.

- **Goal Setting:** Establishing short-term and long-term goals provides direction and purpose. Regular review sessions can help individuals stay on track and adjust their goals as necessary [55].

3. Family Involvement

The family unit plays a critical role in an individual's recovery journey. Engaging family members in the aftercare process enhances the support system and develops understanding within the family. Strategies include:

- **Family Therapy:** Involving family members in therapy can address underlying issues that may contribute to substance abuse and improve communication and relationships.
- **Education:** Providing family members with education about addiction can foster empathy and encourage healthy interactions centered on support rather than stigma [56].

4. Continued Education and Skill Development

Education is vital in empowering individuals to sustain their recovery. Aftercare can incorporate:

- **Life Skills Training:** Workshops on life skills, vocational training, and financial literacy can equip individuals with tools to help them thrive in a sober lifestyle and avoid situations that could lead to relapse.
- **Relapse Prevention Strategies:** Teaching coping mechanisms and recognizing triggers that may spark cravings is essential. Utilizing tools through cognitive-behavioral strategies, mindfulness practices, and stress management techniques can fortify resilience [57].

Technological Interventions in Aftercare

With the rise of digital platforms, technology is increasingly playing a role in aftercare strategies. Mobile applications can provide features such as:

- **Tracking Sobriety:** Applications that help individuals log their sober days can serve as motivational reminders [58].

- **Daily Check-ins:** Users can engage in daily emotional check-ins, helping them reflect on their feelings and identify potential triggers.
- **Virtual Support Groups:** Online support groups allow individuals to connect with peers and counselors, creating avenues for support regardless of geographical barriers [58].

Conclusion:

In conclusion, effective nursing care for substance abuse patients is vital for fostering recovery and improving overall health outcomes. By employing best practices such as trauma-informed care, individualized treatment plans, and evidence-based interventions, nurses can address the complex challenges faced by these individuals. Additionally, the importance of collaboration within interdisciplinary teams and the active involvement of patients in their own care cannot be overstated. Ongoing education and empowerment strategies further enhance patients' capacities to engage in their recovery journey.

As substance abuse remains a significant public health concern, it is essential for nursing professionals to continue evolving their practices based on current research and emerging trends. By committing to these best practices, nurses play a crucial role in helping patients navigate the path to recovery and achieve sustained wellness, ultimately contributing to healthier communities. The dedication to compassionate and comprehensive care is instrumental in transforming lives affected by substance use disorders.

References:

1. McCrady BS. Alcohol use disorders and the Division 12 task force of the American Psychological Association. *Psychol Addict Behav*. 2000;14:267–76.
2. O'Brien CP. A range of research-based pharmacotherapies for addiction. *Science*. 1997;278:66–70.
3. Rounsaville BJ, Kosten TR. Treatment for opioid dependence: quality and access. *JAMA*. 2000;283(10):1337–9.
4. Kazdin AE. Progression of therapy research and clinical application requires better understanding of the change process. *Clinical Psychology: Science and Practice*. 2001;8:143–51.
5. McLellan AT, Lewis DC, O'Brien CP, Kleber HD. Drug dependence, a chronic medical illness. Implications for treatment, insurance, and outcomes evaluation. *JAMA*. 2001;284:1689–95.
6. Guyatt G, Haynes B, Jaeschke R, Cook D, Greenhalgh D, Meade M, et al. Introduction: the philosophy of evidence-based medicine. In: Guyatt G, Rennie D, editors. *A manual for evidence-based clinical practice*. American Medical Association; Chicago: 2002. pp. 3–12.
7. Miller WR, Wilbourne PL. Mesa grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*. 2002;97:265–77.
8. Simpson DD, Joe GW, Brown BS. Treatment retention and follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychol Addict Behav*. 1997;11:294–307.
9. O'Brien CP. Recent developments in the pharmacotherapy of substance abuse. *J Consult Clin Psychol*. 1996;64:677–86.
10. Chambless DL, Sanderson WC, Shoham V, Johnson SB, Pope KS, Crits-Christoph P, et al. An update on empirically validated therapies. *The Clinical Psychologist*. 1996;49:5–11.
11. Betz C, Hihalic D, Pinto ME, Raffa RB. Could a common biochemical mechanism underlie addictions? *J Clin Pharm Ther*. 2000;25:11–20.
12. Guyatt G, Rennie D, editors. *A manual for evidence-based clinical practice*. American Medical Association; Chicago: 2002.
13. Rounsaville BJ, Carroll KM, Onken LS. A stage model of behavioral therapies research. *Clinical Psychology: Science and Practice*. 2001;8:133–42.
14. Onken LS, Blaine JD, Battjes RJ. Behavioral therapy research: a conceptualization of a process. In: Henggeler SW, Santos AB, editors. *Innovative approaches for difficult-to-treat populations*. American Psychiatric Press; Washington (DC): 1997. pp. 477–85.
15. US Food and Drug Administration. Food and Drug Administration/Center for Drug

- Evaluation Research guidelines for the format and content of the clinical and statistical sections of the application. DHHS; Washington, DC: 1988.
16. Gonzales JJ, Ringeisen HL, Chambers DA. The tangled and thorny path of science to practice. *Clinical Psychology: Science and Practice*. 2002;9:204–9.
17. American Psychiatric Association. Practice guidelines for the treatment of patients with nicotine dependence. American Psychiatric Press; Washington (DC): 1996.
18. McLellan AT, McKay JR. The treatment of addiction: what can research offer in practice. In: Lamb S, Greenlick M, McCarty D, editors. *Bridging the gap between practice and research: forging partnerships with community-based drug and alcohol treatment*. National Academy Press; Washington (DC): 1998.
19. Rounsaville BJ, Kosten TR. Treatment for opioid dependence: quality and access. *JAMA*. 2000;283(10):1337–9.
20. US Food and Drug Administration. The CDER Handbook. Washington, DC: 1998. Center for Drug Evaluation Research.
21. Stocks G. Abuse of propofol by anesthesia providers: the case for re-classification as a controlled substance. *J Addict Nurs*. 2011;22(1–2):57–62.
22. Moore R, Mead L, Pearson T. Youthful precursors of alcohol abuse in physicians. *Am J Med*. 1990;88:332–336.
23. Heise B. The historical context of addiction in the nursing profession: 1850–1982. *J Addict Nurs*. 2003;14(3):117–124.
24. National Council of State Boards of Nursing. *Chemical Dependency Handbook*.
25. Monroe T, Pearson F, Kenaga H. Procedures for handling cases of substance abuse among nurses: a comparison of disciplinary and alternative programs. *J Addict Nurs*. 2008;19(3):156–161.
26. Bell DM, McDonough JP, Ellison JS, Fitzhugh EC. Controlled drug misuse by certified registered nurse anesthetists. *AANA J*. 1999;67(2):133–140.
27. Baldisseri M. Impaired healthcare professional. *Crit Care Med*. 2007;35(2):S106–S116.
28. Wilson H, Compton M. Reentry of the addicted certified registered nurse anesthetist: a review of the literature. *J Addict Nurs*. 2009;20(4):177–184.
29. Hughes P, Brandenburg N, Dewitt B, et al. Prevalence of substance use among U.S. physicians. *JAMA*. 1992;267:2333–2339.
30. Clark C, Farnsworth J. Program for recovering nurses: an evaluation. *Medsurg Nurs*. 2006;15(4):223–230.
31. Wyoming State Board of Nursing. 2005 Annual Report.
32. Krakowski A. Stress and the practice of medicine: physicians compared to lawyers. *Psychosom Med*. 1984;42:143–151.
33. Alaska Board of Nursing. Nursing workforce survey.
34. American Nurses Association. *Addictions and Psychological Dysfunctions in Nursing*. Kansas City: Author; 1984.
35. US Bureau of the Census. *US Population by State, 1790–2009*.
36. Helzer J, Canino G, Yeh E, et al. Alcoholism—North America and Asia. *Arch Gen Psychiatry*. 1990;47:313–319.
37. Trinkoff A, Storr C. Relationship of specialty and access to substance use among registered nurses: an exploratory analysis. *Drug Alcohol Depend*. 1994;36:215–219.
38. Siegel B, Fitzgerald F. A survey on the prevalence of alcoholism among the faculty and house staff of an academic teaching hospital. *West J Alcohol*. 1988;148:593–595.
39. Shmuts R, Kay A, Beck M. Guidelines for the assessment and management of addiction in the hospitalized patient with opioid use disorder: a twenty-first century update. *Intern Emerg Med*. 2021.
40. Krawczyk N, Rivera BD, Jent V, Keyes KM, Jones CM, Cerdá M. Has the treatment gap for opioid use disorder narrowed in the U.S.? A yearly assessment from 2010 to 2019. *Int J Drug Policy*. 2022.

41. Williams AR, Johnson KA, Thomas CP, Reif S, Socías EM, Henry BF, et al. Opioid use disorder Cascade of care framework design: A roadmap. Taylor & Francis; 2022.
42. Hawk K, D’Onofrio G. Emergency department screening and interventions for substance use disorders. *Addiction Science and Clinical Practice*. 2018;13:1–6.
43. Cao SS, Dunham SI, Simpson SA. Prescribing Buprenorphine for Opioid Use Disorders in the ED: A Review of Best Practices, Barriers, and Future Directions. *Open Access Emerg Med*. 2020.
44. Larochelle MR, Bernstein R, Bernson D, Land T, Stopka TJ, Rose AJ, et al. Touchpoints – Opportunities to predict and prevent opioid overdose: A cohort study. *Drug Alcohol Depend*. 2019;204:107537.
45. Tricco AC, Lillie E, Zarin W, O’Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467.
46. Williams AR, Nunes E V., Bisaga A, Levin FR, Olfson M. Development of a Cascade of Care for responding to the opioid epidemic. *American Journal of Drug and Alcohol Abuse*. 2019;45:1–10.
47. Sullivan RW, Szczesniak LM, Wojcik SM. Bridge clinic buprenorphine program decreases emergency department visits. *J Subst Abuse Treat*. 2021;130:108410.
48. Binswanger IA, Carroll NM, Ahmedani BK, Campbell CI, Haller I V., Hechter RC, et al. The association between medical comorbidity and Healthcare Effectiveness Data and Information Set (HEDIS) measures of treatment initiation and engagement for alcohol and other drug use disorders. *Subst Abus*. 2019;40:292–301.
49. Hawk K, Hoppe J, Ketcham E, LaPietra A, Moulin A, Nelson L, et al. Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department. *Ann Emerg Med*. 2021;78:434–42.
50. Goedel WC, Shapiro A, Cerdá M, Tsai JW, Hadland SE, Marshall BDL. Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in Counties in the United States. *JAMA Netw Open*. 2020;3:e203711.
51. Englander H, Dobbertin K, Lind BK, Nicolaidis C, Graven P, Dorfman C, et al. Inpatient Addiction Medicine Consultation and Post-Hospital Substance Use Disorder Treatment Engagement: a Propensity-Matched Analysis. *J Gen Intern Med*. 2019;34:2796–803.
52. James H, Morgan J, Ti L, Nolan S. Transitions in care between hospital and community settings for individuals with a substance use disorder: A systematic review. *Drug Alcohol Depend*. 2023;243:109763.
53. Englander H, Jones A, Krawczyk N, Patten A, Roberts T, Korthuis PT, et al. A Taxonomy of Hospital-Based Addiction Care Models: a Scoping Review and Key Informant Interviews. *J Gen Intern Med*. 2022;37:2821–33.
54. Abraham AJ, Andrews CM, Harris SJ, Friedmann PD. Availability of Medications for the Treatment of Alcohol and Opioid Use Disorder in the USA. *Neurotherapeutics*. 2020;55–69.
55. Glass JE, Hamilton AM, Powell BJ, Perron BE, Brown RT, Ilgen MA. Specialty substance use disorder services following brief alcohol intervention: a meta-analysis of randomized controlled trials. *Addiction*. 2015;110:1404–15.
56. Gryczynski J, Nordeck CD, Welsh C, Mitchell SG, O’Grady KE, Schwartz RP. Preventing Hospital Readmission for Patients With Comorbid Substance Use Disorder. *Ann Intern Med*. 2021;174:899–909.
57. Popay J, Arai L, Rodgers M, Britten N. Guidance on the conduct of narrative synthesis in systematic reviews: A product from the ESRC Methods Programme. 2006.
58. Hawk K, D’Onofrio G. Emergency department screening and interventions for substance use disorders. *Addiction Science and Clinical Practice*. 2018;13:1–6.