

Nursing Strategies for Supporting Substance Abuse Recovery: A Comprehensive Review of Best Practices and Their Impact on Patient Outcomes

Turki Madallah Awadh Alsharari¹, Saleh Sulaiman Salem Alsharari², Nawal Ali Mubark³, Hammad Abduljabbar Alkhaldi⁴, Tariq Abdulaziz M Aldokhel⁵, Faljaa Ibrahim Alhabas⁶, Abdullah Saeed Abdullah Al-Shahdani⁷, Huda Khalid Ajmi Aldhafeeri⁸, Hassan Abdulhameed Salman Al Marzooq⁹

Abstract

Substance abuse and addiction present significant challenges to healthcare systems, necessitating effective nursing strategies that facilitate recovery. Recovery-oriented care emphasizes a holistic approach that encompasses individual wellness, autonomy, and community integration. This review employs a scoping review methodology to evaluate current literature on nursing strategies for supporting individuals with substance use disorders. A comprehensive search was conducted across multiple databases, including PubMed, MEDLINE, and Scopus, focusing on studies from 2010 to 2023 that address recovery-supportive interventions in nursing practice. The findings highlight several key nursing strategies that are essential for promoting recovery, including the integration of peer support, individualized care plans, and the establishment of trusting relationships between nurses and patients. The literature indicates that recovery-oriented practices lead to improved patient outcomes, including reduced substance use, enhanced quality of life, and better engagement in treatment programs. However, barriers such as stigma, lack of training, and systemic challenges persist. Effective nursing strategies that prioritize recovery-oriented care are critical for improving outcomes for individuals with substance use disorders. By fostering collaboration, empowering patients, and utilizing peer support, nurses can significantly enhance the recovery process. Continued research and training in recovery-oriented practices are essential to bridge the gap between current guidelines and actual nursing practices.

Keywords: *Substance Abuse, Addiction Recovery, Nursing Strategies, Recovery-Oriented Care, Peer Support.*

Introduction

A primary focus of experts in the drug use treatment field has been the growth of effective techniques and treatments to facilitate recovery. Addiction rehabilitation is described as "a voluntarily sustained lifestyle that includes recovery, individual wellness, and citizenship" (1) and serves as both the objective of services and an organizational framework (2). Recovery extends beyond mere abstinence to a meaningful, self-directed existence (3). The recovery paradigm, as an organizing concept, contrasts with earlier pathology-oriented as well as treatment-focused frameworks, proposing that the values and procedures supporting stable rehabilitation can be gathered from the real-life experiences of people in recovery, their families, and communities to aid others in initiating and maintaining recovery efforts (4).

Research demonstrates that recovery-supportive interventions distinctly emphasize the involvement of individuals with lived experience, prioritize autonomy, self-determination, empowerment, and respect for service users, resulting in enhanced outcomes such as substance use, positive relationships, social life, and overall well-being (5–7). A recovery orientation emphasizes the active participation of individuals in

¹ Ksa, Ministry of Health, Emergency and Disaster Management and Ambulance Transportation an Qurayyat

² Ksa, Ministry of Health, Al-Jouf Health Pool.

³ Ksa, Ministry of Health, Irada Hospital and Mental Health in Jazan.

⁴ Ksa, Ministry of Health, Eradah Hospital and Mental Health -Al-Kharj.

⁵ Ksa, Ministry of Health, Riyadh

⁶ Ksa, Ministry of Health, Eradah Complex for Mental Health

⁷ Ksa, Ministry of Health, Riyadh

⁸ Ksa, Ministry of Health, Erada and Mental Health Hospital

⁹ Ksa, Ministry of Health, Al-Jarn Health Center

rehabilitation, the general public, and service and support providers, while recovery-supportive interventions include a wide array of acts that directly or indirectly promote change via several processes (8, 9). The transition to recovery-supportive treatments requires equipping the mental health and addictions profession with recovery-oriented clinical skills, techniques, processes, and frameworks. Despite the growing information base on recovery-supportive treatments, a disparity persists between guidelines and actual practice (10-12).

Given that recovery-supportive treatments function within intricate systems, delineating the extent of the relevant literature is an essential measure to promote wider implementation and provide practical advice to overcome obstacles to recovery. Recent research efforts have aimed to consolidate findings on recovery-supportive therapies for persons with drug use disorder; however, the breadth was restricted by disciplinary emphasis (nursing), temporal range, and assessment approach (13).

Thus, we aimed to summarize the existing research on recovery-supportive therapies for individuals who use drugs via a scoping review technique. Scoping reviews provide a comprehensive overview of a certain domain, assessing the scope, characteristics, and diversity of research endeavors while summarizing and distributing findings. Examining current research has significant implications for reimagining existing medical systems and fostering the shift toward recovery-oriented treatment.

Methods

Arksey and O'Malley's (14) methodological approach informed this scoping review, which involved: formulating a research problem; accessing relevant literature; choosing literature; extracting data; and synthesizing and delineating the findings.

Policies Focused on Recovery

Three studies (15-17) emphasized the significance of recovery-oriented strategies as essential for implementing recovery-supportive treatments. Bellaert and colleagues (15) conducted a review of addiction industry regulations in Flanders (Belgium) as well as the Netherlands, revealing that despite the claims of healing, there were deficiencies in institutional implementation, budget distribution, and systematic assessment of recovery-oriented policies. Consequently, they promote the incorporation of experiential experts and the synchronization of funds and policy. A study comparing the recovery-oriented policies and care systems of the USA and UK revealed that the USA allocates substantial funding for the transformation of pro-recovery treatment systems and recovery community organizations, while in the UK, many recovery-supportive interventions remain unevaluated. Robust research demonstrates that recovery-supportive interventions, including recovery housing, programs promoting 12-step mutual aid participation, and the enhancement of peer encouragement within professional treatment programs, effectively improve addiction and health outcomes in a cost-efficient manner (16). Isaacs and Firdous (17) proposed that a care coordination model might enhance interagency cooperation in the development of recovery-oriented services. Their concept, originating from Australia's Companions in Recovery project, used a care coordinator to function as the liaison between service recipients and providers, therefore enhancing the therapeutic alliance and fostering a more comprehensive approach.

Recovery-Oriented Service Characteristics

Five research examined elements of the medical system, treatment services, and/or service provider variables in the delivery of recovery-supportive interventions. An examination of recovery-oriented practice guidelines from six nations revealed four practice domains: the necessity to promote citizenship and societal reintegration for equal living, organizational commitment to a supportive work environment and service framework, assistance in achieving individuals' recovery objectives, and a collaborative relationship that exemplifies authentic support and partnership (18). A case study demonstrates how a recovery perspective might foster personal responsibility in the service user to enhance recovery outcomes (19). A service user was questioned during three distinct hospitalizations at a residential behavioral health facility. The service's impactful attributes that facilitated their recovery included customized clinical support,

aid in addressing practical needs, involvement in beneficial groups, social engagement with other patients and staff, and assistance in enhancing self-management skills.

Norwegian research conducted by Kvia et al. (11) including medical professionals from a mental illness and drug use unit found that, despite an understanding of recovery principles, there was ambiguity about the actual measures necessary for transitioning to a recovery-supportive paradigm. While participants contemplated their activities and attitudes, their thoughts did not go beyond current practices to identify potential avenues for positive change. A notable subject was the inadequacy of engaging service users in the coordination of their treatment. Service providers acknowledged the conflict between paternalistic actions and the need to foster service user independence and independence. Consequently, structures, methods, and procedures are required for effective guiding. Qualitative research with twelve Norwegian service providers examined the problems associated with offering recovery-oriented treatment to individuals with co-occurring illnesses. Dilemmas encompassed 'balancing mastery and helplessness' (the conflict between assisting and encroaching on service users' autonomy; safeguarding against disempowerment while facilitating change), 'balancing directiveness as well as a non-judgmental attitude' (establishing treatment objectives based on the priorities of help-seekers without critiquing their lifestyles or being apathetic towards their choices; maintaining a non-judgmental stance), and 'balancing complete addiction and the acceptance of drug use' (embracing a professional, non-moralistic perspective while remaining supportive and optimistic in the face of relapse) (12). Addressing these problems will need novel strategies for practice development. Finally, Salyers and Tsemberis (20) propose four recommendations for implementing recovery-oriented aggressive community therapy (ACT) techniques: integrating additional evidence-based practices; monitoring rehabilitation perspective; offering recovery-oriented vocational training and supervision; and employing service users as staff members.

A crucial element of a recovery strategy is the requirement for a trustworthy connection among providers of services and service consumers. Martin et al. (21) carried out discussions with nine physicians from a hospital-based addiction center and 12 women undergoing treatment for opioid use disorder to ascertain variables influencing the transition from pregnancy to postpartum that facilitate or impede recovery. Stigma and distrust from social workers and healthcare professionals hindered recovery and illuminated strategies for promoting recovery-oriented treatment for families impacted by opioid addiction. The study by Jørgensen et al. (22) involving healthcare professionals providing care to service users with co-occurring disorders highlighted the necessity of balancing the establishment of trusting relationships, fostering hope regarding service users' futures, dedicating time to service users, and honoring their life lessons and expertise with the responsibilities of stabilizing health and promoting self-care. Separate research investigated the actions and qualities of eight peer support workers, who had lived experience, in the context of recovery from co-occurring drug use and mental health issues. Trust was a pervasive element in the evaluated themes. Trust was cultivated and sustained by professionals assisting individuals with concurrent illnesses through optimism and compassionate concern, which involved expressing faith in a more promising future, thereby aiding participants in regaining hope. This was complemented by commitment, characterized by lasting connections with those receiving assistance that fostered transparency; honesty and expectation-sharing, which entailed candid discussions regarding the gravity of participants' circumstances and providing direction for necessary changes; and proactive engagement, encouraging participants to take initiative while offering practical support to mitigate isolation and build assurance in their recently acquired skills.

Four research emphasized the collaborative relationship among service users and care providers as fundamental to recovery-oriented strategies. A statewide questionnaire of 78 addiction and mental illness programs utilized the innovative Recovery self-evaluation measure across various participant categories, such as agency executives, service suppliers, individuals in rehabilitation, their relatives, as well as others, to evaluate the extent to which participants believed the implementation of recovery-oriented practices. While the highest-rated items pertain to services that support users' objectives and interests beyond mere symptom relief, the lowest ratings were assigned to items regarding user participation in the design, administration, and delivery of these services (23). Further research examined the difficulty of enhancing recovery-oriented practices by comparing assisted housing provided within an active cooperative recovery-

centered development endeavor to a control group adhering to standard procedures. Findings indicate that inhabitants at the development site subjected to the establishment of recovery-oriented practices reported a substantial rise in their healing domain of desire to seek assistance. The authors assert that this collaborative approach may facilitate rehabilitation and safeguard residents' citizenship in assisted housing. Khoury (24) asserts that while the excessive reliance on medicolegal instruments and the static understanding of 'madness' hinder the ongoing advancement of person-centered interventions focused on individual circumstances and recovery, interactions between service providers and users based on positive, egalitarian relationships promote the collaborative development of innovative practices and indicate the potential for recovery-oriented interventions. In the US study conducted by Felton and colleagues (25), ACT team members identified the following challenging recovery-oriented tasks: reconciling system-centered and service-user objectives, fostering partnerships with service recipients, and implementing a recovery orientation during instances of service user crises or denial of their illness. A cohort of individuals with concurrent mental health and drug use problems characterized recovery-oriented treatment as providing empowerment, hence enhancing their desire and ability to actively participate in their recovery process (26).

Recovery Capital

Rehabilitation capital denotes the individual, societal, and communal resources foundational to personal rehabilitation, as well as the "resources and capacities that facilitate growth and human flourishing" (27). The research revealed sub-themes of recovery-supportive networks, employment, and housing.

Five distinct research examined the significance of recovery-supportive groups for rehabilitation. A survey of Narcotics Anonymous individuals revealed that Connectedness, under the CHIME-D individual recovery paradigm (which includes Connection, Hope, who is Identity, Significance in life, Independence, as well as Difficulties), was the predominant aspect supporting recovery inside the fellowship. The fellowship members' non-judgmental stance and mutual understanding fostered connectedness. Connectedness was fundamental to the formation of social media (28). It has been contended that peer-based substance abuse assistance, such as Alcoholics Anonymous or Narcotics Anonymous, may be advantageous for individuals with mental health illnesses, especially when they are receptive to psychiatric drugs.

Francis et al. (29) examined the post-treatment outcomes for 88 women, demonstrating that disengaging from or minimizing engagement with individuals who jeopardize recovery, while broadening their networks by incorporating supportive individuals, was essential for the maintenance of recovery. Given that women reportedly have significant difficulties in establishing recovery-supportive networks, these results are advantageous for service providers aiming to facilitate community integration for these individuals. The sole study examining the rehabilitation perspectives of migrants and cultural minorities indicated that the establishment of recovery-oriented structures for care depends on the delivery of culturally appropriate services, initiatives to address structural barriers, and the acknowledgment that access to recovery resources is linked to migration status, despite the numerous universal aspects of recovery capital. Environments that enhance the development of culturally attuned community recovery capital and significant online communities (social recovery capital) are deemed crucial for fostering sustainable rehabilitation. Bergman and co-authors (16) emphasize community recovery capital, asserting that active engagement in 12-step cooperation groups and participation in recovery-supportive professional services that reinforce connections to community resources may augment the benefits of residential treatment.

The essential need for work and housing was recognized as a primary focus for recovery-oriented institutions and services. Data from 356 individuals at different recovery phases indicate that, while education, housing, and familial/social relationships continue to pose difficulties long after achieving abstinence, work remains the foremost objective irrespective of the recovery phase (30). In research examining the recovery emphasis of services in an area of Norway, financial hardships (with few viable options) and unstable, insufficient accommodation were recognized as impediments to recovery for individuals with concurrent drug use and psychological issues. The defined aspects of recovery were more abstract: fostering self-love, experiencing acceptance and utility among peers, achieving control over a

person's life, and the development of the self. The results indicate that services have to be structured to facilitate integrated healthcare, social assistance, and inter-service cooperation (17). Tsai and Rosenheck's (31) investigation examined the effects of a 'group intensive peer-support framework for case administration for supported housing', revealing that, in contrast to the reference sites, this peer support approach was associated with a greater enhancement in believed social integration, an increase in case management assistance, and expedited acquisition of housing vouchers.

This evaluation included a single randomized controlled study targeting homeless adults with mental health issues (32). The follow-up of the sample indicated enhancements in individual recovery outcomes, increased housing stability, more independence, and reduced use of hospital services relative to the treatment-as-usual group; nevertheless, persistent alcohol-related difficulties remained (32). The findings indicate the enduring advantages of this measure for this demographic.

Discussion

This scoping review has evaluated papers on recovery-supportive treatments published from 2005 to 2023. The primary study areas seem to focus on recovery-oriented policies, treatment facilities (such as provider trust and cooperation), and recovery capital (notably recovery-supportive relationships, employment, and housing). The majority of research originated from the United States, with a notable increase in publication frequency seen between 2018 and 2023 compared to preceding years. Seventeen research examined co-occurring disorders, whereas eight investigated drug use rehabilitation. The research highlights the importance of recovery-oriented policies, their execution, the need for rigorous assessment, inter-agency coordination, the involvement of individuals with lived experience, and financial distributions (15-17).

The research indicates that nations vary in their approaches and regulations regarding mental health issues, drug use, and rehabilitation approaches. Humphreys and McLellan (33) emphasize that the structure, organization, staffing, and financial backing of treatment systems differ significantly worldwide, indicating that a service improvement technique effective in one nation may be ineffective in another. This indicates that the steps required to align services with recovery should be tailored to the specific treatment system and that service objectives may be most effectively evaluated within that context. Recent data from the US indicate that a very small amount of money for drug use both prevention and therapy is designated for recovery (34). Consequently, significant interaction with stakeholders, including service users, is essential for achieving favorable results for service recipients and the care system amid financing alterations, whether increases, cutbacks, reallocations, or the implementation of a new funding model.

A recovery orientation necessitates that service providers engage with service users in a certain way throughout their activities and interactions. Service providers face practical dilemmas such as balancing assistance with the risk of disempowering service users, allowing service users to guide the establishment of treatment and recovery objectives, and maintaining a qualified, supportive, and optimistic demeanor in the face of relapse (12). Although the ideas of recovery were comprehended, the translation into practical application for adopting a recovery orientation remained ambiguous, necessitating practical instruction on best practices. Our discovery that cooperation and trust are essential components in the implementation of recovery-supportive treatments aligns with the existing research (35). For several service providers, establishing collaborative connections with service consumers proved difficult. The service provider was characterized as "walking alongside" patients and their families during collaboration. This partnership requires service providers to be guided by clientele in respect to their recovery objectives and ambitions, and to establish a negotiated working relationship. Furthermore, since relationships are cooperative, recovery-oriented practitioners embrace the intricacies and distinctiveness of the transition process. Another facet of collaboration with service consumers is to employ them as personnel (36). However, the mere existence of peer support staff does not ensure that a service functions across the recovery model. The group should be dedicated to recognizing, supporting, developing collaboration with, and defining the responsibilities of colleagues (37).

Recovery-supportive therapies also focus on the enhancement or expansion of recovery capital. Recovery capital is recognized to accumulate and diminish throughout 'active addiction,' resulting in the observation that "most clients accessing addiction therapy have either possessed minimal recovery currency or have significantly depleted it by the time they seek assistance" (38). Specifically, housing, job, and recovery-supportive relationships were the focal points of many treatments. The research incorporated into this review underscores that these three domains of functioning continue to be prioritized throughout the phases of recovery (39). Best (40) provides an account of the "Jobs, Friends and Houses (JFH)" initiative, which aims to facilitate a sustainable recovery by concentrating on three fundamental aspects of recovery capital. These results are corroborated by more recent research indicating that stable housing, accessibility to community support, as well as coordination of care were crucial in enhancing recovery capital, facilitating recovery, and reducing recidivism (41-44). A recovery capital perspective offers the potential for effectively assisting complicated populations, moving beyond a deficit-focused approach, and guiding professionals toward the most appropriate solutions (44-48). Consequently, we urge doctors, care specialists, healthcare administrators, and providers to prioritize recovery and social capital with medical and psychological therapy.

Conclusions

The management of substance abuse and addiction recovery requires a multifaceted approach that significantly involves nursing strategies. This scoping review has illuminated the critical role that nurses play in facilitating recovery for individuals with substance use disorders. The findings underscore the importance of recovery-oriented care, which extends beyond mere abstinence and emphasizes holistic wellness, patient autonomy, and meaningful engagement with community resources. As evidenced in the literature, the integration of peer support into nursing practice emerges as a powerful tool for enhancing recovery. Peer support not only provides individuals with relatable experiences but also fosters a sense of belonging and hope, crucial elements in the recovery process. Furthermore, individualized care plans that reflect the unique needs and circumstances of patients have proven effective in promoting sustained recovery. This personalized approach allows nurses to address not only the medical aspects of addiction but also the psychological and social dimensions that influence recovery outcomes.

However, the review also identifies persistent barriers that inhibit the implementation of effective nursing strategies. The stigma surrounding substance use disorders, inadequate training for nursing staff, and systemic challenges within healthcare settings all contribute to the difficulties faced in delivering recovery-oriented care. To overcome these obstacles, it is essential that healthcare institutions prioritize training programs that equip nurses with the knowledge and skills necessary to implement recovery-supportive interventions.

In conclusion, the journey towards effective substance abuse recovery is complex and requires the concerted efforts of healthcare professionals, particularly nurses, who serve as key facilitators in this process. Ongoing research into best practices and the development of training programs focused on recovery-oriented care will be instrumental in ensuring that nursing strategies evolve to meet the needs of individuals struggling with substance use disorders. By fostering a culture of recovery within healthcare settings, we can enhance patient outcomes, promote healthier communities, and ultimately contribute to the reduction of substance abuse and its associated societal impacts.

References

- The Betty Ford Institute Consensus Panel. What is recovery? A working definition from the Betty Ford Institute. *J Subst Abuse Treat.* (2007) 33:221–8.
- Laudet AB, Humphreys K. Promoting recovery in an evolving policy context: What do we know and what do we need to know about recovery support services? *J Subst Abuse Treat.* (2013) 45:126–33.
- Eikmeier G, Von Heugel R, Lacroix A, Molkentin I, Rosenbrock T, Böttcher R, et al. Recovery orientation as a key element in addiction treatment: preliminary results of a patient's survey. *Eur Psychiatry.* (2017) 41:S202–2.
- White WL. Recovery: its history and renaissance as an organizing construct concerning alcohol and other drug problems. *Alcohol Treat Q.* (2005) 23:3–15.

- Dixon LB, Holoshitz Y, Nossel I. Treatment engagement of individuals experiencing mental illness: review and update. *World Psychiatry*. (2016) 15:13–20.
- Gambino M, Pavlo A, Ross DA. Recovery in mind: perspectives from postgraduate psychiatric trainees. *Acad Psychiatry*. (2016) 40:481–8.
- Legere L, Nemeč PB, Swarbrick M. Personal narrative as a teaching tool. *Psychiatr Rehabil J*. (2013) 36:319–21.
- Stengel K, Schwartz E, Mathai C. Operationalizing recovery-oriented systems: expert panel meeting report (2012). Substance Abuse & Mental Health Services Administration.
- Winsper C, Crawford-Docherty A, Weich S, Fenton SJ, Singh SP. How do recovery-oriented interventions contribute to personal mental health recovery? A systematic review and logic model (2020)
- Del Vecchio P. Bringing recovery to practice: improving provider competencies and promoting positive outcomes (2015)
- Kvia A, Dahl C, Grønnestad T, Frahm Jensen MJ. Easier to say 'Recovery' than to do recovery: employees' Experiences of implementing a recovery-oriented practice. *Int J Ment Health Addict*. (2021) 19:1919–30.
- Brekke E, Lien L, Nysveen K, Biong S. Dilemmas in recovery-oriented practice to support people with co-occurring mental health and substance use disorders: a qualitative study of staff experiences in Norway. *Int J Ment Health Syst*. (2018) 12:30.
- Tamayo N, Lane A. Effective nursing recovery-oriented interventions for individuals with substance use disorder: A literature review. *J Addict Nurs*. (2022) 33:233–46.
- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. (2005) 8:19–32.
- Bellaert L, Martinelli TF, Vanderplasschen W, Best D, Van De Mheen D, Vander Laenen F. Chasing a pot of gold: an analysis of emerging recovery-oriented addiction policies in Flanders (Belgium) and The Netherlands. *Drugs Educ Prev Policy*. (2021) 28:399–410.
- Bergman BG, Hoepfner BB, Nelson LM, Slaymaker V, Kelly JF. The effects of continuing care on emerging adult outcomes following residential addiction treatment. *Drug Alcohol Depend*. (2015) 153:207–14.
- Isaacs AN, Firdous F. A care coordination model can facilitate interagency collaboration when designing recovery-oriented services. *J Psychosoc Nurs Ment Health Serv*. (2019) 57:38–43.
- Brekke E, Lien L, Davidson L, Biong S. First-person experiences of recovery in co-occurring mental health and substance use conditions. *Adv Dual Diagn*. (2017) 10:13–24.
- Brekke E, Lien L, Biong S. Experiences of professional helping relations by persons with co-occurring mental health and substance use disorders. *Int J Ment Health Addict*. (2018) 16:53–65.
- Salyers MP, Tsemberis S. ACT and recovery: integrating evidence-based practice and recovery orientation on assertive community treatment teams. *Community Ment Health J*. (2007) 43:619–41.
- Martin CE, Almeida T, Thakkar B, Kimbrough T. Postpartum and addiction recovery of women in opioid use disorder treatment: A qualitative study. *Subst Abuse*. (2022) 43:389–96.
- Jørgensen K, Hansen M, Karlsson B. Recovery-oriented practices in a mental health centre for citizens experiencing serious mental issues and substance use: as perceived by healthcare professionals. *Int J Environ Res Public Health*. (2022) 19:10294.
- Cruce G, Öjehagen A, Nordström M. Recovery-promoting care as experienced by persons with severe mental illness and substance misuse. *Int J Ment Health Addict*. (2012) 10:660–9.
- Khoury E. Recovery attitudes and recovery practices have an impact on psychosocial outreach interventions in community mental health care. *Front Psychiatry*. (2019) 10:560.
- Felton BJ, Barr A, Clark G, Tsemberis SJ. ACT team members' Responses to training in recovery-oriented practices. *Psychiatr Rehabil J*. (2006) 30:112–9.
- Dekkers A, Vos S, Vanderplasschen W. Personal recovery depends on NA unity": an exploratory study on recovery-supportive elements in Narcotics Anonymous Flanders. *Subst Abuse Treat Prev Policy*. (2020) 15:53.
- Green CA, Yarborough MT, Polen MR, Janoff SL, Yarborough BJH. Dual recovery among people with serious mental illnesses and substance problems: A qualitative analysis. *J Dual Diagn*. (2015) 11:33–41.
- Humphreys K, Lembke A. Recovery-oriented policy and care systems in the UK and USA. *Drug Alcohol Rev*. (2014) 33:13–8.
- Francis MW, Taylor LH, Tracy EM. Choose who's in your circle: how women's relationship actions during and following residential treatment help create recovery-oriented networks. *J Soc Work Pract Addict*. (2020) 20:122–35.
- Laudet AB, White W. What are your priorities right now? Identifying service needs across recovery stages to inform service development. *J Subst Abuse Treat*. (2010) 38:51–9.
- Tsai J, Rosenheck RA. Outcomes of a group intensive peer-support model of case management for supported housing. *Psychiatr Serv*. (2012) 63:1186–94.
- Le Boutillier C, Leamy M, Bird VJ, Davidson L, Williams J, Slade M. What does recovery mean in practice? A qualitative analysis of international recovery-oriented practice guidance. *Psychiatr Serv*. (2011) 62:1470–6.
- Humphreys K, McLellan AT. A policy-oriented review of strategies for improving the outcomes of services for substance use disorder patients. *Addiction*. (2011) 106:2058–66.
- Loubière S, Lemoine C, Boucekine M, Boyer L, Girard V, Tinland A, et al. Housing First for homeless people with severe mental illness: extended 4-year follow-up and analysis of recovery and housing stability from the randomized Un Chez Soi d'Abord trial. *Epidemiol Psychiatr Sci*. (2022) 31:e14.
- Nesse L, Gonzalez MT, Aamodt G, Borg M, Sjøfjell T, Raanaas RK. Promoting recovery and citizenship in collaboration with residents in supported housing: a prospective comparative study. *Nord Soc Work Res*. (2022), 1–18.
- O'Connell M, Tondora J, Croog G, Evans A, Davidson L. From rhetoric to routine: assessing perceptions of recovery-oriented practices in a state mental health and addiction system. *Psychiatr Rehabil J*. (2005) 28:378–86.

- Pouille A, Bellaert L, Vander Laenen F, Vanderplasschen W. Recovery capital among migrants and ethnic minorities in recovery from problem substance use: an analysis of lived experiences. *Int J Environ Res Public Health*. (2021) 18:13025.
- Thomas KA, Rickwood DJ. One woman's journey of recovery from mental illness—Hopes, back-up plans, rebuilding self and service support. *Qual Soc Work Res Pract*. (2016) 15:501–17.
- Stuart SR, Tansey L, Quayle E. What we talk about when we talk about recovery: a systematic review and best-fit framework synthesis of qualitative literature. *J Ment Health*. (2017) 26:291–304.
- Best D. Pathways to recovery and desistance: the role of the social contagion of hope. UK: Policy Press (2019).
- Van Den Berk-Clark C, Fedorova M, Duncan E, Ju T, Pickard J. Funding and implementation of recovery oriented treatment programs in the US from 2006–2020. *J Drug Educ*. (2023), 00472379231217830.
- Duncan A, Stergiopoulos V, Dainty KN, Wodchis WP, Kirst M. Community mental health funding, stakeholder engagement and outcomes: a realist synthesis. *BMJ Open*. (2023) 13:e063994.
- Sheedy CK, Whitter M. Guiding principles and elements of recovery-oriented systems of care: What do we know from the research? *J Drug Addict Educ Erad*. (2013) 9:225.
- Ness O, Borg M, Semb R, Karlsson B. Walking alongside: collaborative practices in mental health and substance use care. *Int J Ment Health Syst*. (2014) 8:55.
- Ibrahim N, Selim A, Ng F, Kasaby M, Ali AM, Eweida R, et al. Experiences of peer support workers supporting individuals with substance use disorders in Egypt: phenomenological analysis. *BMC Health Serv Res*. (2022) 22:1012.
- Howard H, Skinner-Osei P, Mitchell C, Cadavid E, Hulick J. “Now I have my own key”: the impact of housing stability on recovery and recidivism reduction using a recovery capital framework. *Urban Soc Work*. (2023), USW–2023-0004.R1.
- Pars E, VanDerNagel JEL, Dijkstra BAG, Schellekens AFA. Using the recovery capital model to explore barriers to and facilitators of recovery in individuals with substance use disorder, psychiatric comorbidity and mild-to-borderline intellectual disability: A case series. *J Clin Med*. (2023) 12:5914.
- Eddie D, Hoffman L, Vilsaint C, Abry A, Bergman B, Hoepfner B, et al. Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Front Psychol*. (2019) 10:1052.

استراتيجيات التمريض لدعم التعافي من تعاطي المخدرات: مراجعة شاملة لأفضل الممارسات وتأثيرها على نتائج المرضى

الملخص

الخلفية: يشكل تعاطي المخدرات والإدمان تحديات كبيرة لأنظمة الرعاية الصحية، مما يستلزم وجود استراتيجيات تمريضية فعالة تسهم في عملية التعافي. يركز نهج الرعاية القائم على التعافي على مقاربة شاملة تشمل الصحة الفردية، والاستقلالية، والاندماج في المجتمع.

المنهجية: تعتمد هذه المراجعة على منهجية مراجعة النطاق لتقييم الأدبيات الحالية حول استراتيجيات التمريض الداعمة للأفراد الذين يعانون من اضطرابات تعاطي المخدرات. تم إجراء بحث شامل عبر عدة قواعد بيانات، بما في ذلك PubMed وMEDLINE وScopus، مع التركيز على الدراسات المنشورة بين عامي 2010 و2023 التي تتناول التدخلات الداعمة للتعافي في الممارسة التمريضية.

النتائج: تسلط النتائج الضوء على العديد من الاستراتيجيات التمريضية الأساسية التي تعزز التعافي، بما في ذلك دمج دعم الأقران، ووضع خطط رعاية فردية، وإنشاء علاقات ثقة بين الممرضين والمرضى. تشير الأدبيات إلى أن ممارسات الرعاية القائمة على التعافي تؤدي إلى تحسين نتائج المرضى، مثل تقليل تعاطي المواد المخدرة، وتعزيز جودة الحياة، وزيادة المشاركة في برامج العلاج. ومع ذلك، لا تزال هناك عقبات مثل الوصمة الاجتماعية، ونقص التدريب، والتحديات النظامية.

الاستنتاج: تعد استراتيجيات التمريض الفعالة التي تركز على الرعاية القائمة على التعافي ضرورية لتحسين نتائج الأفراد الذين يعانون من اضطرابات تعاطي المخدرات. من خلال تعزيز التعاون، وتمكين المرضى، والاستفادة من دعم الأقران، يمكن للممرضين تحسين عملية التعافي بشكل كبير. إن استمرار البحث والتدريب على ممارسات الرعاية القائمة على التعافي ضروري لسد الفجوة بين التوجيهات الحالية والتطبيق الفعلي في التمريض.

الكلمات المفتاحية: تعاطي المخدرات، التعافي من الإدمان، استراتيجيات التمريض، الرعاية القائمة على التعافي، دعم الأقران.