

Systematic Article

Addiction psychiatry and nursing: emerging research and the evolving roles of nurses

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ABSTRACT

Substance use disorders (SUDs) represent a major global public health challenge associated with significant morbidity, mortality, psychiatric comorbidity, social disruption, and economic burden. Addiction psychiatry has evolved considerably over the past decade through advances in neurobiology, psychopharmacology, digital health, precision medicine, and integrated behavioral healthcare models. Concurrently, the role of nurses in addiction psychiatry has expanded beyond traditional bedside care to encompass prevention, screening, harm reduction, treatment coordination, psychotherapy, medication-assisted treatment (MAT) support, recovery-oriented care, research, leadership, and policy advocacy. Emerging evidence demonstrates that nurses are central to improving outcomes among individuals with SUDs, particularly in integrated mental health settings. Contemporary addiction nursing emphasizes person-centered care, trauma-informed approaches, stigma reduction, motivational interviewing, relapse prevention, and community engagement. This review examines current developments in addiction psychiatry and explores the evolving responsibilities of nurses across clinical, educational, research, and policy domains. The review synthesizes evidence from peer-reviewed literature published between 2019 and 2026, highlighting innovations, challenges, and future directions in addiction nursing practice. Findings indicate that advanced psychiatric nurses are increasingly involved in comprehensive assessment, integrated treatment planning, harm reduction initiatives, and management of dual diagnoses. Despite substantial progress, barriers such as workforce shortages, inadequate education, stigma, fragmented services, and limited policy support continue to impede optimal care delivery. Strengthening addiction-focused nursing education, expanding advanced practice roles, promoting interprofessional collaboration, and supporting evidence-based practice are critical for addressing the growing burden of SUDs.

Keywords: Addiction psychiatry, Substance use disorder, Psychiatric nursing, Addiction nursing, Mental health nursing, Harm reduction, Dual diagnosis, Integrated care

INTRODUCTION

Substance use disorders (SUDs) continue to constitute one of the most significant public health concerns worldwide. The increasing prevalence of alcohol misuse, opioid dependence, stimulant use, cannabis-related disorders, and emerging psychoactive substance consumption has created substantial challenges for healthcare systems globally. Addiction is now recognized as a chronic relapsing brain disorder characterized by compulsive substance use despite harmful consequences. Contemporary addiction psychiatry has moved beyond moral and criminal perspectives toward a biopsychosocial understanding that integrates neurobiological, psychological, social, and environmental determinants of substance use and recovery.¹

Recent decades have witnessed unprecedented changes in the epidemiology of SUDs. The opioid crisis, increasing rates of synthetic drug use, rising co-occurrence of mental health disorders, and the long-term psychological consequences of global crises have intensified the demand for specialized addiction services. Research indicates that individuals with SUDs frequently experience depression, anxiety disorders, post-traumatic stress disorder, bipolar disorder, schizophrenia, and personality disorders, creating complex clinical presentations that require integrated psychiatric and addiction care.²

Addiction psychiatry has consequently emerged as a highly specialized discipline focusing on the assessment, diagnosis, treatment, and prevention of substance-related disorders. Advances in neuroscience have substantially improved understanding of addiction mechanisms, particularly the role of dopamine reward pathways, neuroplasticity, executive dysfunction, and genetic vulnerability. These discoveries have contributed to the development of evidence-based pharmacological and psychosocial interventions aimed at improving recovery outcomes. Emerging concepts such as precision psychiatry, digital therapeutics, machine learning-based prediction models, and personalized treatment approaches are further transforming addiction care.³

The increasing complexity of addiction treatment has highlighted the critical importance of multidisciplinary collaboration. Within this context, nurses have become indispensable members of addiction psychiatry teams. Historically, addiction nursing was largely confined to detoxification monitoring and supportive care. However, contemporary nursing roles have expanded considerably, reflecting broader changes in healthcare delivery and mental health practice. Nurses are now actively involved in prevention, screening, early intervention, treatment planning, medication management, psychoeducation, relapse prevention, harm reduction, recovery support, and health policy development.⁴

Psychiatric and mental health nurses occupy a unique position in addiction treatment because of their continuous

patient contact and holistic approach to care. Their ability to establish therapeutic relationships enables them to identify substance-related problems early, assess motivational readiness for change, and facilitate engagement in treatment programs. Research demonstrates that therapeutic nurse-patient relationships significantly improve adherence to treatment, enhance recovery outcomes, and reduce relapse rates among individuals with SUDs.⁵

One of the most significant developments in contemporary addiction nursing is the integration of mental health and substance use services. Traditional healthcare systems frequently treated psychiatric disorders and SUDs separately, resulting in fragmented care and poor outcomes. Emerging evidence strongly supports integrated treatment models that simultaneously address both conditions. Nurses play a pivotal role in coordinating these services and ensuring continuity of care across healthcare settings.⁶

The emergence of harm reduction approaches has also transformed addiction nursing practice. Harm reduction recognizes that abstinence may not be immediately achievable for all individuals and prioritizes reducing health risks associated with substance use. Nurses increasingly participate in overdose prevention initiatives, naloxone distribution programs, syringe exchange services, supervised consumption education, and community outreach interventions. These practices have demonstrated substantial effectiveness in reducing mortality and improving engagement with healthcare services.⁷

Advancements in psychiatric nursing education have further expanded professional responsibilities. Advanced Practice Psychiatric Mental Health Nurses (PMHNs) and Psychiatric Mental Health Nurse Practitioners (PMHNPs) increasingly provide comprehensive mental health and addiction services, including assessment, diagnosis, psychotherapy, medication management, and leadership within interdisciplinary teams. Their contributions are particularly important in addressing workforce shortages and improving access to addiction treatment in underserved populations.⁸

Emerging research has additionally emphasized the importance of trauma-informed care within addiction services. A substantial proportion of individuals with SUDs have experienced adverse childhood experiences, interpersonal violence, neglect, or other forms of trauma. Nurses are uniquely positioned to implement trauma-informed approaches that promote safety, trust, empowerment, and collaborative decision-making. Such approaches have been associated with improved treatment retention and patient satisfaction.⁹

Despite considerable advances, significant challenges remain. Persistent stigma toward individuals with SUDs continues to influence healthcare delivery and treatment

engagement. Nurses frequently encounter barriers related to inadequate training, insufficient staffing, resource limitations, and emotional burden associated with caring for complex patient populations. Furthermore, evidence suggests that addiction nurses are vulnerable to burnout, compassion fatigue, and vicarious trauma, highlighting the need for organizational support and professional development initiatives.¹⁰

Recent literature has also identified the growing role of nurses in research, quality improvement, and policy advocacy. Nurses contribute to the development of evidence-based interventions, evaluation of treatment outcomes, implementation of innovative care models, and promotion of public health strategies aimed at reducing substance-related harms. Their involvement in policy discussions is increasingly recognized as essential for addressing healthcare inequities and improving access to addiction services.⁴

The future of addiction psychiatry will likely be shaped by technological innovations, integrated care models, precision medicine approaches, and expanded nursing leadership. Digital mental health interventions, telepsychiatry, mobile health applications, and artificial intelligence-supported clinical decision-making tools are expected to enhance accessibility and personalization of addiction treatment. Nurses will play critical roles in implementing these innovations while maintaining person-centered and recovery-oriented care principles.³

Given these developments, understanding the evolving role of nurses within addiction psychiatry is essential for healthcare professionals, educators, policymakers, and researchers. This review aims to synthesize emerging evidence regarding addiction psychiatry and nursing practice, highlighting contemporary research trends,

expanding professional responsibilities, and future directions for addiction nursing. Through examination of recent literature, this review seeks to provide a comprehensive understanding of how nurses contribute to improving outcomes among individuals experiencing SUDs and co-occurring psychiatric conditions.¹¹

METHODS

Review design

This review was conducted using a structured narrative review approach guided by the principles of the preferred reporting items for systematic reviews and meta-analyses (PRISMA 2020) framework.¹² Although not a full systematic review with meta-analysis, the methodology was designed to ensure transparency, reproducibility, and comprehensive identification of relevant evidence concerning addiction psychiatry and the evolving role of nurses in SUD management. The review aimed to synthesize current evidence regarding emerging research trends in addiction psychiatry, nursing interventions, advanced nursing roles, integrated care models, harm reduction strategies, and future directions in addiction nursing practice.

The review addressed the following research questions: What are the recent developments in addiction psychiatry relevant to nursing practice? How have nursing roles evolved in the prevention, assessment, treatment, and recovery management of SUDs? What evidence supports nursing-led interventions in addiction care? What challenges and opportunities exist for addiction nursing in contemporary healthcare systems? The review followed a systematic process involving literature identification, screening, eligibility assessment, quality appraisal, data extraction, and thematic synthesis.¹³

Table 1: MeSH Terms and search strategy used for literature review.

Concepts	MeSH terms	Keywords used	Boolean operator	Purpose
Addiction psychiatry	"Substance-Related Disorders"[MeSH]	Addiction psychiatry, substance use disorder, drug dependence	OR	Identify studies on addiction and substance misuse
Nursing	"Psychiatric Nursing"[MeSH]	Addiction nursing, mental health nursing, nurse practitioner	OR	Retrieve nursing-related literature
Treatment and care	"Therapeutics"[MeSH]	Integrated care, recovery-oriented care, MAT	OR	Identify treatment and management approaches
Harm reduction	"Harm Reduction"[MeSH]	Naloxone, overdose prevention, syringe services	OR	Explore public health and harm reduction interventions
Combined search strategy	All above MeSH terms and keywords	Addiction psychiatry AND nursing AND treatment AND harm reduction	AND	Generate final relevant articles for review

Search strategy

A comprehensive electronic literature search was conducted to identify relevant peer-reviewed studies published between January 2019 and March 2026. This time frame selected to capture recent advances in addiction psychiatry, integrated behavioral healthcare, digital interventions, trauma-informed care, and evolving roles of nurses in addiction treatment. Multiple electronic databases, including PubMed/ MEDLINE, CINAHL (Cumulative Index to Nursing and Allied Health Literature), Scopus, Web of Science, PsycINFO, Cochrane Library, Embase, and Google Scholar, were systematically searched to ensure broad coverage of medical, psychiatric, psychological, nursing, and public health literature. Search strategies incorporated both medical subject headings (MeSH) and free-text keywords related to addiction psychiatry and nursing practice show in Table 1. Boolean operators (AND, OR) used to refine search and maximize retrieval of relevant studies. An e. g. search strategy was: (“substance use disorder” OR addiction OR drug dependence OR opioid use disorder) AND (“psychiatric nursing” OR “mental health nursing” OR “addiction nursing”) AND (treatment OR intervention OR integrated care OR harm reduction/recovery). In addition, reference lists of selected articles and relevant review papers were manually screened to identify further eligible studies that may not have been captured through database searching.

Eligibility criteria

Eligibility criteria were established before the review process to ensure consistency and relevance.

Studies were selected according to predefined inclusion and exclusion criteria to ensure relevance and methodological consistency. Studies were included if they were published between January 2019 and March 2026, written in English, and focused on addiction psychiatry, SUDs, or behavioral addictions. Eligible studies examined nursing roles, nursing interventions, nursing education, nursing leadership, psychiatric nursing, mental health nursing, addiction nursing, or advanced practice nursing. In addition, studies reporting primary research findings, systematic reviews, meta-analyses, clinical guidelines, or policy reports were considered for inclusion. Articles addressing prevention, assessment, treatment, recovery, harm reduction, and integrated care approaches related to addiction were also included. Studies were excluded if they were published before 2019, unavailable in full-text form, focused exclusively on non-healthcare populations, or discussed addiction without consideration of psychiatric or nursing implications. Editorials, opinion articles, conference abstracts, duplicate publications, and studies addressing psychiatric disorders unrelated to substance use were also excluded. These inclusion and exclusion criteria were established to ensure that the review remained focused on contemporary evidence regarding addiction psychiatry and the evolving role of nurses in addiction care.¹⁶

Study selection process

The study selection process was conducted in accordance with the PRISMA guidelines.¹² During the identification phase, the initial database search yielded approximately 4,862 records. An additional 137 studies were identified through manual searching of reference lists and relevant review articles, resulting in a total of 4,999 records. Duplicate articles were subsequently removed using reference management software, eliminating 1,054 duplicate records and leaving 3,945 articles for screening. During the screening phase, titles and abstracts were reviewed, and studies that clearly did not meet the predefined inclusion criteria were excluded. Following this process, 412 full-text articles were assessed for eligibility. Common reasons for exclusion at the full-text review stage included insufficient focus on nursing practice, lack of relevance to addiction psychiatry, non-English language publication, absence of primary research data, and limited methodological quality. After applying all eligibility criteria, 132 studies were deemed suitable for inclusion in the final review and synthesis. The complete study selection process was documented and reported using a PRISMA flow diagram to ensure transparency and reproducibility of the review methodology.¹²

Quality assessment

Quality appraisal was undertaken to evaluate the methodological rigor of the included studies and to minimize the risk of bias in the review findings. Different critical appraisal tools were selected based on the study design. Quantitative studies were assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist, which evaluated study validity, sampling techniques, data collection procedures, statistical analysis, and the management of potential confounding factors. Qualitative studies were appraised using the Critical Appraisal Skills Programme (CASP) qualitative checklist, focusing on research design, data collection methods, reflexivity, ethical considerations, credibility, and transferability of findings. Systematic reviews and meta-analyses were evaluated using the AMSTAR-2 (A Measurement tool to assess systematic reviews) instrument, which examined the comprehensiveness of the search strategy, assessment of risk of bias, appropriateness of data synthesis methods, and overall reporting quality. Only studies that met acceptable methodological standards were retained for inclusion, while studies demonstrating poor methodological quality were excluded from the final synthesis to enhance the reliability and validity of the review findings.¹⁷

Data extraction

A standardized data extraction form was developed prior to the commencement of data collection to ensure consistency and accuracy in recording study information. Data extracted from each included study encompassed several key domains. Study characteristics included

author(s), year of publication, country of origin, study design, sample size, and healthcare setting. Participant characteristics comprised age group, gender distribution, type of substance use disorder, and the presence of psychiatric comorbidities. Information related to interventions included the nature of nursing interventions, treatment approaches, harm reduction strategies, integrated care models, and educational interventions. Outcome measures extracted from the studies included treatment retention, relapse rates, recovery outcomes, mental health outcomes, quality of life, patient satisfaction, and nursing competencies. Data extraction was conducted systematically using the predefined extraction form to ensure uniformity across studies and to facilitate accurate synthesis and comparison of the findings.¹⁸

RESULTS

A total of 132 studies met the inclusion criteria and were included in the final review. The studies represented diverse geographical regions including North America, Europe, Asia, Australia, and Africa. Study designs included randomized controlled trials, cohort studies, cross-sectional surveys, qualitative studies, mixed-methods investigations, systematic reviews, and meta-analyses show in table 2. The findings were synthesized into five major themes: advances in addiction psychiatry, evolving nursing roles, integrated mental health and addiction care, harm reduction approaches, and nursing leadership, education, and policy development.¹²⁻²³

Theme 1: Advances in addiction psychiatry

Neurobiological advances in understanding addiction

Recent research has significantly enhanced understanding of addiction as a chronic neurobiological disorder rather than a moral failing or behavioral weakness. Neuroimaging studies have demonstrated structural and functional alterations in brain regions responsible for reward processing, motivation, executive functioning, impulse control, and emotional regulation.²⁴

Studies consistently identified dysfunction within the mesolimbic dopamine pathway as a critical mechanism underlying substance dependence. Repeated exposure to addictive substances alters dopamine signaling, leading to increased craving, compulsive drug-seeking behavior, and diminished sensitivity to natural rewards.²⁵

Emerging evidence also highlighted the involvement of glutamatergic, serotonergic, and gamma-aminobutyric acid (GABA) systems in addiction development and maintenance. These findings have contributed to the development of targeted pharmacological interventions and precision treatment strategies.²⁶

Genetic and epigenetic research further demonstrated that susceptibility to SUDs is influenced by complex

interactions between genetic predisposition and environmental factors. Individuals exposed to childhood adversity, trauma, and chronic stress exhibited increased vulnerability to addiction through epigenetic modifications affecting stress-response pathways.²⁷

Precision psychiatry and personalized addiction treatment

One of the most significant developments in addiction psychiatry is the emergence of precision medicine approaches. Several studies reported that individualized treatment strategies based on genetic, neurobiological, and psychosocial characteristics improve treatment outcomes compared with standardized approaches.²⁸

Machine learning algorithms and artificial intelligence technologies have been increasingly utilized to predict relapse risk, identify treatment responders, and personalize intervention plans. Early findings suggest that predictive analytics may improve clinical decision-making and facilitate timely interventions for high-risk patients.²⁹

Researchers also reported growing interest in biomarker-guided treatment selection. Genetic testing has shown potential for optimizing pharmacotherapy choices among individuals with opioid use disorder, alcohol dependence, and nicotine addiction.³⁰

Advances in pharmacological management

MAT remains a cornerstone of addiction psychiatry. Numerous studies confirmed the effectiveness of methadone, buprenorphine, and naltrexone in reducing opioid-related mortality, relapse, and illicit drug use.³¹

For alcohol use disorder, medications such as acamprosate, disulfiram, and extended-release naltrexone demonstrated positive outcomes in promoting abstinence and reducing alcohol consumption.³²

Emerging pharmacological interventions targeting stress pathways, inflammatory processes, and neuroplasticity mechanisms have shown promise in early clinical trials. Novel compounds are currently under investigation for stimulant use disorders, which historically have lacked effective pharmacological treatments.³³

Digital mental health and telepsychiatry

The expansion of telepsychiatry accelerated significantly following the COVID-19 pandemic. Studies consistently demonstrated that telehealth services improve access to addiction treatment, particularly in rural and underserved regions.³⁴

Digital interventions including smartphone applications, online counseling platforms, virtual recovery programs, and digital cognitive behavioral therapy have shown effectiveness in supporting recovery and preventing relapse.³⁵

Several studies reported improved treatment engagement, reduced travel burdens, and increased patient satisfaction associated with telehealth-delivered addiction services. However, concerns regarding digital literacy, privacy, and unequal access to technology remain significant challenges.³⁶

Theme 2: Evolving roles of nurses in addiction psychiatry

Screening and early identification

The reviewed studies emphasized the expanding role of nurses in early identification of SUDs. Nurses working in primary care, emergency departments, psychiatric settings, and community health programs increasingly conduct screening using validated assessment tools.³⁷

The implementation of screening, brief intervention, and referral to treatment (SBIRT) programs demonstrated substantial effectiveness in identifying hazardous substance use and facilitating early intervention. Nurses trained in SBIRT reported increased confidence and competence in addressing substance-related concerns.³⁸ Several studies found that nurse-led screening initiatives improved referral rates and reduced delays in treatment initiation.³⁹

Comprehensive assessment and care planning

Modern addiction nursing extends beyond symptom monitoring to encompass comprehensive biopsychosocial assessment. Nurses routinely evaluate substance use patterns, psychiatric symptoms, physical health conditions, social determinants of health, family dynamics, and recovery resources.⁴⁰

Evidence suggests that holistic assessments contribute to more individualized treatment planning and improved patient outcomes. Comprehensive nursing assessments were particularly valuable among individuals with co-occurring psychiatric disorders and multiple chronic health conditions.⁴¹

Motivational interviewing and behavioral interventions

Motivational interviewing emerged as one of the most widely utilized nursing interventions in addiction care. Studies consistently reported that motivational interviewing improves treatment engagement, enhances readiness for change and reduces substance use behaviors.⁴²

Nurses trained in motivational interviewing demonstrated greater effectiveness in supporting behavior change than those utilizing traditional directive counseling approaches.⁴³

Behavioral interventions delivered by nurses constituted a significant component of addiction treatment and recovery

support. These interventions included psychoeducation, relapse prevention counseling, stress management training, coping skills development, and individualized recovery planning. Through psychoeducation, nurses enhanced patients' understanding of SUDs, treatment options, and recovery processes. Relapse prevention counseling focused on identifying triggers, strengthening coping mechanisms, and developing strategies to maintain abstinence. Stress management and coping skills training helped patients manage emotional distress and reduce vulnerability to substance use. Recovery planning involved collaborative goal setting and the development of personalized strategies to support long-term recovery. Collectively, these nurse-led behavioral interventions were associated with improved self-efficacy, greater treatment adherence, enhanced coping abilities, and more favorable recovery outcomes among individuals with SUDs.⁴⁴

MAT support

Nurses play critical roles in supporting MAT programs. Responsibilities include medication administration, monitoring therapeutic effects, assessing side effects, promoting adherence, and providing patient education.⁴⁵

Several studies reported improved retention rates among patients receiving nurse-supported MAT services. Nurse-led follow-up programs also contributed to reduced treatment dropout rates and enhanced recovery outcomes.⁴⁶

Advanced practice nurses increasingly participate in prescribing and managing addiction medications, particularly in regions experiencing physician shortages.⁴⁷

Recovery-oriented nursing care

Recovery-oriented practice represents a fundamental shift in addiction treatment philosophy. Rather than focusing solely on symptom reduction, recovery-oriented care emphasizes hope, empowerment, social inclusion and quality of life.⁴⁸

Studies demonstrated that nurses are instrumental in fostering therapeutic relationships that support recovery processes. Patients frequently identified trust, empathy, respect, and nonjudgmental communication as essential components of effective nursing care.⁴⁹ Recovery-oriented interventions were associated with increased treatment engagement, reduced relapse rates, and improved psychosocial functioning.⁵⁰

Theme 3: Integrated mental health and addiction care

Co-occurring disorders and dual diagnosis

The majority of reviewed studies highlighted the high prevalence of psychiatric comorbidity among individuals with SUDs. Depression, anxiety disorders, post-traumatic

stress disorder, bipolar disorder, and schizophrenia were frequently reported.⁵¹

Integrated treatment models addressing both psychiatric and SUDs simultaneously demonstrated superior outcomes compared with parallel/sequential treatment approaches.⁵² Nurses served essential roles in coordinating integrated services, monitoring symptoms, facilitating communication among providers, and ensuring continuity of care.⁵³

Trauma-informed care

Trauma-informed care emerged as a major focus within contemporary addiction nursing research, reflecting growing recognition of the strong relationship between adverse childhood experiences, trauma exposure, and the development of SUDs.⁵⁴ Nurses implementing trauma-informed approaches prioritized principles such as emotional safety, trustworthiness, collaboration, empowerment, and cultural sensitivity in their interactions with patients.

These approaches aimed to create supportive and nonjudgmental care environments that acknowledge the impact of trauma on health behaviors and recovery processes. Evidence from the reviewed studies indicated that trauma-informed nursing care was associated with improved patient engagement, enhanced treatment retention, greater satisfaction with healthcare services, and more positive recovery experiences among individuals receiving addiction treatment.⁵⁵

Community-based care models

Community-based addiction services demonstrated effectiveness in improving access to care and reducing healthcare disparities. Nurse-led outreach programs successfully engaged marginalized populations, including homeless individuals, rural residents, and persons involved in the criminal justice system.⁵⁶

Community nursing interventions played a vital role in supporting individuals with SUDs across diverse healthcare settings. These interventions frequently included home visits, case management, recovery support services, health education, and referral coordination. Through home visits and ongoing case management, nurses were able to monitor patient progress, identify barriers to treatment, and facilitate access to necessary healthcare and social services. Recovery support activities focused on promoting sustained engagement in treatment and encouraging long-term recovery.

Health education initiatives enhanced patients' knowledge regarding substance use, relapse prevention, and healthy lifestyle practices, while referral coordination ensured timely access to specialized addiction and mental health services. Evidence from the reviewed studies demonstrated that these community-based nursing

programs were associated with improved continuity of care, enhanced treatment adherence, increased patient engagement, and reduced utilization of emergency department services.⁵⁷

Theme 4: Harm reduction and public health approaches

Overdose prevention initiatives

The opioid overdose crisis has significantly influenced contemporary addiction nursing practice, leading to the expansion of nurse-led overdose prevention initiatives across healthcare and community settings. Numerous studies demonstrated that these programs are highly effective in reducing overdose-related mortality and enhancing community safety.⁵⁸ Nurses played essential roles in naloxone distribution, overdose recognition education, emergency response training, and community awareness campaigns aimed at increasing public knowledge of overdose prevention strategies. Through direct patient education and community outreach, nurses helped improve the timely identification and management of opioid overdoses while promoting access to life-saving interventions. Evidence from the reviewed literature indicated that communities implementing comprehensive nurse-led overdose prevention programs experienced increased survival rates, reduced overdose deaths, and improved engagement with addiction treatment and recovery services.⁵⁹

Syringe services programs

Syringe exchange programs were consistently associated with significant reductions in the transmission of HIV, hepatitis C, and other blood-borne infections among people who inject drugs.⁶⁰ Within harm reduction settings, nurses played a central role in delivering comprehensive healthcare services, including health assessments, wound care, infectious disease screening, vaccination services, and referrals to addiction treatment programs. These interventions enabled early identification and management of health complications while promoting safer injection practices and disease prevention. In addition, nurses provided health education and facilitated access to broader healthcare and social support services.

Research demonstrated that nurse-led services within syringe exchange and harm reduction programs enhanced healthcare engagement, increased utilization of preventive services, and improved access to treatment among populations that are often underserved or marginalized within conventional healthcare systems.

Stigma reduction efforts

Stigma emerged as a persistent barrier affecting treatment access, engagement, and recovery. Multiple studies reported that individuals with SUDs frequently experience discrimination within healthcare environments. Educational interventions targeting healthcare

professionals successfully improved attitudes toward addiction and reduced stigmatizing beliefs. Nurses trained in person-centered communication demonstrated greater empathy and improved therapeutic relationships.

Theme 5: Nursing education, leadership, and policy

Addiction nursing competencies

Several studies identified significant gaps in addiction-related nursing education, with many nurses reporting limited formal instruction on SUDs during their undergraduate training. These educational deficiencies were associated with reduced confidence in managing patients with addiction and limited preparedness to deliver evidence-based care. However, enhanced educational programs focusing on addiction psychiatry and substance use disorder management were found to improve nurses' knowledge, clinical confidence, assessment skills, intervention competencies, and attitudes toward individuals receiving addiction treatment. Educational approaches that incorporated simulation-based learning, case-based discussions, and supervised clinical placements in addiction treatment settings were particularly effective in strengthening practical skills and promoting positive attitudes toward addiction care.⁵⁵ The findings highlight the importance of integrating comprehensive addiction-related content into nursing curricula and continuing professional development programs to better prepare nurses for their expanding roles in addiction psychiatry.

Advanced practice nursing roles

The role of PMHNPs has expanded substantially across a wide range of addiction treatment settings, reflecting the growing demand for specialized mental health and substance use disorder services. Advanced practice nurses increasingly provide comprehensive care that includes diagnostic assessments, medication management, psychotherapy, crisis intervention, and program leadership. Through these expanded responsibilities, PMHNPs contribute to the delivery of integrated, patient-centered care and play a critical role in addressing workforce shortages in addiction psychiatry. Studies have

demonstrated that PMHNP-led services achieve clinical outcomes comparable to those of physician-led addiction treatment programs, including improvements in treatment engagement, symptom management, recovery outcomes, and patient satisfaction. These findings support the continued expansion of advanced nursing roles in addiction care and highlight the valuable contribution of PMHNPs to contemporary addiction treatment systems.

Nursing leadership and research

Nurses increasingly contribute to addiction research, quality improvement initiatives, and healthcare policy development, reflecting their expanding leadership role within addiction psychiatry. Leadership activities undertaken by nurses include program development, service evaluation, implementation of clinical practice guidelines, and workforce training. Through involvement in research and quality improvement projects, nurses have contributed significantly to the advancement of evidence-based addiction treatment practices and the development of innovative models of care. Their expertise and close engagement with patients position them uniquely to identify service gaps, evaluate treatment outcomes, and support continuous improvements in addiction care delivery.

In addition to their clinical and research responsibilities, nurses play an increasingly important role in policy advocacy aimed at addressing addiction-related health inequities. Evidence highlighted active nursing involvement in promoting policies that support harm

reduction initiatives, expanded access to treatment services, mental health parity, workforce development, and community-based addiction care programs. Nurses advocate for equitable healthcare access and evidence-based approaches to substance use disorder management at local, national, and international levels.

These advocacy efforts have been associated with increased public awareness, improved healthcare policies, enhanced service accessibility, and greater investment in the addiction treatment infrastructure.

Table 2: Summary of results of addiction psychiatry and nursing.

Themes	Key findings	Number of studies (n)	Major outcome
Advances in addiction psychiatry	Neurobiological research, precision psychiatry, pharmacological innovations, digital therapeutics	28	Improved understanding and treatment of SUDs. ^{24,25,31,36}
Evolving roles of nurses	Screening, assessment, motivational interviewing, MAT, recovery-oriented care	34	Enhanced patient engagement, treatment adherence, and recovery outcomes. ^{37,40,41}
Integrated mental health and addiction care	Management of dual diagnosis, trauma-informed care, collaborative care models	25	Better continuity of care and improved mental health outcomes. ^{38,39,41}

Continued.

Themes	Key findings	Number of studies (n)	Major outcome
Harm reduction and public health approaches	Naloxone distribution, overdose prevention, syringe service programs, stigma reduction	21	Reduced morbidity, mortality, and substance-related harm. ^{41,43,45}
Nursing education, leadership, and policy	Advanced practice nursing, workforce development, research, advocacy, policy initiatives	24	Strengthened nursing competencies and expanded access to addiction services. ^{38,39,41}

DISCUSSION

The findings of this review demonstrate that addiction psychiatry is undergoing a significant transformation driven by advances in neuroscience, pharmacotherapy, digital health technologies, integrated care models, and recovery-oriented approaches. Simultaneously, the role of nurses within addiction services has expanded considerably, reflecting the increasing complexity of SUDs and the growing recognition of nursing contributions to mental health care. The reviewed evidence consistently highlights that nurses are no longer limited to supportive or custodial functions but have become key providers of assessment, treatment, education, advocacy, leadership, and research within addiction psychiatry.²⁴

One of the most important findings is the shift from viewing addiction as a moral or behavioral problem toward understanding it as a chronic, relapsing brain disorder influenced by biological, psychological, social, and environmental factors. Contemporary neurobiological research has strengthened this perspective by demonstrating alterations in reward pathways, executive functioning, stress regulation, and neuroplasticity among individuals with SUDs.²⁴⁻²⁷ This scientific understanding has important implications for nursing practice. Nurses who recognize addiction as a health condition rather than a personal failing are more likely to provide compassionate, evidence-based, and nonjudgmental care. Such attitudes contribute to stronger therapeutic relationships, improved patient engagement, and better treatment outcomes.

The emergence of precision psychiatry and personalized addiction treatment represents another significant advancement. Studies reviewed in this article suggest that treatment outcomes can be improved when interventions are tailored to individual genetic, psychological, and social characteristics.²⁸⁻³⁰ Although precision medicine remains an evolving field, nurses will likely play an increasingly important role in implementing personalized treatment plans, monitoring treatment responses, and educating patients about emerging therapeutic options. As healthcare systems adopt precision-based approaches, addiction nurses must acquire competencies in genomics, digital technologies, and data-driven clinical decision-making.

MAT remains one of the most effective interventions for opioid and alcohol use disorders.³¹⁻³³ Evidence consistently demonstrates that medications such as

methadone, buprenorphine, naltrexone, acamprosate, and disulfiram improve treatment retention, reduce relapse rates, and decrease mortality. The review findings highlight the critical role of nurses in supporting MAT programs through medication administration, monitoring, adherence counseling, and patient education. Furthermore, advanced practice nurses are increasingly involved in prescribing addiction medications and managing complex treatment regimens. This expansion of nursing responsibilities is particularly important in addressing workforce shortages and improving access to addiction treatment services in underserved communities.

The rapid growth of telepsychiatry and digital health interventions has further transformed addiction care.³⁴⁻³⁶ The COVID-19 pandemic accelerated the adoption of remote healthcare services, demonstrating that virtual interventions can effectively support individuals with SUDs. Telehealth has expanded access to treatment for rural populations, individuals with mobility limitations, and patients facing transportation barriers. Nurses have played a central role in delivering telehealth services, conducting virtual assessments, providing counseling, monitoring recovery progress, and coordinating care. The increasing integration of digital technologies into addiction treatment underscores the need for nurses to develop competencies in telehealth delivery, digital communication, and technology-assisted patient engagement.

Another major finding of this review concerns the growing emphasis on early identification and intervention. The implementation of SBIRT programs has enabled nurses to identify risky substance use before severe dependence develops.³⁷⁻³⁹ Early intervention aligns with public health principles and has the potential to reduce long-term healthcare costs and improve patient outcomes. Nurses working in primary care, emergency departments, schools, and community settings are uniquely positioned to detect substance-related problems at an early stage. Expanding nurse-led screening initiatives may therefore represent a highly effective strategy for reducing the burden of SUDs at the population level.

The review also highlights the increasing importance of holistic and recovery-oriented nursing care. Traditional addiction treatment models often focused primarily on abstinence and symptom reduction. However, contemporary recovery-oriented approaches emphasize hope, empowerment, quality of life, community

participation, and personal strengths.⁴⁸⁻⁵⁰ Nurses are particularly well suited to implementing these principles because nursing practice has historically emphasized holistic care and person-centered relationships. The findings indicate that patients consistently value empathy, trust, respect, and nonjudgmental communication from healthcare providers. By fostering therapeutic alliances and supporting recovery goals, nurses contribute significantly to long-term recovery and improved psychosocial functioning.

Integrated treatment for co-occurring mental health and SUDs emerged as another critical theme. A substantial proportion of individuals with SUDs experience psychiatric comorbidities such as depression, anxiety, bipolar disorder, schizophrenia, and post-traumatic stress disorder.⁵¹ Traditional healthcare systems often treated these conditions separately, resulting in fragmented services and poor outcomes. The evidence reviewed strongly supports integrated care models that address both mental health and SUDs simultaneously.^{52,53} Nurses serve essential roles within these models by coordinating care, monitoring symptoms, facilitating communication among providers, and ensuring continuity of treatment. The success of integrated care underscores the importance of advanced psychiatric nursing competencies and interprofessional collaboration.

Trauma-informed care has become increasingly recognized as an essential component of addiction treatment. Numerous studies included in this review identified strong associations between adverse childhood experiences, trauma exposure, and SUDs.^{54,55} Trauma-informed nursing practice emphasizes safety, trustworthiness, collaboration, empowerment, and cultural sensitivity. These principles help reduce re-traumatization and promote engagement in treatment. The findings suggest that integrating trauma-informed approaches into addiction nursing practice improves patient satisfaction, treatment retention, and overall outcomes. Consequently, trauma-informed care should be incorporated into nursing education, clinical guidelines, and organizational policies.

Harm reduction approaches represent one of the most significant paradigm shifts in addiction care. Historically, many addiction treatment programs prioritized abstinence as the sole acceptable outcome. Contemporary harm reduction strategies recognize that reducing adverse health consequences is an important and achievable goal, even when abstinence is not immediately possible.⁵⁸ The review demonstrates that nurse-led harm reduction initiatives—including naloxone distribution, overdose prevention education, syringe services programs, and community outreach—have been highly effective in reducing mortality, preventing infectious diseases, and improving healthcare engagement. These findings support the integration of harm reduction principles into mainstream healthcare and reinforce the important public health role of nurses.

Despite substantial progress, several challenges continue to affect addiction nursing practice. Stigma remains one of the most pervasive barriers to effective care. Individuals with SUDs frequently encounter negative attitudes, discrimination, and social exclusion, both within healthcare settings and in society more broadly. Stigmatizing beliefs may discourage treatment seeking, reduce adherence, and worsen health outcomes. The review findings indicate that educational interventions can improve healthcare professionals' attitudes toward addiction and reduce stigma. Therefore, nursing curricula and continuing professional development programs should prioritize addiction education, cultural competence, and person-centered communication skills.

Workforce shortages and inadequate addiction-specific education represent additional challenges. Many nurses report limited formal training in addiction assessment and treatment during undergraduate and postgraduate education. As a result, some healthcare professionals may feel insufficiently prepared to manage complex addiction-related issues. The expansion of specialized addiction nursing programs, simulation-based training, and continuing education opportunities is therefore essential. Investment in nursing education will be critical for meeting future workforce demands and ensuring the delivery of evidence-based addiction care.

CONCLUSION

SUDs remain a major global public health and psychiatric challenge, contributing significantly to morbidity, mortality, and healthcare burden. This review highlights the substantial evolution of addiction psychiatry, driven by advances in neuroscience, psychopharmacology, digital health technologies, precision medicine, and integrated models of care. Contemporary perspectives recognize addiction as a chronic, relapsing, and multifactorial disorder influenced by biological, psychological, social, and environmental determinants, leading to more comprehensive and evidence-based approaches to treatment and recovery. The findings emphasize the increasingly important role of nurses in addiction psychiatry. Nursing responsibilities have expanded beyond traditional detoxification and symptom management to encompass prevention, screening, comprehensive assessment, motivational interviewing, MAT support, harm reduction, recovery-oriented care, care coordination, research, leadership, and policy advocacy. Evidence consistently demonstrates that nurse-led interventions improve treatment engagement, adherence, retention, psychosocial functioning, and overall quality of life among individuals with SUDs. Integrated care models addressing both SUDs and co-occurring psychiatric conditions were shown to provide superior outcomes, with nurses playing a pivotal role in coordinating multidisciplinary services and ensuring continuity of care.

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