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Review

Nursing in treatment adherence for users with substance use disorders: an integrative review

Enfermagem na adesão ao tratamento de usuários com transtornos por uso de substâncias: revisão integrativa

La enfermería en la adherencia al tratamiento para usuarios con trastornos por consumo de sustancias: una revisión integradora

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Abstract

Objective: To analyze how Nursing practice contributes to treatment adherence for users with psychoactive substance use disorders. **Method:** This is an integrative literature review, conducted based on searches in the Virtual Health Library, MEDLINE/PubMed, and Web of Science, including records published from 2015 to June 2025. The selection process was reported using an adaptation of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 protocol. **Results:** A total of 729 records were identified, of which 12 were selected for the final sample. These were analyzed and discussed based on three axes: "Nursing and understanding of needs"; "Nursing interventions for adherence to the therapeutic process"; and "Challenges, limitations, and future directions". The impact of welcoming, qualified listening, health education, and bonding on therapeutic adherence to care for Substance Use Disorders was evident, despite the demands related to the need for updating and continuing education. **Conclusion:** Nursing constitutes a structuring axis in the care of patients with Substance Use Disorders, especially for these users' adherence to care, analyzing the positive aspects and demands related to this process.

Descriptors:
Therapeutic Adherence and Compliance. Substance-Related Disorders. Nursing. Culturally Appropriate Technology.

Whats is already known on this?
Lack of adherence to treatment for substance use disorders compromises therapeutic efficacy, increases relapses, worsens clinical conditions, and overburdens health and social assistance services.

What this study adds?
The article shows that the role of Nursing, through welcoming, bonding, and educational interventions, significantly favors therapeutic adherence in users with substance use disorders.

Resumo

Objetivo: Analisar como a atuação da Enfermagem contribui para a adesão ao tratamento de usuários com transtornos por uso de substâncias psicoativas. **Método:** Trata-se de uma revisão integrativa de literatura, realizada a partir de buscas na Biblioteca Virtual em Saúde, MEDLINE/PubMed e Web of Science, incluindo registros publicados de 2015 a junho de 2025, cujo processo de seleção foi relatado a partir de uma adaptação do protocolo Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020. **Resultados:** Identificou-se um total de 729 registros, dos quais se selecionaram 12 para a amostra final, que foram analisados e discutidos a partir de três eixos: "Enfermagem e a compreensão das necessidades"; "Intervenções de Enfermagem para a adesão ao processo terapêutico" e "Desafios, limitações e indicações futuras". Evidenciou-se o impacto do acolhimento, da escuta qualificada, da educação em saúde e do vínculo na adesão terapêutica aos cuidados dos Transtornos Relacionados ao Uso de Substâncias, apesar das demandas relacionadas às necessidades de atualização e formação continuada. **Conclusão:** A Enfermagem configura um eixo estruturante no cuidado aos pacientes com Transtornos Relacionados ao Uso de Substâncias, sobretudo para a adesão desses usuários ao cuidado, analisando-se os aspectos positivos e as demandas relacionadas a esse processo.

Descritores:

Cooperação e Adesão ao Tratamento. Transtornos Relacionados ao Uso de Substâncias. Enfermagem. Tecnologia Culturalmente Apropriada.

Resumen

Objetivo: Analizar cómo la práctica de enfermería contribuye a la adherencia al tratamiento en usuarios con trastornos por consumo de sustancias psicoactivas. **Método:** Se realizó una revisión integradora de la literatura mediante búsquedas en la Biblioteca Virtual en Salud, MEDLINE/PubMed y Web of Science, incluyendo registros publicados entre 2015 y junio de 2025. El proceso de selección se describió mediante una adaptación del protocolo PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020). **Resultados:** Se identificaron 729 registros, de los cuales 12 se seleccionaron para la muestra final. Estos se analizaron y discutieron en función de tres ejes: "La enfermería y la comprensión de las necesidades"; "Intervenciones de enfermería para la adherencia al proceso terapéutico"; y "Retos, limitaciones e indicaciones futuras". Se evidenció el impacto de la acogida, de la escucha activa, de la educación para la salud y del establecimiento de vínculos afectivos en la adherencia terapéutica al tratamiento de los trastornos por consumo de sustancias, a pesar de las exigencias relacionadas con la necesidad de actualización y formación continua. **Conclusión:** La enfermería constituye un eje estructurador en la atención de pacientes con trastornos por consumo de sustancias, especialmente para la adherencia de estos usuarios al tratamiento, analizando los aspectos positivos y las exigencias relacionadas con este proceso.

Descriptores:

Cumplimiento y Adherencia al Tratamiento. Trastornos Relacionados con Sustancias. Enfermería. Tecnología Culturalmente Apropiada.

INTRODUCTION

As a significant mental health issue, Substance Use Disorders (SUD) are defined as a clinical condition characterized by a pattern of compulsive and problematic consumption of psychoactive substances, a situation that leads to difficulties in control, as well as a series of biopsychosocial consequences for individuals and the social contexts in which they are embedded.[1]

Along these lines, as highlighted in the World Health Organization's (WHO) Global Report on Substance Use Disorders,[2] approximately 400,000 people exhibit a problematic pattern of alcohol consumption, a context that expands substantially and can occur through the use of other substances, whether alone or in combination, such as legal drugs like benzodiazepines and opioids, and illegal drugs like crack, marijuana, and cocaine.[3]

Thus, SUD are characterized by an intense craving and difficulty in control, associated with withdrawal and tolerance, which generate, in addition to significant impacts on physical and mental health, harm and neglect in the social and individual obligations of users, as well as interpersonal conflicts, deterioration of health, and other negative outcomes.[4,5]

It is, therefore, a complex context, whose causes stem not only from biological factors, such as genetic predisposition,[6] but also from psychological and social aspects arising from, above all, problematic contexts, vulnerability or early exposure to psychoactive substances, which act as escape valves or forms of integration and social acceptance, which favors the maintenance of a self-harming consumption pattern, which in turn reveals a complex problem with major biopsychosocial impacts in the short and long term.[3]

Like any other psychiatric disorder, SUD comprise a condition capable of affecting mood, cognition, and behavior, with significant impacts on lifestyles and social and professional relationships, in addition to the association with other psychiatric disorders, such as psychotic, mood, or anxiety disorders, constituting a condition in which professional psychosocial intervention is indispensable.[7,8]

Therefore, multiprofessional action for the care and restoration of the health of these individuals demands comprehensive and multidisciplinary attention, aligned not only with the detoxification of the organism and the treatment of coexisting comorbidities, but also with the psychosocial rehabilitation of the individual, promoting their social reintegration, autonomy, and consequently improving the quality of life and family, social, and productive relationships and bonds.[5]

Furthermore, despite the effectiveness of psychotherapeutic and clinical approaches, the health system frequently faces problems related to adherence to and continuity of the therapeutic process,[3] an aspect that can negatively impact the progress of care, resulting in relapses or worsening of the clinical condition in question, so that adherence constitutes one of the greatest challenges in the care process of SUD.[19,10

In view of this, treatment adherence also becomes a demand related to care, which requires the multidisciplinary team to be aligned with this need to ensure the effectiveness of interventions and overcome treatment abandonment and relapses. Thus, the relevance of Nursing in this process is highlighted, given the therapeutic proximity of professionals to patients undergoing treatment for this condition, an aspect that deserves to be explored, particularly given the need to identify effective ways to promote adherence to care for these conditions and the scarcity of studies that analyze this correlation more broadly.

Therefore, given this need, this study aimed to analyze how Nursing practice contributes to treatment adherence among users with substance use disorders.

METHODS

This is an integrative literature review conducted with the objective of gathering evidence on the contributions of Nursing practice to treatment adherence in users with substance use disorders. To this end, this review sought to analyze recent literature productions, carrying out a survey and synthesis of information on the process.[11]

Thus, a search was conducted in the *Biblioteca Virtual de Saúde* (BVS), MEDLINE/PubMed, and Web of Science databases, with a systematic selection and identification process of articles, which was reported through the adaptation of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), adopting search strategies formed by the intersection of Health Sciences Descriptors (DeCS) and Medical Subject Headings (MeSH) terms with the Boolean operators "OR" and "AND", as described in Charts 1 and 2.

Chart 1. Search strategy adopted for the BVS. Fortaleza (CE), Brazil, 2025.

(Enfermagem) ***AND*** ("Cuidados de Enfermagem") *OR* ("Assistência de Enfermagem") *OR* ("Cooperação e Adesão ao Tratamento") *OR* ("Aderência ao Tratamento") *OR* ("Adesão ao Tratamento") *OR* ("Adesão do Tratamento") *OR* ("Adesão e Concordância com o Tratamento") *OR* ("Adesão e Conformidade com o Tratamento") *OR* ("Adesão e Cooperação com o Tratamento") *OR* ("Adesão e Cumprimento do Tratamento") *OR* ("Adesão e Cumprimento Terapêutico") *OR* ("Adesão Terapêutica") *OR* ("Adesão Terapêutica e Concordância") *OR* ("Adesão Terapêutica e Cumprimento") *OR* ("Concordância e Adesão ao Tratamento") *OR* ("Conformidade e Adesão ao Tratamento") *OR* ("Cooperação e Adesão Terapêutica") *OR* ("Cumprimento e Adesão ao Tratamento") *OR* ("Observância e Adesão ao Tratamento") *OR* ("Submissão ao Tratamento") ***AND*** ("Abuso de Álcool") *OR* ("Abuso de Entorpecente") *OR* ("Alcoolismo") *OR* ("Transtornos Relacionados ao Uso de Substâncias") *OR* ("Abuso de Substâncias") *OR* ("Dependência de Substâncias") *OR* ("Usuários de Drogas") *OR* ("Transtornos por Uso de Drogas") OR ("Transtornos Relacionados ao Uso de Álcool") *OR* ("Transtornos Relacionados ao Uso de Cocaína") *OR* ("Agente Psicoativo") *OR* ("Agentes Psicoativos") *OR* ("Droga Psicoativa") *OR* ("Droga Psicotrópica") *OR* ("Drogas Psicoativas") *OR* ("Drogas Psicotrópicas") *OR* ("Fármaco Psicoativo") OR ("Fármaco Psicotrópico") *OR* ("Fármacos Psicoativos") *OR* ("Fármacos Psicotrópicos") *OR* ("Medicamento Psicoativo") OR ("Medicamento Psicotrópico") *OR* ("Medicamentos Psicoativos") *OR* ("Medicamentos Psicotrópicos") *OR* ("Psicoativos") OR ("Psicofármaco") *OR* ("Psicofármacos") *OR* ("Substância Psicoativa") *OR* ("Substância Psicotrópica") *OR* ("Substâncias Psicoativas") *OR* ("Substâncias Psicotrópicas")

Source: Prepared by the authors (2025).

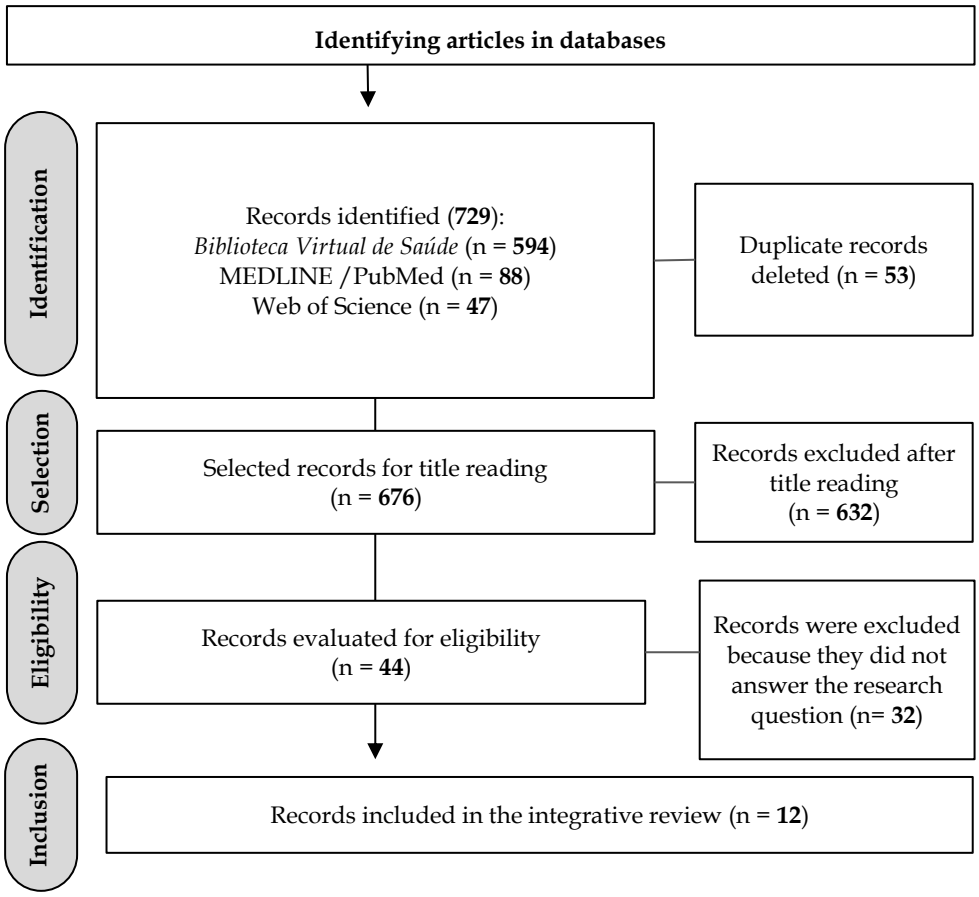
Chart 2. Search strategy adopted for MEDLINE/PubMed and Web of Science. Fortaleza (CE), Brazil, 2025.

(Nursing) AND ("Nursing Care") OR ("Treatment Adherence") OR ("Therapeutic Adherence") OR ("Therapeutic Adherence and Compliance") AND ("Alcohol Abuse") OR ("Alcoholism") OR ("Substance-Related Disorders") OR ("Drug Abusers") OR ("Alcohol-Related Disorders") OR ("Cocaine-Related Disorders") OR ("Psychoactive Agent") OR ("Psychoactive Agents") OR ("Psychoactive Drug") OR ("Psychotropic Drug") OR ("Psychoactive Drugs") OR ("Psychotropic Drugs")

Source: Prepared by the authors (2025).

In this way, the inclusion criteria adopted were: articles published from 2015 to June 2025, excluding from the search, according to the exclusion criteria, duplicate studies, those that did not answer the objective of the study or were not related to the theme, as well as reviews, commentaries, editorials, monographs, theses and dissertations, so that the article selection process was conducted as illustrated in the flowchart in Figure 1.

Figure 1. Search flowchart. Fortaleza (CE), Brazil, 2025



Source: Prepared by the authors (2025).

RESULTS

Based on searches in portals and databases, a corpus of 729 records was identified, of which 53 were duplicates, leaving 676 records that were selected for title reading. Thus, after reading the titles, 632 records unrelated to the topic were removed, leaving 44 for full reading, of these, 32 were excluded for not addressing the research objective, resulting in 12 studies that comprised the final sample and were detailed in Chart 3.

Chart 3. Characterization of the selected studies. Fortaleza (CE), Brazil, 2025.

Nº	Title	Author, Year	Objective	Results
1	The Future of Nursing: Accelerating gains made to address the continuum of substance use.	Tierney *et al.*, 2020.[12]	To highlight the progress made by the Nursing profession in addressing substance use and related disorders, and to offer recommendations to sustain and advance efforts to improve care for people who use substances, one of the most	Substance use patterns have changed over the past 10 years, but the associated harms remain consequential. As awareness of the substance use continuum has expanded, so has the care of people with substance use disorders, from the domains of psychiatric mental health and addiction Nursing specialties to mainstream Nursing. Now, greater efforts are being made to identify and intervene with people experiencing substance use disorders. Nurses have enhanced the knowledge and skills necessary for substance-related Nursing care, including education and training,

			stigmatized and vulnerable populations.	leadership, care innovations, and workforce expansion, and can drive efforts to increase public awareness of the health risks associated with substance use. Recommendations aligned with each of the Institute of Medicine's four key messages are offered.
2	*La complejidad de la coordinación social y sanitaria en las adicciones y el papel de la enfermera.*	Fernández *et al.*, 2016.[13]	To analyze the phenomenon of drug addiction, keeping these three elements in mind, focusing especially on social and health coordination and the special contribution that nurses can offer.	The complexity of the problem is then broken down into the following key elements: the Multifactorial Model of Drugs and Addictions, and the importance of prevention and social support. Subsequently, a description of the different levels of the healthcare network, with their various resources, is presented. This is also illustrated through a coordination protocol.
3	Alcohol-related nurse care management in primary care: a randomized clinical trial.	Bradley *et al.*, 2018.[14]	To test whether 12 months of treatment for alcoholism, compared with usual treatment, improved alcohol consumption outcomes among patients with alcohol use disorders or at high risk of alcohol use disorders.	Nurse managers provided outreach and engagement activities, brief and repeated counseling with motivational interviewing and shared decision-making on treatment options, and nurse-prescribed medication for alcohol use disorders (if desired), with the support of an interdisciplinary team (CHOICE intervention). This was compared with usual primary care.
4	*Caracterização do cuidado de Enfermagem numa equipa de tratamento para os comportamentos aditivos e dependências.*	Seabra *et al.*, 2021.[15]	To characterize Nursing care provided to a population with dependence on psychoactive substances in a Specialized Technical Treatment Team.	A total of 162 people participated. The average age was 46.96, with the majority being men (76.5%), single (51.9%), unemployed (58.6%), in a methadone pharmacological program (68.6%), polysubstance users, with harmful consumption and dependence on alcohol (34.9%), and with various comorbidities. Regarding the Substance Dependence Consequences Scale, and in descending order of severity: "anxiety", "difficulty maintaining employment", "sadness", "difficulty maintaining financial stability", and "problems in family relationships". Diagnoses included "compromised adherence to the therapeutic regimen", "present anxiety", and "abusive/dependent alcohol use". The main nursing interventions were: "strengthening the therapeutic relationship", "teaching and encouraging self-care", and "teaching/reinforcing/assisting on adherence to the therapeutic regimen".
5	*Cuidado ao consumidor de drogas: percepção de enfermeiros da Estratégia de Saúde da Família.*	Queiroz Subrinho *et al.*, 2018.[16]	To understand how nurses in the Family Health Strategy perceive the care of drug users in Basic Health Units (BHU).	The study demonstrated that, although nurses recognize the need to provide comprehensive care to drug users, they develop care that prioritizes abstinence. Furthermore, they blame these users for treatment failures, considering them

				unresponsive to care, while simultaneously revealing a feeling of unpreparedness to attend to users by recognizing the need for training.
6	*O cuidado das enfermeiras a usuários em abuso de álcool e drogas: pandemia e normoestética.*	Janini, Bessler, Alves, 2024.[17]	To analyze Nursing care in the process of including users in situations of substance abuse within their communities during the pandemic.	Reports have shown that people with substance abuse issues are made invisible, sanitized, and ostracized within their own communities. There is no social interest in welcoming these individuals into their own communities, which leaves them marginalized, homeless, and in precarious conditions. Nurses seek mediation with users, their families, and the community, aiming to provide minimum conditions for existence in the face of isolation and the structural and psychosocial adversities produced by the pandemic.
7	*O enfermeiro e a assistência a usuários de drogas em serviços de atenção básica.*	Farias *et al.*, 2017.[18]	To understand the role of nurses in working with drug users in some primary health care services.	It was found that professionals feel the need for training, as they do not consider themselves prepared to work with this demand, report a lack of support from a multidisciplinary team, and are unable to perform interventions and active searches effectively.
8	Perceptions of persons who inject drugs about nursing care they have received.	Dion, 2019.[19]	To examine the experience and meaning attributed to care by nurses and received by nine individuals who inject drugs during a health encounter in a medical intensive care setting.	The results suggest that role support, the application of an interpersonal nursing theory, and the implementation of healthcare teams trained in substance abuse were lacking in the hospital experience of people who inject drugs. However, when the nurse connected with the patient who injects drugs on an interpersonal level, positive outcomes were observed.
9	*Usuários de substâncias psicoativas: desafios à assistência de Enfermagem na Estratégia Saúde da Família.*	Militão *et al.*, 2022.[20]	To analyze Nursing care provided to users of psychoactive substances within the Family Health Strategy.	The assistance provided by the interviewees is based on spontaneous demand, without active search strategies, with the appreciation of practices guided by the medicalization of the person and referral to specialized services. The inclusion of the family in the rehabilitation process, immediate care, and the exercise of therapeutic listening were mentioned as strategies that can be used for comprehensive assistance. The challenges mentioned refer to the lack of training in mental health, the fragmentation of knowledge about the specialty, the lack of training, and the patient's desire to participate in the treatment.
10	Clients' views on the importance of a nurse-led approach and nurse prescribing in the	Comiskey *et al.*, 2019.[21]	To establish, based on clients' Nursing needs, and use these findings along with an objective measurement of	The results were both expected and surprising. Clients articulated the nurse's role in their physical care; however, unexpectedly, clients identified nurses as an essential source of psychological support. They expressed a desire for nurses

	development of the healthy addiction treatment recovery model.		clients' health to inform the development of a nurse-led treatment model.	to play a greater role in managing methadone treatment and accessing additional services and resources. These results contributed to the development of the Healthy Recovery Model for Addiction Treatment, led by nurses and focused on client mental health, for addiction nursing services.
11	Nursing care in alcohol and drug user treatment facilities.	Naegle, 2015.[22]	To highlight the growing demand for integrated care for psychiatric and substance-using populations.	Employment standards and job descriptions for nurses, however, are highly inconsistent and seriously flawed. Many factors within the regulatory, legislative, and government agency systems, and to some extent the nursing profession itself, underpin these flaws and limit the provision of comprehensive care. Competencies linked to best practices in addiction nursing are frequently underutilized due to limited job descriptions. This results in limited provision of health and nursing services to vulnerable populations receiving treatment in these government-funded programs.
12	Addressing substance use challenges and interventions for emergency department nurses.	Skinner *et al*., 2025.[23]	To examine the impact of these challenges on nurses in Emergency Departments (ED) in the northeast of England, highlighting the prevalence of alcohol and substance use, its effects on health services, and the resulting staff overload.	The literature indicates high rates of substance-related incidents, increased admissions to emergency departments, and prolonged waiting times, all contributing to nurse burnout and compromised patient care. Reviewing current research identifies key issues such as staffing problems, managerial support, and the need for targeted interventions.

Source: Prepared by the authors (2025).

Thus, based on the analysis of the articles included in the review, the findings were discussed through three axes: "Nursing and the understanding of needs", "Nursing interventions for adherence to the therapeutic process" and "Challenges, limitations and future directions".

DISCUSSION

Given the multifactorial nature of SUD, the treatment of these conditions demands a broad-spectrum intervention, involving a multi-professional and multidisciplinary approach, encompassing interventions that begin with physiological aspects but extend to the integration of psychosocial care, adapted to the individual needs of patients, the severity of the disorder, and the substances involved in this process.

Along these lines, the care plan directed at patients with SUD initially includes detoxification, based on a process of safe and controlled reduction of the substance in the body, which may or may not be associated with pharmacotherapeutic intervention, followed by individual or group psychotherapy and social interventions aimed at rehabilitation and social reintegration.[9]

The complexity and demands related to adherence in this process necessitate highlighting the role of Nursing professionals, especially due to their ability to provide comprehensive care and employ soft

care technologies, which can foster closer relationships, maintain bonds, and consequently allow these patients to adhere to the care process.[5] Thus, as highlighted in the literature, Nursing professionals represent essential subjects in restoring the health of patients with SUD, mainly due to the capacity for assistance that these professionals offer to the treatment, as well as their role in motivating continuity and ensuring a more humanized and effective care process.[7] Therefore, it is observed that this role encompasses various actions throughout the therapeutic journey, such as understanding the patients' needs, the intervention and care process, as well as actions aimed at health education.

Nursing and understanding needs

The therapeutic journey of patients with SUD begins with the initial assessment, a moment in which Nursing, through the use of active listening and communication skills, can assess, in an empathetic and humanized process, the set of factors involved in the compulsive use of psychoactive substances,[20,15] an aspect that, according to Militão *et al*. (2022),[20] demands that the professional be attentive to the need to actively listen to the patient, and not only perform bureaucratic activities and refer them to the specialized service.

This aspect is also observed by Fernández *et al*. (2016),[13] who highlighted how the initial approach, attentive to individual needs, carried out by nurses, can be decisive in the early detection of substance use disorders, a characteristic that may be especially necessary, particularly when recognizing that early diagnosis is directly proportional to the speed with which patients' clinical conditions improve, enabling them to be treated and rehabilitated before suffering, with greater emphasis, the impacts that the disorder related to the use of such substances is capable of producing in their realities.

In this way, actively listening to the needs of these patients constitutes one of the factors that result in effectively humanized care, initiated, above all, from the establishment of a vision devoid of individual stigmas and prejudices, with primacy for a care process aligned with the fundamentals of universality and comprehensiveness of care.

Along these lines, Janini, Bessler and Alves (2024)[17] highlighted how patients with SUD are positioned as the "other", being subjugated and not effectively and humanely included in the care process, a reality that is often considered to be one of the causes of low adherence to treatment, so that this condition also constitutes one of the reasons that postpone the search for care, which is explained by the weight that stigma and prejudice can constitute in the psychosocial aspects of the individual13.

In addition to this, Queiroz Subrinho *et al*. (2018)[16] described, from the perspective of Maurice Merleau-Ponty's phenomenology, how treatment based on moralism, that is, permeated with judgments and value judgments, can generating distrust and weaken professional-patient bond, a reality that can often also be associated with the vision of total abstinence from drugs, wich disregards the need to intervene gradually, taking into account the harm reduction paradigm.

An idea that, according to Queiroz Subrinho *et al*. (2018)[16], gives rise to the need for the nurse to see the user with SUD as a social subject and no longer as a "drug addict" or "chemically dependent person", so that the latter begins to see the health service and the provision of care from a positive perspective, reaffirming the bond and co-responsibility for the therapeutic process.[12]

Therefore, only through this process of openness and acceptance is it possible to establish an effective communication process, which, as Fernández *et al*. (2016)[13] pointed out, is an aspect that directly influences the adherence of patients with SUD to care, mainly due to the possibility of this bond strengthening trust between the professional and the patient, generating an open channel for clarifying doubts, reinforcing motivation towards treatment and breaking down barriers of fear and prejudice.

Nursing interventions for adherence to the therapeutic process

Beyond the initial contact, the nurse's role in the therapeutic process of SUD patients is also associated with activities such as continuous support, monitoring of the therapeutic process, and identification of possible relapses, through actions such as health education, promotion of self-care, and interventions focused on physiological care. In this way, this sequence of activities performed by Nursing becomes an instrument for maintaining and strengthening patient adherence to care, especially when performed in a humanized and efficient manner.

This is because, as defined by Tierney *et al*. (2020),[12] because they are professionals trained to meet the holistic needs of human beings, nurses are generally able to reduce harm and promote well-being efficiently.

In this sense, the study conducted by Bradley *et al*. (2018),[14] carried out from an intervention to treat patients with alcohol use disorders for 12 months, showed how Nursing care can promote patient engagement in care within the scope of primary care, a result that endorsed similar previous findings and demonstrates the importance of Nursing care in this process, especially in primary care contexts, in which such professionals have an even greater possibility of contact, bonding and co-responsibility for treatment.

As Farias *et al*. (2017)[18] observed, they pointed out that the nurse is the professional who, in the context of care for patients with TRUS, acts directly in the motivation, monitoring and coordination of care, so that their intervention directly interferes in encouraging the patient to undergo treatment, analyzing the reasons that lead the user to give up on care and seeking to intervene in these realities.

An example of this is observed by Dion (2019),[19] who showed, from the analysis of the experiences and meanings of people who used drugs, how positive experiences with the Nursing team positively influenced aspects such as self-care and the search for care, so that Nursing care represents, according to the author, an essential element in the therapeutic itinerary of these patients.[22] This process is cemented above all by health education, a moment in which the nurse finds support to advise and guide the patient, based on the construction of knowledge about the harmful effects of drug use, the potential of treatment and, consequently, the importance of continuing in this process, even if it demands attention and time from patients.[17]

Furthermore, in line with other professionals, such as psychologists and social workers, the Nursing professional can act in the integration of family members and the patient's social context as aspects that enhance adherence, ensuring the effectiveness of the therapeutic process, as well as the continuity of care.[15]

Challenges, limitations, and future indications

Despite the potential of nursing care to promote patient adherence to therapeutic processes being recognised, challenges to the provision of this care are still identified in the literature. Examples of this are aspects such as the lack of training of Nursing professionals, the maintenance of stigmatizing and prejudiced approaches, as well as the persistence of care models that are not very innovative and misaligned with innovations.[16,23]

In this vein, Tierney *et al*. (2020)[12] pointed out that Nursing training curricula should include elements that provide training capable of preparing professionals to assess patients with SUD in a more comprehensive way, aligned with harm reduction. Thus, for Fernández *et al*. (2016),[13] among these new elements that should make up nursing training, innovations related to new typologies, classifications, and symptoms of consumption should be included to provide more up-to-date and effective support.

CONCLUSION

To constitute a clinical picture that requires well-directed care and a humanized and attentive approach, the treatment of SUD is characterized as a complex and multifaceted condition. Along these lines, this integrative review identified the importance of Nursing care in the care process and, especially, in the adherence of patients with SUD to the therapeutic itinerary, a process largely explained by the recognized impacts that soft technologies have on adherence.

Thus, it was identified that qualified listening, welcoming, health education, and the therapeutic bond constitute professional attributes that, when employed, especially by Nursing, are capable of overcoming the barriers of stigma, fragmentation of care, and, consequently, therapeutic discontinuity. In this way, this review also identified that it is still necessary to overcome important challenges for these potentialities of Nursing care to be realized, such as strengthening Nursing education and integrating new technologies into this process.

CONTRIBUTIONS

Conception or design of the study: Matos AFS, Rolim KMC. Data collection: Matos AFS, Rolim KMC. Data analysis and interpretation: Matos AFS, Rolim KMC. Article writing or critical review: Matos AFS, Rolim KMC, Brilhante AVM, Abreu RNDC, Frota MA, Oliveira SA, Amaral MGF. Final approval of the version to be published: Matos AFS, Rolim KMC, Brilhante AVM, Abreu RNDC, Frota MA, Oliveira SA, Amaral MGF.

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