Nursing competencies and roles in Addictive Behaviors: A recovery, trauma, and evidence-based model

Competencias y rol de la Enfermería en las Unidades de Conductas Adictivas: un modelo basado en la recuperación, el trauma y la evidencia científica

Ana Belén Muñoz Llácer[1], Arantxa González Marquina[2], Rosa Montenegro León[3], Noelia Monteagudo Bellido[3], María Romero Arco[3] y&Andrea Gallardo García[3]

[1] Supervising Mental Health Nurse, Valencia Arnau-Llíria Health Department. Generalitat Valenciana. Spain
[2] Deputy Primary Care Management Nurse, Valencia General University Hospital Health Department. Generalitat Valenciana. Spain
[3] UCA Nurse, Guillem de Castro Center, Valencia General University Hospital Health Department. Generalitat Valenciana. Spain

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Abstract

People with Substance Use Disorders (SUD) often present comorbidities that affect executive functions, requiring coordinated interventions among professionals. Nursing emerges as a key pillar, not only in direct care but also in the planning and implementation of individualized interventions, emphasizing motivational and trauma-informed approaches. Stigma is highlighted as a critical barrier to treatment access, as well as the importance of non-judgmental and inclusive therapeutic environments. The nursing care model includes traumacentered assessments, care planning, health education, and a personalized approach to the administration of opioid agonists, seen as an opportunity for therapeutic intervention and the promotion of healthy habits. *Method*: A group of expert nursing professionals in addictions was formed to identify key competencies in their professional practice. A review of the scientific evidence supporting the proposed activities was conducted, followed by a broader consultation through a nationwide survey. *Results*: The study validated specific nursing competencies, revealing consensus on the need for continuous training, person-centered care, community-based interventions, and a harm reduction framework. All participants emphasized the importance of the therapeutic relationship and active involvement throughout the care process. Finally, the official recognition of a nursing specialty in addictions is proposed, based on scientific evidence and the strong motivation of healthcare professionals, as a means to improve care quality and recovery outcomes.

Keywords

Substance use disorder, addiction nursing, multidisciplinary approach, harm reduction.

– Correspondence:
Ana Belen Muñoz
Email: anamulla3@gmail.com

Resumen

Las personas con Trastornos por Consumo de Sustancias suelen presentar comorbilidades que afectan funciones ejecutivas, lo que exige intervenciones coordinadas entre profesionales. La enfermería emerge como pilar clave, en la atención directa y en la planificación y ejecución de cuidados individualizados, con énfasis en el enfoque motivacional y basado en el trauma. Se subraya el estigma como una barrera crítica para el acceso a tratamiento, así como la importancia de entornos terapéuticos libres de juicios. El modelo de atención de enfermería incluye diagnósticos centrados en el trauma, planificación de cuidados, educación para la salud y enfatizando en el modelo personalizado de dispensación de agonistas opiáceos como oportunidad de intervención terapéutica y promoción de hábitos saludables. *Método*: se conformó un grupo de personas profesionales en enfermería expertas en adicciones, con el objetivo de identificar competencias clave en su práctica profesional. Se realizó una búsqueda de la evidencia científica sobre las actividades propuestas, que posteriormente se sometieron a consulta ampliada mediante una encuesta a nivel nacional. *Resultados*: el estudio valida competencias específicas de enfermería, revelando consenso en la necesidad de formación continua, atención individualizada, intervenciones comunitarias y un marco de reducción de daños. El 100 % de las encuestadas destacó la importancia del vínculo terapéutico y la participación activa en todo el proceso asistencial. Finalmente, se propone la oficialización de la especialidad en enfermería de adicciones, fundamentada en evidencia científica y en la alta motivación de los profesionales, como vía para mejorar la calidad asistencial y la recuperación del paciente.

Palabras clave

Trastorno por uso de sustancias, enfermería de conductas adictivas, enfoque multidisplinar, reducción de daños.

INTRODUCTION

Addictive Behavior Units (ABUs) are a fundamental resource for the treatment of addictions, both chemical and behavioral. Substance Use Disorders (SUDs) may also coexist with other mental disorders. Whether isolated or comorbid, these conditions can lead to significant deterioration in the brain's prefrontal regions, affecting executive functions such as self-awareness, planning, risk assessment, and decision-making. This deterioration negatively impacts multiple dimensions of a person's life, making a multidisciplinary therapeutic approach essential.

Multidisciplinary Approach

The recovery and rehabilitation of individuals with Substance Use Disorders require the intervention of an interdisciplinary, dynamic, and flexible team, capable of adapting to the constant evolution of consumption patterns and the emergence of new substances. Intervention protocols must be adaptable to the specific characteristics and needs of each individual.

Coordination and cohesion among ABU professionals are essential; their absence can create inconsistencies in therapeutic

planning and, consequently, compromise the quality of care. Each team member contributes their specific expertise, with internal communication and shared decision-making being key elements for effective collaborative work.

The Role of Nursing

The nursing care model plays a crucial role in the comprehensive approach to individuals with addictions. Nursing professionals not only provide direct care but also actively participate in the design, implementation, and evaluation of the therapeutic plan, alongside the interdisciplinary team and the patient.

Their role is particularly relevant in caring for vulnerable populations, as they can identify barriers to accessing services and factors that interfere with treatment adherence. Nursing interventions extend over the short, medium, and long term and include emotional support in crisis situations, health education, and relapse prevention, all within a motivational and supportive framework.

Intervention strategies may include therapeutic communication, individual consultations, group work, and community actions. Therefore, the basic nursing interventions for the population served in the ABU focus on:

- Reception and initial patient assessment.
- Nursing diagnosis with a trauma-informed approach.
- Development, implementation, and evaluation of an individualized Care Plan ased on NIC and NOC classifications.
- Participation in the design, development, and evaluation of Individual Treatment Plans (ITPs).
- Individualized review and follow-up focused on recovery.
- Implementation of specific protocols (HIV, Hepatitis, opioid agonist maintenance, etc.).
- Health education for patients and families, including behavioral activation techniques.
- Participation in teaching activities.
- Coordination with other professionals and external resources, including the request for interconsultations.

Recovery-Oriented Approach

A fundamental principle guiding competencies in addiction care is that services must be recovery-oriented. This concept does not necessarily imply "cure," but rather achieving a meaningful, autonomous, and satisfying life, even in the presence of residual symptoms. For some individuals, recovery may mean harm reduction, while for others, it may signify full remission of the disorder (Standing Senate Committee of Social Affairs, Science, and Technology, 2006, p. 5).

Recovery is an individualized process that must respect each person's experiences, needs, and goals. This perspective promotes active collaboration between health professionals and patients, fostering shared responsibility and empowerment (Cavanaugh, 2014).

Trauma-Informed Approach

Understanding the underlying causes of addiction is essential for effective intervention. In this regard, the trauma-informed approach proposed by the Canadian Centre on

Substance Use and Addiction (CCSA, 2014) emphasizes the importance of addressing previous traumatic experiences, whether single events or chronic traumas, which are often associated with problematic substance use and mental health deterioration.

Integrating a "non-violent treatment culture" centered on learning, respect, and collaboration helps create empowering therapeutic environments (British Columbia Centre for Excellence in Women's Health, 2013). It is crucial that nursing professionals acquire specific trauma-related competencies, as this enables a deeper understanding of patient behaviors and promotes more humane and safer care.

Stigma as a Barrier

The approach to SUDs must be grounded in universal ethical principles, ensuring respect for human rights and the dignity of the people served. This includes upholding the right to enjoy the highest attainable standard of health and well-being and eliminating any form of discrimination or stigmatization (WHO & UNODC, 2023).

The Mental Health Commission of Canada (MHCC, 2013) defines stigma as "a complex social process that marginalizes and deprives individuals with a mental disorder and their families of their rights." It is estimated that up to 60% of affected individuals do not seek help due to stigma, which represents a barrier as harmful as the illness itself (Corrigan, Druss & Perlick, 2014).

Even in healthcare settings, certain behaviors or attitudes from professionals can perpetuate stigma, hindering the therapeutic relationship and reducing treatment adherence (Langille, 2014). A study conducted by the MHCC (2013) identified incidents in medical practice such as prognostic negativity and marginalization in healthcare environments resulting from negative beliefs or opinions held by health professionals. Therefore, it is essential to include anti-stigma training at all educational and professional levels to eliminate stigma and improve therapeutic relationships, help-seeking behavior, and access to healthcare services.

Competencies and the Future of Nursing in ABUs

The future of nursing in the field of addictions requires the development of advanced competencies in transformational leadership, critical thinking, community-based approaches, applied science, and technology use, always from an integrated and inclusive perspective.

Nursing practice in ABUs must be based on scientific evidence and respond dynamically to the changing needs of patients. This article presents a proposal of specific competencies and activities for nursing professionals in the field of addictions, validated through consultation with expert professionals in the area.

METHOD

A working group of nursing professionals specialized in addictions was formed with the objective of identifying and developing key competencies. A systematic review of the literature was conducted using specialized databases (PubMed, Cochrane Plus, Dialnet) and official portals of the Spanish healthcare system, focusing on publications from the last 10 years.

The identified competencies were evaluated according to the level of evidence and degree of recommendation proposed by the Oxford Centre for Evidence-Based Medicine (OCEBM, 2009). Subsequently, a draft of competencies was prepared and validated through a survey addressed to nurses with experience in ABUs across different autonomous communities.

Participants were asked to rate each competency and indicator according to its relevance to practice: "essential," "important," "somewhat important," "not important for addiction nursing practice," or "no opinion." To determine consensus, competencies that did not achieve at least 50% of responses in the "essential" or "important" categories were reviewed and adjusted.

RESULTS

Proposed activities and competencies by the working group

Nursing activities are distributed on a weekly basis and include everything from blood draws and follow-up visits to agonist dispensing and group activities. This approach ensures that patients' needs are continuously and effectively met (Table 1).

Nursing Consultation in Initial Visits

The main objective of the first individual visit is to collect health information, medical and social history, and the current situation of the person being treated. It is essential that the professional in charge possess training in addictions and maintain a positive, stigma-free attitude (Molina et al., 2012; Vargas & Bittencourt et al., 2013; Vargas & Labate et al., 2006; López et al., 2014; Vargas & Villar et al., 2008).

During this interview, the initial health status diagnosis is conducted through specific procedures, facilitating subsequent medical and psychological evaluation and contributing to reducing waiting lists and intervention delays (Gutiérrez et al., 2015; Herrera et al., 2003; González et al., 2012; Sales, 2004).

Assessment at the First Visit

- Data collection through an open, semi-structured interview based on a motivational approach, whose main goal is to engage the patient by creating an environment of trust and safety.
- Administration of the SECAD survey (Healthcare Quality Assessment System in Drug Dependence), a mandatory record for the National Drug Observatory.
- Administration of psychometric tests determined by the healthcare team, conducted during the interview or at home, such as: a) The SCL-90-R Scale by L. Derogatis, a self-administered instrument that objectively assesses symptomatic patterns in individuals and can be used in various clinical and community settings. b) The Post-Traumatic Stress Disorder Checklist (PCL-5) based on DSM-5 criteria, which evaluates 20 PTSD symptoms and is used for follow-up, assessment, and provisional diagnosis.
- Request for complementary tests: In the absence of recent laboratory results (within the past year), a general analysis will be requested, including a complete blood count, biochemistry, TSH, serologies (HCV, HBV, HIV, and syphilis), and Interferon-Gamma Release Assays (IGRA) for tuberculosis detection.

Table 1. Summary of Activities Proposed by the Working Group

Activity	Description	Approximate Duration
Nursing consultation	First visit, reception, and assessment of the patient attending for the first time or after resuming care following treatment discontinuation at the ABU.	1 hour / consultation
Nursing follow-up consultation	For patients undergoing methadone treatment. Conducted every six months or annually during the dispensing period, scheduling the patient at the end of this period for evaluation, ECG, and laboratory testing.	15–20 minutes / consultation
Smoking cessation consultation for patients with severe nicotine use disorder	For patients with severe nicotine use disorder, including ABU patients, those with failed cessation attempts in Primary Care, and pregnant women. Conducted individually, in groups, or online.	15–20 minutes / consultation
Dispensing of opioid agonists	1. Methadone 2. Long-acting buprenorphine	5–10 minutes / dispensing *
Collection of biological samples	Blood draws and urine sample collection for toxicological analysis of drugs and alcohol.	5–10 minutes / intervention *
Injectables	Administration of antipsychotics, long-acting buprenorphine, injectable disulfiram, among others.	5–10 minutes / intervention *
ABU-specific community action programs	1. Self-care and physical activity program to promote healthy habits recovery. 2. HCV micro-elimination program, aligned with the WHO 2030 target. 3. Collaboration in group interventions for relapse prevention and work with adolescents and families. 4. Other community action programs (addressing loneliness, mindfulness, educational reorientation, reading groups, etc.).	2–4 hours / activity (weekly)
Team meeting	Weekly session for case discussion and consensus on internal dynamics and procedures.	1 hour / session
Teaching activity	Most ABUs are teaching units that host undergraduate nursing students and EIR (Resident Nursing Specialist) trainees.	Ongoing
Training and research	Continuing education for professionals through EVES (accredited courses). Clinical sessions, seminars, conferences, and courses. Specific working groups. Participation in teaching and research committees.	Ongoing

During these interventions, which are carried out individually and personalized, specific needs that require immediate intervention may be identified, which could extend the duration of the activity, especially in the absence of auxiliary support staff.

Exceptions:

- For individuals under 18 years of age, the tuberculosis (IGRA) test is not required.
- Individuals with HIV and good adherence to follow-up in specialized consultations do not require additional laboratory testing.

Nursing Follow-Up Consultation for Patients Undergoing Opioid Agonist Therapy

It is recommended that nursing follow-up visits be conducted every 3 to 6 months, depending on patient stability, and at least once a year with the physician.

The nursing review includes:

- Evaluation of healthy habits and routines (living environment, hygiene, nutrition, sleep, physical activity, time management, emotional regulation, and life planning) (González et al., 2012; Herrera et al., 2003; Sales, 2004).
- Review of vaccination history, ensuring immunization against COVID-19 and hepatitis B.
- Assessment of adherence to pharmacological treatment, whether prescribed by the ABU, hospital, or other specialists (López et al., 2014; Zhang et al., 2018).
- Request for laboratory tests (blood count, biochemistry, and serology – HIV, HCV, HBV, syphilis):
    - Every 6 months in cases of active drug use or risky sexual practices.
    - Every 3 months in Chemsex cases.
    - Annually if the individual is stable.
- ECG testing if:
    - Methadone dose ≥100 mg/day.
    - Methadone dose <100 mg/day but with active alcohol, cocaine, or benzodiazepine use, or with borderline/lengthened QT interval.
    - Methadone dose <100 mg/day but combined with QT-prolonging medications (antipsychotics, ARVs, antidepressants, etc.).
- Urine toxicology screening in all follow-up visits.

Dispensing of Opioid Agonists

It is important to start from the premise that only a small percentage of individuals with opioid use disorder are able to discontinue treatment throughout their lives, a phenomenon explained by several theoretical models (Casas, 1991a, 1991b; Tejero & Casas, 1991; Khantzian, 1985, 1986, 1989). Therefore, opioid agonist treatment should generally be considered a chronic or long-term therapy.

This situation presents a unique opportunity for individualized and continuous intervention, distinct from other chronic conditions, since most patients undergoing treatment maintain weekly contact with the healthcare system. This allows for brief but frequent health education interventions that promote long-term behavioral changes.

Treatment with methadone (MTD) and long-acting buprenorphine (BPN LA) constitutes a specific and specialized activity of the Addictive Behavior Units (ABUs). Meth-

adone is prepared and dispensed in a way that ensures regular access to medication, with strictly regulated days and times for dispensing, in accordance with the therapeutic plan established by the ABU's interdisciplinary team. BPN LA is a hospital pharmacy treatment dispensed at the ABU weekly or monthly, depending on the patient's individualized regimen.

Methadone dispensing takes place within a context of individualized intervention, in a private and trust-based environment that strengthens the therapeutic relationship (Gutiérrez et al., 2015; Herrera et al., 2003; López et al., 2014; Zhang et al., 2018).

Community Action and Behavioral Activation Programs in the ABU

The specific programs are aimed at rehabilitating healthy habits related to sleep, nutrition, and physical activity through the activation group. These interventions, based on cognitive-behavioral therapy (CBT) and motivational interviewing, seek to break the cycle of inactivity, avoidance, and isolation by promoting rewarding and reinforcing activities (Price et al., 2020; Timko et al., 2019).

Addiction professionals have the responsibility to promote the comprehensive health of the individuals they serve. Over the past 20 years, it has been demonstrated that implementing health promotion programs increases quality of life (World Health Organization [WHO], 2001; Jara et al., 2012; Paris & Silva, 2018; Timko et al., 2019; Scott et al., 2020; Prochaska et al., 2021; Glasner et al., 2022).

These programs form a fundamental part of nursing activities in ABUs and are particularly directed at individuals with chronic substance use, generally between 40 and 60 years of age, developing an educational framework centered on healthy lifestyle habits.

The initiative stems from professionals' concern for fostering healthy lifestyle habits among patients that can improve their health, self-care, self-esteem, self-concept, and overall quality of life, alongside the process of substance withdrawal and behavioral change.

Among the main risk factors for emotional distress in these patients are the lack of healthy routines, poor diet, sedentary behavior, and deficient sleep hygiene. These interventions not only prevent relapses but also promote a comprehensive approach to health.

Activities included in these programs:

- Brief and continuous messages about nutrition, sleep, and physical activity during methadone dispensing and follow-up visits.
- Telephone consultations for ABUs with wide geographic dispersion or high clinical workload (Lucas Guerra et al., 2024).
- Scheduled therapeutic walks of one or two hours, once or twice a week, in small groups, promoting physical activity and socio-community interaction through participation in social activities.

Survey Results

Thirty responses were received, with a completion rate of 70%. The average age of participants was 44.6 years, with an average of 8 years of experience in ABUs or CADs; 23.3% had also worked in mental health.

Block 1: Work Experience in ABUs or CADs

- 80% considered it essential to unify nursing practices in care, prevention, and health promotion activities within a comprehensive care process for substance use disorders, always tailored to the needs of the person, their family, and community, to achieve recovery or normalization.
- Comprehensive planning and management provide nurses with an important role in implementation and decision-making within the team.
- 90% considered it essential or very important that nursing functions focus on a holistic care process that includes assessment, diagnosis, planning, implementation, and continuous evaluation with realistic objectives within a harm reduction framework.

Block 2: Responsibility in Nursing Activities

- 96.6% considered that collecting information about the patient's situation constitutes the first and one of the most important steps in the nursing process (intake interview).
- 93.3% highlighted the importance of promoting adherence to treatment and supervising medication administration.
- 73.3% valued participation in the therapeutic team's decision-making process.
- 100% considered the creation of a therapeutic relationship based on trust and psychopathological assessment as essential for early detection of relapses or psychosomatic decompensations.
- 70% considered psychoeducation on substance use through motivational and health education interventions on healthy lifestyle habits as essential.
- 90% emphasized the importance of periodic physical evaluation to detect medical problems through routine checkups and vaccination when necessary.
- 96.7% valued counseling on life project changes, 90% valued community interventions that facilitate social change, and 93.4% considered group interventions for emotional management and decision-making important.

Block 3: Nursing Activities in ABUs

- 96.6% considered active and empathetic listening essential, paying close attention to nonverbal communication.
- 99.9% highlighted the importance of informing patients in a climate of trust and without judgment.
- 96.6% valued the prevention of withdrawal syndromes and emotional management that helps channel aggressiveness through assertive communication.
- 96.7% considered it essential to assess family and social relationships and provide support in managing interpersonal relationships.

Block 4: Opioid Agonist Treatments

- 100% considered individualized intervention in the dispensing of methadone

and buprenorphine essential, as it allows for the establishment of therapeutic bonds, detection of health problems, intervention in cases of relapse, and the provision of brief messages on habit change, health education, and information on specific resources.

- 96.7% emphasized individualized intervention within a harm reduction framework (exchange programs, psychoeducation on safer use, overdose risk planning, and the establishment of trusted contacts).

Block 5: Professional Development and Training

- 80% considered ongoing training essential to reverse negative attitudes toward the care of individuals with substance use disorders.
- 100% considered that improving knowledge and attitudes increases professional satisfaction, safety, confidence, and quality of care.
- 83.4% highlighted the importance of specific training in addictions as a minimum requirement for working in this field.
- 90% considered participation in external community activities within the therapeutic framework of patients as essential.

CONCLUSIONS

Addictive Behavior Units (ABUs) play an essential role in the rehabilitation of individuals with addictions, grounded in a multidisciplinary approach that prioritizes effective communication and collaboration among professionals. In this context, nursing constitutes a fundamental pillar—not only in direct patient care but also in health promotion and well-being through personalized treatments adapted to individual needs (Herrera et al., 2003).

It is evident that ongoing training is indispensable, as it contributes both to professional development and to improving the quality of care. This need is reflected within the work teams themselves.

In the survey conducted, 76.7% of ABU nursing staff did not hold a mental health specialty. Although the sample size is not large enough to generalize nationally, there was strong motivation for specific training in addictions. Professional motivation was recognized as essential or very important by more than 90% of respondents, ensuring adequate competence and training to provide comprehensive care (Pinikahana et al., 2002; Bard, 2006).

Similarly, 83.4% considered it fundamental to establish specific training in addictions as a minimum requirement for working in this field, and recognized the need to formalize a specialty in addiction nursing. This finding aligns with Molina et al. (2012), who demonstrated that specialization in addictions fosters more positive attitudes toward patients.

Consensus among participants was total or above 90% regarding activities that emphasize the specific relevance of nursing work in addiction behavior units—such as individualized intervention at all stages of care, from intake and assessment to follow-up, opioid agonist dispensing, and harm reduction interventions—findings that align with the scientific literature (Gutiérrez et al., 2015; Glasner et al., 2022; Prochaska et al., 2021; Scott et al., 2020; Timko et al., 2019; Paris & Silva, 2018).

Teamwork and the creation of internal communication spaces are essential to guarantee quality care, as individual interventions alone are insufficient for the comprehensive rehabilitation of patients (Hovhannisyan et al., 2020; Alessi et al., 2021).

Community nursing interventions based on a continuum of care—such as physical activation, mindfulness, and educational reorientation—provide clear benefits in both patient recovery and short-term consumption reduction (Lucas Guerra et al., 2024).

Finally, the survey largely validated the proposals developed by the working group and the evidence found in the scientific literature, reaffirming the value and need to strengthen the role of nursing professionals in ABUs.

Study Limitations

One of the main limitations of this study, in terms of drawing solid nationwide conclusions, is the small sample size and the limited participation from other autonomous communities. The article highlights the multidisciplinary nature of the work, emphasizing the importance of collaboration and teamwork between nursing staff, physicians, and the entire ABU team. Therefore, future studies should include the perspectives and experiences of other professionals and analyze the clinical impact on patients and their families.

Editorial Note

This article has been reviewed to ensure the use of inclusive and gender-neutral language, incorporating a gender perspective in accordance with current recommendations for scientific and healthcare writing, without modifying the original technical or scientific content.

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