ReGeo ISSN: 2177-3246

IMPACT OF PEER SUPPORT ON THE IMPROVEMENT OF SUBSTANCE-RELATED DISORDERS: A SCOPING REVIEW

IMPACTO DO APOIO DE PARES NA MELHORIA DOS TRANSTORNOS RELACIONADOS AO USO DE SUBSTÂNCIAS: UMA REVISÃO DE ESCOPO

IMPACTO DEL APOYO ENTRE PARES EN LA MEJORA DE LOS TRASTORNOS RELACIONADOS CON SUSTANCIAS: UNA REVISIÓN DEL ALCANCE

https://doi.org/10.56238/revgeov17n8-179

Data de submissão: 19/07/2026 **Data de publicação:** 19/08/2026

Marceli de Souza Rosa-Pereira[1], Luciana Fontes Pessôa[2]

ABSTRACT

Approximately 275 million people worldwide use drugs, with around 32 million experiencing substance use disorders (United Nations Office on Drugs and Crime [UNODC], 2022). Peer support–based interventions, in which individuals draw on their lived experiences to support others in recovery, have emerged as a promising approach. Addressing a gap in the literature, this scoping review examines the role and relevance of peer support in the treatment of substance use disorders. The review included six carefully selected randomized controlled trials, conducted in accordance with the PRISMA-ScR guidelines. The included studies investigated peer support–based interventions for substance use disorders. Overall, the findings indicate positive post-intervention outcomes, particularly with regard to improved treatment adherence. However, reductions in substance use were not consistently observed across studies. Given the limited number of articles and the complexity of substance use disorders, the results highlight the need for broader reviews that incorporate diverse study designs. This review reinforces the multifaceted nature of interventions in this field and points to the potential of peer support as a complementary strategy to enhance treatment outcomes.

Keywords: Peer Support. Substance Use Disorders. Scoping Review. Treatment Outcomes. Randomized Clinical Trials.

RESUMO

Aproximadamente 275 milhões de pessoas em todo o mundo usam drogas, com cerca de 32 milhões apresentando transtornos por uso de substâncias (Escritório das Nações Unidas sobre Drogas e Crimes [UNODC], 2022). Intervenções baseadas em apoio de pares, nas quais indivíduos utilizam suas experiências vividas para apoiar outros na recuperação, surgiram como uma abordagem promissora. Abordando uma lacuna na literatura, esta revisão de escopo examina o papel e a relevância do apoio de pares no tratamento de transtornos por uso de substâncias. A revisão incluiu seis ensaios clínicos randomizados cuidadosamente selecionados, conduzidos de acordo com as diretrizes PRISMA-ScR. Os

[1] Master's degree in Clinical Psychology.Centro Universitário Augusto Motta (UNISUAM).
E-mail: marcelirosa@souunisuam.com.br Orcid: https://orcid.org/0009-0006-1217-3760
Lattes: http://lattes.cnpq.br/0838704765109408
[2] PhD in Social Psychology. Pontifícia Universidade Católica do Rio de Janeiro (PUC-Rio).
E-mail: luciana_pessoa@puc-rio.br Orcid: https://orcid.org/0000-0002-4446-4283
Lattes: http://lattes.cnpq.br/4067179296438965

estudos incluídos investigaram intervenções baseadas em apoio de pares para transtornos por uso de substâncias. No geral, os achados indicam resultados positivos pós-intervenção, particularmente com relação à melhor adesão ao tratamento. No entanto, reduções no uso de substâncias não foram consistentemente observadas nos estudos. Dada a quantidade limitada de artigos e a complexidade dos transtornos por uso de substâncias, os resultados destacam a necessidade de revisões mais amplas que incorporem designs de estudo diversos. Esta revisão reforça a natureza multifacetada das intervenções neste campo e aponta o potencial do apoio de pares como uma estratégia complementar para melhorar os resultados do tratamento.

Palavras-chave: Apoio de Pares. Transtornos por Uso de Substâncias. Revisão de Escopo. Resultados do Tratamento. Ensaios Clínicos Randomizados.

RESUMEN

Aproximadamente 275 millones de personas en todo el mundo consumen drogas, con alrededor de 32 millones que experimentan trastornos por consumo de sustancias (Oficina de las Naciones Unidas contra la Droga y el Delito [UNODC], 2022). Las intervenciones basadas en apoyo entre pares, en las que los individuos aprovechan sus experiencias vividas para apoyar a otros en la recuperación, han surgido como un enfoque prometedor. Abordando una brecha en la literatura, esta revisión del alcance examina el papel y la relevancia del apoyo entre pares en el tratamiento de los trastornos por consumo de sustancias. La revisión incluyó seis ensayos clínicos aleatorizados cuidadosamente seleccionados, realizados de conformidad con las directrices PRISMA-ScR. Los estudios incluidos investigaron intervenciones basadas en apoyo entre pares para trastornos por consumo de sustancias. En general, los hallazgos indican resultados positivos posteriores a la intervención, particularmente con respecto a la mejora de la adherencia al tratamiento. Sin embargo, no se observaron reducciones consistentes en el consumo de sustancias en los estudios. Dado el número limitado de artículos y la complejidad de los trastornos por consumo de sustancias, los resultados destacan la necesidad de revisiones más amplias que incorporen diseños de estudio diversos. Esta revisión refuerza la naturaleza multifacética de las intervenciones en este campo y señala el potencial del apoyo entre pares como una estrategia complementaria para mejorar los resultados del tratamiento.

Palabras clave: Apoyo Entre Pares. Trastornos por Consumo de Sustancias. Revisión Exploratoria. Resultados del Tratamiento. Ensayos Clínicos Aleatorizados.

1 INTRODUCTION

According to the United Nations Office on Drugs and Crime (UNODC) in its 2021 World Drug Report, approximately 275 million people worldwide used drugs in the past year, while over 36 million suffered from drug use disorders. The same report indicates that between 2010 and 2019 the number of drug users increased by 22%. Based solely on demographic changes, current projections suggest an 11% increase in the number of global drug users by 2030, with a significant 40% increase in Africa due to its rapid growth and young population (UNODC, 2022).

Given this context, peer support, defined as the act of individuals with substance use disorders who self-identify as such and utilize their personal experiences to provide support to others in their journey of recovery (Slade *et al.*, 2014), could be considered as an alternative form of treatment.

As healthcare systems, particularly addiction services, embrace a recovery-oriented and chronic care approach, there is an increasing focus on integrating different types of peer support into the range of addiction recovery support services. Peer-based recovery support services can be described as the provision and receipt of nonprofessional and nonclinical assistance aimed at achieving sustained recovery from substance use disorders (Bassuk *et al.*, 2016).

This form of support can take place in various settings, such as support groups, one-on-one mentoring, or as part of formal mental health programs (Lyons, Cooper & Lloyd-Evans, 2021). It is a collaborative approach that recognizes the importance of lived experience in promoting well-being and resilience.

Overall, peer support plays a vital role in mental health recovery by offering hope, validation, and guidance to individuals facing similar challenges. It emphasizes the power of connection, understanding, and shared experiences in fostering healing and growth.

This study aims to enhance our understanding of the effects of peer support interventions on improving Substance-Related Disorders. To achieve this, we conducted a comprehensive analysis of randomized clinical trials, focusing on evaluating the influence of peer support on individuals with alcohol and drug addiction.

Although peer support is well known (Kia *et al.*, 2021; Lyons, Cooper & Lloyd-Evans, 2021; Wobma *et al.*, 2016) it is not widely used in randomized controlled trials with people who have substance use disorders. Our goal is to explore the main concepts of this subject

and investigate the scope and nature of the published studies on this topic. Consequently, we have chosen to conduct a scoping review.

2 METHOD

A research protocol for this scoping review was developed in accordance with the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Extension for Scoping Reviews (PRISMA-ScR) (Tricco *et al.*, 2018). The primary focus of the review is to examine the impact of peer support on individuals with substance-related disorders.

2.1 ELIGIBILITY CRITERIA

2.1.1 Study Design

We exclusively included completed randomized clinical trials (RCTs) with individually randomized designs in our study. Only published trials that had been completed were considered eligible for inclusion. We excluded cluster RCTs, incomplete RCTs, as well as any non-randomized designs, including partially randomized and quasi-experimental designs.

2.1.2 Participants

The eligible participant population for this study consisted of adults aged 18 and over who had substance-related disorders. To identify participants with confirmed substance-related disorders, we utilized the following four criteria:

1. Utilization of mental health services: This criterion included individuals who sought support for substance-related disorders from either statutory or voluntary sector services.
2. Clinical diagnosis: Participants who had received a clinical diagnosis of a substance-related disorder were included.
3. Psychiatric symptoms reaching clinical threshold: Participants who were assessed as experiencing psychiatric symptoms that met the clinical threshold, as determined by any validated symptom rating tool, were considered eligible.
4. Self-declaration: Individuals who self-identified as having a substance use disorder were also included.

Studies were excluded if they focused solely on participants with organic neurological pathologies such as dementia, disorders typically diagnosed in childhood (e.g., conduct disorder), or developmental disorders such as autism.

2.1.3 Interventions

We included studies that examined intentional peer support interventions, both in group and individual formats, exclusively delivered by and to individuals with substance-related disorders. We also included interventions where the primary focus was not on substance use disorders, but the outcomes included the prevention of disease recurrences or any result that points to a recovery measure.

Both mutual support groups and peer-facilitated peer support services, whether delivered in a group or individual setting, were considered eligible for inclusion in the study. Additionally, web-based recovery programs were also excluded from our analysis.

2.1.4 Outcomes

We included studies that reported any measure of personal recovery, including self-esteem, personal confidence, self-efficacy, and quality of life. Additionally, studies reporting clinical outcomes, such as psychiatric symptom measures (including ratings on symptom scales or clinical recovery rates) and measures of social functioning, were also included.

Furthermore, studies reporting any measure of acute mental health service utilization, such as the number of hospital admissions, crisis care admissions, or inpatient bed days, were considered for inclusion. We also included studies that reported outcomes related to employment (both voluntary and paid), independent living (defined as supported or independent accommodation), and social support (measures of social networks or other forms of social support within the community).

2.2 SEARCH STRATEGY

The review was conducted independently.

We conducted searches in several databases, including PsycINFO (PsycNET), Web of Science, EMBASE, and PubMed, within the timeframe of March 10th to June 15th. Only texts published in English were selected for inclusion. The search terms were initially developed and piloted in PubMed and then adapted for use in the other databases.

To pilot the search terms, we first identified papers that included clear examples of peer support interventions. We found these examples through an initial Google search and a search of bibliographic databases for studies and reviews focusing on peer support interventions (Ramchand *et al.*, 2017; Webel *et al.*, 2010).

The search terms were centered around two main topics: peer support and substance-related disorders. An example of the search strategy is provided in Table 1. We applied filters for “randomized clinical trials” and “articles” as document types in the searches. In cases where it was not possible to directly apply the filter on the search platform, we used keywords such as “randomized clinical trial” and “clinical trial”.

Table 1

Keywords for database searches

Grouping terms	Keywords
Peer support	("peer" OR "peer support" OR "peer support interventions" OR "peer supported" OR "peer support workers" OR "peer group" OR "peer influence" OR "peer-support" OR "peer-based" OR "peer based" OR "peer provider" OR "peer led" OR "peer recovery support" OR "service user run" OR "service user led" OR "service user involv" OR "consumer case management" OR "assertive community treatment" OR "therapeutic community") AND
Substance-Related Disorders (MeSH term)	("substance-related disorders" OR "chemical dependence" OR "drug abuse" OR "drug addiction" OR "drug dependence" OR "drug habituation" OR "drug use disorder" OR "drug use disorders" OR "organic mental disorders" OR "prescription drug abuse" OR "substance abuse" OR "substance adiction" OR "substance dependence" OR "substance related disorder" OR "substance use" OR "substance use disorder" OR "substance use disorders" OR "alcohol-related disorders" OR "designer drug" OR "drug and narcotic control" OR "drug overdose" OR "illicit drugs")

Source: Authors.

2.3 DATA ITEMS

Methodological quality assessment is not a prerequisite for scoping reviews. However, as we chose to analyze only randomized clinical trials and we used the Jadad Scale (Jadad *et al.* 1996) to verify the quality of the selected studies (Table 2, Graham *et al.* 2008).

Table 2

Jadad Scale

Study	1a Randomized	1b Concealment appropriate	1c Inappropriate	2a Double Blind	2b Appropriate	2c Inappropriate	3 Follow Up	Total Score
Cupp et al. (2022)	1	1	0	0	0	0	1	3
Ray et al. (2021)	1	1	0	0	0	0	1	3
Belenko et al. (2021)	1	1	0	0	0	0	1	3
Chinman et al. (2018)	1	1	0	0	0	0	1	3
Manning et al. (2012)	1	1	0	0	0	0	1	3
Coughey et al. (1998)	1	0	-1	0	0	0	1	2

Source: Authors.

We extracted data regarding author, year, study characteristics (e.g., study design, sample size), population characteristics (e.g., age, gender), peer support characteristics (e.g., term for peer support, duration, content, and settings), and main findings/results. We key worded each study using these variables and compiled the data in a single spreadsheet.

We grouped them according to their main characteristics and conducted descriptive analyses using frequencies and cross-tabulations. The grouping included sorting the studies based on how they were observed to be related to each other.

2.4 ASSESSMENT OF RISK OF BIAS

Only one of the six studies evaluated was conducted outside the United States, which leads the studies to be very limited to specific conditions of the states and, eventually, of the programs and services they represent.

Although not blinding participants to allocation is generally assessed as a risk of bias, the nature of a peer intervention means that all trial participants are not blind. As such, this source of bias is not evaluated in this review, according to existing peer support reviews (White *et al.* 2020).

Cupp *et al.* (2022) presents data from only one hospital system, which would not necessarily be reflected in other locations. Moreover, on March 11, 2020, the World Health Organization declared COVID-19 a pandemic, across the country, visits in emergency services dropped, what may have affected the results of part of the research.

Ray *et al.* (2021) and Manning *et al.* (2012) used self-reported data that may bias your research, since self-assessments are subjective measures.

Belenko *et al.* (2021) extracted their data from two administrative databases, reporting inconsistencies between them. Since these were databases, there is no way to differ what did not happen from what was not recorded.

Chinman *et al.* (2018) did not control for peer specialist characteristics that may have influenced the relationship between peer engagement frequency and positive change, what could have influenced the results.

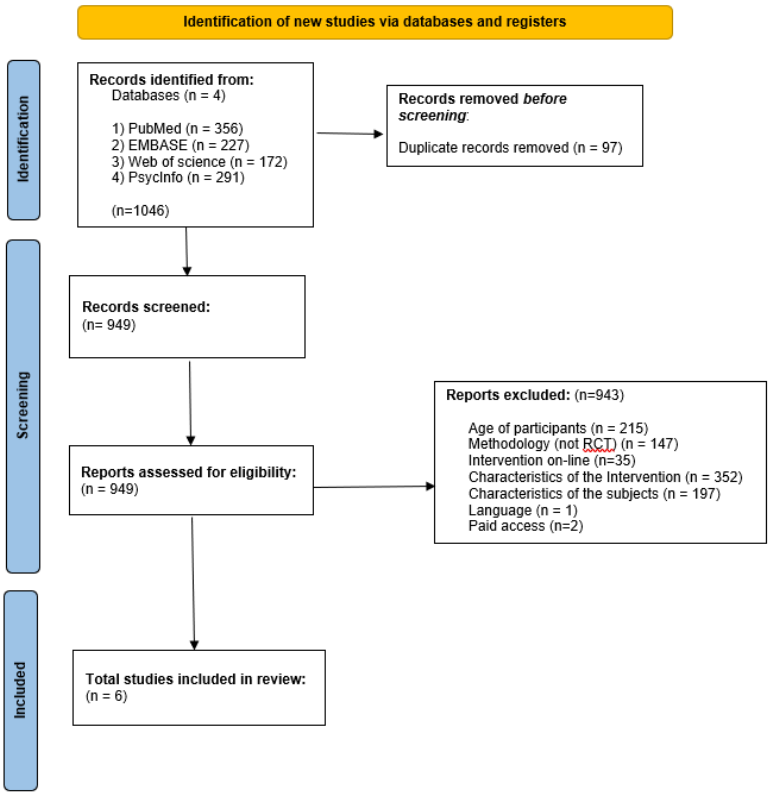
Manning *et al.* (2012) and Coughey *et al.* (1998) made their analyses in institutional care where it is not possible to eliminate the risk of possible contamination arising, for example, from patients in the peer intervention discussing their experiences (of the intervention) with patients in other intervention groups.

3 RESULTS

Searches returned a total of 1046. After removing duplicates papers, a total of 949 studies were screened. The identification and inclusion evaluation can be seen in the Flowchart 1. As can be seen, the main reason for exclusion was the age of the participants (n=215), characteristics of the of intervention (n=352) and characteristics of the subjects (n=197). Thus, this scoping review included only six studies.

Figure 1

PRISMA Flowchart



Source: Prepared by the authors.

3.1 SAMPLE CHARACTERISTICS

The studies presented small sample sizes, with the largest being Cupp *et al.* (2022) (n=193); however, this study involved an intervention in an emergency service that commenced bedside, which naturally expected a higher number of subjects to participate. The age means varied, with the youngest being 27.5 (Belenko *et al.*, 2021) and the oldest being 53.7 (Chinman *et al.*, 2018).

Regarding the percentage of men in the studies, all of them showed higher rates of male participants, except for Coughey *et al.* (1998), which exclusively focused on female participants. Chinman *et al.* (2018) stood out, as 92.1% of the participants were male. Since the study involved veterans who were enrolled in the U.S. Department of Housing and Urban Development's Veteran Affairs Supportive Housing (HUD-VASH) program, it was also expected to have a higher number of male subjects.

More information about the sample characteristics can be found in Table 3.

Table 3

Sample characteristics

Study	Sample size: intervention/ control	Age (mean)	Sex % Male	Country
Cupp et al. (2022)	95/ 98	41,7	59,6	United States
Ray et al. (2021)	46/ 54	38,5	58,0	United States
Belenko et al. (2021)	39/ 37	27,5	80,3	United States
Chinman et al. (2018)	38/ 37/ 65*	53,7	92,1	United States
Manning et al. (2012)	51/ 52 / 58**	39,9	67,5	England
Coughey et al. (1998)	67/ 68	31,0	0,0***	United States

* Chinman et al. (2018) divides the clinical group into high engagement (n=38) and low engagement (n=37).
** Manning et al. (2012) presents two clinical groups: Doctor intervention (n= 51) and Peer intervention (n=52).
*** Coughey et al. (1998) conducts its study only with women.

Source: Authors.

3.2 METHODOLOGY CHARACTERISTICS

For this review, only randomized clinical trials (RCTs) were used.

Regarding the methodological quality of the studies, it can be observed through the Jadad Scale (Jadad *et al.*, 1996) that only the article by Coughey *et al* (1998) presents a lower quality. This study is already more than twenty years old and scientific methodologies and randomization technologies have evolved a lot in this period, it is possible that this is due to the low quality presented.

None of the articles used double-blind method in their clinical trial, which decreased the methodological quality of all the articles, but as previously stated, this question should not be considered by the nature of the studies, since the participants are aware of the tutor's peer status.

3.3 STUDIES CHARACTERISTICS

3.3.1 Descriptions of peer interventions

3.3.1.1 Cupp *et al.* (2022):

Peer recovery support is provided by a trained and certified Peer Recovery Coach (PRC) who uses assertive community engagement techniques to guide patients through the recovery process. Patients in the intervention group received a bedside visit from a PRC within 24 hours of consent during their hospitalization and were contacted at least twice

weekly for 6 months. The standard of care involved a social work consult that provided a list of local substance-related disorder resources.

3.3.1.2 Ray *et al.* (2021):

The model involves state-certified PRCs who provide nonclinical services and recovery-oriented treatment planning to align with client goals. The program SUPPORT offers vouchers to fund services aligned with recovery goals. Participants in the experimental arm received 12 months of PRC services, $700 in vouchers, and individualized meetings. The PRC tracked voucher spending and service completion. The treatment as usual (TAU) arm did not receive PRC services or vouchers, but both arms had access to standard counseling and case management services.

3.3.1.3 Belenko *et al.* (2021)

In Philadelphia Treatment Court (PTC) the participants must complete a minimum of 12 months of successful program participation and move through four phases. Case managers are responsible for facilitating access to services and preparing progress reports for the judge. For this study, three Peer Recovery Specialist (PRS) were hired and trained to provide client-centered services, including sharing personal stories and assisting with recovery skills. They also alerted case management to any client problems. PRS had regular contact with clients and provided various services.

3.3.1.4 Chinman *et al.* (2018):

Peer specialists were hired at two veteran's affairs medical centers to provide intervention to homeless veterans enrolled in HUD-VASH. Veterans were randomly assigned to standard HUD-VASH services or HUD-VASH plus peer specialist services. Peer specialists, who have substance use disorder experience, used the AMPS (Administering MISSION-Vet [Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking–Veterans Edition] using Peer Support) consumer workbook to provide 20 structured and 20 unstructured visits over a year. The workbook contains discussion topics and worksheets for peer specialists and veterans to work on together.

3.3.1.5 Manning *et al.* (2012):

The research team provided three half-day training sessions on doctor and peer referral interventions based on earlier study materials. The interventions were conducted in a 30–45 minute session and focused on personal experiences and success stories to encourage participation in 12-Step meetings. Peers and doctors were instructed to initiate an open dialogue with participants, address concerns, and propose solutions to barriers. The control group received a list of meetings held on the ward. To avoid contamination effects, doctors and peers were requested to avoid discussing the intervention with non-participants. Peers could not escort patients to meetings post-discharge due to geographical limitations.

3.3.1.6 Coughey *et al.* (1998):

This study uses data from a 5-year National Institute on Drug Abuse (NIDA) funded research project called “Peer Support Groups for Recovering Women” that provided case management services and peer support groups to formerly homeless recovering women. Case managers visited clients at home and addressed issues such as housing, parenting, recovery, budgeting, and employment/education. Peer support meetings were based on the “Leaders in Our Own Lives” model and focused on community building, support, accountability, and decision-making. Group discussions centered on parenting, recovery, domestic abuse, and health. All participants received one year of case management services, and a random sample of the women was also invited to participate in a peer support group.

3.4 SYNTHESIS OF RESULTS

Cupp *et al.* (2022) presents an intervention of peers for patients with substance-related disorders did not significantly decrease overall acute care utilization, but decreased emergency room visits during a 6-month follow-up period.

Ray *et al.* (2021) studied a public service supporting ex-prisoners with available resources. The intervention didn't reach the expected goal, with only one-third completing the 12-month intervention. Despite this, significant improvements in motivation for external treatment (Cohen’s d=0.52 at 6 months) and self-efficacy (Cohen’s d=0.62 at 12 months) suggest that this intervention can motivate individuals with substance use disorders to seek treatment.

Belenko *et al.* (2021) found positive trends related to recidivism and participant engagement in the PTC program. Compared to the control condition over the nine-month

study period, PRS-assigned participants had a lower percentage of rearrest (17.9% vs. 35.1%, p = .089), a higher average number of case manager contacts (7.6 vs. 5.0, p = .018), and a higher average number of incentives received (8 vs. 2.2, p = .021). However, the PRS did not significantly reduce substance use recurrence or increase treatment engagement, as measured by drug test results. Nonetheless, increased case management contacts in the PRS group predicted completion of the phase and receipt of incentives, as well as the percentage of positive and missed drug tests.

According to Chinman *et al.* (2021), participants with a high level of engagement with their peer specialist showed reliable positive change in their symptoms at a rate of over 40%, compared to 24% for those with low engagement and 11% for the control group. The logistic regression model confirmed this result and found that having a high level of peer specialist engagement was the only variable associated with a positive change in symptoms, despite not showing significant data in reducing substance use.

Manning *et al.* (2018) found that patients who attended meetings during inpatient treatment were three times more likely to attend meetings after discharge. Participants who received peer referral intervention were 3.6 times more likely to attend meetings after discharge compared to participants in other interventions.

Coughey *et al.* (1998) noticed that women who participated in peer support meetings were significantly more likely to show signs of depression and report more severe psychiatric problems at admission than those who never or rarely attended. Additionally, their problems upon entering the program were more severe than those of women who did not participate in the group, suggesting that participation may have encouraged them to report their symptoms and comply with treatment.

Table 4

Studies characteristics

Study	Study Population	Intervention type	Comparison group	Substance use outcomes
Cupp et al. (2022)	Patients hospitalized in an emergency department	Peer recovery coach	Standard care	Significant decrease in the number of visits to emergency services over the 6-month intervention period.
Ray et al. (2021)	Clients' enrollement in services at Public Advocates in Community Re-Entry	Peer recovery coach	Treatment as usual (TAU)	Significant results for improved self-efficacy and readiness for change.
Belenko et al. (2021)	Clients in the Philadelphia Treatment Court.	Peer recovery specialists	Treatment as usual (TAU)	Delay in the first relapse, fewer relapses, and greater engagement in treatment.
Chinman et al. (2018)	Veterans enrolled in the U.S. Department of Housing and Urban Development's Veteran Affairs Supportive Housing (HUD-VASH) program.	Peer specialist	Standard care	Participants in the higher engagement group showed more positive changes in their symptoms.
Manning et al. (2012)	Participants attending 12-Step self-help groups.	12-Step peer referral	A doctor intervention Treatment as usual (TAU)	Higher attendance at clinical group meetings and peer groups compared to physicians, resulting in increased abstinence rates among those who participated in both intervention groups.
Coughey et al. (1998)	Homeless women sheltered within the City of Philadelphia system.	Peer support group	Case management Women who dropped out	Women who completed the intervention had significantly longer periods of sobriety.

Source: Authors.

4 DISCUSSION

This study aimed to explore the impact of peer support interventions on substance use disorders through a scoping review of randomized clinical trials. The included studies (Cupp *et al.*, 2022; Ray *et al.*, 2021; Belenko *et al.*, 2021; Chinman *et al.*, 2018; Manning *et al.*, 2012; Coughey *et al.*, 1998) demonstrated positive outcomes following peer support interventions. However, while these interventions were associated with improved treatment adherence, their effectiveness in reducing substance use was inconclusive due to the limited number of articles available.

The harm reduction paradigm seeks to assist clients in improving their lives, but it is important to note that it is not a permanent solution. It emphasizes recognizing and appreciating small positive advancements, highlighting the significance of individualized strategies (Tsemberis, 2010). While peer support interventions hold value within this paradigm, it is essential to explore alternative research approaches.

Field studies, which lack comparative or control groups, are considered “weak” evidence. Nonetheless, longitudinal studies provide valuable empirical insights into the effectiveness of the main treatment modalities for drug abuse (De Leon, 2015).

Broekaert *et al.* (2010) argues that interventions like contingency management or cognitive-behavioral therapy, as well as global approaches such as therapeutic communities or Alcoholics Anonymous, and progressive social practices like needle exchange or controlled heroin trials, should be studied through different research perspectives. The author emphasizes the need for a dialectical dialogue between these approaches in the treatment of substance use disorders.

Based on the observed data and the complexity of substance use disorders, a comprehensive scoping review is necessary, covering not only randomized clinical trials but also other research approaches.

REFERENCES

Bassuk, E. L., Hanson, J., NeilGreene, R., Richard, M. & Laudet, A. (2016). Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review. Journal of Substance Abuse Treatment, 63, 1-9. https://doi.org/10.1016/j.jsat.2016.01.003

Belenko, S., LaPollo, A. B., Gesser, N., Weiland, D., Perron, L., & Johnson, I. D. (2021). Augmenting substance use treatment in the drug court: A pilot randomized trial of peer recovery support. Journal of Substance Abuse Treatment, 131, 108581. https://doi.org/10.1016/j.jsat.2021.108581

Broekaert, E., Autrique, M., Vanderplasschen, W., & Colpaert, K. (2010). “The human prerogative”: A critical analysis of evidence-based and other paradigms of care in substance abuse treatment. The Psychiatric Quarterly, 81(3), 227–238. https://doi.org/10.1007/s11126-010-9132-4

Chinman, M., McCarthy, S., Bachrach, R. L., Mitchell-Miland, C., Schutt, R. K., & Ellison, M. (2018). Investigating the Degree of Reliable Change Among Persons Assigned to Receive Mental Health Peer Specialist Services. Psychiatric Services, 69(12), 1238–1244. https://doi.org/10.1176/appi.ps.201800118

Coughey, K., Feighan, K., Cheney, R., & Klein, G. (1998). Retention in an Aftercare Program for Recovering Women. Substance Use & Misuse, 33(4), 917–933. https://doi.org/10.3109/10826089809056249

Cupp, J. A., Byrne, K. A., Herbert, K., & Roth, P. J. (2022). Acute Care Utilization After Recovery Coaching Linkage During Substance-Related Inpatient Admission: Results of Two Randomized Controlled Trials. Journal of General Internal Medicine, 37(11), 2768–2776. https://doi.org/10.1007/s11606-021-07360-w

De Leon, G. (2015). “The Gold Standard” and Related Considerations for a Maturing Science of Substance Abuse Treatment. Therapeutic Communities; A Case in Point. Substance Use & Misuse, 50(8–9), 1106–1109. https://doi.org/10.3109/10826084.2015.1012846

Graham N., Gross A., Goldsmith C. H., Moffett J. K., Haines T., Burnie S. J., *et al.* (2008) Mechanical traction for neck pain with or without radiculopathy. Cochrane Database Syst Rev [Internet], (3):CD006408. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006408.pub2/full

Jadad A. R., Moore R. A., Carroll D., Jenkinson C., Reynolds D. J. M., Gavaghan D. J., *et al.* (1996) Assessing the quality of reports of randomized clinical trials: is blinding necessary? Control Clin Trials [Internet], 17(1):1-12. https://doi.org/10.1016/0197-2456(95)00134-4

Kia, H., MacKinnon, K. R., Abramovich, A., & Bonato, S. (2021). Peer support as a protective factor against suicide in trans populations: A scoping review. Social Science & Medicine, 279, 114026. https://doi.org/10.1016/j.socscimed.2021.114026

Lyons, N., Cooper, C., & Lloyd-Evans, B. (2021). A systematic review and meta-analysis of group peer support interventions for people experiencing mental health conditions. BMC Psychiatry, 21(1), 315. https://doi.org/10.1186/s12888-021-03321-z

Manning, V., Best, D., Faulkner, N., Titherington, E., Morinan, A., Keaney, F., Gossop, M., & Strang, J. (2012). Does active referral by a doctor or 12-Step peer improve 12-Step meeting attendance? Results from a pilot randomised control trial. Drug and Alcohol Dependence, 126(1), 131–137. https://doi.org/10.1016/j.drugalcdep.2012.05.004

Ramchand, R., Ahluwalia, S. C., Xenakis, L., Apaydin, E., Raaen, L., & Grimm, G. (2017). A systematic review of peer-supported interventions for health promotion and disease prevention. Preventive Medicine, 101, 156–170. https://doi.org/10.1016/j.ypmed.2017.06.008

Ray, B., Watson, D. P., Xu, H., Salyers, M. P., Victor, G., Sightes, E., Bailey, K., Taylor, L. R., & Bo, N. (2021). Peer Recovery Services for Persons Returning from Prison: Pilot Randomized Clinical Trial Investigation of SUPPORT. Journal of substance abuse treatment, 126, 108339. https://doi.org/10.1016/j.jsat.2021.108339

Slade, M., Amering, M., Farkas, M., Hamilton, B., O’Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S., & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. World Psychiatry, 13(1), 12–20. https://doi.org/10.1002/wps.20084

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D., Horsley, T., Weeks, L., Hempel, S. *et al.* (2018). PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med,169(7):467-473. https://doi:10.7326/M18-0850.

Tsemberis, S. (2010). Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction Manual – Review. European Journal of Homelessness, 5(2):235-240. https://www.researchgate.net/profile/Sam-

Tsemberis/publication/47669330_Housing_First_The_Pathways_Model_to_End_Homelessness_for_People_with_Mental_Illness_and_Addiction_Manual/links/5448d8920cf22b3c14e335b6/Housing-First-The-Pathways-Model-to-End-Homelessness-for-People-with-Mental-Illness-and-Addiction-Manual.pdf. Access in 04 jun. 2023.

United Nations Office on Drugs and Crime (2022). Informe mundial sobre las drogas 2022 (publicación de las Naciones Unidas, 2022).

Webel, A. R., Okonsky, J., Trompeta, J., & Holzemer, W. L. (2010). A Systematic Review of the Effectiveness of Peer-Based Interventions on Health-Related Behaviors in Adults. American Journal of Public Health, 100(2), 247–253. https://doi.org/10.2105/AJPH.2008.149419

White, S., Foster, R., Marks, J., Morshead, R., Goldsmith, L., Barlow, S., Sin, J., & Gillard, S. (2020). The effectiveness of one-to-one peer support in mental health services: A systematic review and meta-analysis. BMC Psychiatry, 20(1), 534. https://doi.org/10.1186/s12888-020-02923-3

Wobma, R., Nijland, R., Ket, J., & Kwakkel, G. (2016). Evidence for peer support in rehabilitation for individuals with acquired brain injury: A systematic review. Journal of Rehabilitation Medicine, 48(10), 837–840. https://doi.org/10.2340/16501977-2160