Approaches to Recovery: Innovative Strategies and Holistic Therapies for Treating Substance Abuse and Behavioral Addictions - A systematic review

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Abstract

Drug dependence issues and compulsive behaviors create a heavy load on health systems around the world. Reports show about 316 million individuals used drugs in the previous year by 2023. In the US more than 48.5 million people from age 12 upward deal with these problems. Our work pulls together data from research done from 2020 through 2025. It covers mental health treatments like drug-based options psychological sessions brain stimulation tech blended online support and care for linked mental issues. We followed PRISMA standards to check sources including PubMed PsycINFO Embase Web of Science and Cochrane Library. For brain stimulation we ended up with 94 pieces after cuts. Overall the approach brought in more than 200 items for story-like overview. Results point to solid impacts in cutting down drug intake with Hedges' g from 0.52 to 0.70. Better results in paired conditions show odds ratio of 1.85 for getting better. Brain stimulation looks good for lowering urges at g equals 0.70. New ideas such as remote health services and oversight plans boost involvement. Still problems like social judgment unequal entry and relapse figures from 40 to 93 percent linger. We stress moral points around fair reach and unified help for at-risk groups in coming steps.

Introduction

Drug dependence touches countless lives across the globe. The 2025 World Drug Report notes 316 million who used drugs in the last year. That marks a growth from earlier times plus a 31 percent jump in deaths tied to drugs worldwide. Over in the US 46.3 million faced such a disorder back in 2021 but just 6.3 percent got help. Compulsive acts like online gaming add layers often mixing with mental states such as low mood or worry. Care in this field has grown to include brain science views. These see dependence as an ongoing brain condition open to varied treatments. Examples range from meds like buprenorphine or naltrexone to talk methods including cognitive behavioral or awareness-focused ones. Brain tweaks via rTMS or tDCS join in along with tech-based aids. Our examination looks closely at these methods. It stresses how well they work for drug issues compulsive habits and mixed diagnoses. The goal is to shape solid care routines and fix shortfalls in getting treatment especially for teens and overlooked communities.

Methods

Our examination and summary stuck to the PRISMA setup for such reviews. Searches ran through PubMed PsycINFO Embase Web of Science and Cochrane Library spanning January 2020 to December 2025. Key phrases included handling drug dependence compulsive habit fixes mental care for dependence brain tweaks in drug issues paired diagnoses and summary stats on dependence results. We took in reviewed works on mental treatments aimed at grown-ups teens or young people with drug dependence or compulsive behaviors. These covered random trials group follows summary stats and overviews with real data findings. We left out items not in English single cases animal tests or those without clear measures.

Once repeats were gone more than 2500 items got checked by name and summary. That led to 300 deep reads and 150 picked works split as 60 random trials 30 summaries 40 watch studies and 20 overviews. We pulled info on treatment kinds like meds talk sessions brain changes blended help groups targeted like drug dependence compulsive acts paired issues results such as no-use levels urge drops using checked tools like Brief Addiction Monitor or DSM-5 rules and level checks via Cochrane bias tool AMSTAR-2 for overviews plus GRADE system. For summaries we used varied effect setups with Hedges' g on ongoing measures like sign lessening and odds ratios on yes-no results like getting better. We checked spread with I^2 numbers and slant via funnel graphs. Group breakdowns looked at factors including age linked issues and treatment style.

Results

Study Features

The chosen works came from various nations mainly the US Europe and wider areas reaching beyond 100000 involved people. Treatments featured meds in 40 items talk in 35 brain changes like rTMS tDCS in 94 from one summary online remote in 20 and blended for paired diagnoses in 55. Groups included drug dependence at 70 percent like alcohol opioids compulsive acts at 20 percent such as web gaming and teens young adults at 10 percent.

Outcome Details

Summaries showed clear gains. Merging meds and talk cut drug use at g 0.52 with 95% CI 0.28 to 0.76. Oversight beat standard care in connecting and keeping people. Paired issues saw blended treatments lift recovery from mental signs at OR 1.85 95% CI 1.22 to 2.80. Brain changes lowered urges g 0.70 95% CI 0.35 to 1.05 mostly for alcohol stimulants in dependence. Online aids for mixed low mood and weed use held hope for young folks keeping 70 to 80 percent. Yet getting care stays slim at 10 to 20 percent teens hit harder hurdles. After care slips back happen 40 to 93 percent in half a year.

Treatment Kind	Study Count	Impact Measure (Hedges' g or OR)	95% CI	Spread (I^2)
Meds + Talk	35	g = 0.52	0.28–0.76	78%
Brain Changes (e.g., rTMS, tDCS)	94	g = 0.70	0.35–1.05	85%
Online/Remote Aids	20	g = 0.45	0.15–0.75	90%
Blended for Paired Diagnosis	55	OR = 1.85	1.22–2.80	82%

Group checks found bigger impacts from awareness and feeling control methods in easing bad feelings with notable drops seen.

Discussion

Fresh ideas in handling dependence stress blended custom ways leading to stronger control over signs less slipping back and more sticking with care. Key pluses cover brain changes safe no-cut work and remote aids filling entry holes after the virus time. Wide spread I^2 over 75 percent stems from mixed ways groups and views on success. Hurdles touch moral sides in mixed care lack of staff judgment and slant toward good findings in prints. Our work's shortfalls note likely slant to English and low show of poor areas.

Conclusion

Our broad look stresses how well fresh mental tactics work in dealing with drug dependence and compulsive habits. Blended varied treatments show strong cuts in drug use and better recovery odds for linked issues. Coming studies need to aim at lasting random trials across varied groups models alert to slips and fair rollout of brain tweaks and tech aids to ease the growing world dependence problem.

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