



CHALLENGES IN TREATING SUBSTANCE USE DISORDERS: A HEALTHCARE PERSPECTIVE

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Abstract

According to the 2013 UNODC report, over 6 million Pakistanis suffer from Substance Use Disorders (SUDs), with this number expected to rise significantly. This increasing prevalence is putting immense strain on healthcare systems. This study examines the challenges faced by healthcare professionals in treating individuals with SUDs. A qualitative research design was employed, involving a Focus Group Discussion with nine healthcare professionals who have over 10 years of experience in the field. The analysis revealed four key themes: individual, social, economic, and systemic challenges. The findings emphasize the urgent need for culturally tailored treatment approaches and protocols to effectively address SUDs within the Pakistani context.

INTRODUCTION

Pakistan faces a significant and understudied challenge in the field of global healthcare: the management of substance use disorders (SUDs). As the nation faces an increasing prevalence of substance abuse, healthcare professionals have a critical role in tackling this growing health crisis (Ghazal, 2019). The research aims to give a systematic study of the complex challenges that healthcare practitioners in Pakistan face while dealing with the SUDs. It aims to provide light on the complicated issues and challenges that the professionals deal with, including societal, economic, and systemic barriers that impede

the provision of comprehensive care to persons struggling with addiction.

Substance use disorders, according to the DSM-V TR, are a collection of psychiatric, behavioral, and cognitive symptoms showing that the individual continues to use the substance despite ongoing substance-related issues. This category includes ten groups of substances: Alcohol, Caffeine, Cannabis, Hallucinogens, Inhalant, Opioid, Sedative, Hypnotic, or Anxiolytic, Stimulant, Tobacco, and Other (Unknown) Substances (DSM-5-TR, 2023, p. 546-666).



In Pakistan, the prevalence of SUDs has increased over time, cementing itself as a major public health concern requiring immediate response. However, the management of SUDs within Pakistani boundaries is fraught with complexities that healthcare practitioners deal with on a daily basis (Atif et al., 2020).

In 2012 and 2013, UNODC, the Ministry of Narcotics Control, the US Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), and various national stakeholders collaborated to conduct a nationwide survey to assess the scope and trends of drug use in Pakistan. The aggregate findings of the study revealed that nearly 6% of the country's population, consisting of 9 percent of adult men and 2.9 percent of adult females, totaling approximately 6.7 million people, had taken substances other than alcohol and cigarettes in the previous year (UNODC, 2022).

The complexities of SUDs management in Pakistan extend beyond the clinical realm, into the larger societal and economic milieu that shape healthcare provision (Shahzad et al., 2020). This article examines these obstacles in depth, elaborating on themes such as stigma and discriminatory treatment, limited access to therapeutic treatments, a shortage of trained specialists, and an overworked healthcare system.

Furthermore, cultural norms, religious beliefs, and socioeconomic gaps provide a different backdrop against which healthcare practitioners must function. Pakistan's strongly ingrained traditions and customs frequently impact views about addiction, thereby discouraging individuals from getting professional help. As a result, healthcare practitioners are burdened with the difficult issue of balancing culturally sensitive care with empirically supported therapeutical approaches (Saleem & Hawamdeh, 2023).

The global issues associated with treating Substance Use Disorders (SUDs) include the lack of access to evidence-based SUD therapies, owing mostly to stigma and legal discrimination against people with SUDs (Connery et al., 2020). The study underlines

the importance of expanding SUD treatment services through workforce capacity building that involves clinical expertise, community stakeholders, and government engagement. It also emphasizes the significance of community involvement, with family members and peers serving as supportive and trained lay health workers. It is proposed for long-term, community-based SUD treatment methods that include longitudinal supervision and suitable rewards. Furthermore, the paragraph emphasizes the significance of finding effective, culturally adaptive treatment models for varied settings, which is relevant for addressing the issues that mental health practitioners confront in SUD treatment.

Many people with SUDs face high degrees of rejection from their families, friends, and communities as a result of their substance use practices. This widespread rejection might weaken their self-esteem and act as a demotivator when considering or engaging in treatment options. Furthermore, the study highlights the troubling issue that, even when people with SUDs seek treatment, a significant portion of them do not finish their treatment programs, increasing the likelihood of recurrence (Ali & Shahzad, 2017). This cycle of rejection, low self-esteem, and treatment discontinuation can have a significant negative impact on the general well-being of people with SUDs. Furthermore, the study emphasizes the significance of low self-esteem as a contributing factor to relapse, as individuals may return to substance use to cope with the unpleasant life events and tough situations resulting from their initial rejection and treatment difficulties. These findings highlight the vital relevance of addressing social and psychological aspects in addition to therapeutic therapies when developing comprehensive SUD treatment regimens.

The purpose of the research is that the challenges that are encountered by healthcare professionals in treating individuals with Substance Use Disorders (SUDs) in Pakistan have a substantial impact on the success of SUD therapies and the general well-being of affected individuals. This work is



significant because it addresses a serious public health issue with far-reaching implications. Pakistan, like many other nations, is dealing with an increasing burden of SUDs, and the difficulties that healthcare personnel confront in providing effective care are multifaceted. This study aims to shed insight on the core causes and impediments impeding optimal SUD treatment delivery by comprehensively evaluating these problems. There is a lack of research and intervention based studies on the topic of substance use disorders in the context of Pakistani culture. Such findings can help shape the creation of more culturally relevant and reliable, focused interventions, strategies, and policies to improve healthcare providers' capacity, eliminate stigma, and increase access to evidence-based SUD therapies. Finally, the findings of the study have the potential to improve the well-being of those affected by SUDs in Pakistan and may serve as a model for tackling comparable concerns in other regions coping with substance use issues.

METHOD

Research Design

The study used a qualitative research design to investigate the challenges faced by healthcare professionals in treating individuals with Substance Use Disorders (SUDs) in Pakistan. The Focus Group Discussion (FGD) was used as a tool to gather information. Focus Group Discussion was used to gather detailed and context-rich insights into the lives and challenges faced by Pakistani healthcare professionals in treating individuals with SUDs. This approach enabled the researchers to elicit and analyze in-depth narratives from participants, providing a comprehensive understanding of the challenges faced by healthcare professionals in the Pakistani population.

Participants

For the study, 9 healthcare professionals participated in the focus group discussion. These healthcare professionals included psychologists, psychiatrists, and addiction experts from major cities of Pakistan

including Rawalpindi, Islamabad, Lahore, Karachi, and Peshawar. Healthcare professionals with over 10 years of experience in the field of addiction/ substance use disorders were included in the research. Professionals from both government and private institutes were included in the study. All the professionals had more than 10 years of experience in the field of mental health and addiction.

Data Collection

Focus Group Discussion guide was developed bilingually, using English and Urdu languages after reviewing various types of literature. Field specialists from the National University of Modern Languages, Department of Applied Psychology, Rawalpindi Campus, and Safe Care Trust, Islamabad reviewed the interview guide. Before collecting data, the tool was pre-tested on two people. The FGD guide included questions on the professionals' experience and the problems they experienced in treatment of the individuals with SUDs on individual, family, social, and organizational level. The primary investigator and research assistant led the focus group, and thorough material was recorded using notetaking and tape-recording. The interviews were held at a time that was convenient for the participants.

Analysis

The transcription of interview data was the first step in the study procedure. The transcriptions were initially done through verbatim, recording every word perfectly. The data was then translated into English by language experts. To investigate the qualitative data, the researchers used inductive thematic analysis. The goal of this technique was to find a set of primary themes that represented the various points of view and emotions stated by the participants. Thematic analysis was useful in summarizing the most important parts of a large dataset. It imposed a disciplined approach to data analysis, resulting in a clear and well-organized final report (Braun & Clarke, 2012).



The research team extensively went through over the transcripts before beginning the coding process to identify essential themes and construct a code book. The transcripts were coded by all members of the research team. To improve coding uniformity, each coder worked separately using the code book, and any coding differences were handled through discussion.

Following that, a final edition of the code book was created, as well as categories and themes. The coded transcripts were further analyzed, and summaries for each subject and category were prepared. The findings were presented in the form of direct quotations and detailed descriptions.

Results

The results are described in 4 boarder categories of the challenges faced by the healthcare professionals in the treatment of the substance use disorders. These categories are individual, social, economic, and system-level challenges.

Table 01

Themes, Categories, and Codes obtained from Focus Group Discussion

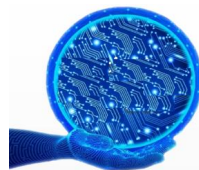
Major Themes	Sub-Themes	Initial Themes
Individual Challenges	Psychological factors	Co-morbid psychological illnesses, Fear of Stigma, Relapse
	Personality factors	Lack of awareness, Do not feel the need for treatment
Social Challenges	Family factors	Un-cooperative family attitude
	Healthcare related factors	Lack of reliable and certified addiction treatment professionals, Incompetence of Treatment Providers , Late Identification of Problem , Lack of

space in hospitals and rehab centers, Negative effects of treatment, Social stigma of treatment, Lack of Aftercare Services Lack of Case Management, Lack of Monitoring, Lack of collaboration, Lack of Standardized Treatment Practices, Wrong Conceptualization of SUDs

Economic Challenges	Financial factors	Financial constraints in assessing rehabilitation services
	Healthcare cost related factors	Lack of financial budget
System level Challenges	Legal factors	less efficient law enforcement
	Policy related factors	lack of interagency coordination and communication, lack of implementation of policies, inefficient policies

Individual Challenges

Individual-level challenges are an important component of the challenges that healthcare providers face while treating drug use disorders. At this level, healthcare workers negotiate the specific challenges that each patient faces. These difficulties might include the psychological and physiological consequences of addiction, including as cravings and withdrawal symptoms, which necessitate individualized treatment approaches. Furthermore, co-occurring



mental health conditions, differing degrees of motivation for recovery, and a patient's personal history can all have a substantial impact on the course of treatment.

PSYCHOLOGICAL FACTORS

Co-Morbid Psychological Illnesses

When treating people with substance use disorders (SUDs), co-morbid psychiatric diseases provide a substantial problem for healthcare practitioners. Concurrent mental health disorders can complicate therapy in a variety of ways. For starters, they frequently worsen the complexity of the patient's clinical presentation, making it more difficult to identify the fundamental reasons of their problems. Second, those with co-morbid psychiatric conditions may be less able to engage in SUD therapy successfully owing to mental health symptoms such as sadness, anxiety, or psychosis. Coordination of integrated care that treats both the SUD and the psychiatric disorder can also be challenging, necessitating strong coordination between mental health and addiction treatment providers.

"There is some form of psychiatric morbidity that exists, which can act as a barrier for individuals seeking treatment. They might not be aware of whether they should seek help from a mental health facility or continue with substance use disorder (SUD) treatment. This is because much psychiatric co-morbidity can lead to a lack of insight and rigidity in their personality, causing them to resist seeking treatment."

Fear of Stigma

The fear of stigma is a persistent and powerful factor that frequently discourages people from getting treatment or exposing sensitive areas of their life. The fear stems from apprehension about being evaluated, ostracized, or socially marginalized because of specific characteristics, behaviors, or situations.

"Fear related to the stigma of substance use is an issue. It involves shame and guilt. Because of this fear, they hide everything. If

people find out about their drug use, my in-laws will divorce me."

Relapse

When treating individuals with substance use disorders (SUDs), healthcare practitioners encounter a tremendous challenge: relapse. It's a recurring and upsetting aspect of the rehabilitation process. Individuals with SUDs frequently relapse, which can be precipitated by a variety of circumstances like as stress, environmental signals, or underlying psychiatric disorders. These setbacks can be disappointing for both patients and healthcare staff, leading to irritation and feelings of failure.

"When a comprehensive continuum of care system is not followed, patients often experience repeated relapses. This can lead to a growing sense of mistrust, both on the individual and family levels."

PERSONALITY FACTORS

Lack of Awareness

When treating people with substance use disorders (SUDs), healthcare personnel encounter a significant problem due to a lack of awareness. It addresses a number of topics, ranging from the general public's lack of awareness of addiction as a medical illness to the specific myths and stigma associated with SUDs. This lack of understanding can stymie early intervention and preventive efforts, as well as cause symptoms and the need for treatment to be overlooked.

"So, it's been almost 23 years, and the biggest issue I've encountered is the lack of awareness within our society regarding drug addiction and substance abuse."

"They hide their addictive substance from their clinical psychologist because they fear that if they reveal it, they will get into trouble. This lack of awareness can delay the process of bringing the patient to our clinic, rehabilitation centers, or hospitals. If this awareness could be instilled in any drug user right from the first day, it would significantly expedite the process."

**Do Not Feel the Need For Treatment**

When people do not see the need for treatment, it can be ascribed to a variety of variables that influence their willingness to face their problems. It can also be attributed to a lack of information about the seriousness of their ailment or a misunderstanding of the possible advantages of treatment. Others may believe they can handle their problems on their own, underestimating the impact that addiction or mental health disorders may have on their lives. Fear of judgment, social shame, or a sense of self-reliance can all contribute to a refusal to seek treatment.

“It’s a lack of education and awareness. Either they believe they don’t need treatment or they’re simply not ready to seek treatment. There could be various underlying reasons for this, some of which may be linked to a lack of education and awareness, as well as social stigma and shame. Substance use is often misunderstood as a character flaw, which contributes to the presence of social stigma and shame, serving as significant barriers to seeking help.”

“In such cases, neither the patient believes that there is not a problem with their drug use nor does the family acknowledge it.”

SOCIAL CHALLENGES**Family Related Factors****Un-Cooperative Family Attitude**

When treating people with substance use disorders (SUDs), healthcare personnel face a considerable barrier due to uncooperative family attitudes. Family engagement and support are critical components of the rehabilitation process, and when families are uncooperative or hostile to the treatment plan, it can stymie progress. This attitude may be the result of a lack of awareness regarding addiction as a medical problem, a deep-seated stigma, or the individual’s own personal issues associated to SUD.

“The family’s goal isn’t usually the complete treatment either. Forcing treatment - they simply want their loved ones to regain their health, and now a new term has started appearing in the market, which is “tuning.” Tuning means detoxifying and sending the

person back. This is not the treatment; it’s where the treatment begins, right after detoxification.”

HEALTHCARE RELATED FACTORS**Lack of Reliable and Certified Addiction Treatment Professionals**

When treating individuals with substance use disorders (SUDs), healthcare practitioners face a substantial difficulty due to a lack of reliable and licensed addiction treatment experts. It is critical to have skilled and certified personnel in order to provide effective and evidence-based treatment for people with SUDs. Unfortunately, there is a scarcity of clinicians with specialized training in addiction medicine and evidence-based therapies in many areas. This scarcity can lead to subpar care, impeding the rehabilitation process for people in need.

“One of the challenges we face is the lack of certified and specialized professionals in the field of substance use disorder treatment. While there are numerous treatment centers in regions like Sindh, Punjab, and KPK, it’s crucial to question whether these facilities have certified and specialized professionals on their staff. When we talk about specialists or certified professionals, we mean individuals with specific qualifications and expertise in the field of substance use disorders and evidence-based treatment interventions. This factor is often missing, and even if someone manages to access treatment, the effectiveness of that treatment can be compromised without the involvement of adequately trained and certified professionals.”

“People often lack training in Cognitive Behavioral Therapy (CBT), and furthermore, if we specifically talk about CBT for substance use disorder, it’s a distinct approach. It differs from CBT used for conditions like depression or anxiety. Similarly, when it comes to addressing trauma-related issues, the necessary expertise may also be missing.”

Incompetence of Treatment Providers

When treating individuals with substance use disorders (SUDs), healthcare practitioners face



a huge problem due to treatment providers' incompetence. Treatment providers that lack the requisite knowledge, skills, or training might jeopardize patient outcomes. This incompetence can appear in a variety of ways, such as a lack of awareness of evidence-based treatment modalities, an inability to meet the multifaceted requirements of people with SUDs, and a lack of acquaintance with the most recent research and therapeutic techniques. Such flaws can lead to inferior patient outcomes and may even contribute to treatment failures or relapses.

"The attitude of our staffing at our treatment center isn't as welcoming as it should be."

"We keep them on board because we have a doctor, for instance, but they lack knowledge about substance use disorders. The same issue extends to our nursing staff; they are not trained in the specifics of substance use disorders."

"We are often unsure about crucial aspects of treatment duration, the intensity of the dose, whether it should be psychological or medical, and how much of it should be administered. There are many uncertainties surrounding these critical elements."

Late Identification of Problem

When treating people with substance use disorders (SUDs), healthcare personnel face substantial challenges due to the late identification of the illness. Delays in recognising SUDs can be harmful because they let the illness to grow, potentially leading to more severe physical and psychological issues. Late identification is frequently the result of circumstances such as stigma, denial, a lack of knowledge, or persons concealing their substance use.

"Whenever a case of substance abuse arises, it often doesn't come to our attention right away because when someone starts using drugs, they don't immediately manifest all the harms. However, with long-term use, virtually any drug can cause significant negative effects."

Lack of Space in Hospitals and Rehab Centers

When treating people with substance use disorders (SUDs), healthcare staff face substantial challenges due to a lack of space in hospitals and rehabilitation centers. Inadequate physical infrastructure can limit the ability to offer proper care and accommodations to people in need of treatment. This limitation frequently results in overpopulation, decreased privacy, and hampered access to important services. Furthermore, a lack of room might make it difficult to provide specialized treatment programs and therapy sessions, lowering the quality of service. It can also lead to extended waiting lists, causing crucial interventions to be delayed and thereby raising the risk of relapse or severe health consequences for people in need.

"There are insufficient places available at your treatment center. You opened a facility inside a bungalow and accommodated around 70-80 patients there. It's like fitting too many animals into one feeding trough - the space is limited. Moreover, they're now putting 10-12 people in rooms originally meant for 4 or 5."

"Unfortunately, there are many people on the waiting list here who are not receiving proper care."

Negative Effects of Treatment

Negative treatment effects present a complicated problem for healthcare personnel who treat persons with substance use disorders (SUDs). Physical and psychological adverse effects may occur, causing pain. Relapses may be discouraging, and stigma in treatment settings can stymie progress. The problem is exacerbated by limited access to care and high dropout rates. Managing co-occurring mental health issues in addition to SUDs complicates matters.

"He explained to me that when the patients used to experience delirium or psychosis during withdrawal, they would often shout and scream. In these instances, they would administer two injections of Sirenase to calm the patients down. The patients would sit quietly for the entire day after receiving



these injections. Additionally, when they displayed anger or aggression, the treatment providers would use a restraining pipe to manage his behavior.”

Social Stigma of Treatment

When treating people with drug use disorders, healthcare personnel have a huge barrier due to the societal stigma associated with treatment. This stigma frequently prevents people from getting treatment or revealing their substance abuse problems. It can cause emotions of humiliation, embarrassment, and isolation, making it difficult for patients to engage in the treatment process effectively.

“When patients come for treatment, they often want to recover as quickly as possible, and their families also wish to take them home soon due to the stigma associated with substance use disorders.”

“Treatment centers that cater to different genders also encounter cases involving the LGBTQ community, and they do not know what to do with such cases. Unfortunately, there are instances where minors are placed alongside adults, which can raise concerns and issues. These factors represent challenges we face in our treatment facility.”

Lack of Aftercare Services

When treating individuals with substance use disorders (SUDs), the lack of aftercare plans is a significant barrier for healthcare personnel. Aftercare is an important part of the recovery process because it gives patients who have finished primary treatment with continuous support and resources. However, a dearth of easily available and well-structured aftercare treatments can leave patients without the skills and support they need to stay sober. “In our discussion about the continuum of care, we are facing challenges in providing pre-treatment, primary treatment, and aftercare services effectively. As an expert in substance use disorders and their treatment, it's crucial for both individuals and professionals to have a comprehensive understanding of what aftercare entails. Unfortunately, many people lack awareness at

this level when it comes to aftercare services.”

Lack of Case Management

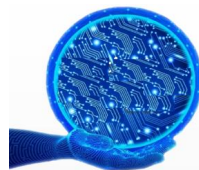
When treating individuals with substance use disorders (SUDs), the lack of adequate case management creates a substantial barrier for healthcare personnel. Case management is critical in organizing and ensuring continuity of care for patients throughout their treatment journey. Individuals with SUDs may encounter gaps in their care if they do not have specialized case managers, resulting in lower treatment engagement, an increased risk of relapse, and difficulties obtaining necessary support services.

“Our case management is currently lacking a designated case manager, and this absence of proper case management is a significant issue. However, I do appreciate that in some places, like Dr. xyz mentioned, there are recovery support programs such as self-help groups and NIB groups.”

“The role of case management often extends beyond what psychologists or physicians can handle. In fact, outreach work is best suited for social workers and case workers who can view substance use issues from a sociological perspective. For substance use outreach programs, having a sociologist or researcher on board might be more effective than other professionals because they bring a unique skill set and perspective to the table. Sociologists and social workers can complement each other in providing comprehensive and holistic support.”

Lack of Monitoring

When treating people with substance use disorders (SUDs), healthcare personnel face a substantial problem due to a lack of appropriate monitoring. Adequate monitoring is essential throughout the treatment process to ensure patient safety, treatment plan adherence, and relapse prevention. Individuals with SUDs may be more likely to acquire drugs or engage in high-risk behaviors during treatment if suitable monitoring systems are not in place.



“Unfortunately, there have been complaints regarding the monitoring of substance use disorder in our facilities. In situations where the staff responsible for the treatment of patients cannot effectively manage them, some patients end up obtaining drugs within the facility by themselves. These issues highlight systemic challenges, and if we look at the broader picture, they underscore the need for an overall holistic approach to patient care.”

Lack of Collaboration

Treatment of people with substance use disorders (SUDs) is complicated by a lack of coordination. Dominance in certain professions, such as psychiatry or psychology, might result in fragmented treatment. As a result, mental co morbidities are frequently left untreated, as patients are not always directed to specialized SUD treatment facilities by psychiatrists, and vice versa. Effective professional coordination and communication are required to offer comprehensive care for SUD patients, including both drug use and co-occurring mental disorders.

“Many of us who work in treatment make claims, and I also engage in consultations. However, it's disappointing to see that not many of us are genuinely collaborating with each other, especially when it comes to discussing system-level issues.”

“One of the reasons why this collaboration isn't happening is because of insecurities. There's a fear that if we refer someone to another service provider, they might uncover our mistakes, leading to embarrassment. We're hesitant to share our shortcomings, fearing it will reflect poorly on us, and others may say that we're not interested in improving. It's this fear and insecurity that's preventing us from addressing these important issues.”

“This is crucial, and if we make efforts on a personal level, thinking about the greater interest, these actions can benefit us significantly. Additionally, when we talk about intersectoral collaboration and stakeholder engagement, following the guidelines of

UNODC and KATGA at that level can greatly improve these aspects.”

“In Pakistan, the field of substance use is often dominated by specific professional fields. In some areas, psychiatry has a strong presence, while in others, psychology takes the lead.”

“The lack of coordination is evident, as I mentioned earlier, where psychiatric morbidities often play a role. It frequently happens that if a patient visits a psychiatrist, they don't refer them to us for SUD treatment. They assume the patient will receive all the necessary treatment there. Similarly, if a patient comes to our SUD treatment facility and they have specialized psychiatric problems, communication and coordination among professionals can be lacking, especially if they don't have specialized doctors to address those psychiatric co morbidities. This lack of coordination and communication among professionals is a notable challenge in our field.”

Lack of Standardized Treatment Practices

When treating individuals with substance use disorders (SUDs), healthcare practitioners face a considerable problem due to a lack of standardized treatment practices. Inconsistencies in treatment techniques and methodology might lead to inadequate care and varying patient results. Healthcare personnel may struggle to deliver evidence-based and effective treatments without standardized practices, making it difficult to achieve consistent, high-quality care for people with SUDs.

“We have very few people available for HIV/AIDS services and there are a few organizations in Pakistan that work effectively for HIV/AIDS patients, especially those with co morbidities or substance use disorders. Unfortunately, there are no such services available for individuals who are both HIV positive and substance users.”

“The most significant dilemma we face is that we are not adhering to the ethical principles set by international organizations like the World Health Organization (WHO) or the United Nations Office on Drugs and Crime



(UNODC). They have established standards for addressing these substandard conditions, and it's unfortunate that we are not following them.”

“Unfortunately, we are not adhering to those UNODC standards, especially when it comes to your Principle Number 3. If we were to focus on those aspects, it would be evident that we are discussing evidence-based services and standards. However, regrettably, it remains uncertain whether we are following the same or not. Let's take a closer look at that pyramid and examine the guidelines for the treatment system for drug use disorders, particularly their Number 3.”

Wrong Conceptualization of SUDs

The inaccurate conception of Substance Use Disorders (SUDs) provides a substantial barrier for healthcare providers attempting to treat persons suffering from these diseases. There is frequently misconception or misinterpretation that SUDs may be entirely healed, which leads to excessive expectations among patients and their families.

“A recovery is typically seen with a focus on promoting abstinence - the avoidance of substance use. It revolves around the idea that we don't use drugs, and therefore, our bodies are free from the influence of substances. When we talk about drug addiction, it's important to understand that it's not a curable disease; it's manageable. This subtle shift in conceptualization significantly impacts our approach to treatment.”

ECONOMIC CHALLENGES

Financial Factors

Financial Constraints in Assessing Rehabilitation Services

When it comes to evaluating rehabilitation services for persons with substance use disorders (SUDs), financial restrictions offer a substantial barrier for healthcare personnel. The expense of rehabilitation services, such as treatment programs, counseling, and support, may be too expensive for many people and their families. This financial burden can limit access to appropriate care and prevent

patients from getting the assistance they require to properly address their SUDs.

“The services that should ideally be available at a certain level are not being provided, and at this level, various issues like financial constraints come into play. For instance, when a person is unable to pay their electricity bill and is struggling with personal issues, it becomes challenging to arrange and finance the treatment for the patient.”

HEALTHCARE COST RELATED FACTORS

Lack of Financial Budget

A lack of adequate financial resources is a daunting issue for healthcare providers attempting to treat persons with substance use disorders (SUDs). Adequate financing is essential for comprehensive SUD treatment programs, which include medical care, counseling, therapy, and support services. Healthcare institutions may struggle to offer needed resources and employees without an appropriate budget, compromising the quality and availability of service.

“Treatment can indeed be extensive, and financial limitations can pose a significant barrier. If someone needs to seek treatment in another city, logistical challenges also come into play.”

SYSTEM LEVEL CHALLENGES

Legal Factors

Less Efficient Law Enforcement

When it comes to treating people with substance use disorders (SUDs), ineffective law enforcement presents a substantial issue for healthcare practitioners. Law enforcement authorities have an important role in resolving substance-related concerns, such as the identification, intervention, and assistance of those suffering from SUDs. When law enforcement authorities are ineffective or lack the required resources, attempts to identify and refer people with SUDs to suitable treatment programs can be hampered. “Our law enforcement agencies are not efficient enough to cater to all of these individuals. The Healthcare Commission has urged rehabilitation centers and hospitals to manage street beggars involved in drug



addiction. This is a commendable initiative, but it may not be possible until our law enforcement agencies actively collaborate with us in this effort.”

POLICY RELATED FACTORS

Lack of Interagency Coordination and Communication

When treating people with substance use disorders (SUDs), healthcare providers face substantial challenges due to a lack of interdisciplinary collaboration and communication. Collaboration across multiple organizations, including healthcare, law enforcement, social services, and education, is required for effective treatment and support for people with SUDs. When these organizations do not effectively coordinate and communicate, various issues can occur, including missed opportunities, fragmented care, duplication of efforts, and limited information sharing.

“The extent of collaboration at the system level, which encompasses the departments running at the federal or provincial level, is crucial. Globally, substance use is recognized as a public health issue, and ideally, it should fall under the jurisdiction of the Ministry of Health. The Ministry of Health should lead efforts in this regard. Unfortunately, as Dr. Noor will explain in detail, this responsibility does not entirely rest with the Ministry of Health. The Ministry of Narcotics Control, housed within the Interior Ministry, also deals with aspects of substance use. The level of collaboration and liaison between these ministries, along with those responsible for social welfare and education, can significantly impact the effectiveness of addressing substance use issues. Currently, the extent and quality of this collaboration vary, which can influence the overall success of substance use disorder interventions.”

Lack of Implementation of Policies

In their mission to treat people with substance use disorders (SUDs), healthcare professionals face a daunting task due to a lack of effective policy implementation. While laws and regulations may exist to combat SUDs, their

actual enforcement and implementation frequently fall short. This shortcoming can lead to limited access to critical treatment services, discrepancies in care quality, and coordination gaps across organizations, and diminished accountability systems.

“In Pakistan, we have around 30 to 35 people who are credentialed for this specific field. Globally, it's challenging to find a job unless you have these credentials. Interestingly, our credentialing system is recognized in about 20 countries, and individuals who have completed the required courses often find employment even in places like Dubai and Abu Dhabi. However, when it comes to Pakistan, some individuals who have obtained these credentials, such as those who have completed ICAP courses, may still struggle to secure employment.”

“In addition to credentialing, the government has taken positive steps, whether it's the Punjab Health Commission or any other health commission. They have established a registration process, which we might not fully adhere to. Sometimes our perceptions about certain aspects of this process differ. For example, there's a debate about the necessity of having a psychiatrist versus a psychologist. As Dr. mentioned earlier, many psychologists are currently practicing in this field. We've primarily directed our focus towards addressing psychiatric issues when they arise.”

Inefficient Policies

Inefficient policies, as evidenced by the misplacement or undervaluation of important healthcare tasks, provide a substantial problem for healthcare staff working with persons suffering from substance use disorders (SUDs). These policies, whether via confusing job descriptions, insufficient resource allocation, or unclear responsibilities and involvement.

“In a rather unceremonious manner, the role of psychologists seems to have been relegated to a lower priority by the health commissions. Unfortunately, this was done without specifying their duties or responsibilities in a comprehensive manner. It appears that the



terms of reference (TORs) for psychologists have not been clearly defined, and their position has been placed relatively low on the list, perhaps at the 9th or 10th position, without a well-defined mandate.”

Lack of Knowledge

The absence of system-level knowledge is a serious impediment to healthcare personnel' efforts to properly treat individuals with substance use disorders (SUDs). This information gap affects numerous aspects of the healthcare system, with far-reaching repercussions. Early intervention opportunities are frequently lost as a result of delayed detection of SUDs, and insufficient resource allocation occurs from a lack of information about the magnitude and effect of these diseases. This insufficiency can also be ascribed to the continuous stigma surrounding SUDs, making it difficult for individuals to seek treatment and for healthcare personnel to deliver stigma-free care.

“Certainly, in Pakistan, even on television, there is often confusion between different drugs. For example, it is common to see reports mentioning “5 kilograms of heroin/ ICE,” but unfortunately, many government officials are unaware that ICE refers to Methamphetamine, a stimulant, while heroin is an opioid.”

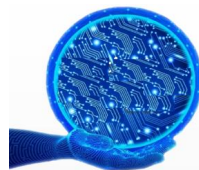
DISCUSSION

In the Focus Group Discussion, the primary focus of discussion was to get detailed information about the challenges faced by the healthcare professionals in the treatment of Substance Use Disorders. 4 primary themes emerged from the data, i.e., individual challenges, social challenges, economic challenges, and system-level challenges. Each theme consisted of further subthemes. The subthemes for the individual challenges are personality factors and psychological factors. When treating patients who have other co-morbid mental health problems as well as substance use disorders (SUDs), healthcare professionals encounter a diverse set of obstacles. These difficulties include the

emotional strain of dealing with people who are in emotional distress, the difficult task of diagnosing and assessing patients who have overlapping symptoms, and the logistical difficulties of accessing specialized care, which is not always readily available. The current inadequacies within the healthcare system and larger societal institutions exacerbate these concerns. These systemic elements contribute to and promote unfavorable attitudes, expectancies, and prejudices against people with mental disorders and substance use disorders (Isbell et al., 2023).

Stigma and fear revolving around the stigma are other major factors that lead to the challenges in the treatment of substance use disorder. In Pakistan, the frequency of substance use is especially high among those from lower educational and socioeconomic strata, with this trend frequently beginning at a young age, typically before the age of 18. The cultural and socioeconomic backdrop of substance use in Pakistan adds to the complication of the problem. There is a widespread stigma around substance abuse, particularly among the younger generation. This cultural stigma is especially acute for women, who face far more severe social repercussions and discrimination when their substance use is revealed (Shafiq et al., 2006; Zaman et al., 2015).

Relapse is one the most pertinent and prominent aspect in the treatment of the substance use disorders. It's been a long time since the importance of relapse prevention and efficient management been emphasized, but not enough has been done practically. A research done by Batool et al., (2017) found that relapse is a complicated difficulty that persons in recovery from drug use disorders confront, and it is impacted by a variety of circumstances. Association with past addicts is a key component, since keeping distance from these relationships can be difficult. Reuniting with those who still use drugs or are in recovery can provoke cravings and normalize substance use, significantly increasing the chance of relapse. Family dynamics have a significant impact as well, with negative



reactions, misunderstandings, or strained relationships within the family frequently causing emotional stress in the recovering individual. This emotional upheaval might push people back to substance use as a coping method, especially if they believe they are being abandoned (Kuria, 2013).

Lack of awareness at all levels, whether it is individual awareness, family awareness, or awareness at the system levels, is crucial for increasing the rates of individuals that are seeking the treatment for substance use disorders. There is a need for the awareness of youth about the risks of substance use for physical health and psychological well-being (Ali et al., 2022). Enhancing awareness and education are critical in tackling substance use disorders (SUDs), especially when considering parental participation and individual educational backgrounds. To begin, educating parents about SUDs and the treatment process may be quite beneficial. Involving parents and training them on how to support their children's therapy has been shown in studies to have profoundly good benefits (Botez et al., 2019).

Another study focuses on the impact of education on people's reactions to treatment, notably cognitive-behavioral therapy (CBT). Individuals with higher levels of education, such as college and university students, responded more positively and acceptingly to CBT than those with little or no formal education. This research emphasizes the necessity of adapting treatment techniques to take educational backgrounds into account, since persons with greater levels of education may be more susceptible to therapeutic interventions such as CBT (Naeem et al., 2019). It also emphasizes the importance of focused educational activities, both for parents and persons with SUDs, to raise awareness, eliminate stigma, and encourage successful treatment participation across varied communities.

Despite their substance use, some people might not see it as a problem and may not recognize any problems with their behavior. This lack of knowledge or recognition that their drug use is harmful can be a substantial

barrier to treating substance use disorders (SUDs). These phenomena can be caused by a variety of factors, including denial, societal shame, or a genuine perception that their substance use is under control (Roggers et al., 2019)

The joint family system, a strongly embedded cultural norm in Pakistan, might exacerbate these issues. Decisions about an individual's health and well-being are frequently made collectively in such family arrangements. Even a single family member's refusal to admit the need for mental health therapy might discourage others from seeking assistance, prolonging the cycle of stigma and limiting access to psychotherapeutic care. As a result of these obstacles, persons with mental health issues may suffer in silence, without seeking professional care when necessary (Masood & Sahar, 2014). Research has found that family support was fundamental to the effectiveness of treatment. The family, on the other hand, might have a detrimental impact on treatment results. A lack of tough love on the part of family members is what ruins all of the efforts put into substance abuse treatment (Azad et al., 2022).

When seeking treatment for drug use disorders, marginalized populations, particularly those on the LGBTIQ+ spectrum, face considerable challenges. Stigma and prejudice exacerbate their susceptibility, leading to increased rates of drug abuse and mental health issues. These interconnected difficulties not only discourage people from seeking healthcare, but also result in fewer specialized solutions accessible to meet their unique requirements (Silveri et al., 2022). One obvious issue is that mental health care practitioners are not adequately trained or prepared to comprehend and meet the special needs of these marginalized communities.

In Pakistan, state health institutions, non-governmental organizations, and private rehabilitation centers share responsibilities for treating persons with substance-related disorders. Secondary and tertiary care hospitals' psychiatric departments typically follow the illness model, concentrating mostly on symptom treatment through detoxification,



with little counseling services. Because of the lack of strong state support, certain non-profit organizations provide community-based detoxification, outpatient therapy, and harm reduction therapies (European Monitoring Centre for Drugs and Drug Addiction, 2003). These treatment clinics often provide two-week illness-model detox programs in tiny units but lack standardized patient care protocols.

A research done by Asif and co-researchers (2023) highlighted that the economic aspect of the family is a major concern behind the treatment of the individuals with substance use disorders (SUDs). Families are frequently burdened financially as a result of the costs of SUD treatment, loss of income owing to addiction-related concerns, legal fees, and debt buildup. These difficulties have an impact on schooling, living circumstances, and overall financial stability. To address this, extensive support is required, including financial counseling and assistance programs to aid families in managing treatment expenses while promoting recovery. Prevention and early intervention measures are also critical for reducing the financial effect of SUD on families.

Individuals with substance use disorders require a comprehensive approach that includes assessment, detoxification, rehabilitation, counseling, therapy, ongoing care, substance use monitoring, medications, case management, and mutual support programs. To fully recover from this problem, well-established operational methods in both government and commercial rehabilitation centers are required. Unfortunately, insufficient medical care in government hospitals and a lack of control in private rehabilitation centers exacerbate the difficulties that patients and their families experience (Anjum et al., n.a.)

Despite the United Nations Office for Drug Control and Crime's (2005) attempts to train experts, many in the area lack official qualifications (European Monitoring Centre for Drugs and Drug Addiction, 2003). Some institutions, including the Health Department, Social Welfare Department, and Anti-

Narcotics Force, work together to provide detoxification and outpatient clinics. Individualized therapy for drug use disorder patients is provided by independent organizations. Other non-governmental organizations in places including as Karachi, Quetta, and Rawalpindi collaborate with national and international organizations. To achieve improved outcomes, they use a flexible strategy to handle patients' cultural and socioeconomic problems, aggressively increase awareness, and use updated models (McLellan et al., 1993).

The landscape of drug use disorder is always changing, posing new challenges for specialists in the area (Anti-Narcotics Force Islamabad, 2006). As a result, professionals participating in addiction treatment must be adaptive and imaginative in their techniques rather than relying on outmoded treatment methods. It is critical for government agencies and non-governmental organizations to collaborate and undertake extensive evaluations in order to build a coherent treatment framework that effectively tackles current difficulties and integrates proven solutions.

CONCLUSION

This qualitative study identified the four major themes in which the challenges in the treatment of the substance use disorders fall. The four themes are individual challenges, social challenges, economic challenges, and system level challenges. The subthemes were also obtained for each major theme. Subthemes for the individual challenges included psychological and personality factors. The subthemes for the social challenges were family related factors and healthcare related factors. The third theme was economic factors, and the subthemes under this theme were financial factors and healthcare cost related factors. The last theme was the system level challenges and it comprised of legal factors and policy related factors. All of these themes and subthemes encompasses the challenges experienced by the healthcare



professionals in the treatment of the individuals with substance use disorders (SUDs). The results of the study found that the challenges are present in almost all the prominent categories and areas that are associated with the Substance Use Disorder, therefore, a rigorous and extensive revision of the policies and system is required to make the situation better in coming time.

Implications and Recommendations

This study highlights the need to focus on the individual elements of the problem, and requires effort for the dynamic change in the area of substance use disorder to not only treats but to prevent the coming generations from the evil of substance use disorders. It also highlights the need of culturally relevant and valid treatment protocol that meets the needs of individuals with SUDs, their families, and the healthcare professionals who deal with these cases on daily basis. Existing therapy techniques have been demonstrated to be less compatible with Pakistan's specific cultural and language complexities. As a result, it is critical to develop treatment procedures that not only recognize but also successfully address the unique obstacles offered by Pakistani culture and language. The study emphasizes Cognitive-Behavioral Therapy (CBT) as an effective treatment approach for SUDs in particular. There is a pressing need for the development and integration of culturally suitable CBT therapies in order to maximize their impact in the Pakistani environment. These customized CBT procedures should be carefully tailored to account for Pakistan's cultural norms, beliefs, and linguistic subtleties. This adaptation is critical to ensuring that people seeking SUD treatment receive care that is sensitive to their cultural identity and capable of producing optimal results within the Pakistani cultural framework. We can considerably increase the efficacy and accessibility of treatments by improving the cultural relevance of SUD treatment protocols, thereby addressing the particular problems experienced by persons living with drug use disorders in Pakistan.

Limitations

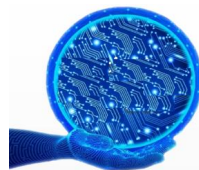
Our sample is large and experienced, spanning multiple hospitals and professional roles. However, it didn't include the social workers, and case workers working in the field. This can limit the transfer of data and information to these professionals who are also playing an integral role in the betterment of the society.

REFERENCES

- Ali, M., & Shahzad, S. (2019). Risk and protective factors for mental health problems in Patients with substance use disorder. *Pakistan Journal of Psychology*, 50(2).
- Ali, F., Russell, C., Nafeh, F., Chaufan, C., Imtiaz, S., Rehm, J., Spafford, A. and Elton-Marshall, T., (2022). Youth substance use service provider's perspectives on use and service access in ontario: time to reframe the discourse. *Substance abuse treatment, prevention, and policy*, 17(1), p.9.
- Anti-Narcotics Force Islamabad (2006-7). *National Drug Assessment Study in Pakistan 2006-07*. Govt. of Pakistan Islamabad.
- Anjum, W., Mubashir, A. S., Watto, S. A., Habib, S., Ramzan, M., & Mahmood, S. Challenges of Rehabilitation Among Patients with Substance Use Disorder: Professional Perspectives.
- Asif, M., Khoso, A.B., Husain, M.A., Shahzad, S., Van Hout, M.C., Rafiq, N.U.Z., Lane, S., Chaudhry, I.B. and Husain, N., 2023. Culturally adapted motivational interviewing with cognitive behavior therapy and mindfulness-based relapse prevention for substance use disorder in Pakistan (CAMAIB): protocol for a feasibility factorial randomised controlled trial. *Pilot and Feasibility Studies*, 9(1), pp.1-11.
- Atif, M., Malik, I., Asif, M., Qamar-Uz-Zaman, M., Ahmad, N., & Scahill, S. (2020). Drug safety in Pakistan. In *Drug safety in developing countries* (pp. 287-325). Academic Press.
- Azad, A. H., Khan, S. A., Ali, I., Shafi, H., Khan, N. A., & Umar, S. A. (2022). Experience of psychologists in the delivery of cognitive e behaviour therapy in a non-western culture



- for treatment of substance abuse: a qualitative study. *International Journal of Mental Health Systems*, 16(1), 1-11.
- Batool, S., Manzoor, I., Hassnain, S., Bajwa, A., Abbas, M., Mahmood, M., & Sohail, H. (2017). Pattern of addiction and its relapse among habitual drug abusers in Lahore, Pakistan. *EMHJ*, 23(3).
- Braun, V., & Clarke, V. (2012). Thematic analysis. American Psychological Association.
- Connery, H. S., McHugh, R. K., Reilly, M., Shin, S., & Greenfield, S. F. (2020). Substance use disorders in global mental health delivery: epidemiology, treatment gap, and implementation of evidence-based treatments. *Harvard review of psychiatry*, 28(5), 316.
- Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (2023). Substance Use Disorders. American psychologist Association. p. 546-666
- European Monitoring Centre for Drugs and Drug Addiction (2003). Annual report 2003: The state of the drugs problem in the European Union and Norway: www.emcdda.europa.eu
- Ghazal, P. (2019). Rising trend of substance abuse in Pakistan: a study of sociodemographic profiles of patients admitted to rehabilitation centres. *Public health*, 167, 34-37.
- Isbell, L. M., Chimowitz, H., Huff, N. R., Liu, G., Kimball, E., & Boudreaux, E. (2023). A qualitative study of emergency physicians' and nurses' experiences caring for patients with psychiatric conditions and/or substance use disorders. *Annals of Emergency Medicine*, 81(6), 715-727.
- Kuria, M. W. (2013). Factors associated with relapse and remission of alcohol dependent persons after community based treatment.
- McLellan, A. T., Arndt, I. O., Metzger, D. S., Woody, G. E. & O'Brien, C. P. (1993). The effects of psychosocial services in substance abuse treatment. *Journal of the American Medical Association*, p. 269, 1950-1959.
- Moore, N., Kohut, M., Stoddard, H., Burris, D., Chessa, F., Sikka, M.K., Solomon, D., Kershaw, C.M., Eaton, E., Hutchinson, R. and Fairfield, K.M., (2022). Health care professional perspectives on discharging hospitalized patients with injection drug use-associated infections. *Therapeutic advances in infectious disease*, 9, p.20499361221126868.
- Masood, S., & Us Sahar, N. (2014). An exploratory research on the role of family in youth's drug addiction. *Health Psychology and Behavioral Medicine: An Open Access Journal*, 2(1), 820-832.
- Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaptation of cognitive-behavioural therapy. *BJPsych advances*, 25(6), 387-395.
- Rogers, S. M., Pinedo, M., Villatoro, A. P., & Zemore, S. E. (2019). "I don't feel like I have a problem because I can still go to work and function": Problem recognition among persons with substance use disorders. *Substance use & misuse*, 54(13), 2108-2116.
- Saleem, T., & Hawamdeh, E. S. (2023). Counselor self-efficacy, spiritual well-being and compassion satisfaction/fatigue among mental health professionals in Pakistan. *Current Psychology*, 42(16), 13785-13797.
- Shafiq, M., Shah, Z., Saleem, A., Siddiqi, M. T., Shaikh, K. S., Salahuddin, F. F., ... & Naqvi, H. (2006). Perceptions of Pakistani medical students about drugs and alcohol: a questionnaire-based survey. *Substance abuse treatment, prevention, and policy*, 1(1), 1-7.
- Shahzad, S., Kliewer, W., Ali, M., & Begum, N. (2020). Different risk factors are associated with alcohol use versus problematic use in male Pakistani adolescents. *International journal of psychology*, 55(4), 585-589.
- Silveri, G., Schimmenti, S., Prina, E., Gios, L., Mirandola, M., Converti, M. & Italian Working Group on LGBTQI Mental Health. (2022). Barriers in care pathways and unmet mental health needs in LGBTQI+ communities. *International Review of Psychiatry*, 34(3-4), 215-229.
- United Nations Office for Drug Control and Crime (UNDOCCP) (2005). Study of drug treatment modalities and approaches in Pakistan 2000. The United Nations Systems in Pakistan, Islamabad.
- United Nations Office on Drugs and Crime. (2022, January 15). National Drug Use Survey Pakistan 2022-24 Launched. UNODC Pakistan. <https://www.unodc.org/pakistan/en/natio>



[nal-drug-use-survey-pakistan-2022-24--
launched.html](#)

Zaman, M., Razzaq, S., Hassan, R., Qureshi, J., Ijaz, H., Hanif, M., & Chughtai, F. R. (2015). Drug abuse among the students. *Pakistan Journal of Pharmaceutical Research*, 1(1), 41-47.

