DEPARTMENT OF PSYCHIATRY, SCHOOL OF MEDICINE,
COLLEGE OF HEALTH SCIENCES,
ADDIS ABABA UNIVERSITY

FACILITATORS AND BARRIERS OF SUBSTANCE USE DISORDERS TREATMENT IN ADDIS ABABA, ETHIOPIA:

A QUALITATIVE STUDY

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A THESIS SUBMITTED TO THE DEPARTMENT OF PSYCHIATRY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE SPECIALITY CERTIFICATE IN PSYCHIATRY.

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ABBREVATIONS

AMSH: Amanuel Mental Specialized Hospital

AUD: Alcohol Use Disorder

DHS: Demographic and Health Surveys

DSM: Diagnostic and Statistical Manual

EDHS: Ethiopian Demographic and Health Survey

FCMRC: Ferdows Cultural Medical and Rehabilitation Center

HIV: Human Immune Virus

LMICS: Lowe and Middle Income Countries

OPD: Out Patient Department

SUDs: Substance Use Disorders

USA: United States of America

ZMH: Zewditu Memorial Hospital

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ABSTRACT

Back ground: Substance use disorders (SUDs) are becoming a significant public health concern in the Globe and particularly in Ethiopia. The problem particularly affects the youth resulting in undesirable health consequences, increased risk for disabilities, and loss of productivity. Despite the significant burden of SUDs, treatment service utilization remains poor among individuals with SUDs. The reason for the low utilization is not fully explored and understood.

Objective: This study explored the facilitators and barriers to substance use disorders treatment from the perspectives of service users and care givers from both formal and informal treatment settings in Addis Ababa, Ethiopia.

Methods: A descriptive qualitative study was conducted using in-depth interviews with 18 participants receiving treatment for SUDs at Amanuel Mental Specialized Hospital, Zewditu Memorial Hospital, Ferdows Cultural Medical and Rehabilitation Center and St. Urael holy water site. Participants were selected through purposive sampling. Frame work analysis was applied using the Socio-ecological model to categorize facilitators and barriers at different levels.

Findings: Facilitators of treatment included personal motivation, prayer, positive family influence, former service users' role in treatment seeking, good service provision by providers, and spiritually and culturally oriented treatment approaches. Barriers include include negative family and community influence on treatment access, stigma associated with mental health hospitalization, easy access to substances in treatment facilities and within communities, high treatment cost, lack of insurance coverage and limited-service availability.

Conclusion: Our findings are crucial for understanding the context of substance use interventions, providing valuable insights to inform future intervention design.

1. INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Substance use disorders have become a significant public health concern worldwide with significant increase in the estimated number of substance users in recent years(1). Substances such as cannabis being consumed widely worldwide. Opioids account for the greatest portion of serious drug-related harm causing premature deaths from lethal overdoses and disabilities(1).

The problem is also prominent in Africa. A Multilevel Analysis of the Demographic and Health Surveys (DHS) conducted in 11 East African countries, including Ethiopia, revealed that the prevalence of substance use among males was 43.7% (2).

Substance use is widespread in Ethiopia, especially among the youth. According to the 2016 Ethiopian Demographic and Health Survey (EDHS), nearly half (46.74 %) of young people reported using substances occasionally or daily in the 30 days leading up to the survey. Drinking alcohol, chewing Khat, and smoking cigarettes and other tobacco products being common(3).

The issue becomes even more concerning in urban areas like Addis Ababa, where the prevalence of problem drinking estimated to reach up to 2.7%(4). Similarly, the prevalence of drug injection is high in the city, with an estimated total number of 4068 people who injected drugs in 2020. Young males with a lower educational level are mostly affected. A significant percentage of them have positive test results for HIV, hepatitis B, and C. mainly due to needle sharing(5).

Despite this significant burden of substance use disorders, treatment service utilization remains poor among affected individuals. In a community based cross-sectional study conducted in the town of Bahir Dar, Northwest Ethiopia out of 548 participants with problematic substance use, only one 30.7 had sought help(6).

The reason for the low utilization is not fully known. Limited research exists in Ethiopia that specifically assess these reasons. However, one study in sodo district, south

Ethiopia, which assessed obstacles to getting help for alcohol use disorder from patients' perspective, found a high prevalence of depressive symptoms and increased alcohol use disorders related disability. Among the affected individuals, only 13% sought help. The 87 % who didn't seek help, reported high levels of internalized stigma. And they mentioned the main obstacles to getting help were wanting to solve the issue alone, thinking it would get better on its own, and not knowing where to turn(7).

Our literature review identified limited studies in Ethiopia that specifically focused on assessing Facilitators and barriers for substance use Disorder treatment. While, The above mentioned community-based, cross-sectional survey done in Sodo district, south Ethiopia assessed treatment gap and health seeking behavior, barriers and stigma for Alcohol use disorder (AUD). It did not include the broader spectrum of substance use disorders and done only from the patients perspective.

This study aims to explore barriers and facilitators in health service use by patients with substance use disorder. It will assess the perspectives and experiences of patients and care givers in both formal and informal treatment settings.

1.2 STATEMENT OF THE PROBLEM

In Ethiopia, there is a significant health burden from substance use disorders and high prevalence of substance use among its youth in both rural and urban areas. Among individuals aged 15 to 24, the overall prevalence of occasional or daily substance use reaches up to 46.74%, with the majority drinking alcohol, chewing Khat, and smoking cigarettes (8).

The prevalence and health burden are more visible in cities like Addis Ababa. The Prevalence of alcohol dependence and problem drinking among the adult population in Addis Ababa is 2.7%. The Prevalence of drug injection is also high, with an estimated total number of 4068 people injecting drugs in the city in 2020. A significant percentage of these individuals have tested positive for HIV, hepatitis B, and C (4) (5).

However, there is a high gap in health service utilization among people with substance use disorders. A study from Sodo, Southern Ethiopia showed that only 13 % of individuals with Alcohol use disorder sought help, while a study from Bahirdar, Northern Ethiopia found that only 30 % of individuals with problematic substance use sought help (6) (7).

The reason for this low service utilization are not well explored or understood. There are limited studies and information regarding facilitators and barriers to substance use disorder treatment in Ethiopia.

By exploring perspectives from service users, both from formal and informal sources of care, as well as care givers, this study aims to provide a comprehensive understanding of the different facilitators and barriers to substance use disorder treatment.

2. SIGNIFICANCE OF THE STUDY

The result of the study will help provide treatment services tailored to the needs of the service users. By identifying barriers, it will inform practical solutions that can be implemented in health facilities to deliver effective, user-friendly care with improved patient care and better treatment outcome. Additionally, by identifying these barriers and facilitators, the study will support advocacy efforts for substance use help seeking and contribute to policy making.

The research will help in developing more effective strategies, ultimately improving the quality of care, recovery rates for individuals with substance use disorders, and help seeking behavior.

2. LITERATURE REVIEW

2.1 BURDEN OF SUBSTANCE USE

Substance use remains a significant global public health concern, with wide ranging impacts and negative health consequences, including premature death and disabilities(1). Globally drug use is prevalent, in 2021, 1 in 17 people aged 15 to 64 had used drugs in the preceding 12 months. In 2021, there were an expected 296 million users, up from 240 million in 2011. Cannabis is the most widely used drug. Opioids account for the majority of serious drug related harm. Opioids were used for non-medical purposes by 60 million people in 2021.71% of premature deaths and disabilities as well as 70% of lethal overdose deaths are related to opioids(1).

Alcohol and drug abuse are major contributors to the global burden of disease, as measured in disability adjusted life years. In 2016, drug use was a risk factor for 31.8 million disability adjusted life years, while alcohol consumption was a risk factor for 99.2 million disability adjusted life years (9).

In order to determine the prevalence and contributing factors of substance use among males, a multilevel analysis of the demographic and health surveys (DHS) conducted in 11 East African countries (Tanzania, Burundi, Comoros, Ethiopia, Kenya, Malawi, Rwanda, Zambia, Mozambique, Uganda, and Zimbabwe) from 2015 to 2019. The study included about 55,307 men, and the results showed that substance abuse is very common among men in east African nations. With a 43.70% coverage rate for substance abuse(2).

Ethiopia has a high rate of youth substance use, according to the 2016 EDHS(8). A study analyzing secondary data from the 2016 EDHS, which included 10594 youths aged 15 to 24, found that Overall, 46.74 % of people reported using drugs occasionally or regularly in the 30 days before the survey. Of the subjects, 36.34 % consumed alcohol, 12.56 chewed khat, and 0.95% smoked cigarettes or used other tobacco products. The study also identified key factors associated with substance use, including being male, exposure to media, employment, and residing in large central and metropolitan areas (3) (8).

A systematic review conducted in 2017 to estimate the prevalence of commonly used substances among students in Ethiopia analyzed 28 studies and found that a significant percentage of high school students had been exposed to substances. The review revealed a high life time prevalence of alcohol consumption, cigarette smoking, and khat use, with overall life time prevalence of any substance use being 52.5%. The study also revealed that khat and alcohol use were slightly higher among university students compared to high school students, while cigarette smoking was more common among high school students(10).

The majority of drug users at Haramaya University in eastern Ethiopia were either smokers, khat users, or alcohol drinkers, according to a 2018 study that assessed the prevalence, contributing factors, and effects of substance use among health and medical science students. The study revealed one third of the participants reported negative health consequences, including anorexia, insomnia, depression, gastritis, dental caries and increased sexual activity(11).

The substance use problem is prevalent and visible in urban areas like Addis Ababa, alcohol use disorder is also prevalent in the City. A study conducted to assess the prevalence of alcohol dependence and problem drinking in Addis Ababa using 10,203 adults as a sample showed that 2.7%, fulfilling the definition of problem drinking. More common among men. And the prevalence increasing with increased age and employment (4).

Drug injection is very common in Addis Ababa; in 2020, there were an estimated 4068 drug injectors in the city. The majority of those impacted are young men with less education. The most common injectable drug among this group is heroin, and the majority of drug injectors report sharing syringes and needles. A significant portion of them test positive for hepatitis B, hepatitis C, and HIV (5).

2.2 TREATMENT UTILIZATION FOR SUBSTANCE USE DISORDERS

To estimate the worldwide treatment rate for alcohol use disorders (AUDs) in the general adult population, a systematic review was conducted. Analyzing thirty two articles, this meta-analysis showed that, worldwide, about one in six AUD patients receives treatment. In low- and lower-middle-income nations, treatment rates for AUDs are typically even lower. To estimate treatment rates, using rates (the percentage of AUD cases treated out of all AUD cases). 17.3% of the pooled estimate of AUD patients were treated for their condition(12).

Similarly, a study conducted in the United States using data from the National Survey on Drug Use and Health to examine trends in the use of treatment services by people with substance use disorder in the United States from 2010 to 2019 revealed that while outpatient visits for general health in the preceding year increased by 3.6 percentage points, there was no change in the use of any substance use treatments during the same time period. Additionally, there was a 6.2 percentage point increase in treatment utilization among individuals involved in the criminal legal system. This discovery comes despite the improved accessibility to general medical care and insurance coverage for individuals with substance use disorder(13).

When we see treatment rates for substance use disorders in Ethiopia, A study conducted, in Sodo district, south Ethiopia, a community-based, cross-sectional survey carried out in March and April of 2014 revealed 13.9% of people have an alcohol use disorder in the previous 12 months. Higher scores for depressive symptoms and increased disability were found in individuals with alcohol use disorders. The treatment gap was very large: 70.0% of participants with an AUD reported high levels of internalized stigma, and around 87.0% (only 13% sought help) had never sought help for their alcohol problems. Wanting to solve the issue alone, thinking it would get better on its own, and not knowing where to turn were the main obstacles to getting help(7).

Similarly, just 30.7% of the 548 participants in a community based cross sectional study with problematic substance use in the town of Bahir Dar, Northwest Ethiopia, had sought help. Age above 35, a history of substance use in the great family, frequent

mental problems, and concurrent medical conditions were all significantly associated with help-seeking behavior(6).

2.3 BARRIERS AND FACILITATORS TO SUBSTANCE USE DISORDERS TREATMENT

A 2022 systematic review analyzed 12 previous systematic reviews and meta-analysis to understand barriers and facilitators to substance use disorder treatment. Identified three levels of barriers and facilitators: individual, social and structural. Structural factors were the most common for both barriers and facilitators(14). At the individual level the barriers included believing treatment was unnecessary, fear of incarceration and stigma. While a desire to build a drug free identity, and a desire to change were facilitators for treatment seeking at the individual level. At a social level, lack of social support, negative friend influence and poor therapeutic relationship with treatment staff were barriers. However a supportive family and positive peer influence, good rapport and trust with treatment staff mentioned as facilitators for substance use disorders treatment(14).

Structural barriers were related to resources and policies. These include limited treatment availability, long waiting lists, insufficient training for treatment providers, high coast. While skilled treatment providers in substance use disorders treatment, financial support, access to treatment services aligned with service user need, supportive community policies that encourage community support for recovery programs, and provide resources for vulnerable populations are highlighted as structural facilitators(14).

A qualitative study was conducted in West Virginia, USA, between June and July 2018 to look at the factors that facilitated and hinder drug injectors' access to treatment services. A wide range of barriers were mentioned by participants of the study as keeping them away from seeking treatment. A lack of comprehensive support services, low thresholds for termination, financial barriers, and poor management of withdrawal symptoms are a few examples. The participants did, however, also identify some facilitators for long-term recovery and treatment participation. These included the

support of program staff and health care providers, as well as the use of medications for opioid use disorder(15).

A 2023 study from the Netherlands that was carried out to evaluate the general Danish population's perceptions of barriers to getting treatment for alcohol use disorders. The study included 1594 adults from the general population between the ages of 30 and 65. The Findings indicated that stigma and shame are most frequent barriers, and these include fear of being judged, admitting to others that one has a problem, being labelled and the fear that others would find out. More severe alcohol users were more likely to report barriers related to treatment services and a desire to manage alcohol issues on their own. Compared to men, Women who drink heavily also expressed a greater degree of fear about the consequences(16).

A 2018 study conducted in Canada to evaluate barriers and facilitators for treatment seeking for drug and alcohol abuse. In a short-term inpatient substance treatment program, the researchers conducted interviews with sixty patients and looked at factors that encouraged and hindered treatment participation. Four themes emerged from the thematic analysis: organizational characteristics, peer inspiration, perceived treatment needs, and counselor rapport and trust. The acknowledgment of needs raised treatment involvement, whereas the absence of perceived needs decreased it. Perceived treatment needs function as both a facilitator and a barrier(17).

Treatment engagement was aided by the development of rapport between the patient and the counselor, peer motivation, and trust. The absence of treatment provision, infrastructure and treatment that are gender-responsive, poor communication with nonclinical staff, and other organizational characteristics were all ranked by clients as barriers to treatment engagement(17).

A 2013 study in Netherlands which looked in to Facilitators and barriers for treatment seeking behavior in patients with cannabis dependence. In the study Patients who sought treatment were compared with those who did not. Those receiving treatment reported higher levels of cannabis use, greater dependency symptoms, a history of treatment, pressure to seek treatment, a perceived lack of social support, and a more

favorable attitude toward treatment. Additionally, the patients reported more functional di and mental health problems. The main concerns of cannabis-dependent community members were the ineffectiveness of treatment, the desire for independence, and the need to avoid stigma. While those who did not seek treatment mentioned preference for informal help, lack of treatment need, and desire for self-reliance as their main reasons for not seeking treatment(18).

The barriers for health seeking behavior among substance use disorders is not limited to the factors associated with the service users but also Service level barriers and facilitators play a role for patients to seek treatment. In 2023, a systematic review was conducted in Canada to assess the factors that facilitate and hinder treatment accessibility for problematic alcohol use at the service level. The 109 included studies identified a variety of unique service level barriers that limit treatment accessibility either separately or in combination.

These included, but were not limited to, the absence of a clear point of entry, the complexity of the care pathway, the high cost, the long wait times, the lack of geographically accessible treatment, the inconvenient appointment hours, the lack of cultural or demographic sensitivity, the lack of anonymity or privacy, and the lack of services to treat co-occurring mental health issues(19).

To review literatures on barriers and facilitators for SUDs treatment in low and middle income countries (LMICs), we begin by reviewing a qualitative review synthesis. The synthesis, completed in 2021, aimed to summarize researches on barriers and facilitators of treatment in LMICs. The researchers performed a database search to find peer reviewed empirical studies and included both qualitative and quantitative studies about barriers and/or facilitators of treatment of SUDs. 28 studies were chosen, 14 of which were qualitative and 14 of which were quantitative. The studies were conducted in clinic or community settings (20).

The qualitative research revealed a wide range of barriers and facilitators, which were then compiled based on cues to action, perceived costs, perceived benefits, self-efficacy, perceived susceptibility/seriousness, and perceived costs. The study described a variety of obstacles and enablers to substance use disorder treatment from the perspective of the patients.
Several barriers were noted, such as lack of knowledge about treatment facilities, transportation problems or distance from them, the influence of drug users, negative perceptions or experiences with treatment facilities, and reservations regarding the treatment approaches. Additionally, a few facilitators were noted, including family support, outreach, positive treatment outcomes, and the detrimental effects of substance use (20).

By design, the majority of the quantitative research were cross-sectional, observational, and community-based. Perceived lack of problem or lack of need for treatment, as well as low desire, were found to be barriers in these quantitative research, whereas elements like strong family support and access to appropriate treatment were found to support drug use disorder therapy(20).

A 2011 study conducted in rural India with an aimed to explore the reasons why individuals with alcohol and drug dependence in the general population do not seek treatment. The researchers were motivated to conduct the study after they observed that Punjab, a state in north India, has a notably high rate of substance abuse among its adult population, yet most affected individuals do not seek treatment. Researchers visited the homes of rural residents in a randomly selected village to collect data, using DSM criteria to diagnose substance dependency. The findings revealed several barriers to treatment, including certain beliefs, societal pressures, and personal obligations. The most frequently reported barrier was time conflict, cited by 51.2% of participants. Other, less common barriers included the presence of "absence of a problem" and "fear of treatment". Issues such as Poor treatment availability and difficulty accessing care were less prominent. Females with substance use disorder reported significant concerns related to privacy, treatment anxiety and the belief that thy didn’t have a problem (21).

In 2021, a different study was carried out in the Ghanaian Sunyani Municipality to investigate the factors that encourage and hinder drug users from seeking medical attention. The study used a qualitative technique using a descriptive study design. A total of twenty-two participants were involved in in-depth interviews; the first group of participants was drawn from the ghettos, which are neighborhoods in the city where drug users are typically concentrated. Hospital-based records were utilized for the recruitment of the other group of participants. The findings demonstrated that drug users had health risks that include drug dependence, malaria, problems with the lungs and respiration, cardiovascular problems, and skin problems. Drug users reported having bad health status and a poor quality of life.

The interviewees' perceived benefits, perceived severity, and cues to action, among other factors, all influenced their health-seeking habits. Drug users accessed healthcare from a variety of sources. Their health-seeking behaviors were facilitated by factors such as perceived severity, ease of communication, and benefit; however, other barriers to seeking healthcare at health facilities included fear of being arrested by law enforcement, lack of knowledge about the condition, and cost(22).

In a study done in 2019, six adult participants from Somalia, Eritrea, and Sudan who had interacted with the Norwegian healthcare system participated in in-depth individual interviews as part of a qualitative study on immigrants from east Africa conducted in Norway. With the aim of investigate substance use and help seeking barriers of access to Norwegian health care service.

Five themes emerged from the analysis, wherein participants talked about their experiences seeking help for substance use problems. Lack of knowledge and information, mistrust of a "white system," fear of rejection from family and ethnic community, racism as a barrier to seeking help, positive experiences, and recommendations for future treatment methods were some of these themes(23).

An assessment of service users and providers experiences with a brief intervention for alcohol use disorders was conducted in rural southern Ethiopia. Researchers interviewed 26 participants. Service users reported the intervention benefited them in terms of reductions in alcohol consumption, increased work capacity, increased earnings, minimizing wasted money, and ability to provide for their families. However, few participants returned for follow up. Due to several factors: the belief that their problem was not serious and manageable by their own, lack of awareness that alcohol use disorders are treatable, financial limitations for transportation and stigma from peers(24).

Although there are abundant studies from Europe and North America exploring the different facilitators and barriers for substance use disorders treatment, studies from Africa and particularly Ethiopia are limited. The few studies from Ethiopia are small scale and don't include comprehensive Socio-Ecological model and multi-level contributors as facilitators and barriers for treatment service utilization by people with substance use disorders.

4. CONCEPTUAL FRAME WORK

This study used Socio-ecological model to categorize facilitators and barriers of SUDs treatment from experiences of service users and care givers across different levels. Among the different models, the socio-ecological model was chosen as it helps in providing organizational structure for levels of influences for substance use and recovery.

The model considers three levels: Micro level factors, which focuses on individual factors; Meso level factors, which involve community and social environments, exploring environmental and neighborhood factors; and Macro level factors where policy and structural environments are explored, assessing the impact of economy and policy on substance use and health outcomes (25).

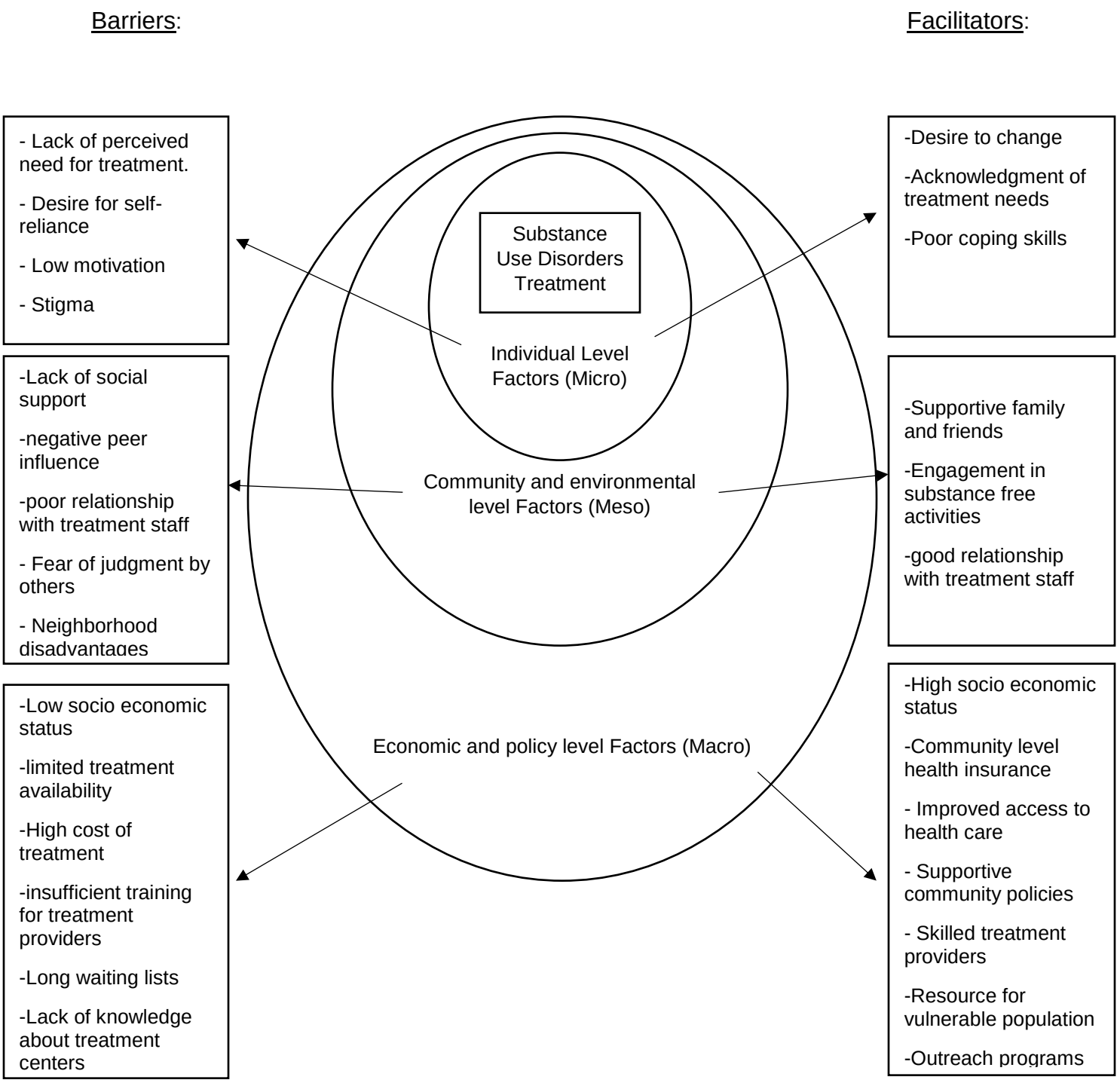

Figure 1 Socio ecological model of factors that may promote or hinder substance use disorder treatment and recovery (25)

5. RESEARCH QUESTION

- What are facilitators and barriers to health service use from the perspectives of patients with substance use disorders being treated at formal sources of care and from perspectives of their care givers?
- What are facilitators and barriers to health service use from the perspectives of substance users receiving treatment at informal sources of care?

6. REASEARCH OBJECTIVES:

6.1. GENERAL OBJECTIVE:

To identify the barriers and facilitators influencing the use of health services for substance use disorder patients in Addis Ababa, Ethiopia.

6.2. SPECIFIC OBJECTIVES:

- To explore the barriers influencing the use of health services from the perspectives of service users and care givers from both formal and informal sources of care, in Addis Ababa, Ethiopia.

- To explore the facilitators influencing the use of health services from the perspectives of service users and care givers from both formal and informal sources of care, in Addis Ababa, Ethiopia.

7. RESEARCH METHOD

7.1 STUDY DESIGN

The study employed a descriptive qualitative study design to explore and identify barriers and facilitators for substance use disorders treatment.

The qualitative model is informed by the Socio ecological model of health behavior for SUDs.

7.2 STUDY SETTING

The study setting for the research was Zewditu Memorial Hospital (ZMH), Amanuel Mental Specialized Hospital (AMSH), Ferdows Cultural Medical and Rehabilitation Center and St. Urael holy water site.

ZMH is located in central Addis Ababa, Ethiopia, in the Kirkos sub-city. It was built and operated by the seventh day Adventist church before it was nationalized in 1976 by the Derg regime. It provides outpatient and inpatient care across a range of specialties, including psychiatry. The substance use disorders treatment center opened in 2016, and the psychiatry service began in 2008. Currently, as of 2024, there are 3 OPDs for general adult psychiatry, one for child and adolescent psychiatry, and a separate OPD for psychotherapy. There are four inpatient beds available at the substance use disorder treatment center for inpatient treatment. The center also provides outpatient treatment for substance related disorders. The center offers group treatment, individual psychotherapy, and detoxification services. In 2016 E.C alone the psychiatry department provided treatment for 445 patients at its OPDs and 40 patients received inpatient treatment at the substance treatment center.

AMSH was founded by Italians in 1930 E.C. Since then, it has functioned as Ethiopia's sole public specialized mental hospital. The hospital, which is situated in the Addis Ketema Sub-city in the western section of Addis Ababa, offers both inpatient and outpatient services to people with mental illness and other medical conditions. With 13 outpatient departments (OPDs), 23 emergency beds, and 11 private wing beds, AMSH has 259 beds. Monthly, the hospital serves 10,320 patients on average. AMSH provides

both inpatient care, including a 14-bed specialized ward, and outpatient services for substance related treatment.

Ferdows Cultural Medical and Rehabilitation Center is located in Addis Ababa and offers traditional treatment using different herbal medications and procedures such as cupping. The center also provides mental health outpatient and inpatient services including in patient substance use disorders treatment and rehabilitation. The mental health service is provided by a religious leader and his colleagues who administer Ruqa/Quran treatment and a psychiatry nurse who prescribes medications, make rounds and delivers group therapy.

St. Urael holy water site is in Addis Ababa, Urael. It is part of the Debretsige Kidus Urael Church which was established in 1875 E.C. (26) the site offers holy water treatment for people with different health issues, mental health issues including those kept at the site for problematic substance use.

7.3 STUDY POPULATION

The study population is individuals with Substance use disorders receiving care at the substance treatment ward of AMSH and ZMH, their care givers, and Substance users at Ferdows Cultural Medical and Rehabilitation Center and St. Urael holy water site.

7.4 INCLUSION CRITERIA

- Patients with a diagnosis of substance use disorders receiving care at the substance treatment ward at AMSH and ZMH.
- Care givers of patients with a diagnosis of substance use disorders receiving care at the substance treatment ward at AMSH and ZMH.
- Individuals who are receiving treatment for substance use at Ferdows Cultural Medical and Rehabilitation Center, and St. Urael holy water site.
- Those who are willing to participate in the study and can give informed written consent.
- Those who are able to speak Amharic language
- Those who are 18 years of age and above

7.5 EXCLUSION CRITERIA

- Acute psychiatric or medical symptoms hindering the conduct of a research interview.

7.6 SAMPLING

Purposive sampling method was used based on the inclusion and exclusion criteria to select participants for the research. A total of eighteen participants were included, Six participants from AMSH (Three individuals with substance use disorders and Three care givers), Five participants from ZMH (Three individuals with substance use disorders and two care givers), Four participants from St. Urael Holy water site and Three participants from Ferdows Cultural Medical and Rehabilitation Center. The final sample size was determined by theoretical saturation.

7.7 DATA COLLECTION METHODS AND PROCEDURE

Data was gathered by conducting Semi-Structured interviews at the AAU office in AMSH, the Psychiatry outpatient department offices at ZMH, participant's dormitories and a secluded corridor at St. Urael holy water site, and inside a gym and outpatient office at Ferdows Cultural Medical and Rehabilitation Center.

Participant's information such as age, gender, marital status, education level, days since admission and type of substance use was collected using a structured form created for this purpose. A topic guide was used to guide the interview. The topic guide was developed based on the literature review and structured around the socio ecological model to ensure comprehensive exploration of facilitators and barriers at different levels. It included, Pathways to care, facilitators and barriers to treatment, treatment experiences of individuals across different care settings, and participant recommendations. The topic guide was pilot tasted and its content was refined during data collection period to gather the necessary information. The topic guide was translated into Amharic language, which was the interview language. All interviews were audio recorded.

7.8 OPERATIONAL DEFINITIONS

- **Substance use disorders**: As diagnosed by health care providers or traditional and faith based treatment providers.
- **Formal treatment settings:** Health care facilities that provide SUDs treatment.
- **Informal treatment setting**: Non- medical or alternative treatment centers that provide care for SUDs based on cultural, religious, or traditional approaches.
- **Care givers**: Family members or guardians actively involved in supporting a patients treatment journey.
- **Cupping**: A traditional treatment method involving the application of suction cups to the skin to remove blood or toxins (which are considered to be harmful)
- **Quran based treatment**: An intervention involving Quran recitation, prayer, and Islamic faith based rituals.

7.9 DATA ANALYSIS

The Interviews were transcribed verbatim. Open code version 4.03 (27) was used for coding and managing of data. The Data analysis was done by the primary investigator using Frame work analysis, a structured method for qualitative data analysis that provides a systematic approach to organize, examine and determine themes.

Frame work analysis was developed in 1980s by Ritchie and Spencer at the National Centre for Social Research in the UK for application in policy. Central to the approach is the development of a ‘thematic framework’ specific to the research study, allowing for systematic labeling, classification, and organization of data based on main themes, concepts and categories. From initial collection and management to the creation of explanatory accounts, it is matrix-based and comprises interrelated phases that offer clear guidance on data analysis (28) (29).

The data analysis process for this study involved multiple stages: familiarization with data through repeated transcript readings, generating initial codes, identifying emerging themes, organizing them within the predefined frame work while remaining open to newly emerging themes. Finally, the report of the frame work analysis was produced, incorporating direct participant quotes.

7.10 TRUSTWORTHINESS

To ensure trustworthiness of the findings, the researcher engaged in regular discussions with advisors throughout the data collection and analysis process. Feedback was received on the topic guide and interview transcripts, refining and improving them. The researcher cross checked the generated codes with advisors. Efforts were also made to ensure that interview questions remained open ended to avoid leading responses.

7.11 ETHECAL CONSIDERATION

Ethical approval for the study was obtained from the Department of Psychiatry, College of Health Sciences, Addis Ababa University, Addis Ababa Health Bureau, AMSH and ZMH. The purpose of the study was explained to all participants. Participants in the research were included on a voluntary basis.

Participants provided signed informed consent and consent for audio recording prior to the interview. They were informed about the study's goals, process, and benefits, as well as their right to leave the interview at any moment.

In order to maintain confidentiality, the interviews were taken place in a private setting, the information is kept in a safe place with access limited only to the researcher.

8. FINDINGS

8.1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

The study included 18 participants from both formal and Informal treatment settings. All Participants ages ranged from 20 to 57 years, while care givers age ranged from 32 to 53. Among the participants thirteen were men and five were females. All individuals receiving care were men. Two participants were from Adama while the rest were from Addis Ababa. Of those receiving treatment, one was married the rest were single. All the care givers were married.

Six participants were from AMSH, including three participants receiving care and three care givers. Five participants were from ZMH, with three receiving treatment and two care givers. Three participants were included from Ferdows Cultural Medical and Rehabilitation Center (FCMRC) and four participants from St. Urael holy water site.

For those receiving care at both the formal and informal treatment setting the maximum days of admission during interview was 11 months on care and the minimum was Two days.

Table 1 Socio-Demographic characteristics of participants

Socio-demographic Characteristics	Categories	Individuals Receiving Treatment (n=13)	Care Givers (n=5)
Sex of the participants	Female	0	5
	Male	13	0
Marital status of the participants	Married	1	5
	Divorced	1	0
	Single	11	0
Treatment setting	AMSH	3	3
	ZMH	3	2
	FCMRC	3	0
	St. Urael Holy-water site	4	0
Types of substances used	Alcohol	9	-
	Khat	5	-
	Cannabis	4	-
	Tobacco	7	-
	Opioid - Pethidine	1	-
Relationship with the person receiving treatment	Mother	-	3
	Wife	-	1
	Sibling	-	1

In this study the facilitators and barriers of substance use disorders treatment in Addis Ababa, Ethiopia was explored, and the findings of the study identified 13 sub-themes and they are organized under the 3 themes.

Identified sub-themes at the Micro level theme are Self-motivation and Prayer; Meso level sub-themes include; Family Influence, Former service users influence, Good service provision by providers, Stigma, Lack of Community awareness, Access to substances, and Undervalued Spiritual and Cultural Care in the Health Facilities. At Macro level identified sub-themes are; Cost and Health insurance, Service availability, combined treatment for SUDs and Severe mental illness, Recommendations for government.

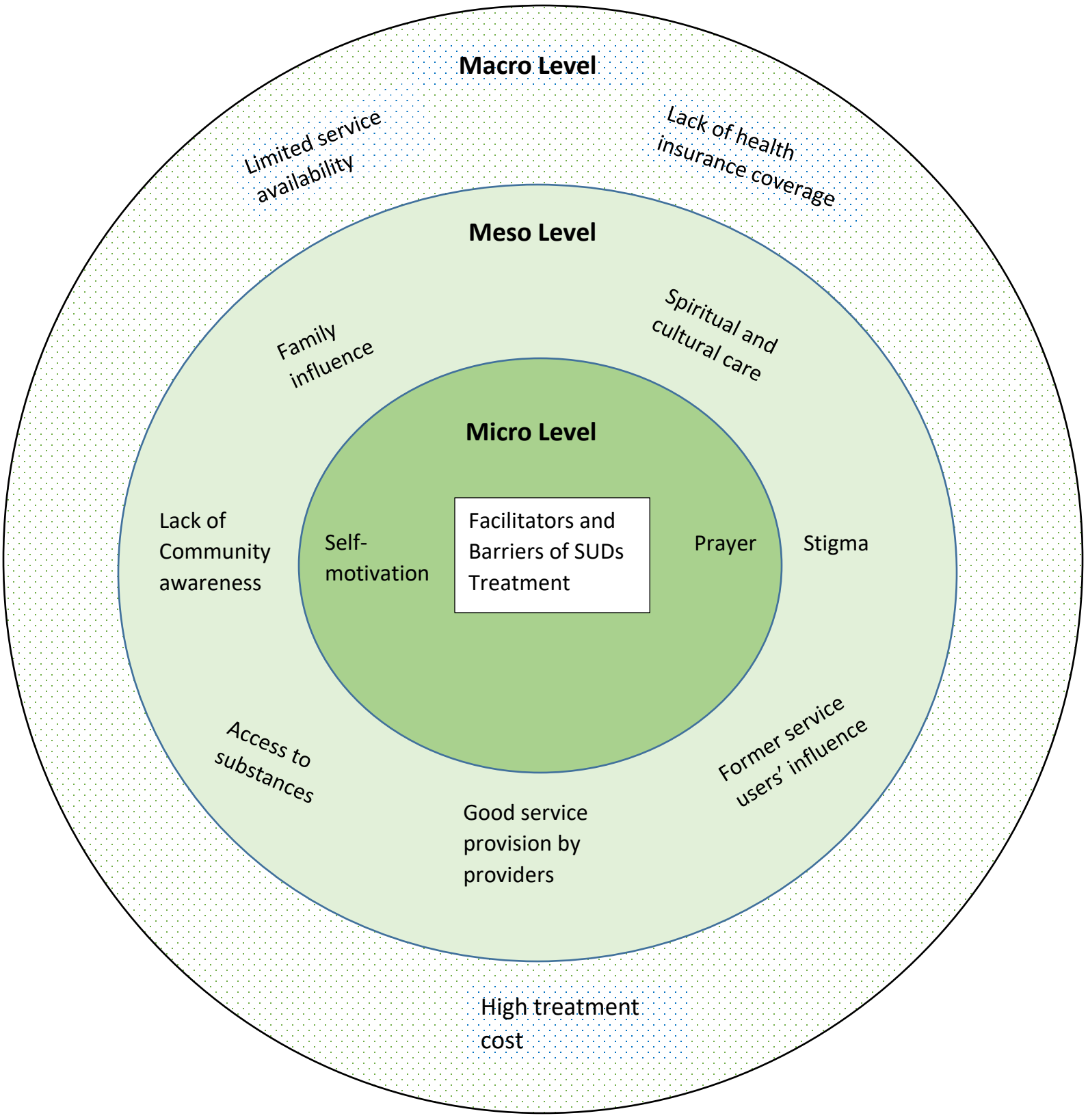

Figure 2 Facilitators and Barriers of SUDs treatment Addis Ababa, Ethiopia

8.2. MICRO LEVEL FACILITATORS AND BARRIERS

8.2.1 Self-motivation

Participants mentioned the impact of their substance use on their lives a contributing factor for them to seek treatment. Particularly, the impact of their substance use on their families and their relationship with them, and the impact on their physical health. One participant described how his substance use and the impact that had on his family motivated him to seek treatment.

"What made me decide to get treatment here is that my substance use hurt me… I want to live with my daughter, but because I have given all my time to my addiction, I have neglected my family, forgotten them. I only focused on my addiction and nothing else. But now, when I sometimes stop and think, I realize I have to live with my daughter, and I need a life of my own. I have to stop using substances. The more I indulge in my use, the closer I get to death. What if I don't use? I am not getting substances here, and I see that it is possible to live. That is the hope I came here with." (AMSH, M23)

While the impact of substance use had motivated participants to seek treatment, for some, it was their inability to quit substances use on their own led them seek treatment in a health facility. Two participants reported the lack of awareness of the magnitude of their problem delayed their treatment.

8.2.2. Prayer

Participants from both formal and informal treatment settings reported the importance of prayer in their treatment process and that of their loved ones. Participants from a traditional treatment center highlighted how their ability to regularly pray at the facility played a positive role in their treatment process and engagement, and was one of the reasons for preferring treatment at the center. One participant stated:

"If I go to a modern medical facility, it is not something they can remove with surgery…But here, I know that I have to quit my addiction, secondly the Quran is recited over me, I pray my prayers properly, and there are traditional medicines as well. These things benefit you. Because of this, I preferred to come here." (Ferdows, M35)

One care giver of an individual receiving treatment at a health facility describes how the presence of a church near by the facility and how it has been contributing in her son's treatment described it as:

"…I found the place very attractive, it is a place that can change a person. And the presence of a church beside it invites for prayer, it makes this place very unique… There is religious teachings at night, there is prayer in the morning. For those who follow the religion, it makes them connect with their spiritual life. It makes them start their day with prayer. I believe that is helping him." (AMSH, F53)

8.3. MESO LEVEL FACILITATORS AND BARRIERS

8.3.1. Family Influence

Participants mentioned the contributions their families made to their treatment before, during, and after admission. These contributions ranged from advising and persuading them to seek treatment to selecting treatment settings and gathering information about available services. Families also facilitated the admission process, including providing financial support. After admission to health facilities, families continued to support patients by encouraging them in their treatment and providing caregiving throughout the recovery process. One patient describes his families' role as follows:

"…My mom told me about the service here. She said, 'you can get treatment at Amanuel…You will stop the addiction if it is your choice to stop.' I agreed with her suggestion right away, and I came here. She also said, 'If he gets well, I will make a sacrifice. Even if I don't have anything else, I will sell my gold.' And she did, she sold her gold to get me here. Not only that, but she keeps encouraging and advising me so that I am emotionally fine. My sisters also support me. They say to me, 'Tell your doctor whatever you feel. Unless you tell them, you will go back to your addiction.' They always encourage me, my sisters…" (AMSH, M27)

While many participants reported how their families played a positive role in helping them access treatment and support them during their treatment, there were also some

who described how their family's actions prevented them from getting care at health facilities.

Participants at the holy water site mentioned being placed in treatment against their will by family members. They all expressed being kept at the center against their will. They also reported negative experiences with the treatment and felt that it did not help with their substance use problem.

One factor they reported was a lack of understanding about SUDs and its treatment within their families. One participant with problematic alcohol use kept at a holy water site involuntarily describes his experience as,

"… As you can see, I am here chained, it feels like they expect me to stop using by force, but I don't think addiction works that way, that you stop by force. If they catch you using substances they whip you and chain you... if it is about holy water, if you believe in it, it should heal you no matter where you are, even outside this compound. … The chaining, the whipping and the intimidation only makes you distressed and I don't think it help with the real problem." (Urael, M33)

As someone who had previous treatment at a health facility, he continued to compare the two experience stating:

"You can't compare the treatment here to that of a health facility. For example, if a child cries because he wants a phone, you need to calm him down, but you also don't want him to break it. So, you give him something else to console him. You wouldn't let him break the phone and then whip him while expecting him to stop crying. But, here treatment is done by force… Now, Even if I want treatment from a psychiatrist, I can't get it. I have health insurance, but they took it from me, along with my ID. I am being held hostage." (Urael, M33)

Another participant describes how he got in to the holy water treatment and his experience as:

“I came here because my family had a discussion first. Then they waited for me to get drunk, and my sister brought me here. I don’t know where I was because I was drunk. When I woke up, I found myself here, chained… Families think this way, they believe it is a spiritual thing. They think the treatment here is good for that. They even think a spell was put in my alcoholic drink…We were told we would be chained until we calmed down. The chaining is wrong. Even if I were a criminal in a prison, I would be in a controlled environment, but I wouldn’t be chained. The chaining affects you… it makes you angry…” (Urael, M47)

8.3.2. Former service users influence:

Former service users played a role in providing information about treatment and services to service users and their families. They shared them their experiences, which helped families and service users in choosing treatment facilities. Families and service users were also encouraged by their outcomes. One participant from a formal source of care described how a former service users experience encouraged him to come to the particular facility, He said:

“There was someone who had treatment here and what we heard about it made us eager. One thing was the environment, the cleanliness, the physicians, how they treat patients like their own family. So, when I heard that person say those things and met him in person, I asked him about it, and he confirmed everything. That made me more determined, and that’s why I came here.” (ZMH, M35)

8.3.3. Stigma

Participants mentioned the stigma they face in their communities for being substance users. Families also supported these accounts, also mentioning how stigma affects their loved ones. The forms of stigmas participants reported include having difficulty in finding a spouse and challenges in securing a job due to their substance use.

However, the stigma that most influenced their treatment seeking behaviors and experience was associated with mental illness. Especially, the label they received when admitted to a specialized mental hospital. Participants from a specialized mental

hospital expressed concerns from the outset about seeking treatment there, fearing they would be perceived as mentally ill. This concern persisted during and after treatment, as they worried about being identified as someone who had received care at mental hospital. Below are accounts from a service user and a care giver respectively from that facility:

"What worried me was that after I got here and even after I left, our community wouldn't believe it was for addiction. If my friends found out I was at Amanuel… I'm sure they would think I went crazy. That worried me." (AMSH, M27)

"...After we came here, we ran into one of our neighbors... I was startled to see her. She doesn't want people to know either. If others found out, they wouldn't take what they (our sons) say seriously; they would never see them as sane. We agreed to stay quiet... She didn't even greet me when we met again..." (AMSH, F42)

8.3.4. Community awareness

Participants also highlighted not only stigma but also lack of awareness in their communities about the nature of SUDs contributing negatively to their efforts to access treatment. A participant who is a mother taking care of her son at a health facility stated:

"I was on my own. People told me not to tire myself out in vain. They said, 'He (my son) has no hope.' The community hasn't really understood the illness… Starting from my own household, everyone tells me to stop trying, pointing out that my son has no hope of getting better." (AMSH, F53)

One participant, a wife of a service user at the other health facility describes how her community and family reacted towards her husband getting treatment for his problem:

"This kind of medication (Opioid) addiction can be understood by health professionals, others don't get it easily. A very close family member once said to us, 'just stop injecting yourself, it is simple just stop. What else do you need?'… They saw it as indulgence … I was like, 'it is an addiction, it is not easy to get rid of, and it needs treatment…being told he was just spoiled was like a torch for him. He has told me that now…" (ZMH, F32)

Another service user from the same facility describes how his community and friends approach his problem:

"…If someone is drowning because they can't swim, you rescue them if you can. You don't just give them advice. An addict is similar, you help the person, you don't advise them, insult them… it is like pouring water on a stone..." (ZMH, M34)

8.3.5 Good service provision by providers

Participants at the different treatment settings reported good care from providers. Most of them reported good relationship with providers, proper checkups, and praised and tanked treating staffs, especially nurses and physicians. Many described the relationship they have with care providers as familial. They mentioned the care received from providers exceeded their expectations and helped them in their recovery. One participant receiving treatment for SUD describes his experience with care providers as:

"To tell the truth, the professionals are like your family, they give you energy and morale. They Create a good environment for treatment…the professionals are unique, they are always on time, they give you medications on time…they should be encouraged, they should continue their good work. I have had the chance to meet two or three physicians, and they are all good at their jobs, their motivation is nice, this should be maintained." (ZMH_P1)

8.3.5. Access to substances

Participants, both service users and families, reported access to substances at health facilities as problematic. Participants pointed out the lack of control, which allowed substances to be smuggled in to facilities, and individuals with SUDs gaining access to them. Some reported negative previous treatment experiences, where they were able to access substances leading them to avoid choosing the facility this time around.

Not only within the facilities, but families and service users also noted the abundance of establishments in their communities where substances are easily accessible. This contributes to the development of their problems and to multiple relapses. Especially,

families emphasized the need for stricter regulations and the shutting down of establishments in their communities where substances are easily accessed, such as ‘Areke’ houses, khat houses, shisha places.

8.3.6. Undervalued Spiritual and Cultural Care in the Health Facilities

Participants receiving treatment at a facility that combined traditional, spiritual and modern treatment approaches reported positive treatment engagement and experience. They mentioned several factors that helped in their recovery and influenced their preference for receiving care at the center, with the facilities spiritual orientation playing the major role. The factors they pointed out include the ability to perform their daily prayers properly, on time and together with other service users, Quran based treatment, the increased connection and closeness to their God they experienced during their treatment, and experiencing easier understanding and communication through shared faith. They also mentioned the strong sense of brotherhood and cooperation among the service users strengthened by shared spiritual practices, one participant stated:

"As I told you, there is the Quran here, you get closer to Allah. There are many things you don’t find there (health facility) that you have here… I think this one is better. There are social activities: you wake up early together, go to class (group therapy room) together, eat together. It feels like a family, and that is so nice. Compared to a health facility, here the treatment is simple. Even the herbal medicines they give you is mixed with honey. You are not afraid of anything, you don’t worry about medication time..." (Ferdows, M35)

The participants at this facility also reported benefitting from the physical exercise incorporated into their treatment. They mentioned that having access to a gym helped their treatment. One participant describing it as a form of meditation on its own. At the same time, they expressed the need for more gym equipment and suggested addition of a soccer field in their compound.

Similarly, they reported benefiting from traditional medicine they received, they described the medicines as drinkable, ointments, substances applied to the nose. They mentioned their benefits, including healing from addiction and recovery from other physical ailments. They particularly mentioned benefits of Cupping, believing it helped remove bad blood from their bodies. One participant described his mined cleared after the cupping and he fully realized the extent of his substance use after that, he said:

“The cupping removes dirty blood from you that makes you think. For me it is from the day I had the cupping that I started to realize the addiction is causing me problems. When the blood was removed my mind cleared, then I started to request for more cupping.” (Ferdows, M31)

Another participant at the same center explains how the traditional medicine he took helped him recover from his addiction:

“…Let me explain it, For example, they have traditional medicine that removes the addiction from inside of you. They gave me a medicine that I drank, then I vomited, and I saw tobacco coming out of me. I even tested the tobacco in my mouth. They gave me that on my 15th day, and I understood something came out of me. They also give us medicine that makes you have diarrhea, you see khat coming out as well. You witness your healing. I think of it that way” (Ferdows, M35)

Participants at the center with combined traditional and modern approaches, as well as one participant from a formal source of care, reported supernatural explanations for their substance use problem. The participant from the health facility also reporting that this was the reason for their previous spiritual treatment seeking. A participant from the facility with the combined approach stated:

"…The Quran is recited over me to make me stop my addiction, it is a cultural practice, because it is due to possession. Thanks to God, things have changed now…" (Ferdows, M38)

One participant reported that the medication prescribed to him at a health facility has been adjusted by religious healer in the traditional treatment facility, he states:

"… I used to take 75 mg of medication for my sleep, but, now 'Ustaz' has reduced it by 25 mg, so I am only taking 50 now." (Ferdows, M31)

8.4. MACRO LEVEL FACILITATORS AND BARRIERS

8.4.1. Cost and Health insurance

The high cost of treatment was mentioned as a challenge to accessing care by both Service users and families, especially in a setting where health insurance doesn't cover SUDs. However, it was not the case in another government facility where insurance could be used. A participant from a holy water site also mentioned that, even if he wanted to seek treatment at a health facility, he couldn't afford it. A mother who has facilitated her son's admission to a treatment center stated,

"I begged someone for money to pay for my son's treatment. He was my brother, and I said to him, 'I was asked this much for a bed and before my son gets worse, let's help him'… Of course, getting money is difficult. For me, someone covered it because I had someone to turn to. But how can others afford it? If the government could pay, these kids could work and become productive citizens. …in private centers, It is even around 90 thousand…it is as if this is a time when the poor are left to die." (AMSH, F53)

In contrast a participant from another facility describes how useful health insurance has been in his treatment:

"The cost of treatment is very difficult. If I didn't have health insurance, imagine how much I would be paying. Having a health insurance is like having a great life insurance. Without it what would I do? I only paid 1.5 k, which covered all my expenses, including meals and treatment. But without health insurance, that amount wouldn't have even covered my bed payment" (ZMH, M57)

One participant, a mother caring for her son, had a somewhat different perspective on the lack of insurance coverage, she said:

“Health insurance doesn’t work, I don’t know how it applies to those who are poor. I don’t know if there is another way... May be they removed the insurance coverage as a lesson, to teach them, since the addiction happens because of lack of discipline… When there is payment involved, people will think of the treatment highly, when they see their family making sacrifices for their treatment, it makes them value it more.” (AMSH, F42)

8.4.2. Combined treatment for SUDs and Severe mental illness

Most of the participants in the health facility, where SUDs treatment services and services for other mental illnesses are given together, mentioned the need for a separate treatment. They pointed out issues such as patients with severe mental illness being admitted to their wards and sharing spaces with them. One participant expresses the distress caused by this arrangement as:

“First, when you spend your day mixed with the mentally unstable, you feel like you are one of them. It creates a fear of losing your freedom. Sometimes, it can be a source of conflict with them. It makes you get bored of the place and also makes you hate it. Separate treatment seating is important...” (AMSH, M23)

Another service user at the same facility sated*, “…I was afraid until I got here, and I cried a lot. It was because of the fear I had back then, it was because of the patients I saw. But now, I am okay I am normal…” (AMSH, M20)*

8.4.3. Service availability

Participants noted the lack of adequate number of facilities for SUDs treatment and rehabilitation, emphasizing the need for service expansion. They also pointed out the limited capacity of existing treatment centers in terms of space and the number of beds available for service users.

They expressed concerns about the imbalance between the high burden of the SUDs and the limited service available, including the shortage of beds even in existing

facilities for in-patient treatment. A wife, who was caring for her husband receiving treatment for Alcohol use disorder and withdrawal, described her experience as:

"He got sick at one point and when I brought him here, I was told there were no available beds and that we had to go back. So, I took him home. I lost hope, I couldn't bring him back because of that. It has been a year since then.… I see that the government has established this service, otherwise, where would all these patients go? But, there should be more similar facilities, closer to the center of the city, All Ethiopians are suffering from this problem….The service must expand, Two, three more facilities like this one should be established." (AMSH, M53)

8.4.4. Recommendations for government

Participants highlighted the need for government support in reaching individuals affected by substance use disorders, awareness creation, service expansion, and regulating establishments that provide easy access to substances

Participants reported that many young people struggle with SUDs but haven't received treatment. They urged the government to actively get involved in bringing them into treatment and they also emphasized the importance of increasing awareness so that individuals with the problem can seek treatment.

One participant from the combined traditional treatment center reported the need for government recognition and support for traditional treatment centers. While a participant from the holy water site called for the government intervention to prevent involuntary treatment at the site. He stated:

"Those with possession and those with SUDs should be identified. The government is building rehab centers, it is doing that for us. But we are here hidden. The Government should rescue us from being chained. We have health insurance, and we should get treatment" (Urael, M33)

9. DISCUSSION

This qualitative study aimed to explore the facilitators and barriers to substance use disorder treatment in Addis Ababa. What makes this study unique is its inclusion of participants from diverse treatment settings, both formal and informal sources of care as well as perspectives from both individuals with SUDs and care givers. The study used Frame work analysis to categorize these various facilitators and barriers at different levels using the socio-ecological model.

The findings revealed facilitators and barriers for substance use disorder treatment across all three levels micro, meso and macro. Identified facilitators for seeking treatment and having a positive treatment engagement and experience are mainly at the individual, community and social levels. These includes personal motivation mainly from the impact of substance use on family relationship and physical health; their inability to quit on their own; prayer; and positive family influence especially in facilitating treatment initiation and hospital admission. Other facilitators include the role of former service users in recommending and informing about services, good service provision by treatment providers, and spiritually and culturally oriented treatment approaches.

The barriers to substance use disorders treatment identified in this study are mainly at the community, social and structural levels. These include negative family and community influence on treatment access, mainly due to a lack of awareness and knowledge about SUDs and their treatment, stigma associated with mental health hospitalization for SUDs treatment. Another barrier identified is easy access to substances both within treatment facilities and in the broader community. At structural level barriers include high cost of treatment, lack of health insurance coverage, and limited service availability. The barriers identified in our study align with findings from 2022 systematic review synthesis. Which includes lack of awareness, unsupportive family roles, Stigma, and structural barriers such as financial concerns (14).

In contrast, while the structural barriers in the 2022 study are mainly related with legal issues and policy regulations(14), our study found more barriers related to inadequate service availability, lack of insurance coverage. Additionally, our study identified the

easy availability of substances within both treatment facilities and community establishments as a barrier. In contrast to our study, A 2021 qualitative review synthesis on Barriers and Facilitators to Substance Use Disorder Treatment in Low-and Middle-Income Countries, identified barriers such as distance or transportation problems and influence of others who use substances(20). These were not highlighted in our study. The transportation problem not reported by our participants was may be due to the treatment centers being located in the middle of Addis Ababa, with most of the participants residing in the same city. This study also highlighted additional barriers, such as involuntary admissions and the health insurance gap, which were not mentioned in the review.

In our study we found personal motivation as a key facilitator for treatment seeking driven from the impact on families, relationships, physical health, and inability to quit. A synthesis of multiple systematic reviews on facilitators and barriers of SUDs treatment published in 2022 also identified barriers and facilitators at three levels: individual, social and structural. Personal motivation was a key facilitator at the individual level which aligns with the results from our study, but in contrast to our study, in the systematic review synthesis, the personal motivation is mainly related to forming a non-addict identity. Additionally, our study found prayer, which was not highlighted in the systematic review synthesis. That study also found Family support as a facilitator, which aligns with our finding, but our study found additional factor which is the role of former patients as facilitators(14).

Our study shows the significant role families play in an individual's treatment journey for SUDs. This influence starts from the individual's motivation to seek treatment which is often driven by the impact of substance use on their families and their relationships. Bing distanced from their families and their desire to repair those relationships playing a major role in the decision to seek help. Families continue to be involved throughout the process, helping individuals come to treatment settings and facilitating the process, including handling financial aspects. This findings aligns with a qualitative study that Explored Individuals' Motivators for Seeking Substance Use Treatment, Which reported that repairing strained family relationships was a motivator for seeking help. That study

also identified the role of families and friends helping individuals in decision making to seek treatment. But, unlike our findings, the study reported direct verbal persuasion was not an effective way of influence for seeking treatment. In contrast, our study found verbal persuasion and advices from family members a key role in influencing individuals to seek treatment. Also our study highlights the significant sacrifices families make to access treatment, such as financial struggles and navigating a complex system to select and access treatment (30).

However our study also revealed that families can sometimes become a barrier to treatment access, especially when there is a lack of understanding about SUDs and their treatment. Our results align with a systematic review on Barriers and Facilitators to Substance Use Disorder treatment, which highlights family support as a key facilitators while also identifying family roles as barriers for treatment for individuals with substance use disorders(14). This dynamic is also reflected in our study, where families play both facilitating and hindering roles. But, our study reveals the coercive nature of family actions, especially in cases where individuals are involuntarily admitted and subjected to practices like chaining, which was not highlighted in the review.

The participants of our study reported being chained and forced in to treatment at the holy water site by their families, describing it as a distressing experience. They experienced physical restrain, a lack of autonomy and feeling like being held a hostage. Participants emphasized that addiction can't be treated through force. In the first year after being released from the hospital, patients who were sent to involuntary commitment for substance use disorder all relapsed and experienced severe medical morbidity, according to a study on outcomes for patients discharged to involuntary commitment for substance use disorder directly from the hospital (31).

Although not in a clinical setting, our study also shows individual's negative experience and poor recovery in a cultural and spiritual context, where individuals were involuntarily admitted and coerced as a means of treatment. It also shows how cultural and spiritual beliefs can perpetuate corrosive practices under the perception of treating SUDs, highlighting the need for culturally sensitive interventions.

Spiritual and culturally oriented treatment emerged as both facilitator in the treatment process and a motivator for seeking treatment at a setting where Spiritual, cultural and modern approaches were combined. Spiritual practices such as prayer, scripture recitation, herbal medicines and cupping were the integral part of participant's positive treatment experience and recovery. Additionally inclusion of physical exercise in the treatment program pointed out by participants as beneficial to their recovery. The holistic nature of the treatment, which addresses the different psychosocial needs of patients helped in better service user's engagement and experience at the facility. These findings align with a study that suggest there is some evidence supporting a beneficial relationship between spirituality or religion and recovery from substance use disorders(32).

A study by Breslin and collogues on a Holistic Approach to Substance Abuse Treatment states that offering patients a program that is more diverse in nature with emphasis on helping them express feelings through holistic means has led to enhanced patient satisfaction with their treatment experience. The activities involved in the program include Tai Chi (a form of meditation), art therapy, dance therapy, leisure activities (e.g. bowling, museum visits). Spirituality in this context focusing on values, beliefs, and purpose rather than organized religion(33).

Therefore, this integrated holistic approach to the mental health needs of individuals with SUDs could be a model to incorporate in to formal treatment settings as well. However, spiritual beliefs and cultural explanations for the cause and treatment of substance use disorders could also be a barrier for SUDs treatment. In our study we see Individuals and especially families preferring cultural and spiritual treatments while differing evidence based medical treatment at a formal source of care. And that resulting in negative treatment engagement and experience especially at the holy water site. also the practices even in the integrated cultural and modern treatment setting where religious healers reported prescribing medications and different herbal medicines applied through different means for the purpose SUDs treatment raises the potential challenges regarding safety of the treatment approach.

The findings from our study could serve as a foundation for further research on how to incorporate culturally oriented and holistic treatment into existing treatment protocols for SUDs.

Good service provision by service providers was a key facilitator for better treatment engagement, collaboration and positive treatment experience for many participants. This, in turn, has the potential to enhance future treatment seeking behaviors among service users, both for themselves and others. Former service users were identified in this study to positively influence others access to treatment, with one of the factors being their own positive experience with providers.

Participants of our study from Amanuel mental specialized hospital, where treatment for SUDs and severe mental illness is combined, reported emotional distress and discomfort. They described this treatment arrangement as a source of stigma. Participants feared being labeled as mentally ill by their communities, which they saw as socially damaging and emphasized the need for separate treatment setting. This could be related to the communities and the service user's attitude towards the facility, as it is the only specialized mental hospital in the country and is culturally and linguistically associated with stigma. This issue could be part of the broader nationwide stigma surrounding mental health in Ethiopia, which contributes to the underutilization of available mental health services(34).

The result of this study found that one of the Barriers to treatment access for individuals with SUDs is lack of insurance coverage. Ethiopia's Community Based Health Insurance (CBHI) system, managed by the Ethiopian health insurance agency, had enrolled 32 million people as of 2020 and it is a key component of the country's pursuit of universal health coverage(35,36). In this study, we found that health insurance coverage significantly impacts access to treatment for individuals with SUDs. Participants in settings where CBHI scheme is applied emphasized the need for SUD treatment to be included in the coverage. Meanwhile, in one of the hospitals where CBHI is applicable, patients reported benefiting from it. This shows the necessity of

expanding the health insurance program with uniform legislation to ensure the inclusion of SUD treatment in the scheme.

10. STRENGTHS AND LIMITATIONS

The inclusion of diverse treatment settings such as hospitals, spiritual and traditional treatment facilities, provides a comprehensive perspective on the facilitators and barriers to substance use disorders treatment in Addis Ababa. Additionally, inclusion of both individuals undergoing treatment for SUDs and care givers gives a broader perspective.

However, while participants discussed policy and government level factors, the study would have been further strengthened by including perspectives from policymakers and government officials. Similarly, adding perspectives of service providers would have provided additional perspectives in to the facilitators and barriers of substance use disorders.

Although, participants from traditional and spiritual treatment centers mentioned the role of their families in the treatment process, including accounts of family members from the informal sources of care could have offered additional insight in to the barriers to substance use disorder treatment.

Data collection and interpretation in informal treatment setting may be influenced by the researcher's personal or professional biases. Researchers clinical back ground may influence interpretation of spiritual and cultural treatment practices. To mitigate that, bias was addressed through ongoing self-reflection, respectful engagement with participants and regular discussion with advisors.

The study did not explore psychiatric comorbidities, which could have provided additional insights into the barriers and facilitators related to co-occurring mental health conditions among individuals with substance use disorders.

The inclusion of all male service users may have limited the variety of participants, but it was tried to be mitigated by including female care givers

11. CONCLUSION

This study provides a comprehensive exploration of facilitators and barriers to SUDs treatment. We Included perspectives of individuals with SUDs and care givers in various treatment settings in Addis Ababa, Ethiopia. The findings show that treatment seeking behavior and treatment experience are influenced by individual, community and social level, and structural level factors.

At the individual level, personal motivation mainly due to the impact of substance use on family relationships and physical health, and Inability to quite substance use. Prayer, spiritual and culturally oriented treatment especially in a setting where traditional and modern approaches were combined were facilitators for treatment seeking behavior and better treatment engagement and experience.

At the social and community level, family support was crucial both in initiating treatment and hospitals admissions as well us during treatment process. At the same time, families were barriers to treatment access for some individuals as means of involuntary placement to spiritual healing places where participants had negative treatment experience. Recommendations and information provision by former patients helped in encouraging treatment seeking. A lack of community awareness played a negative role in treatment access, while stigma related to mental health hospitalization was a barrier as individuals feared being labeled as mentally ill.

At the structural level, high treatment cost, lack of insurance coverage, limited-service availability and easy access to substances in treatment facilities and within communities were identified barriers.

12. RECOMMENDATION

- Conducting further research to develop context specific substance use interventions. With focus on interventions to the unique socio-cultural, economic context.
- Enhance collaboration between formal and informal care settings and Exploring ways to integrate lessons from informal care sources to formal treatment systems.
- Promote awareness and education for families and communities about substance use disorders and their treatment to improve support and reduce stigma.
- Advocacy for expanding access to affordable SUDs treatment.

13. REFERENCE

1. United Nations : Office on Drugs and Crime [Internet]. [cited 2024 Jul 6]. World Drug Report 2023. Available from: //www.unodc.org/unodc/en/data-and-analysis/world-drug-report-2023.html

2. Fentaw KD, Fenta SM, Biresaw HB. Prevalence and Associated Factors of Substance Use Male Population in East African Countries: A Multilevel Analysis of Recent Demographic and Health Surveys From 2015 to 2019. Subst Abuse Res Treat. 2022 May 20;16:11782218221101011.

3. Kassew T, Tarekegn GE, Alamneh TS, Kassa SF, Liyew B, Terefe B. The prevalence and determinant factors of substance use among the youth in Ethiopia: A multilevel analysis of Ethiopian Demographic and Health Survey. Front Psychiatry. 2023 Mar 23;14:1096863.

4. Kebede D, Alem A. The epidemiology of alcohol dependence and problem drinking in Addis Ababa, Ethiopia. Acta Psychiatr Scand Suppl. 1999;397:30–4.

5. Deyessa N, Senbete B, Abdo A, Mundia BM. Population estimation and harm reduction among people who inject drugs in Addis Ababa, Ethiopia. Harm Reduct J. 2020 Sep 7;17(1):61.

6. Belete H, Mekonen T, Fekadu W, Legas G, Getnet A. Help seeking behavior for problematic substance uses in north-West Ethiopia. Subst Abuse Treat Prev Policy. 2019 Jun 7;14(1):25.

7. Zewdu S, Hanlon C, Fekadu A, Medhin G, Teferra S. Treatment gap, help-seeking, stigma and magnitude of alcohol use disorder in rural Ethiopia. Subst Abuse Treat Prev Policy. 2019 Jan 18;14(1):4.

8. Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

9. GBD 2016 Alcohol and Drug Use Collaborators. The global burden of disease attributable to alcohol and drug use in 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet Psychiatry. 2018 Dec;5(12):987–1012.

10. Roba HS, Beyene AS, Irenso AA, Gebremichael B. Prevalence of lifetime substances use among students in Ethiopia: a systematic review and meta-analysis. Syst Rev. 2019 Dec 14;8(1):326.

11. Alebachew W, Semahegn A, Ali T, Mekonnen H. Prevalence, associated factors and consequences of substance use among health and medical science students of Haramaya University, eastern Ethiopia, 2018: a cross-sectional study. BMC Psychiatry. 2019 Nov 6;19(1):343.

12. Mekonen T, Chan GCK, Connor J, Hall W, Hides L, Leung J. Treatment rates for alcohol use disorders: a systematic review and meta-analysis. Addict Abingdon Engl. 2021 Oct;116(10):2617–34.

13. Saloner B, Li W, Bandara SN, McGinty EE, Barry CL. Trends In The Use Of Treatment For Substance Use Disorders, 2010-19. Health Aff Proj Hope. 2022 May;41(5):696–702.

14. Farhoudian A, Razaghi E, Hooshyari Z, Noroozi A, Pilevari A, Mokri A, et al. Barriers and Facilitators to Substance Use Disorder Treatment: An Overview of Systematic Reviews. Subst Abuse Res Treat. 2022 Jan 1;16:11782218221118462.

15. Winiker AK, Schneider KE, Hamilton White R, O'Rourke A, Grieb SM, Allen ST. A qualitative exploration of barriers and facilitators to drug treatment services among people who inject drugs in West Virginia. Harm Reduct J. 2023 Jun 1;20:69.

16. Finn SW, Mejldal A, Nielsen AS. Perceived barriers to seeking treatment for alcohol use disorders among the general Danish population – a cross sectional study on the role of severity of alcohol use and gender. Arch Public Health. 2023 Apr 23;81(1):65.

17. Y Y, Dr P, Ae S. Barriers and Facilitators to Treatment Engagement Among Clients in Inpatient Substance Abuse Treatment. Qual Health Res [Internet]. 2018 Jul [cited 2024 Jul 6];28(9). Available from: https://pubmed.ncbi.nlm.nih.gov/29683040/

18. Facilitators and barriers in treatment seeking for cannabis dependence. Drug Alcohol Depend. 2013 Dec 1;133(2):776–80.

19. Wolfe DM, Hutton B, Corace K, Chaiyakunapruk N, Ngorsuraches S, Nochaiwong S, et al. Service-level barriers to and facilitators of accessibility to treatment for problematic alcohol use: a scoping review. Front Public Health. 2023;11:1296239.

20. Sarkar S, Tom A, Mandal P. Barriers and Facilitators to Substance Use Disorder Treatment in Low-and Middle-Income Countries: A Qualitative Review Synthesis. Subst Use Misuse. 2021;56(7):1062–73.

21. Barman R, Mahi R, Kumar N, C. Sharma K, Singh Sidhu B, Singh D, et al. Barriers to Treatment of Substance Abuse in a Rural Population of India. Open Addict J [Internet]. 2011 Nov 14 [cited 2024 Jul 6];4(1). Available from: https://benthamopen.com/ABSTRACT/TOADDJ-4-65

22. A C, Baa N, A TY, Ld Y, A AA, Mg AL, et al. Facilitators and Barriers to Health Seeking among People Who Use Drugs in the Sunyani Municipality of Ghana: An Exploratory Study. BioMed Res Int [Internet]. 2021 Aug 21 [cited 2024 Jul 6];2021. Available from: https://pubmed.ncbi.nlm.nih.gov/34471636/

23. Pettersen RJ, Debesay J. Substance use and help-seeking barriers: a qualitative study of East African migrants' experiences of access to Norwegian healthcare services. BMC Health Serv Res. 2023 Feb 2;23(1):107.

24. Zewdu S, Hanlon C, Fekadu A, Medhin G, Teferra S. "We improved our life because I cut my drinking": Qualitative analysis of a brief intervention for people with alcohol use disorder in Ethiopian primary health care. J Subst Abuse Treat. 2022 Jan 1;132:108636.

25. Witkiewitz K, Tucker JA. Whole person recovery from substance use disorder: a call for research examining a dynamic behavioral ecological model of contexts supportive of recovery. Addict Res Theory. 0(0):1–12.

26. ኡራኤል ቤተ ክርስቲያን (የእምነት ቦታ) (Addis Ababa, Ethiopia) [Internet]. [cited 2025 Feb 17]. Available from: https://www.addismap.com/index.php/am/a43707907/urael-ethiopian-orthodox-church

27. Open Code [Internet]. [cited 2025 Feb 15]. Available from: https://www.umu.se/en/department-of-epidemiology-and-global-health/research/open-code2/

28. Hackett A, Strickland K. Using the framework approach to analyse qualitative data: a worked example. Nurse Res. 2019 Sep 21;26(2):8–13.

29. Qulitative research practice, a guide for social since students and researchers. Ane Ritchie and Jane Lewis.

30. Andrews D, Kramer R, Klumper L, Barrington C. A qualitative exploration of individuals' motivators for seeking substance user treatment. Subst Use Misuse. 2012 Sep;47(11):1224–33.

31. Messinger JC, Vercollone L, Weiner SG, Bromstedt W, Garner C, Garza J, et al. Outcomes for Patients Discharged to Involuntary Commitment for Substance Use Disorder Directly from the Hospital. Community Ment Health J. 2023 Oct;59(7):1300–5.

32. Walton-Moss B, Ray EM, Woodruff K. Relationship of spirituality or religion to recovery from substance abuse: a systematic review. J Addict Nurs. 2013;24(4):217–26; quiz 227–8.

33. Breslin KT, Reed MR, Malone SB. An holistic approach to substance abuse treatment. J Psychoactive Drugs. 2003;35(2):247–51.

34. Girma E, Ketema B, Mulatu T, Kohrt BA, Wahid SS, Heim E, et al. Mental health stigma and discrimination in Ethiopia: evidence synthesis to inform stigma reduction interventions. Int J Ment Health Syst. 2022 Jun 23;16(1):30.

35. Ethiopian Health Insurance | MINISTRY OF HEALTH - Ethiopia [Internet]. [cited 2025 Feb 11]. Available from:

https://www.moh.gov.et/en/Ethiopian_Health_Insurance?language_content_entity=en&utm_source=chatgpt.com

36. Community-based health insurance drives Ethiopia’s bid for universal health coverage | WHO | Regional Office for Africa [Internet]. 2022 [cited 2025 Feb 11]. Available from: https://www.afro.who.int/countries/ethiopia/news/community-based-health-insurance-drives-ethiopias-bid-universal-health-coverage

ANNEX I: PARTICIPANTS' INFORMATION SHEET

My name is Dr. Seadedin Mohammedali. I am a psychiatry resident at the Department of Psychiatry of Addis Ababa University. My advisors are Professor Solomon Teferra and Dr. Awoke Mihretu. I am conducting a study on facilitators and barriers of substance use disorder treatment in Addis Ababa, Ethiopia. The purpose of the study is to explore this facilitators and barriers. You are selected to participate in this study because you are currently seeking care at the substance treatment ward or outpatient substance treatment service at Zewditu Memorial Hospital or Amanuel Mental Specialized Hospital or you are receiving holy water treatment for substance use problem at Entoto Maryam holy water site or you are a care giver. By participating in the study, you will be contributing to the development of practical solutions to enhance patient care, support health advocacy, inform policy-making, and improve treatment outcomes and recovery rates for substance use disorders.

The interview will take about 30 to 40 minutes, with a break in between. It will be conducted in a private office and will be audio recorded. Additionally, Notes will be taken during the interview so that I don't miss anything. The audio records and additional notes will only be used for this research and I will not use your name or other identifying information. To ensure confidentiality, I will assign a code (numbers) that will be used on all research notes and documents. The audio-recording will be deleted after transferring the data to a personal computer in a written format. The data will be stored in a secure location with access limited only to the researcher.

Your participation in this study is voluntary. If you decide to take part in this study, you will be asked about your experience in the treatment service you are receiving / your experience as a care giver about the treatment service / your understanding of facilitators and barriers for treatment service provision for substance use disorders.

If you decide to take part in this study, you need to understand the purpose of the study and sign a consent form. Even after signing the consent form, you are still free to withdraw anytime during the interview. Whether or not you decide to participate will have no effect on your care at ZMH, AMSH, St. Ural holy water site or Ferdows cultural

medical rehabilitation center. There will not be any direct benefit for you due to your participation in this study.

The researcher has not identified any risk to be incurred by participating in this study. If you feel uncomfortable with any of the question in the interview, you have a right not to answer. After completing the interview, you will be paid 100-birr reimbursement for your time and transportation.

This research project is reviewed and approved by the Ethical Committee of Addis Ababa University, School of Medicine, and Department of Psychiatry. If you want to have more information or if you have any complaint, you can contact the committee through the address below. You can also contact the members of the research team by the contact information provided below.

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Advisors: Professor Selomon Teferrra
Dr. Awoke Mihretu
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ዶ/ር ሰዓደዲን መሐመድአሊ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የአዕምሮ ህክምና ትምህርት ክፍል የአዕምሮ ህክምና ስፔሻላይዝ በማድረግ ላይ የምገኝ ሀኪም(ሬዚደንት) ነኝ። የጥናት አማካሪዎቼ ፕ/ር ሰለሞን ተፈራ ዶ/ር አወቀ ምህረቱ ናቸው።አደንዛዥ ዕጽ ህክምና ላይ የሚያጋጥሙ ተግዳሮቶችና ምቹ ሁኔታዎች ላይ ጥናት እያካሄድኩ ነው። የጥናቱ ዓላማ እነዚህን ተግዳሮቶችና ምቹ ሁኔታዎች ለመዳሰስ ነው። በዚህ ጥናት ላይ ለመሳተፍ የተመረጡበት ምክንያት በአማኑኤል ወይም በዘውዲቱ ሆስፒታል በአደንዛዥ ዕጽ ህክምና ክፍል አልጋ ይዘው ወይም በተመለላሽነት እየታከሙ በመሆኑ የታካሚው አስታማሚ ሰለሆኑ ወይም ለአደንዛዥ እጽ አጠቃቀም ችግር የፀበል ወይም የ ቁርኣን ህክምና እየተደረገሉዎት ስለሆነ ነው።

በጥናቱ ላይ በመሳተፍ የህክምና አሰጣጡን ለማጎልበት፣የጤና ዘርፉን ለመደገፍ፣ለፖሊሲ አውጪዎች ግንዛቤ ለመፍጠርና ለአደንዛዥ እጽ የህክምና ደረጃውንና የማገገሚያ ግዜው የተሸለ እንዲሆን ተግባራዊ መፍትሄዎችን ለማዘጋጀት አስተዋፅዖ ያደርጋሉ።

ቃለ መጠይቁ ከ45-60 ደቂቃ ይወስዳል። በመካከል እረፍት መውሰድ ይቻላል። ቃለ መጠይቁ የምናደርገው ደህንነቱ በተጠበቀ የግል ቢሮ ውስጥ ነው።በቃለ መጠይቁ ወቅት ምንም መረጃ እንዳያመልጠኝ ከ ድምጽ በተጨማሪ ማስታወሻ እይዛለሁ። የድምጽ መዝገቦቹ ለዚህ ጥናት ብቻ ጥቅም ላይ ይውላሉ። በሁሉም የጥናት ማስታወሻዎች እና ሰነዶች ላይ የኮድ ስሞችን ወይም ቁጥሮችን በመመደብ ምስጢራዊነትዎን እጥብቃለሁ። የእርስዎን ስም ወይም ሌላ መለያ መረጃ አልጠቀምም። የድምጽ ቅጅውን ወደጽሑፍ ከቀየርኩት በኋላ ሙሉ በሙሉ አጠፋዋለሁ፣የሰጡኝን መረጃ ደህንነቱ በተጠበቀ ቦታ አጥኝው ብቻ በሚያገኘው ቦታ ይቀመጣል።

በዚህ ጥናት ውስጥ ያለዎት ተሳትፎ በፈቃደኝነት ነው። በዚህ ጥናት ውስጥ ለመሳተፍ ከወሰኑ ስደረግልዎት ስለነበረው ህክምና ልምዶትን እጠይቆታለሁ፤ወይም እንደአስታማሚ ስለህክምና አገልግሎቱ ልምዶትን እጠይቃለሁ፣ወይም በአደንዛዥ ዕጽ ህክምና አገልግሎት አሰጣጡ ላይ ስለነበሩ ምቹ ሁኔታዎችና ተግዳሮቶች ስላሎት መረዳት እጠይቆታለሁ።ሰለ ጥናቱ መገንዘብዎን ከተረጋገጠ በኋላ የፍቃደኝነት መጠየቅያ ፎርም ላይ እንዲፈርሙ ይደረጋል። የፍቃደኝነት ቅጹን ከፈረሙ በኋላም ቢሆን ቃለ መጠይቁ በማንኛውም ጊዜ ማቋረጥ ያችላሉ።

ለመሳተፍ መወሰን ወይም አለመወሰን በአማኑኤል ወይም በዘውዲቱ ሆስፒታል በሚያደርጉት ክትትል ላይ ምንም ተጽእኖ አይኖረውም። በዚህ ጥናት ውስጥ በመሳተፍዎ ምንም አይነት ቀጥተኛ ጥቅም አያገኙም። ጥናቱ የሚያሳድረው አደጋ የለም።መመለስ የማይፈልጉት ጥያቄ ካለ ያለመመለስ መብትዎ የተጠበቀ ነው።ቃለ መጠይቁን ከጨረሱ በኋላ ለጊዜዎ እና ለመጓጓዣዎ ማካካሻ 200 ብር ይከፈሎታል።

ይህ ጥናት የአዲስ አበባ ዩኒቨርሲቲ የአዕምሮ ህክምና ትምህርት ክፍል የጥናት ግምገማ ቦርድ የሚገመገምና የሚጸድቅ ነው። በዚህ ጥናት ላይ በማንኛውም ጊዜ ጥያቄ ወይም ቅሬታ ካሎት የአዲስ አበባ ዩኒቨርሲቲ የአዕምሮ ህክምና ትምህርት ክፍል የጥናት ግምገማ ቦርድ ከታች በተጠቀስው አድራሻ ጥያቄአችሁን ወይም ቅሬታችሁን ማቅረብ ትችላላችሁ።

ስም - ዶ/ር ሰዓደዲን መሐመድአሊ (የአዕምሮ ህክምና ስፔሻላይዜሽን ሬዚደንት)

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Annex II-INFORMED CONSENT FORM

I have received information and understood the information provided about the research, procedure, risks, benefits and that participating in the research won't impact the treatment I receive at AMSH / ZMH/St. Urael holy water site/ Ferdows Cultural Medical and Rehabilitation Center. I am informed that an audio will be recorded during the interview and that the researcher will ensure my confidentiality. I consent to participate voluntarily in the research on facilitators and barriers of substance use disorder treatment in Addis Ababa, Ethiopia.

Participant Signature _____ Date _____

Researcher's Signature _____ Date _____

የፈቃደኝነት መጠየቅያ ቅጽ

ስለ ጥናቱ መረጃ ተሰጥቶኛል። ስለ ጥናቱ አሰራር፣ ስጋቶች፣ ጥቅም እንዲሁም በጥናቱ መሳተፌ በአማኑኤል ወይም በዘውዲቱ ሆስፒታል ወይም በዑራኤል የፀበል ቦታ ወይም በ ፊርዶወስ የባህል ህክምና እና የሱስ ማገገሚያ ማእከል የማገኘው ህክምና ላይ ተጽእኖ እንደማይኖረው ከቀረበው መረጃ ተረድቻለሁ። ድምጽ እንደሚቀረጽ እና የማንነቴ ሚስጥር እንደሚጠበቅ ተነግሮኛል። አደንዛዥ ዕጽ ህክምና ላይ የሚያጋጥሙ ተግዳሮቶችና ምቹ ሁኔታዎች ላይ ያቶኮረ ጥናት ላይ ለመሳተፍ ፈቃደኝነቴን በፊርማዬ አረጋግጣለሁ።

የጥናት ተሳታፊ ፊርማ _____ ቀን _____

የአጥኚ ፊርማ _____ ቀን _____

Annex III- SOCIO-DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

Date: _____

Thank you for agreeing to participate in the study. I will now ask you questions about yourself.

1. Age: _____
2. Sex: _____
3. Residence: _____
4. Religion: _____
5. Marital status: _____
6. Educational status: _____
7. Occupation: _____
8. Types of substance use: _____
9. Days since admission: _____

<u>የተሳታፊዎች ማህበራዊና ስነ-ሕዝብ አወቃቀር መረጃዎች</u>

ቀን:_____

በጥናቱ ላይ ለመሳተፍ ስለተስማማችሁ እናመሰግናለን። አሁን ስለራስዎ ጥያቄዎችን እጠይቅዎታለሁ።
ዕድሜ: _____

ፃታ: _____

አድራሻ: _____

ሃይማኖት: _____

የጋብቻ ሁኔታ:_____

የትምህርት ደረጃ: _____

ሙያ : _____

የህመም ዓይነት:_____

በክትትል የቆዩበት ግዜ: _____

Annex IV- TOPIC GUIDE

For Service Users:

1. Is this your first time using the service? If No, what was your previous experience like in using the service?
2. How did you hear about the treatment service at this center?
3. Can you tell me how you decided to use the treatment service?
    - What motivated you to seek treatment?
    - What things seemed attractive about the treatment service?
    - What concerns did you have about using the treatment service?
    - How did societal attitude or stigma towards substance use treatment influence your decision, if at all?
4. What factors encouraged you to seek treatment?
5. How did family or community support influenced your decision to seek treatment?
6. How do people who are important to you such as your family and friends Support your involvement in the treatment service?
7. Were there challenges to accessing the treatment service? If yes, what were the challenges?
8. What specific barriers did you encounter when trying to access the service:
    - Transportation Difficulty?
    - Distance from your residence?
    - Treatment Costs?
    - Long waiting list?
9. Regarding your experiences using this service.
    - How do you describe the Quality of care you are receiving
    - Tell me about the strengths of the treatment service? What has been helpful?
    - Tell me about the weaknesses of the treatment service? What was least helpful or what is missing?
    - Have the treatment service you are receiving met your expectation?
10. What are your suggestions for improving the experience?

በከፊል የተዋቀረ የቃለ መጠይቅ መመሪያ

ለአገልግሎት ተጠቃሚዎች፡-

1. በምን ምክንያት ወደዚ ሊመጡ ቻሉ ?
2. እስቲ ስለሚጠቀሙት ሱስ ኣምጪ ነገሮች ንገሩኝ
3. በዚህ ማእከል ስላለው አገልግሎት እንዴት እንደሰሙ ሊነግሩኝ ይችላሉ?
4. ይህን አገልግሎት ሲጠቀሙ ለመጀመሪያ ጊዜ ነው?
    - አይ ከሆነ፣ አገልግሎቱን ሲጠቀሙ የቀድሞ ልምድዎ ምን ይመስል ነበር?
5. የሕክምና አገልግሎቱን እንዴት ለመጠቀም እንደወሰኑ ሊነግሩኝ ይችላሉ?
    - ህክምውን እንዲፈልጉ ያነሳሳዎት ምንድን ነው?
6. የሕክምና አገልግሎቱን ለመጠቀም ሲወስኑ ኣሳስብዎት የነበረ ነገር ነበር?
7. ይህንን የህክምና ቦታ እንዴት መረጡት?
8. ወደ ሕክምና ቦታው እነዴት አድርገው መጡ?
9. የሕክምና አገልግሎቱን ለማግኘት ተግዳሮቶች ነበሩ?
    - አዎ ከሆነ፣ ተግዳሮቶቹ ምን ምን ነበሩ?
10. አገልግሎቱን ለማግኘት ያጋጠሙዎት ልዩ እክሎች ነበሩ ለምሳሌ፡-
    - የመጓጓዣ ችግር?
    - ከመኖሪያ ቦታ ያለው ርቀት?
    - ለህክምና የሚወጣው ወጪ?
    - ህክምናውን ረጅም የጥበቃ ግዜ?
11. ህብረተሰቡ የአደንዛዥ እፅ ህክምናን በተመለከተ ያለው አረዳድ ፤ አመለካከት ወይም ማገለል ውሳኔዎት ላይ አስተዋፅኦ ኣድርጎ ነበር ?
12. ህክምና እንድትፈልግ ያበረታቱህ ነገሮች ነበሩ?
13. የቤተሰብ ወይም የማህበረሰብ ድጋፍ ህክምና እነዲፈልጉ አስተዋጽኦ አድርጓል?
14. ለእርስዎ አስፈላጊ የሆኑ እንደ ቤተሰብዎ እና ጓደኞችዎ ያሉ ኣካላት የሕክምና አገልግሎት መጀመርኦን በምን መልኩ ይደግፉሉ?

15. ይህንን አገልግሎት ሲጠቀሙ ያጋጠሙዎትን ተሞክሮዎች በተመለከተ:
    - እያገኙ ያሉትን የእንክብካቤ ጥራት እንዴት ይገልጹታል።
    - በሕክምና አገልግሎቱ ላይ ሳቢ ሆነው ያገኙዋቸው ነገሮች ምንድን ናቸው?
    - ስለ ህክምና አገልግሎት ጥንካሬዎች ንገሩኝ? በምን አገዘዎት?
    - የሕክምና አገልግሎቱን ድክመቶች ንገሩኝ? ምን የጎደለው ነገር አስተዋሉ?
    - እየተቀበሉት ያለው የሕክምና አገልግሎት እርስዎ እንደጠበቁት ሆኖ አግኝተውታል ?
    - የጤና ባለሞያዎችን ህክምና አሰጣጥ እንዴት አገኙት?
16. እዚህ ያለዎትን ተሞክሮ ወይም የህክምና ኣገልግሎት የተሻሻለ እንዲሆን ምን ሀሳቦች አለዎት?
17. በአጠቃላይ ለሱስ ችግር እርዳታ ስለማግኘት ምን ይነግሩኛል? በመደበኛ - ህክምና መስጫ ቦታዎች እንዲሁም መደበኛ ያልሆኑ እንደ መንፈሳዊ ቦታዎች ሊሆን ይችላል.
18. በስርአት ደረጃ (የመንግስት የጤና ፖሊሲ አይነት) ህክምና እንዲያገኝ የረዱ ነገሮች ኣሉ ? ያስረዱኝ
19. በስርአት ደረጃ ((የመንግስት የጤና ፖሊሲ አይነት) ህክምና እንዲያገኝ ተግዳሮት / መሰናክል የነበሩ ኣሉ? ያስረዱኝ

For Care Givers:

1. How were you involved in seeking treatment for the patient?
2. What challenges did you face in assessing treatment services for the patient?
3. How does societal attitude or stigma affect your support for the patient?
4. Can you describe any financial difficulties you have experienced due to the treatment cost?
5. In what way does your family or community support the treatment process?
6. How do you describe the quality of care the patient is receiving?
7. Have the treatment service met your expectation and the need of the patient?
8. What improvement would you suggest to make the treatment service more effective?

ለአስታማሚዎች፡-

በሱስ ችግር ህክምና ሂደት አስቻይ ሁኔታዎች እና ተግዳሮቶች በ ደረጃ ከፋፍለን እናያቸዋለን እነዚሂም በግለሰብ ደረጃ (ስነለቦና አይነት) ፣ በ ሞሃበራዊ ከባቢ ደረጃ (ቤተሰብን አይነት) እና በስርአት ደረጃ (የጤና ፖሊሲ አይነት) ናቸ ው።።

እና ከገለሰባዊ ጉዳዮች እንጀምርና፡

1. የታካሚው የግል የሆኑ ሁናቴዎች አንጻር እነደ ታካሚው ስነልቦና ያሉ፤ ህክምና እንዲያገኝ የረዱ ነገሮችን ያሰረዱኝ ?
2. የታካሚው የግል የሆኑ ሁናቴዎች አንጻር እነደ ታካሚው ስነልቦና ያሉ፤ ህክምና እንዲያገኝ ተግዳሮት / መሰናክል የነበሩ ነገሮችን ያሰረዱኝ ?
3. ለታካሚው ህክምና በመፈለግ ላይ ምን አይነት ተሳትፎ ነበረዎት?
4. ይህንን የህክምና ቦታ እንዴት መረጡት?
5. ወደ ሕክምና ቦታው እነዴት አድርገው መጡ?
6. ለታካሚው የሕክምና አገልግሎት ለማግኘት ተግዳሮቶች ነበሩ?
7. አገልግሎቱን ለማግኘት ያጋጠሙዎት ልዩ እክሎች ነበሩ ለምሳሌ፡-
    - የመጓጓዣ ችግር?
    - ከመኖሪያ ቦታ ያለው ርቀት?
    - ህክምናውን ረጅም የጥበቃ ግዜ?

8. ከህክምናው ወጪ ጋር ተያይዞ ያጋጠሙዎት የገንዘብ ችግሮች አሉ?
9. ህብረተሰቡ የአደንዛዥ እፅ ህክምናን በተመለከተ ያለው አረዳድ ፤ አመለካከት ወይም ማገለል የታካሚው ህክምና የማግኘት ሁኔታ ላይ አስተዋፅኦ አድርጎ ነበር ?
10. የማህበረሰቡ አመለካከት ወይም ማገለል ለታካሚው ያለዎት ድጋፍ ላይ ተጽዕኖ አድርጓል/እያረገስ ይገኛል?
11. ቤተሰብዎ ወይም ማህበረሰቡ የሕክምናውን ሂደት በምን መንገድ እየደገፉ ነው?
12. ታካሚው/ተገልጋዩ እያገኙ ያለውን የህክምና አገልግሎት በተመለከተ:
    - እያገኙ ያሉትን የእንክብካቤ ጥራት እንዴት ይገልጹታል።
    - በሕክምና አገልግሎቱ ላይ ሳቢ ሆነው ያገኙዋቸው ነገሮች ምንድን ናቸው?
    - ስለ ህክምና አገልግሎት ጥንካሬዎች ንገሩኝ? በምን ያገዛቸው ይመስሎዎታል?
    - የሕክምና አገልግሎቱን ድክመቶች ንገሩኝ? ምን የጎደለው ነገር አስተዋሉ?
    - የጤና ባለሞያዎችን ህክምና አሰጣጥ እንዴት አገኙት?
13. የሕክምና አገልግሎቱ እርስዎ እንደጠበቁት ሆኖ አግኝተውታል ? የታካሚውንስ ፍላጎት አሟልቷል ብለው ያስባሉ?
14. የሕክምና አገልግሎቱን የበለጠ ውጤታማ ለማድረግ ምን መሻሻል አለበት ብለው ያስባሉ?
15. በስርአት ደረጃ (የመንግስት የጤና ፖሊሲ አይነት) ታካሚው ህክምና እንዲያገኝ የረዱ ነገሮች ኣሉ ? ያስረዱኝ
16. በስርአት ደረጃ ((የመንግስት የጤና ፖሊሲ አይነት) ታካሚው ህክምና እንዲያገኝ ተግዳሮት / መሰናክል የነበሩ ኣሉ? ያስረዱኝ

For Substance users receiving treatment at St.Urael holy water site and Ferdows Cultural Medical and Rehabilitation Center

1. Is this your first time seeking treatment here?
   If not, can you describe your previous experience receiving treatment at this site?
2. Can you tell me how you decided to use the treatment service at this site?
3. Did you try to seek treatment service from medical service before coming here?
   If so, how was the experience like?
   Were there challenges that you encountered?
   Tell me about the challenges?
4. Have you received medical treatment for substance use before?
   If yes, how would you describe that experience?
5. Have you ever been admitted to a health facility for substance use disorder?
   If yes, how would you describe that experience?
6. How did you decide to seek treatment here instead of medical treatment at health facility?
7. Were there any barriers that prevented you from seeking treatment at a health facility? If so, what were they? Tell me about them
8. How do you describe the care you are receiving at this site?
9. What is better here compared to treatment services in a health facility?

በውራኤል የፀበል ቦታ እና በ ፊርዶወስ የባህል ህክምና እና የሱስ ማገገሚያ ማእከል ህክምና እያገኙ ላሉ

1. በምን ምክንያት ወደዚ ሊመጡ ቻሉ ?
2. እስቲ ስለሚጠቀሙት ሱስ ኣምጪ ነገሮች ንገሩኝ
3. ላለብዎት የሱስ ችግር እርዳታ ኬት ኬት ነው እያገኙ ያሉት ?
4. ከስንት ግዜ ቡሁዋላ እርዳታ ማግኘት እንዳለቦዎ ተሰማዎት?
5. ይህን ፀበል ሕክምና አገልግሎት ሲጠቀሙ ለመጀመሪያ ጊዜ ነው?
    - አይ ከሆነ፣ አገልግሎቱን ሲጠቀሙ የቀድሞ ልምድዎ ምን ይመስል ነበር?
6. የ ፀበል ሕክምና አገልግሎቱን እንዴት ለመጠቀም እንደወሰኑ ሊነግሩኝ ይችላሉ?
    - የ ፀበል ህክምውን እንዲፈልጉ ያነሳሳዎት ምንድን ነው?
7. በዚህ ማእከል ስላለው አገልግሎት እንዴት እንደሰሙ ሊነግሩኝ ይችላሉ?
8. ይህንን የ ፀበል ህክምና ቦታ እንዴት መረጡት?
9. ወደ ፀበል ሕክምና ቦታው እነዴት አድርገው መጡ?
10. በጤና ተቋም ከሚሰጥ ህክምና ይልቅ እዚህ የ ፀበል ህክምና ለማግኘት እንዴት ወሰኑ?
11. በጤና ተቋም ውስጥ ህክምና ለማግኘት እንዳይችሉ የከለከለዎት እንቅፋቶች ነበሩ?
    - አዎ ከሆነ ምን ነበሩ? ስለእነሱ ንገረኝ
12. ወደዚህ ከመምጣትዎ በፊት በጤና ተቋዋማት የሚሰጥ ህክምና አገልግሎት ለማግኘት ሞክረዋል?
    - አዎ ከሆነ፡ አገልግሎቱን ለማግኘት ያጋጠሙዎት ችግሮች ነበሩ? ስለ ችግሮቹ ይንገረኝ?
20. በጤና ተቋዋማት የሚሰጥ ህክምና ለማግኘት ያጋጠሙዎት ልዩ እክሎች ነበሩ ለምሳሌ፡-
    - የመጓጓዣ ችግር?
    - ከመኖሪያ ቦታ ያለው ርቀት?
    - ለህክምና የሚወጣው ወጪ?
    - ህክምናውን ረጅም የጥበቃ ግዜ?
13. ከዚህ በፊት ለአደንዛዥ እጽ አጠቃቀም ችግር በጤና ተቋዋማት የሚሰጥ ህክምና ወስደው ያቃሉ? አዎ ከሆነ፣ ያንን ተሞክሮ እንዴት ይገልጹታል?

14. ለአደንዛዥ እጽ አጠቃቀም ችግር ህክምና በ ጤና ተቋም ውስጥ ኣልፃ ይዘው ታክመው ያውቃሉ?
    - ኣዎ ከሆነ፣ ያንን ተሞክሮ እንዴት ይገልጹታል?
15. ህብረተሰቡ የአደንዛዥ እፅ ህክምናን በተመለከተ ያለው አረዳድ ፤ አመለካከት ወይም ማገለል ፀበል ቦታ ሕክምና እንዲያገኙ ውሳኔዎት ላይ አስተዋፅኦ ኣድርጎ ነበር ?
16. ቤተሰብ ወይም ማህበረሰብ የ ፀበል ህክምና እነዲፈልጉ አስተዋጽኦ አድርጓል? በምን መልኩ?
17. እዚህ እያገኙ ያለዉን ፀበል ህክምና እንዴት ይገልጹታል?
18. በጤና ተቋም ውስጥ ከሚሰጥ የሕክምና አገልግሎቶች ጋር ሲነጻጸር እዚህ ምን የተሻለ ነገር አስተዋሉ? ወይም የተሻለ ይሆናል ብለው ይገምታሉ?
19. ተጉዋዳኝ የአእምሮ ህመም አለበዎት?

    አዎ ከሆነ ፡ ህክምና ለማግኘት ሲሞክሩ የአእምሮ ህመም መኖሩ አስተዋጽኦ ነበረው?
21. ይህንን አገልግሎት ሲጠቀሙ ያጋጠሙዎትን ተሞክሮዎች በተመለከተ:
    - እያገኙ ያሉትን የእንክብካቤ ጥራት እንዴት ይገልጹታል።
    - በ ፀበል ሕክምና አገልግሎቱ ላይ ሳቢ ሆነው ያገኙዋቸው ነገሮች ምንድን ናቸው?
    - ስለ ፀበል ህክምና አገልግሎት ጥንካሬዎች ንገሩኝ? በምን አገዘዎት?
    - የ ፀበል ሕክምና አገልግሎቱን ድክመቶች ንገሩኝ? ምን የጎደለው ነገር አስተዋሉ?
    - እየተቀበሉት ያለው ፀበል የሕክምና አገልግሎት እርስዎ እንደጠበቁት ሆኖ አግኝተውታል ?
22. በአጠቃላይ ለሱስ ችግር እርዳታ ስለማግኘት ምን ይነግሩኛል? በመደበኛ - ህክምና መስጫ ቦታዎች እንዲሁም መደበኛ ያልሆኑ እንደ መንፈሳዊ ቦታዎች ሊሆን ይችላል.
23. በስርአት ደረጃ (የመንግስት የጤና ፖሊሲ አይነት) ታካሚው ህክምና እንዲያገኝ ተግዳሮት / መሰናክል እየሆኑ ያሉ ነገሮች አሉ? ያስረዱኝ