

**IS IT TIME TO CREATE SUBSPECIALTY TRAININGS IN  
PSYHCIATRY IN ETHIOPIA? PERSPECTIVES OF EARLY  
CAREER PSYCHIATRISTS AND PSYCHIATRY RESIDENTS  
ON ADDICTION PSYCHIATRY AS A CAREER**



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Specialty Certificate in Psychiatry**

**An Electronic Survey**

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## Acronyms

AAU:	Addis Ababa University
ABMS:	American Board of Medical Specialties
ABPN:	American Board of Psychiatry and Neurology
ACGME:	Accreditation Council for Graduate Medical Education
DALYs:	Disability-Adjusted Life Years
DHS:	Demographic Health Survey
FMOH:	Federal Ministry of Health
JU:	Jimma University
NIDH:	National Institute of Drugs and Health
NSDUH:	National Survey on Drug Use and Health
PA:	Primary advisor
PGY:	Post Graduate Year
PI:	Primary investigator
SPHMMC:	Saint Paul Hospital Millennium Medical College
SUD:	Substance use disorder
WHO:	World Health Organization

## Summary

### Introduction

The field of psychiatry has many subspecialties, among which are Child psychiatry, Addiction psychiatry, Forensic psychiatry and Geriatric psychiatry, to name a few. The reason for having different subspecialties is to offer improved care. Given their prevalence and frequent presentation as co-morbidities of psychiatric disorders; addiction will need to be a core domain of psychiatric residency. The huge gap between the increasing prevalence of SUDs and trained professionals to tackle the problem is undeniable in our country. Considering the evident increase in SUDs in the country, exploration of ways to initiate and improve addiction training is of paramount importance.

### Objective

The objective of the current study is to explore attitudes as well as beliefs of early career psychiatrists and psychiatry residents across the country regarding addiction psychiatry as a career. By doing so, it aims to gain insights into ways on how and when addiction psychiatry subspecialty training can be developed in Ethiopia.

### Method

An electronic survey was conducted via confidential and anonymous emails sent to residents in facilities that run psychiatry residency program across the country and psychiatrists who finished their training in the past 5 years during the study period. Questions answered with Likert scale were analyzed quantitatively.

### Results

A total of 77 psychiatrists and psychiatric residents responded to the questionnaire which is 81.05% of the study population: 29 were psychiatrist and 48 were residents. The mean age is 30 years and 44.5% of the participants were females. The majority of the respondents had positive attitudes to addiction psychiatrists and addiction psychiatry. Addiction psychiatrists were seen as making a difference in their patient's lives where 100% of the participants agreed to that statement. On the other hand, the participants had negative attitude towards the patient

population who receive addiction psychiatry service. Of the participants, 88.3% thought addiction psychiatrists work with difficult patient population, and 53.2% of the participants showed interest to work with the patient population addiction psychiatrists work with. Overall, 41.6% of the participants said to have interest in the field of addiction psychiatry.

## Conclusion

The majority of the respondents had positive attitudes to addiction psychiatrists and addiction psychiatry as a career.

**Key words: Addiction, Training, Attitude**

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# 1. Introduction

## 1.1. Background of the study

### 1.1.1. Brief history of Addiction Psychiatry

The American Board of Psychiatry and Neurology (ABPN) have three main specialties: psychiatry, neurology and child neurology. The board started its psychiatric subspecialty in 1959 by offering subspecialty certificate in Child Psychiatry. It began its second subspecialty in Geriatric Psychiatry in 1991 and recognized psychiatric subspecialties in seven other areas since then. Subspecialties of Addiction and Forensic Psychiatry started in 1993 and 1994 respectively followed by Psychosomatic Medicine in 2005 (Faulkner et al., 2011).

According to American Journal of Addiction 2002, the modern era in addiction medicine began in the 1700s when Benjamin Rush promoted the ‘disease concept’ of alcoholism. Among organizations specialized for addiction related practice, the first of its kind is The American Society of Addiction, which was founded in 1951. The development of the ‘disease concept’ of alcoholism was an early and important impetus to medical efforts for training physicians in addiction. Organized psychiatry acknowledged the need for addiction training over three decades starting from the early 1960s. The American Society of Addiction Medicine also undertook an initiative to provide certification in Addiction Medicine for physicians in all medical specialties in 1986 (Galanter et al., 1991).

More emphasis was being given for Addiction Medicine in the 1970s, which led to the establishment of the two most important institutions contributing advanced research projects in the field namely, The National Institute of Drug Abuse (NIDA) and The National Institute of Alcoholism and Alcoholism Abuse (NIAA) in the US (Schwartz et al., 2018).

According to Patrick and associates, addiction medicine began as a multidisciplinary specialty in the 1980s. Starting from that point, in 2013, 23 fellowship programs have been established across medical universities in the US. The ABPN approved the option of Added Qualification in Addiction Psychiatry to certify expertise beyond the core residency, with the first certifying examination given in 1993. This process is sanctioned by the ABMS under its guidelines for establishing subspecialties. Certification in a subspecialty can be given by a Board on the basis

of an examination and a minimum training experience of one year associated with an ACGME accredited residency (O'Connor et al., 2014).

According to African Journal of Psychiatry, there is limited literature from low- and middle-income countries on sub-specialization in any medical field which includes psychiatry (Stein et al., 2010).

The history of psychiatry as a whole does not exceed half a century in Ethiopia and there is only one certified addiction psychiatrist for a population over 110 million.

### 1.1.2. Scope of the problem

Substance use is highly prevalent, a substantial cause of morbidity and mortality and accounts for over \$740 billion annually in costs related to crime, lost work productivity and health care in the US only. (NIDA, February 6, 2020). In 2016, alcohol consumption alone was responsible for 99.2 million disability-adjusted life-years (DALYs) and 4.2% of all DALYs globally (Collaborators, 2018). In 2018, an estimated 164.8 million people aged 12 or older used a substance (i.e., tobacco, alcohol, or an illicit drug) in the past month (Park-Lee, August 2019).

A study from India reported that the prevalence rates among male adults who had used substances within one month to be as follows: alcohol 21.4% [62.5 million]; cannabis 3.0% [8.7 million]; opiates 0.7% [2 million]; any illicit drug 3.6% [10.5 million] based on a report from the National Health Survey (Benegal et al., 2007). A study from Kenya that assessed alcohol use among adults found 18.5% current alcohol use, 12.8% binge drinking and 6.7% hazardous or harmful alcohol use in the month prior to the study (Pengpid and Peltzer, 2019).

In systematic review and meta-analysis of 26 articles reviewed by Ayano et.al, current and lifetime prevalence of alcohol consumption in Ethiopia was 23.86 and 44.16% respectively (Ayano et al., 2019). In another systematic review and meta-analysis done by Teferra, that reviewed 16 articles done on substance use among university students in Ethiopia found that the prevalence of alcohol drinking was 26.65%, 6.83% for tobacco smoking and 13.13% khat chewing (Teferra, 2018). According to 2015 national non-communicable diseases STEPS survey in Ethiopia, life time prevalence of alcohol consumption to be 49.3% and alcohol consumption in the past 30 days was 40.7 % (Getachew et al., 2017); prevalence of current khat chewing was 15.8% (Teklie et al., 2017) and prevalence of tobacco use was 4.2% (Defar et al., 2017). Another

study by Teferra et al in a district in rural Ethiopia showed the overall prevalence of hazardous alcohol use to be 21 %, 31 % in males and 10.4 % in females (Teferra et al., 2016).

### 1.1.3. Addiction training and treatment

While the crisis with substance use increases at an alarming rate across the globe, meeting the demand in treatment and prevention strategies remains a challenge even for the highly developed nations. According to the 2018 National Survey on Drug Use and Health (NSDUH) report, 7.8% of the United States (or 21.2 million people) aged 12 or older needed substance use treatment in the past year. A total of 3.7 million persons received treatment in the United States, which means millions of people still need drug treatment (Park-Lee, August 2019).

Results from the 2016 NSDUH show that approximately 20.1 million people age 12 years and above had SUD, among which 15.1 million were people with alcohol use disorder and 7.4 million with illicit drug use. Among those meeting the criteria for SUD half didn't receive specialized service. Among the reasons include a poorly educated health care workforce that neglects addiction (Schwartz et al., 2018).

The failure of the health care system to effectively address SUD interferes with the medical outcome of much other medical co-morbidity. A recent US report highlighted that most individuals with addiction do not receive any treatment from a physician; most medical professionals who should be providing addiction treatment are not sufficiently trained to diagnose or treat it (Wood et al., 2013).

A recent growing concern is the ongoing decline in enrollment and recertification of psychiatrists in the field of addiction. Between 1995 and 2005, the ABPN granted initial certification in addiction psychiatry to 1,118 psychiatrists. In the last few years, the number of certificates issued annually has averaged about 20, and many previously certified addiction psychiatrists elected not to seek recertification. Each year between 15% and 20% of available PGY-5 addiction psychiatric residency positions are unfilled. As of November 2006, there were 39 active accredited residencies with a total of 72 available positions. Only 59 of these positions were filled, and seven previously active programs have either closed or changed to inactive status (Renner et al., 2009).

It is known that psychiatric residency training is the pivotal time for residents to determine whether to pursue additional subspecialty training. Despite the increased need for addiction psychiatrists in both community and academic settings, there has been a gradual decline in the number of psychiatrists seeking subspecialty training (Renner et al., 2009).

Among the reasons reported for decreased interest in addiction psychiatry are insufficient opportunities for residents to follow patients longitudinally over extended periods. When programs could arrange extended follow-up, the respondents deemed this to be strength. Other reasons given were lack of qualified supervisors, appropriate settings for addiction psychiatry training experiences not readily available to every program and doing routine clinical practice for the residents. There seemed to be just one key supervisor and there is concern about the integrity and quality of the addiction psychiatry training experience if this supervisor were to leave (Greenberg et al., 2002).

#### 1.1.3.1. [Addiction training and treatment in Ethiopia](#)

The Department of Psychiatry at Addis Ababa University began postgraduate psychiatric training in January 2003, and within the last 5 years 30 psychiatrists have finished their trainings. Currently there are 13 postgraduate year (PGY)-III residents, 11 PGY-II residents and 10 PGY-I residents. There are 9 psychiatrists who finished their training from St. Paul Millennium Medical College and 3 PGY-III, 4 PGY-II and 8 PGY-I psychiatry residents currently in training. There is 1 psychiatrist that finished her training and 2 PGY-II and 5 PGY-I residents currently in training in Jimma University.

As in the case of many other low- and middle-income countries, our data on the overall prevalence and treatment of substance use disorders is limited. Even from this limited studies we can see that SUDs are increasing at an alarming rate and continue to be great concern for the country.

There are no training programs in substance abuse treatments in Ethiopia except for the brief courses during training psychiatry residents and nurses. This is inadequate to run an addiction treatment service. There are few centers providing addiction psychiatry service and, one addiction treatment center which was single handedly established by the only addiction psychiatrist in the country has four inpatient beds and took three years to establish with small

funds from WHO and FMOH. The addiction psychiatrist, two general psychiatrists and psychiatry residents on training are the service providers at this center (Teferra and Studies, 2018).

## 1.2. Literature review

Literatures show that over the years the concepts that addiction is a chronic medical condition like heart disease and diabetes mellitus has gained acceptance. Evidence is accumulating to support that addiction has pathophysiologic basis, genetically and environmentally influenced. It occurs throughout the lifespan and is characterized by exacerbations and remissions. It causes substantial morbidity and mortality, and can be effectively treated (Schwartz et al., 2018). This development of the “disease concept” of alcoholism was an early and important drive to medical efforts for training physicians in addiction (Galanter et al., 1991).

Addiction specialists can play a critical role in addressing the treatment gap for SUD and improving patient care. Primary health care providers can be reluctant to screen for SUD because of the uncertainty about what to do once a patient is identified. Specialists can also help to decrease practice variation and establish evidence-based practice. It is also agreeable that given their prevalence and frequent presentation as co-morbidities of psychiatric disorders, addictions will need to be a core domain of psychiatric residency training to ensure that residents have basic competence in meeting this clinical and workforce need (Schwartz et al., 2018).

Among the ways to prevent the medical and social impacts of unhealthy substance use and addiction are having a sufficient workforce of educated, trained, and certified addiction medicine physicians. The scientific community agrees on the undeniable need for trained professionals in the field of addiction, it is obvious that physicians frequently are experts at treating others medical conditions secondary to substance use disorders but fail to treat or prevent substance use disorders which are the primary cause of the problem (Kunz and Wiegand, 2016).

Substance use disorders related care is often deficient, and not based on recent evidence or best practice even if there are modern developments in neuroscience research that unraveled several neurobiological mechanisms contributing to SUDs and the development of novel, evidence-based treatments, both pharmacological and behavioral. This is due to inadequate knowledge and competence among physicians on how to use these treatments. Incorporation of recent research findings into medical education is a way to stimulate implementation of new evidence-based treatments, but most health systems have not invested in common training of healthcare providers in addiction medicine (Ayu et al., 2017).

In 2018, an estimated 21.2 million people aged 12 years or older needed substance use treatment in the past year and from these only approximately 3.7 million people received any substance use treatment. (Park-Lee, August 2019)The reasons for this treatment gap are numerous and included addiction-related stigma, a poorly educated health care workforce that neglect addiction, and health care insurance that has traditionally provided severely limited benefit packages (O'Connor et al., 2014).

The numbers of subspecialty trained addiction physicians to meet the needs of this crisis are not enough regardless of the development of addictions as a subspecialty in the field of psychiatry (Kunz and Wiegand, 2016). In contrast to the increasing number of psychologists, neurobiologists and others interested in substance use, the number of physicians involved is comparatively low. Although the situation may vary in different countries, the overall impression is that relatively few physicians, especially psychiatrists, are choosing addiction as their primary medical or research field or maintaining an interest in this area. In the United States there has been a gradual decline in the number of psychiatrists seeking training or board certification in addiction psychiatry (Soyka and Gorelick, 2009).

Each year, the number of newly certified addiction psychiatrists is not adequate to replace the number of subspecialists who retire (Renner et al., 2009).

Common reasons given by psychiatric residents for their lack of interest in addiction psychiatry include a perceived lack of training and employment opportunities and poor long-term job security (Renner et al., 2009). An earlier US study found that among graduates of addiction psychiatry training programs, only 64% were practicing in an addiction psychiatry setting (Soyka and Gorelick, 2009).

In a study exploring attitudes of psychiatric residents on addiction psychiatry as a career, Renner and associates found out that many among the respondent residents saw the practice of addiction psychiatry as problematic both from the perspective of economic compensation as well as clinician “burnout”, adding to the “negative attitude” regarding addicted patients. This study is used as a major literature for the current study as it will guide on methodology and general approach on the title under investigation. The study was conducted between April and June, 2006, using an electronic survey questionnaire regarding the residents’ attitudes and interest

toward addiction psychiatry, which was e-mailed to 2,511 PGY-2–4 APA members-in-Training. The questionnaire consisted of 14 attitude/interest questions rated on a 5-point Likert-scale (1- strongly agree, 5- strongly disagree). The questionnaire also contained an open-ended question: “If you were planning a strategy, what would be the most effective way to make fellowship training in addiction psychiatry more attractive to residents?”. Among the 2,511 total recipient of the survey, a total of 276 general psychiatric residents responded to the questionnaire (10.6% of the surveyed sample). While the low response rate of 10.6% can be regarded as too low to consider this data representative, in reality, non-compensated surveys typically draw a 10%–20% response rate (Renner et al., 2009).

In this study, the majority of respondents expressed positive attitudes toward addiction psychiatrists and the addiction psychiatry field. Addiction psychiatrists were seen as making a difference in their patients’ lives. They were also seen as being respected by other members of the medical community, although fewer than half the respondents felt addiction psychiatrists were respected by the public. This high percentage of approval (almost 90%) may be due to a self-selection bias, as it would be anticipated that those residents who are not interested in addiction psychiatry may not have answered the survey. It can be speculated that respondents were primarily residents who are either interested or very interested in addiction. Yet results from this study have given important insights on both problems and solutions that are facing addiction training at the time. In the study respondents who were not interested in the actual practice of addiction psychiatry and the patient population served gave reasons such as jobs in addiction psychiatry were not readily available and few felt addiction psychiatrists were well paid. While 45% felt a career in addiction psychiatry would provide them with job satisfaction, 29.7% of them did not. Additionally, 45.6% felt that addiction psychiatrists experience “burnout” more than other psychiatrists (Renner et al., 2009).

### 1.3. Significance of the study

There is a huge gap between the increasing prevalence of SUDs and the number of trained professionals to tackle the problem in Ethiopia. Teferra identified the following challenges on service provision for SUDs in a general hospital in Ethiopia: presence of only three centers for treatment of SUDs with very few numbers of beds in each center and lack of evidence based medications, low attention given by the government with no drug or alcohol policy, low treatment seeking from the public due to lack of awareness about SUDs as health problems, limited resources on training professionals and availability of only one addiction psychiatrist, and lack of studies on effectiveness of evidence based interventions (Teferra and Studies, 2018).

Given the discernible increase in SUDs in the country, exploration of ways to initiate and improve addiction training is of paramount importance. This study aims to explore attitudes as well as interests of psychiatrists and psychiatry residents across the country regarding addiction psychiatry as a career. By doing so, the current study, with the supervision of an addiction psychiatrist who has been teaching addiction psychiatry for the past 5 years, aims to be a platform in the ongoing attempt to initiate and improve addiction psychiatry training in Ethiopia.

## 2. Objectives

### 2.1. General objective

- The objective of this study is to assess perspectives of early career psychiatrists and psychiatry residents on addiction psychiatry as a career.

### 2.2. Specific objectives

- Describe socio-demographic characteristics of early career psychiatrists and psychiatry residents.
- To assess the perspectives of early career psychiatrists and psychiatry residents on addiction psychiatry as a career.
- Gather input for initiating subspecialty program in addiction psychiatry.

## 3. Methodology

### 3.1. Study design

An electronic survey was conducted to assess the attitude of early career psychiatrists and psychiatry residents on addiction psychiatry as a career.

### 3.2. Study setting

The study was conducted by sending electronic surveys via email to residents in facilities that run psychiatry residency program across the country and to psychiatrists who finished psychiatry training in the last 5 years.

### 3.3. Study population

Psychiatrists who finished training in the last 5 years and psychiatry residents who are currently on training across the country which are 95 in total.

#### 3.1.1. Inclusion criteria

- Psychiatrists who finished psychiatry training within the last 5 years and currently practicing as psychiatrists.
- Psychiatry residents who are in training across the country.

#### 3.1.2. Exclusion criteria

- Potential participants will be excluded from the study if they are not currently practicing psychiatry and if they don't consent for the study due to different reasons.

### 3.4. Measures

- An electronic survey was adapted from the previous study that was used as a main source for the current study. It was sent via a confidential and anonymous email.
- The survey contained 10 questions which assessed attitude/interest of participants regarding addiction psychiatry as a career. The questions were on a 5-point Likert-scale (1- strongly

agree, 5- strongly disagree). This questionnaire was used by Renner et al (Renner et al., 2009) and adapted to fit with our objective and setting.

### 3.5. Study participants

- Psychiatrists who finished training in the last 5 years = 29
- Psychiatry residents currently in training across the country = 48
- Total = 77

### 3.6. Data collection procedure

An electronic survey was sent via a confidential and anonymous email to study participants during the study period from June- August, 2020. Reminder emails were sent twice to the participants in the study period.

### 3.7. Data management and analysis

- The collected data was coded.
- Data entry, cleaning and analysis was done with the Statistical Package for the Social Sciences (SPSS) version 26.0.
- Descriptive statics was done.

## 4. Ethical considerations

Ethical clearance was sought from the scientific committee of the Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University prior to initiation of the study. After ethical clearance is obtained, each participant was informed about the purpose, importance, risks and benefits of the study and informed consent was sought via emails containing the e-survey link. Data collection was anonymous and confidentiality was maintained at all levels of the study.

## 5. Dissemination and utilization of results

The results of the study will be presented to the Department of Psychiatry, AAU, as a part of the postgraduate thesis defense. It will also be presented in different scientific forums and to different stakeholders and will be submitted for publication in a peer-reviewed scientific journal.

## 6. Results

A total of 77 psychiatrists and psychiatric residents responded to the questionnaire which is 81.052% of the study population. Among the participants 54.5% (n=42) were males. The overall age of the participants ranged from 25-61 years, the mean age of the participants is 30 years. Of the participants 62.3 % ( n=48) are psychiatry residents and the rest 29 participants were psychiatrists. Among the psychiatry residents 68.8% (n=33) are from AAU, 18.8% (n=9) from SPHMMC and 12.5% (n=6) from JU. Majority of the psychiatrists who participated in the survey graduated from AAU which is 82.7 % (n=24) of all participants. The demographic distribution, training and practice characteristics of participants are shown in [Table 1](#).

Table 1: Demographic, training and practice related characteristics of participants

Characteristics		Male	Female	Total	Percentage
Classification of participants by age (years)	25 –34	37	34	71	92.2%
	35 –44	4	1	5	6.5%
	45 –54	-	-	-	0%
	55 –64	1	-	1	1.3%
	<b>Total</b>	<b>42</b>	<b>35</b>	<b>77</b>	<b>100%</b>
Psychiatrists years of practice	0 year	1	1	2	6.9%
	1 year	4	6	10	34.5%
	2 years	4	3	7	24.1%
	3 years	6	2	8	27.6%
	4 years	-	2	2	6.9%
	<b>Total</b>	<b>15</b>	<b>14</b>	<b>29</b>	<b>100%</b>
Residents year of study	Year 1	10	9	19	39.5%
	Year 2	8	7	15	31.3%
	Year 3	7	7	14	29.2%
	<b>Total</b>	<b>25</b>	<b>23</b>	<b>48</b>	<b>100%</b>

The results of the Likert scale data with “Strongly agree” and “Agree” answers of each item were summed up and showed on [Table 2](#). The majority of the respondents had positive attitudes to addiction psychiatrists and addiction psychiatry. Addiction psychiatrists were seen as making a difference in their patient’s lives where 100% of the participants responded positively to that statement. Among the participants 66.2% of them thought a career in addiction psychiatry would have a job satisfaction and 74% of them thought a career in addiction psychiatry to be intellectually satisfying. Treatment in addiction psychiatry was thought to be based on empirical evidence in which 92.2% of the participants agreed to that statement. Majority of the participants (85.7%) agreed to initiation of addiction psychiatry training in Ethiopia and all of the participants (100%) agreed on the need of addiction psychiatry services in Ethiopia now. Here, it is important to note that less than 15% of the participants disagreed with the above items.

On the other hand, the participants had negative attitude towards the patient population who receive addiction psychiatry treatment. Of the participants, 88.3% thought addiction psychiatrists work with difficult patient population and 53.2% of the participants showed interest to work with the patient population addiction psychiatrists work with. A relatively higher number of participants gave “neutral” answers regarding the experience of “burnout” in addiction psychiatrists (44.2%), 33.8% the participants agreed with that statement but 19.5% and 2.6% of the participants “disagreed” and “strongly disagreed” with that statement respectively. The other item where participants gave a high number of “neutral” answers is generation of good income by addiction psychiatrists (40.3%), 53.2% of the participants agreed with that statement while 5.2% and 1.3% of the participants “disagreed” and “strongly disagreed” with that statement.

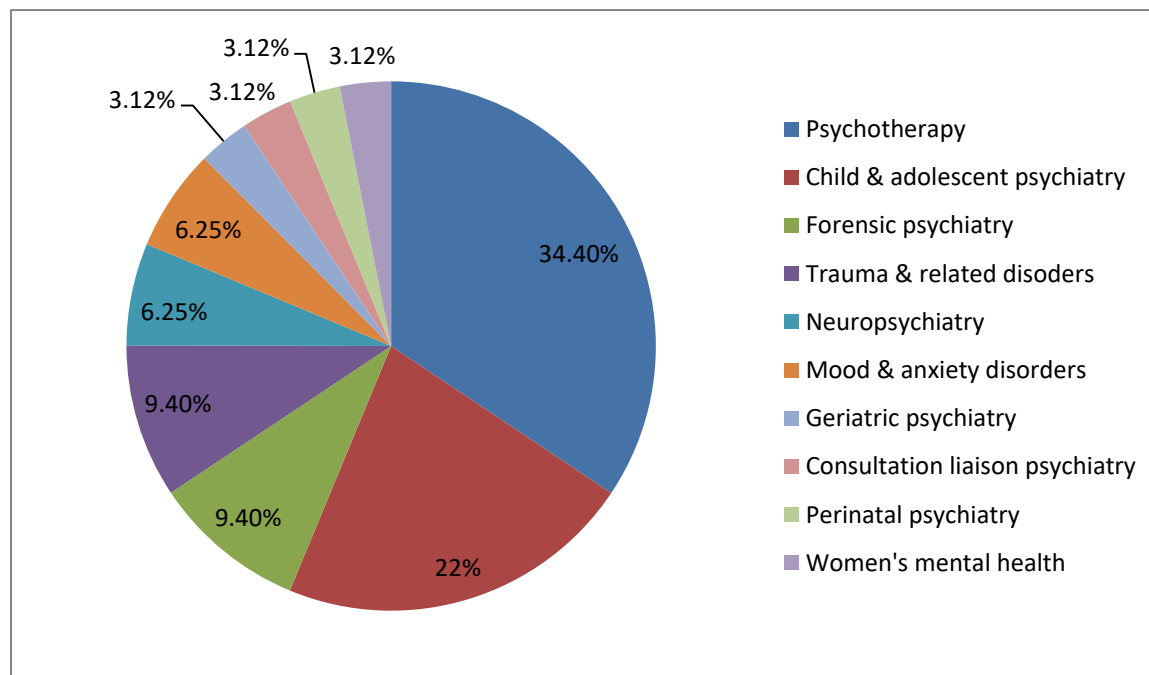
Table 2: Questionnaire regarding psychiatrists and psychiatry residents attitudes towards addiction psychiatry (n=77)

Questions as asked	% Agree or Strongly Agree	n
1. Addiction psychiatrists make a difference in their patient's lives.	100%	77
2. A career in addiction psychiatry would provide me with job satisfaction.	66.2%	51
3. The treatment of addictions is based on empirical evidence.	92.2%	71
4. A career in addiction psychiatry would be intellectually satisfying.	74.0%	57
5. Addiction psychiatrists work with difficult patients.	88.3%	68
6. Addiction psychiatry practice can generate good income.	53.2%	41
7. Addiction psychiatrists work with a patient population that I would like to work with.	53.2%	41
8. Addiction psychiatrists experience "burnout" more than other psychiatrists.	33.8%	26
9. Addiction psychiatry subspecialty training should be initiated in Ethiopia.	85.7%	66
10. Addiction psychiatry services are needed in Ethiopia now.	100%	77
11. I have an interest in the field of addiction psychiatry.		
12. Do you have another area of interest in the field of psychiatry?		
Please specify _____		
1= strongly agree 3 = neither agree or disagree 5 = strongly disagree		

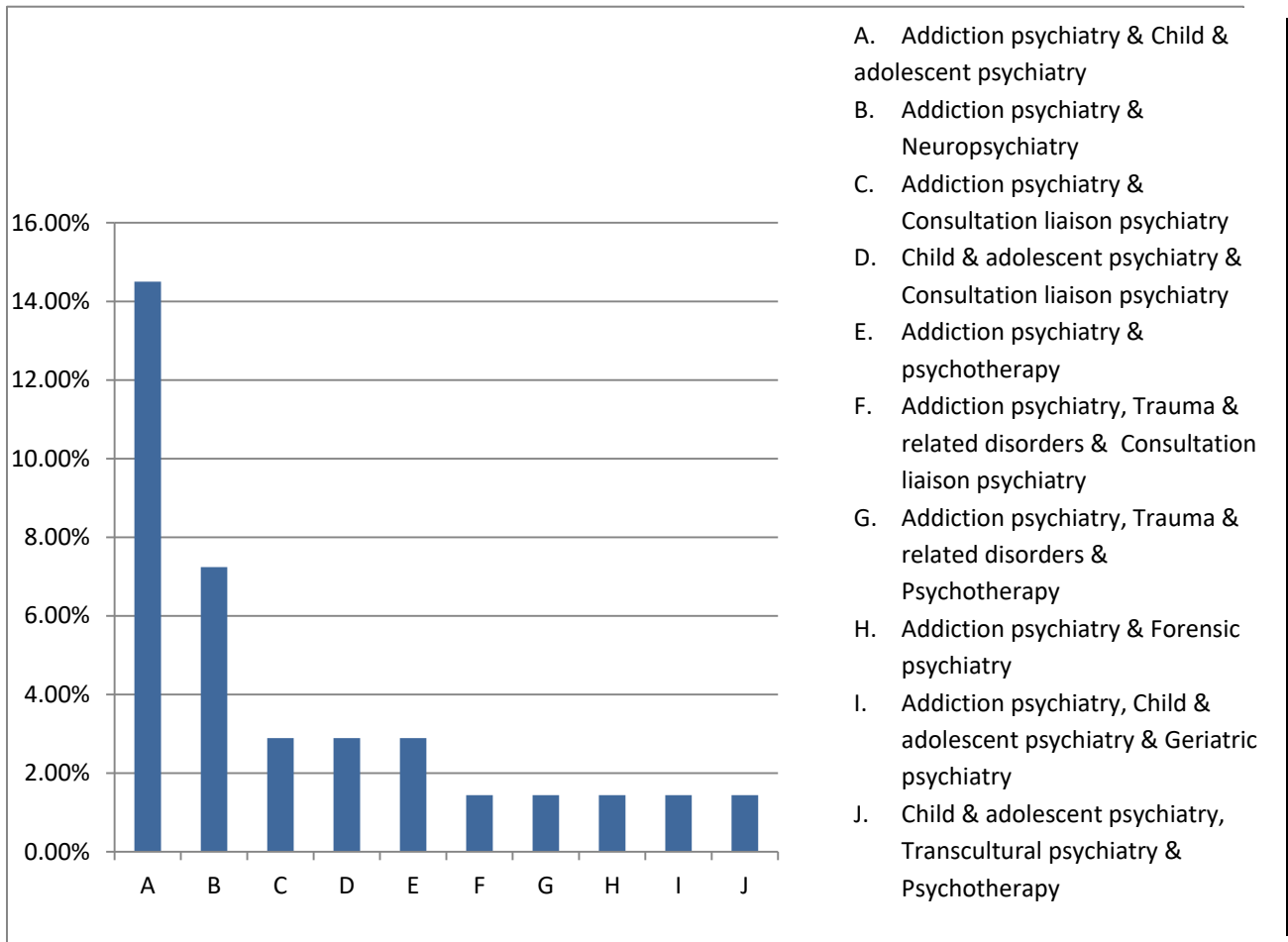
From the total number of participants, 89.6% (n=69) had an interest in addiction psychiatry or other areas in the field of psychiatry while 10.4% (n=8) of the participants had interest in none of them (they are not interested in pursuing subspecialty training). Among the total participants 41.6% (n=32) had interest in the field of addiction psychiatry. From the participants who had interest in the field of addiction psychiatry 25% (n=8) of them had interest in addiction psychiatry and no other field in psychiatry and 75% (n=24) of the participants had interest in the field of addiction psychiatry and other areas in the field of psychiatry. The following pie chart and

Figure 2) show the subspecialty choices of participants who choose a single field of subspecialty in psychiatry and the subspecialty choices of participants who choose more than one area of subspecialty in the field psychiatry respectively.

**Figure 1 : Subspecialty choices of those who had interest in only one other field in psychiatry (n=32)**



**Figure 2 : Two or more subspecialty choices (n=69)**



## 7. Discussion

The study gave insight to the huge need for addiction psychiatry training in the country where 85.7% of the participants agreed to the initiation of addiction subspecialty training. A significant number of participants (41.6%) showed interest in pursuing addiction psychiatry as a career; this is comparable to the finding by Renner et al. where 44.5% of the participant showed interest in the field of addiction psychiatry (Renner et al., 2009). Although there might be a selection bias in this survey, considering those who responded to the survey might be interested in addiction psychiatry from the outset, this number is very encouraging as to consider starting the subspecialty in the country in this pivotal time. While the crisis with substance use increases at an alarming rate across the globe, meeting the demand in treatment and prevention strategies remains a challenge even for the highly developed nations. According to African Journal of Psychiatry, there is limited literature from low- and middle-income countries on subspecialization in any medical field which includes psychiatry (Stein et al., 2010). The problem with trained professionals to deal with substance use disorders is more pronounced in third world countries like Ethiopia. There is a huge gap between the increasing prevalence of SUDs and the number of trained professionals to tackle the problem in Ethiopia. Teferra identified the following challenges on service provision for SUDs in a general hospital in Ethiopia: presence of only three centers for treatment of SUDs with very few numbers of beds in each center and lack of evidence based medications, low attention given by the government with no drug or alcohol policy, low treatment seeking from the public due to lack of awareness about SUDs as health problems, limited resources on training professionals and availability of only one addiction psychiatrist, and lack of studies on effectiveness of evidence based interventions (Teferra and Studies, 2018).

While investigating and indicating the gaps in the need and delivery of addiction psychiatry services in Ethiopia, the current study also looked into attitudes of psychiatry residents and psychiatrists towards addiction psychiatry. Among the findings was that majority of the respondents had positive attitudes towards addiction psychiatrists and addiction psychiatry. Addiction psychiatrists were seen as making a difference in their patient's lives where 100% of the participants agreed to this statement. On a similar study by Renner et al., 89.0% agreed to

this statement, making the result comparable. This particular response was taken as indicative of positive attitude towards the field of addiction because making a difference in patients' lives is an important factor in determining interest (Renner et al., 2009).

Among the study participants, 66.2% of them thought a career in addiction psychiatry would have a job satisfaction, 74% of them thought a career in addiction psychiatry would be intellectually satisfying and 92.2% of them thought treatment in addiction psychiatry was based on empirical evidence; whereas, less than 15% of the participants disagreed with any of the above statements. Similarly, on the study done by Renner et. al 45%, 55% and 61.5% of the participants agreed to those statements respectively (Renner et al., 2009). Even though job satisfaction in any field will depend on multiple factors, in the current study a significant number of participants believed a career in addiction psychiatry would have a job satisfaction. The similarity and slightly higher number of positive result compared to a study done in a developed country, where the field is extensively applied, is striking considering the limitation with service provision and delivery regarding addiction treatment in Ethiopia. It is promising to have such positive attitude from the participants.

On the other hand, a significant majority of the participants (88.3%) thought addiction psychiatrists work with difficult patient population. Of the participants, 53.2% showed interest to work with the patient population addiction psychiatrists work with whereas 24.7% and 1.3% of the participants disagreed and strongly disagreed with this statement. This showed less favorable attitudes toward the actual practice of addiction psychiatry and the patient population served.

The negative attitude towards patients with addiction might be due to the moral view and understanding of the origins of the illness as a weaker will power. Addicts are seen as weak, unproductive and morally lesser by most people including the medical community. Another possible explanation for the less interest to work with this group of patients might be the chronic course and relapsing nature of the illness. In study by Warburg et al., treating alcoholics directly with fast and positive feedback from attending physicians was found to be the most effective way in helping residents improve their attitudes towards these group of patients (Warburg et al., 1987).

A relatively higher number of participants gave “neutral” answer regarding the experience of “burnout” in addiction psychiatrists (44.2%) and 33.8% the participants thought addiction

psychiatrists experience “burnout”. Due to the course and relapsing nature of addiction, psychiatrists and psychiatry residents might believe addiction psychiatrists might experience “burn out”. “Burnout” can also result from lack of appropriate medical infrastructure to bring about improvement in patients with addiction, failing to provide adequate treatment of intoxication and withdrawal from substances of abuse as well as inability to successfully help with rehabilitation due to lack of medications and rehabilitation center.

Financial satisfaction is a crucial factor in deciding to pursue a field by many people and accurately represents the attitude people have towards a field. From the study participants, 53.2% of them believed addiction psychiatrists make a good income, which is twice higher than the finding by Renner et. al (23.2%) (Renner et al., 2009). Although the majority of the participants believe addiction psychiatry to be financially satisfying, the fact that a significant portion of the participants (46.8%) thought the field of addiction psychiatry not to be financially satisfying can be associated with a negative attitude towards the field. Hence, this is an important factor that should be addressed if the field is to be started in Ethiopia as it should.

## 8. Conclusion

The aim of the study was to assess the attitude of psychiatrists and psychiatry residents towards addiction psychiatry as a career, where there has been no previous study done on this area in Ethiopia. The findings of the study gave a descriptive data regarding the attitude of psychiatrists and psychiatry residents towards addiction psychiatry. The study also gave insight to the huge need of addiction psychiatry subspecialty training in Ethiopia.

In addition, the study identified possible factors that could contribute to negative attitude towards the field of addiction psychiatry regarding the patient population that are treated, experience of “burnout” and income of addiction psychiatrists. Among ways to improve and bring more positive attitude are: challenging the moral view of addiction and addicts by creating awareness on the medical model of the illness, being exposed to patients with substance use disorders and working under supervisors who demonstrate more positive aspects of addiction psychiatry. Addiction psychiatry might be more attractive to psychiatrists and psychiatry residents if medical infrastructures for the treatment of the illness are more available.

The study found out that a significant number of participants showed interest in the field of addiction psychiatry. This is a very encouraging and promising finding which needs to be capitalized into actual practice by working on identified positive attitudes of participants towards the field of addiction psychiatry.

Even though, this study had a small sample size, it successfully investigated attitudes of psychiatrists and psychiatry resident towards addiction psychiatry. Overall, this study recommends to start teaching addiction psychiatry subspecialty and having follow-up studies on areas respondents showed less favorable responses will be important.

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# Appendices

## Appendix 1

### 1. Participants' Information Sheet

Hello. My name is Dr. Deka Semire, I'm a third year psychiatry resident at Tikur Anbessa. I would like to thank you for taking your time to participate in this study. This information sheet is prepared to explain the research project you are asked to join. It explains the aim of the study, your role in the study, benefits and risks of being involved in this study, compensations and confidentiality of the information you give us.

**Purpose:** The objective of the current study is to explore attitudes as well as beliefs of psychiatrists and psychiatry residents across the country regarding addiction psychiatry as a career.

**Procedure:** The electronic survey questionnaire is included in the email you will receive. It contains 13 questions of which the last three questions are open-ended questions.

**Risks:** The researcher has not identified any risk to be incurred by participating in this study and there will be no consequence up on refusal to take part in the study.

**Benefits:** The aim is to gain insights into ways on how and when addiction psychiatry subspecialty training can be developed in Ethiopia.

**Incentives:** There is no incentive or payment for taking part in this research.

**Confidentiality:** The information collected in this research project will be kept confidential. Your personal identifiers and personal information will not be disclosed to a third party other than the research team.

**Persons to contact:** This research project is reviewed and approved by the ethical committee of Addis Ababa University, School of Medicine, Department of Psychiatry. If you want to have more information you can contact the committee through the address below. For any questions, you can contact the members of the research team.

Ethics committee office: +251115 538734

**Advisors:**

- ✓ Dr. Solomon Teferra
- ✓ Dr. Filmon Mengesha

**Investigator:**

- ✓ Dr. Deka Semire +251935765667 (desemire@gmail.com)

## Appendix 2

### **2. Consent**

Dear participant, after understanding the above explanation and the purpose of this study, I would like to ask for your consent to participate in this study. Participating in this study will only depend on your decision to do so and you have all the right to withhold information, refuse or drop out of the study any time you want to do so without any need to explain to anyone. Withdrawing from the study will have no effect on you. All the information you give during the study will be kept confidential. Your honest answers to these questions will help us give insights into ways on how addiction psychiatry training can be more appealing and inclusive for the future. You have all the right to ask and get clarification at any time. In case you have doubts or questions, you can use the above address to contact the research team.

Appendix 3

**3. Survey questionnaire**

**For Residents**

Name of institution: \_\_\_\_\_

In which year are you? \_\_\_\_\_

Age (Years): \_\_\_\_\_

Gender: \_\_\_\_\_

**For psychiatrists**

Institution you graduated from: \_\_\_\_\_

Year(s) of practice: \_\_\_\_\_

Age (Years): \_\_\_\_\_

Questions	Strongly agree	Agree	Neither Agree nor disagree	Disagree	Strongly disagree
1. Addiction psychiatrists make a difference in their patient's lives.					
2. A career in addiction psychiatry would provide me with job satisfaction.					
3. The treatment of addictions is based on empirical evidence.					
4. A career in addiction psychiatry would be intellectually satisfying.					
5. Addiction psychiatrists work with difficult patients.					
6. Addiction psychiatry practice can generate good income.					
7. Addiction psychiatrists work with a patient population that I would like to work with.					

8. Addiction psychiatrists experience “burn out” more than other psychiatrists.					
9. Addiction psychiatry subspecialty training should be initiated in Ethiopia.					
10. Addiction psychiatry services are needed in Ethiopia now.					
11. Do you have an interest in the field of addiction psychiatry? Yes _____ No _____					
12. Do you have another area of interest in the field of psychiatry? _____ Please specify _____					

Advisors:

Signature

Dr. Solomon Teferra

\_\_\_\_\_

Dr. Filmon Mengesha

\_\_\_\_\_

Examiners

Dr. Yonas Baheretebeb

\_\_\_\_\_

Mr. Getahun Tibebu

\_\_\_\_\_