

CURRENT ISSUES AND CHALLENGES IN TREATMENT OF ADULTS WITH SUBSTANCE USE DISORDERS IN PAKISTAN

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ABSTRACT

Substance Use Disorders (SUDs) are among the most prodigious public health problems. The study scrutinizes issues and challenges for adults in the treatment of SUDs in the Pakistani context. Exploratory research design was used. Data was gathered from two major rehabilitation centers of Rawalpindi and Islamabad. Sample was selected using purposive sampling technique. Focus Group Discussions (FGDs) were conducted with 8` participants in each group. SUDs are accompanying with numerous medical, psychiatric, psychological, spiritual, economic, social, family, and legal problems that compromise individual ability to adjoin their goals, such as maintaining healthy relationships, gaining and retaining employment, achieving self-sufficiency, and sustaining family well-being. These problems create a crucial burden for the afflicted individuals, their families, and society. The four major themes emerged that were related to the challenges pertaining to personal, social, legal and financial themes in treatment of adults with SUDs with several sub themes i.e. heredity, stage of development, feelings of deprivation, submissive behavior, feelings of inadequacy, feelings of left out, self-neglect, aimlessness, social isolation, social pressure, fear of separation/divorce, fear of expelling from home, helplessness, negative thoughts, financial dependency, emotional burden and struggle with self-control. There is a lack of research that concentrates on the current problems and difficulties in treating SUDs in adults. Therefore, a revised, culturally relevant, and evidence-based standardized approach in the Urdu language is imperative to improve access to care, and reduce the stigma experienced by people with SUDs.

Keywords: Substance Use Disorders, Challenges, Adults, Pakistan, Focus Group Discussions, Culturally Relevant, Evidence-based.

INTRODUCTION

The challenges and issues associated with treating substance use disorders (SUDs) in adults are numerous and constantly changing. SUDs happen when repeated alcohol or illicit drug use results in clinically significant impairment, such as health issues, disabilities, and failure to fulfill important obligations at work, school, or home (DSM 5-TR). Studies consistently highlight the rising prevalence

of SUDs among adults, particularly related to opioids, benzodiazepines, and stimulants (CDC, 2020; SAMHSA, 2020).

Research shows that people with SUDs often have co-occurring mental health disorders (Hasin et al., 2018). Insurance coverage gaps, limited treatment facilities, and geographic disparities are cited as primary challenges (Saloner et al., 2017; Williams

et al., 2019). 92% people with SUDs did not receive treatment in 2017 (SAMHSA, 2019). Even more alarming is the persistence of racial/ethnic disparities in the use of treatment services (Chartier & Caetano, 2011; Pinedo, 2019; Schmidt et al., 2006; Weisner & Matzger, 2002).

There are significant differences between the use of substance abuse treatment services by men and women. Independent of race/ethnicity, socioeconomic status, and problem severity, women with substance use disorders (SUD) tend to be much less likely than their male counterparts to seek treatment. (Alvanzo et al., 2014; Greenfield et al., 2007; Constance Weisner, 1993; Constance Weisner & Schmidt, 1992; Witbrodt, Mulia, Zeng, & Kerr, 2014; Zeng, Mulia, Ye, Borges, & Greenfield, 2009). Women particularly underutilize alcohol and drug abuse services, such as specialty substance abuse treatment and Alcoholics/Narcotics Anonymous, when compared to men. (Greenfield et al., 2007; Constance Weisner, 1993; Constance Weisner & Schmidt, 1992; Witbrodt et al., 2014; Zeng et al., 2009).

Substance Use Disorders have an effect on how people interact with others and burden society. Housing instability, homelessness, criminal activity (as a victim or a perpetrator), incarceration, HIV transmission linked to intravenous drug use or high-risk sexual behavior, unemployment or welfare dependency are all social issues associated with SUDs (Bohnert et al., 2010). On the one hand, people with SUDs frequently lack many of the social supports that people without SUDs have, experience loneliness and domestic abuse, and have marital issues—particularly when alcohol is the drug of choice (Farris, 2002).

Emerging adults have lower levels of social control, which decreases their interpersonal motivation to abstain from drug and alcohol use. One difficulty in developing treatments for emerging adults will be coming up with creative ways to use social supports and transform current social networks because clinical samples of emerging adults may show few interpersonal reasons for quitting (Bond et al., 2010).

The majority of people with SUDs do not perceive having a problem or needing treatment, which is a significant barrier to treatment (Grella et al., 2009; Mojtabai et al., 2014; Rogers et al., 2019). According to common definitions in the literature, perceived treatment need is the recognition by a

person who meets diagnostic clinical criteria for SUDs that their alcohol and/or drug use is problematic and that they need professional help (Ali et al., 2015; Pinedo, 2020). Among 18,600 adults who met the clinical DSM-4 diagnostic criteria for SUDs, a national study found that 97% did not believe they needed treatment, and that treatment uptake was low: more than 80% of those with SUDs never sought treatment (Ali, et al., 2015).

Despite meeting diagnostic criteria for a substance abuse problem, the majority of people with SUDs do not view their substance use as problematic (Broome et al., 1997). It should come as no surprise that those who recognize their problems less readily are less likely to feel they require treatment or be motivated to seek out expert assistance (Nwakeze et al., 2002). The stigma connected to having a substance abuse problem is an important aspect to take into account in the context of problem recognition. Stigma is generally conceptualized as consisting of four interconnected components: labeling, stereotypes, separation, and discrimination (Link et al., 2001).

Stigma remains a significant barrier to treatment-seeking behavior among individuals with SUDs. Numerous studies emphasize the pervasive stigma surrounding SUDs, which often prevents individuals from seeking treatment (Corrigan, 2017; Livingston et al., 2012). Research suggests that stigma negatively impacts treatment adherence and outcomes (Earnshaw et al., 2013).

Little consensus exists on how socioeconomic status (SES) and drug use are related. Youth from families with higher SES are more likely to use drugs, according to some studies. According to a composite SES index, young adults from families with higher SES tend to drink more frequently and in larger amounts (Martin and Pritchard, 1991). However, because of increased stress and limited access to alternatives, lower income may be linked to substance use as a coping mechanism. The results of earlier research in these areas have not been consistent (Huckle et al., 2010).

Parents and other caregivers may find it difficult to regularly attend treatment programs if individuals seeking treatment for SUDs lack access to dependable or reasonably priced childcare options. According to research, a common barrier to treatment for low-income parents, particularly women, is the need for childcare (Frazer et al., 2019; Taylor, 2010).

Aim

The aim of the study was to identify the current issues and challenges in treatment of adults with substance use disorders.

Research Question

What are the current issues and challenges in treatment of adults with substance use disorders?

Method

Research design

In order to better understand the difficulties adults in Pakistan face when seeking treatment for substance use disorders (SUDs), an exploratory research design was used. This method was chosen in order to fully comprehend the perspectives and lived experiences of people dealing with SUDs in the Pakistani context.

Sample

Participants for this qualitative research study were chosen from two major Rehabilitation Centre's of Rawalpindi and Islamabad. The target population consisted of adults aged between 18 and 65 years who were currently undergoing treatment for Substance Use Disorders (SUDs). To ensure diversity and a comprehensive understanding of the challenges faced by individuals with SUDs in Pakistan, a purposive sampling approach was employed to ensure the findings provide valuable insights into the broader population struggling with SUDs issues in the country.

Individual selection procedures involved collaboration with the staff and management of these rehabilitation centers, who helped identify potential participants meeting the age and SUDs criteria. Semi-structured interviews were held to probe participants' experiences and difficulties in looking for and receiving treatment for SUDs after receiving participants' informed consent.

Inclusion Criteria

- Adults within age 18-60 years were selected.
- Individuals who have been formally diagnosed with a Substance Use Disorders based on recognized diagnostic criteria of DSM 5 TR by psychologist/ psychiatrist after initial residing in rehab centers were included in study.

Exclusion Criteria

- Age range other than adults like adolescents, children, or the elderly was excluded from study.
- Individuals who didn't meet criteria of Substance Use Disorders based on criteria of DSM 5 TR and those individual met comorbid severe psychiatrist illnesses were excluded for study.

Procedure

Data from Pakistani rehabilitation centers were collected using a qualitative (exploratory) research design and the purposive sampling method. Focus Group Discussions (FGDs) was conducted with eight participants in each group. This method was chosen to ensure the selection of participants who could provide rich and diverse insights into the topic. Thematic analysis was employed to get initial / emergent themes, major themes and sub themes. In this analytical approach, themes within the data are systematically found, examined, and reported. Line-by-line transcription of the FGDs was carried out to ensure an accurate representation of participants' statements. Subsequently, data coding was performed to extract major themes and subthemes from the transcribed information. This approach ensures that the study can capture the nuances and complexities of the challenges faced by adults with SUDs in Pakistan and provides a clear framework for interpreting and presenting the findings.

Data Collection and Data Analysis

In order to gain access to potential participants, rehabilitations centres were approached. Informed consent and demographics characteristics were obtained from each participant who was then followed by in-depth interviews. Interview guide was used which contained several questions. Audio recording were taken with the participant's consent. After collection the data were analyzed using Braun and Clarke thematic content analysis which included 6 steps. The first step in analysis was familiarization of data in which researcher transcribed all the responses, while listening to the audio recordings researcher transcribe the data manually. The second step was code the data. Researcher read and re-read each transcription from those responses. Researcher also revisited the audio recording in order to understand the concept as a whole. For coding, researcher noted

descriptive comments or phrases from each transcription. Having familiarize with the data through a process of repeated listening the audible data, transcribing, read and re-reading, researcher look over the transcripts line by line identify some initial codes from the data. These initial codes represent the basic segments or features of the data. Codes then further divided into themes and sub themes.

Ethical Consideration

Following ethical consideration was taken into account. Informed consent was obtained for research participants and data was keep confidential. Credibility, transferability,

dependability and conformability was seen and confirmed.

Results

The four major themes emerged that were related to the challenges pertaining to personal, social, legal and financial themes in treatment of adults with SUDs with several sub themes i.e. gender, ethnicity, trauma, peer pressure, socioeconomic status, lack of motivation to change, denial, cravings, and struggle with self-control highlighting the significance of using reliable, valid, culturally relevant, evidence-based treatment related to psychotherapy in conjunction with medication.

Table 01: Themes, Categories, and Codes obtained from Focus Group Discussion

Themes	Categories	Sub Themes	Codes
Personal Challenges	Physical factors	Heredity	Genetics
			Gender
		Stage of development	Ethnicity
			Curiosity
			Cravings
			Age of transition
			Lack of time and space

	Psychological factors	<p>Feelings of deprivation</p> <p>Submissive behavior</p> <p>Feelings of inadequacy</p>	<p>Neglect</p> <p>Abuse</p> <p>Trauma</p> <p>Performance pressure</p> <p>Impulsivity</p> <p>Low self-esteem</p> <p>Lack of coping skills</p> <p>Do not feel the need for treatment</p> <p>Co-morbid psychological illnesses</p> <p>Relapse</p>
	Personality attributes	<p>Self-neglect</p> <p>Aimlessness</p>	<p>Struggle with self-control</p> <p>Self-doubt</p> <p>Lack of trust</p> <p>Lack of motivation</p> <p>Denial</p> <p>Defensive</p>
Social Challenges	Family factors	<p>Social isolation</p> <p>Feelings of left out</p> <p>Social Pressure</p> <p>Fear of separation/divorce</p> <p>Fear of expelling from home</p>	<p>Anti-social personality</p> <p>Isolation and loneliness</p> <p>Socio-economic status</p> <p>History of drug use</p> <p>Threatened marriages</p> <p>Mistrust</p> <p>Lack of family involvement</p> <p>Un-cooperative family attitude</p> <p>Un-readiness of family therapy</p>

	Negative thoughts	Negative effects of treatment, social stigma of treatment Challenges in treatment adherence Challenges in recovery
Legal Challenges	Legal factors	Law enforcement
		Lack of interagency coordination and communication Less efficient law enforcement Lack of insurance policies Lack of reliable and certified addiction treatment professionals Lack of culturally relevant standardized treatment Late identification and treatment Lack of space rehab centers Un-availability of culturally relevant evidence-based treatment
Financial Challenges	Financial disparities	Financial dependency
		Financial constraints in assessing rehabilitation services High cost of rehabilitation services Transport costs
	Healthcare cost	Emotional Burden
		Lack of financial budget

The table provided summarizes the main themes, categories, sub themes, and corresponding codes that were identified during a qualitative research study on the challenges faced by adults with Substance Use Disorders (SUDs) in Pakistan. These themes, categories, sub themes, and codes were derived through thematic analysis of the data obtained from the Focus Group Discussions (FGDs) with participants from rehabilitation centers in Pakistan. They provide a structured framework for understanding and categorizing the challenges faced by individuals dealing with SUDs in the Pakistani context.

1. Personal Challenges

This theme focuses on the individual-level challenges faced by those dealing with Substance Use Disorders (SUDs) in Pakistan.

Physical factors

This category highlights various physical factors that influence adults with SUDs. Genetics, gender, and ethnicity contribute to a person's vulnerability to substance abuse. The stage of development is a critical period where individuals experiment with substances. Curiosity and the desire to explore during the age of transition also are the factors. Cravings represent the physiological urge for substances.

"I feel like I was destined for this struggle because of my family's history. My father and grandfather both had addiction issues, so it's like it's in my genes."

"I thought I could handle it on my own. It's hard to reach out for help because it feels like admitting weakness. It took me a while to realize that asking for assistance actually indicates strength."

"I started using substances in my teens. It was partly curiosity, partly peer pressure. I wish I had better guidance back then."

"I was always curious about what it felt like to use, especially when I saw others experimenting. It felt like a natural part of growing up."

"Exploring substances was, in a way, my declaration of independence. I wanted to make my own choices, even if the "During that age, your friends have a big influence."

Psychological factors

Abuse, neglect, and trauma can contribute to the development of SUDs. Performance pressure, especially in a highly competitive society, drives individuals to use substances as a coping mechanism. Struggles with self-control are common among those with SUDs. Co-morbid psychological illnesses can complicate treatment, and some individuals may not recognize the need for treatment. Self-doubt, lack of trust in others, and a general lack of motivation can be significant barriers to recovery. Another typical issue is relapse, which is the return of substance use after a period of abstinence.

"Growing up, I experienced a lot of abuse at home. Using substances was my way of escaping from the pain and fear. It felt like the only way to cope."

"Neglect left me feeling empty inside. Drugs filled that void and gave me a sense of belonging."

"Trauma left me with nightmares and flashbacks. Using drugs was the only way I could get some relief from the constant pain."

"Being in a highly competitive environment made me feel like I had to keep up. Substance use seemed like a way to stay awake and keep going."

"The moment I started, it felt like I couldn't stop. My self-control just vanished."

"Having anxiety made me constantly anxious about everything. Substances temporarily made it go away, so I kept using."

"I didn't believe I was in trouble. I thought I could handle it by myself."

"I didn't trust anyone, not even myself. I felt like I had let everyone down, and that self-doubt fueled my substance use."

"Every day felt like a struggle just to get out of bed. Finding motivation to seek treatment was one of the hardest things I've ever done."

Personality attributes

This category delves into personality-related challenges. Impulsivity, characterized by acting without thinking, leads to risky behaviors, including substance abuse. Low self-esteem also contributes to self-destructive behaviors. A lack of

coping skills makes it difficult to manage stress and emotions without turning to substances. Denial, where individuals may not acknowledge the severity of their addiction, hinders treatment engagement. Being defensive or resistant to help is a significant challenge.

"I often acted without thinking when it came to using substances. It felt like an urge I couldn't control."

"I never felt good enough, and using substances temporarily boosted my confidence. It was a way to escape my low self-esteem."

"When life got tough, I didn't have any coping skills. Substances became my booster."

"I couldn't admit how much control it had over me."

2. Social Challenges

This theme examines the challenges stemming from an individual's social environment.

Family factors

History of drug use within the family normalizes substance abuse. Threatened marriages result from addiction-related issues. Mistrust develops within family relationships due to the impact of addiction. Lack of family involvement or cooperation hinders recovery efforts. Family therapy may be unavailable or not accepted by the family. Socio-economic status affect access to substances and treatment, and the lack of time and space hinders recovery efforts. An anti-social personality led to behaviors that further isolate individuals. Feelings of isolation and loneliness exacerbate SUDs. Negative effects of treatment may deter individuals from seeking help, and the social stigma associated with treatment leads to discrimination and isolation.

"Seeing drug use in my family normalized it for me."

"My addiction put immense strain on my marriage. It felt like my spouse, and I were drifting apart, and substance use was the wedge between us."

"My family stopped believing anything I said. I had lied so many times to cover up my addiction that they couldn't trust me anymore."

"I felt like I was on my own. My family didn't understand, and they couldn't cooperate with me to find a solution."

"It was a time of social exploration for me. Substance use seemed like a way to fit in and be part of the group."

"I pushed people away and isolated myself intentionally."

"I was surrounded by people, but I always felt alone. Substances were my only companions."

"I thought I had everything under control, and anyone suggesting otherwise felt like a threat."

"I felt trapped and helpless. It seemed impossible to break free from the cycle of addiction."

"I couldn't access the help I needed because there just weren't enough professionals who understood addiction. I often wondered if the person helping me was truly qualified."

"I wish someone had recognized my problem earlier. It took years before I got the help I needed, and by then, things had spiraled out of control."

"The waiting lists were endless. It's demoralizing to want help and be told there's no space."

"I lost friends because of my addiction, and the isolation was unbearable. It's like society pushed me further into the darkness."

3. Legal Challenges

Legal factors

Lack of interagency coordination and communication result in fragmented efforts to combat addiction. Less efficient law enforcement leads to challenges in enforcing drug-related laws and regulations. The lack of reliable and certified addiction treatment professionals limit access to quality care. Culturally relevant standardized treatment may be lacking, making it less effective for certain populations. Late identification and treatment mean that individuals may not receive help when they need it most. Lack of space in hospitals and rehab centers results in limited treatment options.

"I often wondered why agencies didn't share information. It seemed like a missed opportunity to tackle the problem together."

"I saw drug deals happening right in front of me, and it felt like law enforcement was turning a blind eye. It was disheartening."

"I saw firsthand how drug laws weren't always enforced fairly. It made me question the justice system."

"Sometimes it felt like the system was designed to discourage people from seeking help. The hurdles to access treatment were overwhelming."

4. Financial Challenges

This theme addresses economic constraints that individuals face.

Financial disparities

Financial constraints in accessing rehabilitation services limits treatment options. The high cost of rehabilitation services was prohibitive for many. Transport costs to access treatment facilities added to the financial burden.

"Knowing that I needed treatment but not being able to afford it was one of the most frustrating and disheartening experiences."

"Rehabilitation services are often prohibitively expensive. It felt like recovery was a luxury only available to those with deep pockets."

"The nearest rehab center was far away, and the expenses of getting there were a significant barrier. Transport costs added an extra layer of stress."

"My addiction drained my finances. Every day was a struggle to support my habit, leaving nothing for treatment."

Healthcare cost

Lack of financial budgeting and inadequate insurance coverage for addiction treatment further strain individuals financially.

"I never learned how to manage my finances properly, and addiction only made it worse."

"My insurance barely covered any of my addiction treatment costs. It felt like I was on my own in this battle."

In summary the breakdown of the key challenges faced by individuals with SUDs in Pakistan across various dimensions, including personal, social, religious, and financial aspects. These help researchers and readers better understand the complexities of SUDs and the diverse challenges individuals encounter in seeking treatment and recovery.

Discussion

Individuals struggling with Substance Use Disorders (SUDs) in Pakistan face multifaceted personal challenges. These include physical, psychological, and personality-related difficulties, each contributing to the complexity of addiction and recovery.

Physical vulnerabilities to SUDs arise from genetics, developmental stages, and physiological cravings. Studies indicate that genetic predisposition plays a crucial role in substance abuse, with familial addiction history significantly increasing susceptibility (Kendler et al., 2012). In Pakistan, where extended family structures are common, intergenerational addiction can be particularly impactful. Moreover, adolescence is a critical stage for experimentation with substances. Curiosity, peer pressure, and the desire for autonomy drive young individuals toward substance use (UNODC, 2021).

Psychological factors such as trauma, abuse, and mental health issues are significant contributors to SUDs. Individuals who experience childhood trauma are more likely to turn to substances as a coping mechanism (Khantzian, 2019). Moreover, Pakistan's highly competitive educational and professional environment increases performance pressure, leading some to substance use to enhance focus and endurance (Niaz, 2010). Anxiety and self-doubt further complicate treatment-seeking behaviors.

Impulsivity, low self-esteem, and denial are personality traits commonly associated with SUDs. Studies highlight that individuals with impulsive tendencies are more likely to engage in risky behaviors, including substance use (Moeller et al., 2001). Denial further hinders recovery efforts, as individuals fail to acknowledge the severity of their addiction.

SUDs do not only impact individuals but also their social environment. Family dynamics, societal stigma, and limited support structures exacerbate the struggle for recovery. Family history of substance use normalizes addiction, making it harder for individuals to recognize their condition as a problem (Ali et al., 2020). Addiction also places significant strain on relationships, particularly marriages. Substance use can lead to emotional detachment and mistrust between spouses (Farooq & Akhtar, 2022). Additionally, socio-economic status affects access to treatment. Many individuals from lower-income backgrounds struggle to afford rehabilitation services (UNODC, 2021). Substance use remains a taboo subject in Pakistani society, leading to discrimination and isolation of affected individuals (Khan, 2018).

The legal framework in Pakistan presents several obstacles for individuals seeking help for SUDs. Inefficiencies in law enforcement lead to inconsistent implementation of drug-related laws (Malik, 2019). Moreover, there is a lack of qualified addiction treatment professionals, making access to quality care difficult (Niaz, 2010). Delays in treatment due to long waiting lists further discourage individuals from seeking help.

Financial barriers significantly hinder access to addiction treatment in Pakistan. High rehabilitation costs make treatment unaffordable for many. Transport costs also present an obstacle, particularly for individuals living in rural areas. Limited financial planning and inadequate insurance coverage add to the financial strain.

Limitations

Every research study has limitations, which should be acknowledged in order to give readers a clear picture of the reach and potential boundaries of the research findings. In the case of the study on the challenges faced by adults with Substance Use Disorders (SUDs) in Pakistan, here are some key limitations to consider:

- The study utilized a purposive sampling technique, primarily recruiting participants from rehabilitation centers. This sampling method may introduce selection bias, as it excludes individuals who do not seek or have access to treatment. The experiences and challenges of individuals outside of rehabilitation settings may differ significantly.
- The findings of the study may not be fully representative of the entire population of adults with SUDs in Pakistan. The experiences and challenges of individuals in different regions, socioeconomic backgrounds, or cultural contexts may vary and might not be adequately captured.
- Participants may have been hesitant to share certain sensitive information due to the stigma associated with SUDs. This could result in underreporting of certain challenges or experiences.
- Longitudinal data would provide a more comprehensive understanding of the challenges and trajectories of individuals with SUDs.
- The depth and scope of data collection and analysis may have been impacted by resource limitations, such as time and money restrictions. A more extensive study might yield additional insights. Acknowledging these limitations is important for interpreting the study's findings accurately. Despite these constraints, the research provides valuable insights into the challenges faced by adults with SUDs in Pakistan and serves as a foundation for future investigations and improvements in addiction treatment and support services.

Implications and Recommendations

Some important implications and suggestions are as follows:

Implications

- The study emphasizes the necessity of adult SUDs being acknowledged as a major public health priority in Pakistan. The public, healthcare professionals, and policymakers must all recognize the seriousness of the problem and allocate resources accordingly.
- A multidisciplinary approach is necessary for successful treatment, according to research, which emphasizes the complexity of SUDs. Healthcare professionals from various disciplines, such as psychiatry, psychology, social work, and addiction medicine, should work together more often, according to health systems.
- The lack of standard, culturally appropriate addiction treatment in Pakistan is a serious problem. Treatment plans should take into account the distinctive beliefs, values, and practices of people seeking help for SUDs in order to address this.
- To lessen the stigma attached to SUDs, there is a need for widespread education and awareness campaigns. Initiatives to increase public awareness can aid in debunking myths and fostering compassion and understanding.
- Early intervention and prevention techniques should be the main focus given the difficulties associated with late identification and treatment. This includes specialized education and awareness campaigns in communities and schools.
- Addiction treatment policies should be reviewed and updated by policymakers so that they are consistent with cultural norms and evidence-based practices. It is essential that agencies and law enforcement work together more effectively.

Recommendations

- Develop evidence-based, standardized addiction treatment protocols in the Urdu language in collaboration with specialists in addiction medicine, psychology, and sociology. This ought to be created to fit Pakistan's cultural and social milieu.
- Expand the reach and availability of programs for addiction treatment, especially in underserved and rural areas. The

establishment of more treatment facilities, including telehealth options, and the incorporation of addiction treatment into primary healthcare services can help achieve this.

- Invest in programs that prepare and certify those who work in addiction treatment. Make sure that healthcare professionals have received the necessary training in evidence-based SUD treatments.
- Recognize and address the co-occurring mental health issues that often accompany SUDs. Integrate mental health services into addiction treatment to provide holistic care.
- Develop community-based support programs and peer-led initiatives to provide ongoing support and encouragement for individuals in recovery.
- Allocate funding for ongoing research into addiction treatment and prevention strategies. Support studies that investigate the effectiveness of different interventions in the local context.
- Establish mechanisms for evaluating the effectiveness of addiction treatment programs regularly. Monitor outcomes, collect data on relapse rates, and use this information to continuously improve services.

Conclusion

In conclusion, the treatment of adults with substance use disorders in Pakistan is hindered by significant challenges, including pervasive social stigma, economic constraints, a shortage of trained professionals and specialized facilities, and ineffective policy and regulatory frameworks. These barriers prevent individuals from accessing necessary care and exacerbate the severity of their conditions. Addressing these issues requires a multi-faceted approach involving public awareness campaigns to reduce stigma, increased government funding for treatment programs, investment in training healthcare professionals, expansion of treatment facilities, and policy reforms to prioritize rehabilitation over punitive measures. Collaborative efforts across various sectors are essential to improve treatment outcomes and support individuals with substance use disorders in Pakistan.

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