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A COMPARATIVE STUDY OF ISSUES FACED BY HEALTHCARE PROFESSIONALS IN THE TREATMENT OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN PAKISTAN

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Abstract

Healthcare providers must have an extensive understanding of the unique cultural and regional variations in order to effectively treat substance use disorders. This study aimed to assess and compare the difficulties encountered by medical practitioners in treating substance use disorders across different provinces in Pakistan. The sample consisted of 32 healthcare experts (8 from each province) working in different Govt. and private Drug Rehabilitation centers and hospitals (psychiatric units) from Punjab, Sindh, Baluchistan and Islamabad who were working in the field of drug addiction. As data collection tool, Focused group discussions were carried from the experts from each province. A qualitative research design was employed and thematic analysis was used to extract the findings in the form of initial themes, sub themes and major themes. The challenges experienced by healthcare professionals varied widely as revealed by thematic analysis ranging from the use of substance, myths about using drugs to the age group in each of the four provinces. Three primary themes emerged: Socio-Cultural Differences, Treatment Related Differences, and Policy & Governance Differences. By highlighting the unique issues faced in different regions of Pakistan, this study not only emphasized the necessity for indigenous traditions and interventions but also modifications in existing policies. These results of this study were manifolds as it enhanced the understanding of indigenous challenges faced by health care professionals in major provinces of Pakistan in cultural specific context and also will help in tailoring the indigenous cultural needs specific interventions to treat the adults with substance used disorders in Pakistan by training medical practitioners to tackle the unique challenges involved in the treatment of substance use disorders.

INTRODUCTION

Substance use disorders (SUDs) have become more common in Pakistan over time, solidifying their status as a serious public health issue that needs to be addressed right away. However, the management of SUDs inside Pakistani confines is plagued with challenges that healthcare practitioners deal with on

a daily basis (Atif et al., 2020). The cultural traditions, religious convictions, and social disparities that exist today present healthcare professionals with unique challenges. Pakistan's deeply embedded traditions and practices often influence attitudes about addiction, which deters people from seeking professional assistance. Consequently, healthcare professionals face the challenging task of striking a balance between providing care that is culturally sensitive and employing therapeutic procedures that have empirical backing (Saleem & Hawamdeh, 2023).

Substance use disorders are described as problematic pattern of substance/drug use in larger amount or over longer period of time inspite of persistent drug-related problems and clinically significant impairment or distress in daily functioning within twelve months period. Alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotic or anxiolytics, stimulants, tobacco, and other (unknown) chemicals are the ten kinds of substances that fall under this category (DSM-5-TR, 2023, p. 546-666). In order to evaluate the extent and patterns of drug use in Pakistan, a countrywide survey was carried out in 2012 and 2013 with the assistance of UNODC, the Ministry of Narcotics Control, the US Department of State's Bureau of International Narcotics and Law Enforcement Affairs (INL), and a number of other national partners. The study's overall conclusion showed that around 6.7 million persons, or almost 6% of the nation's population, had used drugs other than alcohol and cigarettes in the year prior (2.9 percent of adult females and 9 percent of adult males) (UNODC, 2022).

Just 11.2% of Pakistan's 4.25 million SUD sufferers who needed interventions and treatment in 2011 actually sought it out. This demonstrates the population's high disease burden and low treatment rate (Drug Facts, 2011). Substance misuse begins at age 18 in Pakistan and is more common among those from poorer socioeconomic and educational backgrounds (Batool et al., 2017). It is taboo in the young age range (Zaman et al., 2015), and women are stigmatized much more (Shafiq et al., 2006). It has been reported that contact with peers who misuse substances is a major factor in relapse. Furthermore, it is believed that one of the reasons for recurrence is the absence of counseling throughout therapy (Batool et al., 2017).

As such, it represents the part that counseling plays in the long-term management of SUDs. There is no national body in charge of registering psychologists. Psychologists can register with two separate organizations: the Pakistan Association of Clinical Psychologists PACP and the Pakistan Psychological Association PPA. Most psychologists work for private companies, such as rehabilitation facilities; others also hold positions as medical social workers in medical colleges' community medicine divisions. In Pakistan, every hospital's psychiatry department usually has one psychologist on staff. Psychiatrists oversee psychologists who are employed by psychiatry departments. Psychologists may assist with gathering initial patient histories and performing basic evaluations in the hospital's outpatient clinic. The establishment of psychology departments in teaching hospitals has been prioritized by the Pakistan Medical Council, which is the body that oversees physicians (Azad et al., 2022).

The 2020 study by Connery and colleagues looks at the problems that the world faces in treating substance use disorders (SUDs). It highlighted how difficult it is for persons with SUDs to get evidence-based therapy, mostly because of stigma and legal discrimination. The study emphasized how critical it is to increase workforce capacity through partnerships with government agencies, community stakeholders, and clinicians in order to expand SUD treatment programs. Additionally, it highlighted the value of community involvement, with peers and family acting as knowledgeable and encouraging lay health workers (Masood & Sahar, 2014). It is suggested for community-based, long-term SUD treatment approaches that incorporate appropriate reinforcements and continuous monitoring.

Cultural differences may exist in how psychological problems are viewed and how people go about getting counseling or psychotherapy. Nevertheless, little research has been done to examine these variations. There is a dearth of research in this area, so it is necessary to investigate and record cultural adjustments and changes to addiction treatment in Pakistan. Pakistan is a diversified nation with unique cultural identities found in each province and area. Research frequently ignores the demands of cultural

diversity and the diversity of cultures. The goal of the study is to demonstrate how the difficulties faced by medical professionals in treating patients with substance use disorders (SUDs) in different parts of Pakistan significantly affect the efficacy of SUD treatments as well as the overall health of those who are impacted.

This study is noteworthy since it compares the challenges faced by mental health professional in various regions of Pakistan and highlights the public health problem of fast growing and widespread addiction in adults with broad ramifications. Through a thorough comparative analysis and evaluation of these issues, this study seeks to provide light on the fundamental causes and barriers preventing the implementation of optimal SUD therapy. Research and intervention-based studies on substance use disorders within the framework of Pakistani culture are lacking. These results can inform the development of more focused, culturally appropriate, and trustworthy interventions, strategies, and policies that will enhance the ability of healthcare practitioners to treat SUD patients, remove stigma, and expand access to evidence-based treatments. Lastly, the study's conclusions may enhance the quality of life for Pakistani individuals impacted by SUDs and could provide a template for addressing similar challenges in other areas dealing with drug abuse problems.

Methodology

The study looked into the difficulties experienced by medical professionals in Pakistan when treating patients with substance use disorders (SUDs) using a qualitative research design. To acquire information, five focus group discussion (FGD) were carried out one each in major cities of the four provinces i.e., Karachi, Peshawar, Quetta, Lahore and Rawalpindi-Capital Territory of Islamabad. Focus group discussions as data collection technique were employed to acquire in-depth, contextualized information about the struggles and daily experiences of Pakistani medical professionals treating patients diagnosed and seeking treatment for Substance Use Disorders in indoor Rehabilitation units. Furthermore, this method also helped in examining in-depth narratives of mental health practitioners illustrating various challenges experienced by them serving the Pakistani populace.

Sample

A sample of 32 mental health practitioners that included psychiatrists, clinical psychologists, nurses, social workers and recovery coaches who have been full time involved in treating substance use disorders in Rawalpindi-Islamabad, Karachi, Quetta, Peshawar and Lahore were included in the study. All participants gave their informed consent before taking part in qualitative Focus Group Discussions.

Inclusion Criteria

Mental health practitioners with a postgraduate degree in Psychology, Addiction, Social work, Nursing or Psychiatry and at least two years of experience working with individuals who suffer from Substance Use Disorders were prerequisites for participation.

Instrument

A focus group guide for focus group discussions was tailored to generate the discussion to explore the challenges faced by mental health practitioners and extract as much information as possible from them while treating the patients diagnosed with substance use disorders who were seeking treatment in drug rehabilitation centers. The purpose of the focused group discussion was also to gather information about the difficulties and obstacles they encounter while treating SUD patients in their respective regions. Open-ended questions about patient problems, family problems, healthcare professional problems, and logistical and cultural barriers to providing successful treatment for people with SUDs were included in the Focus Group Discussion guide.

Procedure

Five focused group discussions were carried out with a gap of one week each. After developing rapport and explaining the purpose of the study as well as the rights and responsibilities of the participants, the written informed consent was taken from the participants. Confidentiality of the data and participant anonymity were assured. The questions and sequence were changed in each focused group to suit the convenience of the participants. Audio

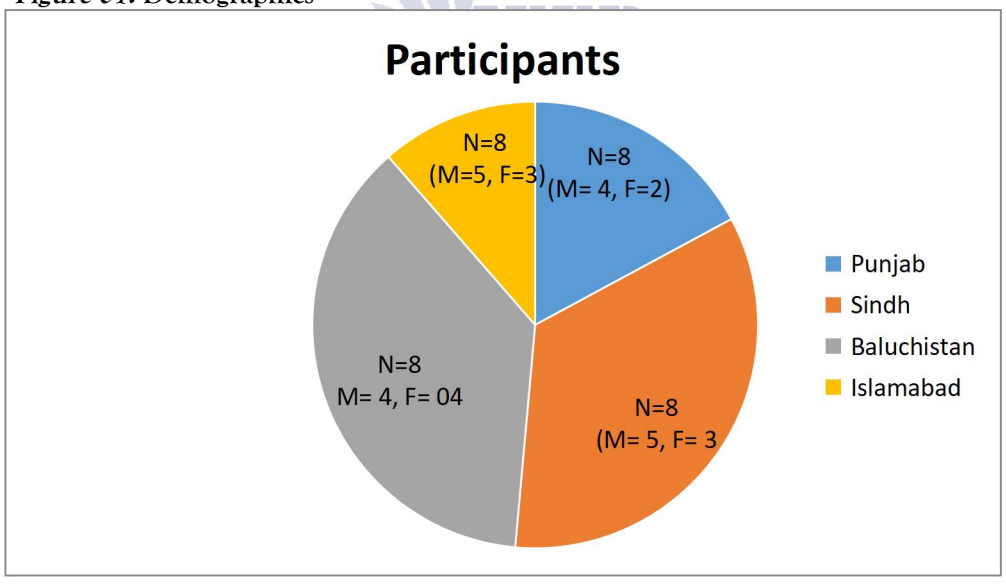
recordings of FGDs were done with the participants' permission. Each FGD took an average of 90 to 120 minutes to complete.

Prior to the Focus Group Discussions, the data collecting time was scheduled and decided upon over the phone and via email correspondence. The participants shares as much information as they can till the time saturation is reached. In order to maintain the flow of the conversation, probes and follow-up questions were also asked throughout the focus group discussions. During the Focus Group Discussion, it was made sure that every query and subject mentioned in the discussion guide was covered. Upon completion, the authorities and participants were acknowledged and thanked for their cooperation and time. After the data was meticulously transcribed, thematic analysis was used to identify important themes and subthemes.

Results

The six-step analysis by Braun and Clark (2012) was used to analyze the data obtained after line by line transcription of all five focused groups. Inductive (bottom-up) and thematic (top-down) approaches were combined to drive the data analysis, which included input from healthcare practitioners as well as data related to specific queries. The initial phase was verbatim transcription of all the discussions and then the initial themes extraction. After that the data matched together was categorized initially classified into 20 sub-themes. The third step involved grouping similar subthemes into overarching themes or major themes: Treatment-related differences, socio-cultural differences, policy and governance. Step four involved determining how well the themes and subthemes reflected the data and how they were related to one another. Data was retained under the subthemes that seemed to be most closely related with it following thorough analysis and in-depth discussions; as a consequence, 12 subthemes were retained after several deletion for being redundant. Subthemes were used to assist identify and explain each theme in step five. Step six, or data reporting, was completed at the end (See Table 01).

Figure 01: **Demographics**



The current study summarized the challenges faced by professionals while treating patients with substance use disorders in major provinces of Pakistan. Then, in order to make sure that every facet of the difficulties associated with treating substance use disorders is covered, the data from each province was compared to the others to determine what the similarities and differences were. The table that follows lists the comparative themes along with their corresponding sub-themes. The results of the thematic analysis of the data from various provinces included misconceptions about substance use disorders, difficulties that patients and

their families faced, and the types of treatment that were offered.

Table 01 *Themes and Sub-Themes related to challenges faced by mental health practitioners in major cities of Pakistan.*

Themes	Sub-Themes
Treatment Related Differences	Treatment Acceptability
	Variation and Lack of comprehensive and collaborative treatment services across different provinces
	Lack of adherence to treatment
	Lack of awareness regarding treatment
	Late diagnosis and late treatment seeking attitude
	Easy availability of drugs in rehabilitation centers
	Drug addiction treatment center staff involved in supplying drugs in rehabilitation centers
	Untrained addiction related staff
	Lack of specialized addiction treatment settings & infra structure in Govt hospitals and clinics
	Lack of specialized addiction treatment related staff
	Unethical & Mal practice by addiction staff in rehabilitation centers – prescribing medicine by staff
	Expensive treatment
	Psychical and verbal abuse by the Addiction treatment staff
	Lack of social workers in most of the addiction professional team
	High relapse rate
	Low follow up sessions rate
	Lack of full-time psychiatrist in addiction treatment centers
	Treatment Availability confined to major cities only
	Addiction rehabilitation centers as growing business industry run by untrained layman people
	Language barriers
	Treatment Motivation and Engagement
	Availability of drug rehabilitation centers
	Expertise of Mental health practitioners
Socio-Cultural Differences	Drug Preference
	Role of Gender
	Family Dynamics
	Community Support
	Socio-economic Status
	Stigma Perceptions
Policy & Governance Differences	Legal Framework
	Policy Implementation

Three major themes were identified by the findings. From a professional standpoint, each subject demonstrated how various provinces differ in managing people with substance use disorders. Treatment Related Differences, Socio-Cultural Differences, Policy and Governance Differences are the three themes.

Treatment Related Differences

Pakistan's provinces differ from one another in terms of treatment in many ways, ranging from type and quantity to acceptance and availability. These variations include a wide range of topics, including the kinds of treatment facilities, methods used in rehabilitation, and whether or not such treatments are accepted by society. The sub-themes of the treatment-related variations are as follows:

Treatment Acceptability

Certain places, like Islamabad and a few of the provinces of Punjab and Sindh's metropolitan centers, have a somewhat more lenient stance toward treatment requirements and assistance for drug users. Aside from that, though, some regions of Baluchistan may experience greater levels of stigma or reluctance to receive treatment for drug use disorders. Disparities in the way stigma is perceived can have an impact on how individuals with these issues seek treatment, the availability of different forms of assistance, and the success or failure of such interventions. "The people who are receiving treatment accept it to a moderate extent, and the families who discover that their kids are abusing drugs quickly choose therapy after using various affective strategies. However, women's treatment acceptance is incredibly poor." H5, Punjab

"People understand that they need treatment, but society still has a lot to learn, and it is primarily society that encourages relapse into substance abuse." (H8, Sindh)

"People who come for treatment only come to get tuned to go back to work and other routines, and treatment acceptability is extremely low." (H9, Baluchistan)

Variation and Lack of Comprehensive and Collaborative Treatment Services Across Provinces

Healthcare services for addiction treatment vary across provinces, with limited coordination among healthcare providers. A doctor from Sindh remarked: "There is no uniformity in treatment facilities; Punjab has more centers, but Balochistan hardly has any well-established addiction treatment units."

Lack of Adherence to Treatment

Patients frequently drop out of treatment before completing their programs. A therapist shared:"We see a high dropout rate because many patients do not believe in long-term recovery programs."

Lack of Awareness Regarding Treatment

Lack of awareness regarding SUD treatments results in delayed treatment-seeking behavior. A psychiatrist noted:"Most families think addiction is just a bad habit and do not realize it requires medical intervention."

Late Diagnosis and Late Treatment-Seeking Attitude

Delays in seeking treatment worsen the addiction. A rehabilitation center manager stated: "Patients come to us when they are already in a critical stage, making treatment more complicated."

Easy Availability of Drugs in Rehabilitation Centers

Many professionals reported that drugs are easily available within some rehabilitation centers. A counselor commented:"It is ironic that some rehab centers themselves become a hub for drug supply."

Drug Addiction Treatment Center Staff Involved in Supplying Drugs in Rehabilitation Centers

Corruption and unethical practices within some centers lead to drug supply issues. One participant shared:"Some staff members, instead of helping patients recover, supply drugs for extra money."

Untrained Addiction-Related Staff

A lack of trained addiction specialists negatively affects treatment outcomes. A senior psychiatrist noted: "Most of the staff managing addiction cases have no formal training in addiction psychiatry."

Lack of Specialized Addiction Treatment Settings & Infrastructure in Government Hospitals and Clinics

The absence of dedicated addiction treatment infrastructure in government hospitals is a major challenge. A medical officer commented:"Public hospitals lack specialized units for addiction treatment, forcing patients to rely on expensive private centers."

Unethical & Malpractice by Addiction Staff in Rehabilitation Centers

Some rehabilitation centers engage in unethical practices. A social worker stated:"Non-medical staff often prescribe medications without proper knowledge, leading to severe side effects."

Expensive Treatment

The high cost of addiction treatment makes it inaccessible to many. A doctor from a rehabilitation center mentioned:"The cost of treatment is beyond what an average person can afford, forcing many to forgo professional help."

Psychological and Verbal Abuse by the Addiction Treatment Staff

Instances of mistreatment by staff were highlighted by several respondents. A former patient shared:"Patients are often subjected to harsh words and even physical punishment in some centers."

High Relapse Rate

The relapse rate remains high due to insufficient aftercare. A psychologist noted:"Without long-term follow-ups and community support, relapse becomes inevitable."

Low Follow-Up Sessions Rate

Follow-up sessions are rarely conducted, impacting recovery. A nurse remarked:"Many patients are discharged without any structured follow-up plan."

Treatment Availability Confined to Major Cities Only

Treatment facilities are mostly located in major cities, leaving rural areas underserved. A doctor stated:"People from remote areas struggle to access proper addiction treatment due to the lack of facilities."

Addiction Rehabilitation Centers as Growing Business Industry Run by Untrained Laymen

Unregulated rehab centers often operate as businesses rather than healthcare facilities. A psychiatrist commented:"Many so-called rehabilitation centers are run by people who have no medical training."

Language Barriers

Language differences between staff and patients create communication gaps. A therapist shared:"Patients from different linguistic backgrounds find it difficult to express themselves due to language barriers."

Treatment Motivation and Engagement

Patient motivation plays a crucial role in recovery. A counselor explained:"Without proper motivation and engagement, patients relapse soon after leaving treatment." Different patterns arise in different places due to the variation in the motivations and levels of involvement among individuals seeking treatment for substance use disorders. Patients that show up to treatment facilities do come for a variety of reasons, and they vary greatly in their commitment to seeing the therapy through to the end. Upon examining the trends in each area, we are able to discern distinct cultural attitudes and nuances toward drug treatment. These variations might also suggest that there are variances in awareness and acceptance levels.

"Patients visit us for a variety of reasons; some are solely interested in cleansing, others are tuning, and still others are only there under coercion. Few people arrive for true treatment, and those who do exhibit improvement as well." (H4, Punjab)

"Treatment consists solely of detoxification; patients return in order to resume their employment." Nobody seeks treatment because they genuinely wish to recover." (H2, Baluchistan)

"The majority of patients are either tuning-only or have to return to their regular lives. Relatively few people are motivated to improve. To tune the body or pass the drug test is the main goal." (H1, Sindh)

Low motivation levels impact engagement in treatment. A client shared, "I was forced into rehab by my family, so I never took the treatment seriously."

Availability of Drug Rehabilitation Centers

While there are rehabilitation centers, their quality varies significantly. A respondent noted: "Rehab centers exist, but their effectiveness is questionable."

Expertise of Mental Health Practitioners

There is a shortage of mental health professionals specializing in addiction treatment. A psychiatrist commented:"We need more trained addiction psychiatrists to handle the rising cases of drug addiction."

Socio-Cultural Differences

Pakistan's cultures are quite diverse, and because of a variety of circumstances, each province differs greatly from the others. Everything is unique and varied depending on the location, from values and beliefs to lifestyle. Punjabis lead a lifestyle that combines modernism and tradition. While modernism is king in major cities like Islamabad, Lahore, and Rawalpindi, rural areas continue to practice modern ways of life. Punjabis essentially combine modern views with traditional beliefs. Sindh's rich cultural and historical legacy enhances its way of life. Cities like Karachi have a modern, diverse population that fosters an open culture. The rural areas still uphold Sindhi customs. Baluchistani culture revolves around the mountains and tribal organization. Tribal traditions, nomadic lifestyles, and an emphasis on agriculture shape life here. It consequently frequently expresses more conservative viewpoints. The disparities in general perspectives toward substance use disorders and their treatment stem from these distinctions. There is discussion of the sub-themes pertaining to socio-cultural differences.

Drug Preference

Drug preferences and consumption trends differ throughout Punjab, Sindh and Baluchistan. While methamphetamine is still the most popular drug among users in every province, there are significant regional variations in drug patterns. When it comes to methamphetamine (ice) addiction, Punjab and Islamabad typically have higher average rates of heroin or cannabis use. However, variables like availability and cultural customs can have an impact in some locations. This also applies to Sindh, where variations in the frequency of use or prevalence level of other substances like methadone, opium, and cannabis, which are influenced by regional customs or socioeconomic circumstances, exist despite methamphetamine ranking higher. Due to regional variances brought about by culture and tribal traditions, as well as Baluchistan's location near the Iran border, where narcotics are produced and distributed in large quantities, methamphetamine may still be the drug of choice in the country.

"The majority of patients seeking treatment are addicted to cannabis (Chars) and methamphetamine (Ice)." (H3, Punjab)

"Both methamphetamine (Ice) and amphetamine (Crystaal) are widely used in colleges, universities, and even educational institutions." (H1, Sindh)

"Cannabis (chars) is no longer regarded as a drug. It is comparable to cigarettes. Sometimes, patients fail to disclose their use because they believe it to be a non-drug. The most often used drugs in this situation are methamphetamine, Taryak, Tramadol (Opioid), and Kinz Injection." (H6, Baluchistan)

"Cannabis and methamphetamine (Ice) are ubiquitous and highly common substances." (H1, Islamabad)

Role of Gender

Province-by-province variations exist in Pakistan's trends regarding the role gender plays in substance usage. Overall, men are more likely than women to suffer from a substance use disorder; nevertheless, drug usage varies across females in different areas. In Sindh, Punjab, and Islamabad, women primarily utilize narcotics for recreational purposes. Youth are the ones who indulge the most. It is also ingrained in some rural communities' cultures, particularly the use of Huqqa in Punjab. However, in Quetta, a distinct pattern emerges: drug usage is not restricted to any one age group or use for recreational purposes. However, it is more inclusive, including housewives of all ages. This distinction suggests a distinct socio-cultural phenomenon taking place in Quetta, as drug misuse among women transcends leisure activities and starts to affect people of all ages and social classes.

"A large number of young women seek therapy from us, and we direct them to the women's center. However, women seeking treatment are not common, despite the growing trend of drug use among women, particularly among college students. However, the percentage is still lower than that of male drug users." (H2, Punjab)

"Here in Quetta and the surrounding areas, husbands coerce their women into using drugs. This

family, which consists of both male and female members, uses drugs on a regular basis." (H1, Baluchistan)

Family Dynamics

The extent to which families participate in treatment for substance use disorders varies by province in Pakistan. The ways that families approach the therapeutic process differ. Certain regions, like Punjab and Sindh, have more active family involvement. They genuinely take part in treatment activities and recovery programs alongside individuals who struggle with substance addiction. Typically, they assist patients by going to therapy or offering consolation on an emotional level while they heal. However, there is a mixture of both types of families—those that participate and offer support, and those that don't. On the other hand, family views and engagement could differ in other locations—such as certain regions of Baluchistan. Parents might participate less than in other areas.

"If we simplify, family attitude can be divided into two extremes. Individuals with incredibly caring and encouraging families also attend classes. However, there are still others, particularly those who have received the treatment on multiple occasions. Then, the parents also become unmotivated." (H5, Sindh)

"Families bring each other to the treatment centers for the treatment to get back to normal life only. They are not concerned about the recovery here, and most families have multiple users." (H7, Baluchistan)

Community Support

In Pakistan, there are varying degrees of community support for those suffering from substance use problems, ranging from poor to medium. Cultural norms, the resources at hand, and societal perceptions of addiction all have an impact on these disparities. In general, it is challenging to forecast the course of support because it might vary greatly based on individuals' views toward substance use disorders, resources, and awareness. This variety highlights the need for more standardized and comprehensive support systems to address these issues consistently across areas. According to what the participants said,

"The quality of community assistance is improving in certain places right now, particularly in the well-known ones. Still, a lot of work needs to be done. Additionally, there are some sincere support groups that assist people and families." (H6, Sindh)

"Because the use of various substances is so common, it is occasionally not even seen as a problem because everyone else is engaging in the same activity. However, there is a lackluster attitude in the community toward the problem and those who are suffering from SUDs." (H12, Baluchistan)

Socio-economic Status

The province-by-province variation in the socioeconomic status of individuals with substance use disorders occurs in Pakistan. The impacted people have differing economic situations, educational attainments, and resource availability, which leads to diverse situations. People with substance use problems may find it easier to obtain financial resources and work prospects in some areas, such as urban areas in Punjab or Sindh, than in rural areas of these two provinces. The economic divide between the rich and the poor may be even more pronounced in Baluchistan, to the east; certain regions are even more isolated from the government than in unrest-plagued northern Kashmir. The types of therapies and rehabilitation facilities that a person can access, as well as the degree of assistance they can rely on, are influenced by variations in socioeconomic position across different regions.

"A person's financial situation is not an issue for them personally; rather, the family is negatively impacted by the therapy. For those with poor socioeconomic position, the expense of treatment is prohibitive in most regions." (H3, Islamabad)

"Due to our proximity to Iran, the majority of the population is from lower socioeconomic classes, and many of them work as drug dealers. Higher and middle class people are, in some way, protected from the ills in this place. Most people shun the treatment since they find it to be expressive as well." (H2, Baluchistan)

Stigma Perception

The Shame Associated with Substance Abuse Disorders, even if these issues are stigmatized in general everywhere; there are significant differences in the level of bias within and between communities and regions. All cultures and socioeconomic classes are familiar with the stigma associated with substance

use disorders, albeit the degree to which it is experienced and the perspective from which it is viewed might differ substantially. Certain locations may take a more sympathetic and understanding position when dealing with substance abuse issues, while other locations may be closer to home. The social stigma associated with asking for help may be worse in other sections of the territory, making therapy difficult or impossible for individuals.

"When someone decides to use drugs, there is a process involved that includes experiencing stigma. Certain locales are more stigmatized than others; for example, going to a fancy neighborhood is usual for them. It is not depicted in black and white." (H1, Sindh)

"Since the patients do indicate that they do not encounter stigma very frequently, the topic of stigma is an interesting one. We were discussing the fact that substance abuse affects every other family in this place, so who is going to stigmatize it? Naturally, there are exceptions, but generally speaking, things are not as horrible as they are elsewhere."(H10, Baluchistan)

Policy and Governance Differences

The way that different provinces handle policy and governance has a significant impact on measures aimed at combating substance use disorders. Variations may arise in the allocation of resources, the execution of programs, and the overall approach taken to address addiction issues. Some provinces and regions have robust policies in theory, but due to inadequate funding or inadequate infrastructure, they are not well implemented in practice. Conversely, some have fewer policies but better methods for putting them into practice. Funding, political will, and priority differences all come into play.

Legal Framework

Regarding substance abuse, the various provinces' legal systems show differing degrees of engagement in addressing drug-related issues. In the nationwide loop of drug trafficking and substance misuse, the law enforcement agency is a crucial but comparatively weak link. The degree of engagement varies by region; different laws are not applied, enforced, or monitored in the same ways. This variance may lead to disparities in the effectiveness of legal remedies and their impact on curbing drug-related activity for various regions.

"No one takes any action against the increasing substance use, which increases the burden on the entire healthcare system. Patients have money, and laws can be bought." (H6, Islamabad) "Legal and legislative domains are as fruitless as offering drugs to an addict and pleading with them not to consume them. The lack of rules and regulations also presents challenges for us as practitioners. There isn't a safeguard in place." (H3, Sindh)

"The procedure here involves law, or perhaps more accurately, the entire legal domain. Despite the fact that we are the main suppliers of numerous medications, nothing is being done." (H3, Baluchistan)

Policy Implementation

The way that drug-related laws and regulations are being implemented varies greatly throughout Pakistani provinces. Even while there are already laws prohibiting the use of drugs, not all of them are applied consistently and flawlessly. Disparities exist in the equitable application of certain rules, leading to uneven degrees of observance and compliance across various geographical areas. Drug-related regulations have been implemented widely, yet some places follow the rules more closely than others.

"Regulations and policies are settled upon, but nobody puts them into practice. Not a single regulatory agency is keeping an eye on things. According to Punjabi policy, 10 beds should be set aside in each government hospital for people with SUDs. Where is it visible? However, given certain programs like the one for street beggars, things should get better." (H5, Punjab)

"The Baluchistan Charities Registration & Regulation Authority has about 24 registered treatment centers, but I can assure you that they have never visited to find out what these centers are doing." (H1, Baluchistan).

Discussion

The current study demonstrated treatment challenges among health practitioner's treating individuals with substance use disorders of major cities of Pakistan and their comparative analysis. Three themes emerged from the thematic analysis:

treatment-related differences, socio-cultural differences, and policy and governance differences.

Examining the socio-cultural variations in drug usage among Pakistani provinces revealed a multifaceted picture shaped by the particular social norms and regional tendencies. One noteworthy finding was the variations in medication preferences throughout provinces. Methamphetamine was utilized in many ways throughout in Punjab Sindh, and Baluchistan where the accessibility of drug was cheap and easy. Thus, selecting the right drug type involves a number of localized and cultural considerations (Koob et al., 2023; Nawi et al., 2021). On the other hand, use of Methadone as substitute drug to counter the withdrawal of drug was very common on Quetta and Karachi due to border area and sea port from where the drug is smuggled and sold in very low cost and drug peddlers are selling it outside the drug rehabilitation centers. On the contrary the situation is altogether different Punjab where its usage is less and the cost is quite high.

The other important topic was gender roles, where different provincial trends were seen in female substance usage. Women used drugs primarily for recreational purposes as young people in Punjab and Sindh. In contrast, a wider range of age groups, including housewives, were involved in substance addiction in Baluchistan. These arguments emphasize how societal roles and cultural norms influence gender-specific drug use patterns (Collins et al., 2020; Hemsing & Greaves, 2020).

In Family Dynamics, diverse perspectives of treatment-seeking behaviors were discussed. Compared to Sindh, families in Punjab were less willing to seek therapy and talk freely about their issues because of the stigma associated with substance use. These differences emphasized how crucial family views are in facilitating or obstructing treatment access (Barnet et al., 2021; Kwame & Petrucka, 2021).

Different levels of support were offered by Community Support depending on the region. Punjab's metropolitan areas enjoyed some, albeit not particularly strong, community support. Geographical obstacles made it difficult for participants from Baluchistan's rural regions to connect to supportive networks. This somewhat encapsulates the significance of local community dynamics in influencing the resources available to individuals grappling with substance abuse (Buck-McFadyen, 2022; Kleven et al., 2021).

Access to treatment is now primarily determined by one's socioeconomic status. When participants from Baluchistani communities with little resources discussed the challenges they faced traveling to treatment facilities, they exposed a larger issue: the relationship between social disparities and resource availability. Health disparities are caused by the systemic and uneven distribution of the socioeconomic determinants of health among communities (Amaro et al., 2021). Many studies have shown that the structural factors that are known to influence population health—such as socioeconomic and political context, socioeconomic position, and material circumstances—as well as the intermediary factors—such as behavioral and biologic factors, psychosocial factors, and material circumstances—are systematically and disproportionately distributed among different population groups (Finkelman et al., 2017; Tarlov, 2002).

Various perspectives regarding substance usage were shown by the stigma perception. While there was more stigma in Baluchistan, which prevented certain conversations about substance use disorders from happening or made treatment-seeking behaviors more difficult, discussions about substance use disorders were more accepted and open in Islamabad. Both the people who suffer from substance use disorders (SUDs) and society at large suffer greatly from addiction. Relapse is prevalent, and these illnesses are frequently difficult to cure. These considerations may be the reason for the widespread stigma attached to these conditions over the world (Crapanzano et al., 2018). Both the propensity to seek treatment and the results of therapy are negatively impacted when patients feel that they are subject to judgment at the point of contact between the health care systems and themselves (Van Boekel et al., 2013)

The treatment disparities between Pakistani provinces are indicative of variances in views about the management of substance use disorders. The first sub-theme, treatment acceptability, reflects regional variations in how society views therapy. Urban areas in Punjab and Sindh have a comparatively more

accepting attitude, but Baluchistani communities have greater levels of stigma, which makes it more difficult for individuals to accept treatment—especially for women. These variations affect the way people ask for assistance, the resources available to them, and the success of interventions (Kiani et al., 2021; Schiff et al., 2020).

Treatment Availability highlights how resources are distributed unequally. The underprivileged areas of Baluchistan lack proper infrastructure, while major cities in Punjab and Sindh have well-equipped treatment centers; hence, the disparity in access to resources for substance use disorders exacerbates the wealth gap. These distinctions prevent underprivileged communities from receiving prompt, effective care (Clouston et al., 2016; Connery et al., 2020).

Different patient views about treatment are demonstrated by treatment motivation and engagement. Different patterns emerge in different places for a variety of reasons, from obedience to detoxification. This discrepancy reflects divergent cultural perspectives on treatment, which influence the degree of awareness and acceptability among drug users who are seeking assistance (Bautista et al., 2019; Chen, 2022; Thodesen et al., 2023).

The enormous financial costs associated with therapy make it a factor that has a significant impact on accessibility. Even though the expense of medical care is a significant financial burden on the country, doctors in different parts of China have rather varied perspectives on this matter due to regional variations in how health care professionals see cost and affordability. In many areas of Baluchistan, there are no government-sponsored facilities, and citizens must pay astronomical fees to private institutions due to sometimes-infinite waiting lists. Financial obstacles, such as insufficient funds for treatment, are more common among individuals with SUDs. Stigma-related and financial barriers must be addressed in order to increase the use of treatment services (Ali et al., 2017; Farhoudian et al., 2022)

Analyzing Governance and Policy the way that policies intended to address substance use disorders (SUDs) are approached and implemented varies significantly throughout Pakistani provinces. There are striking variations in the Legal Framework sub-theme concerning the effectiveness and engagement of law enforcement. Although there are now laws in place, they are not consistently enforced, making it impossible to properly govern activities related to drugs. Participants drew attention to the flaws and inefficiencies in the judicial system, pointing out that enforcement was lax and oversight was lax. Particularly in Sindh and Islamabad, the situation is dire. Weak law enforcement has the unintended consequence of burdening the healthcare system with additional demands and exacerbating drug usage issues (Siringil Perker & Chester, 2021; Park et al., 2020). The findings indicate significant disparities in the treatment of substance use disorders (SUDs) across different regions of Pakistan. The lack of standardized treatment protocols results in variations in treatment acceptability and effectiveness. According to Farooq et al. (2021), the absence of collaborative efforts between healthcare providers and addiction treatment centers hinders comprehensive patient care. The reluctance to seek treatment due to societal stigma, economic barriers, and limited awareness is consistent with previous research (Ali et al., 2020).

The results also highlight the concerning issue of drug availability within rehabilitation centers. Similar findings were reported by Ahmed et al. (2019), who noted that corruption and malpractice within treatment facilities exacerbate addiction rather than mitigating it. The lack of adherence to treatment, combined with the unavailability of trained addiction professionals, further diminishes treatment effectiveness (Khan et al., 2018).

The lack of a robust legal framework and poor policy implementation remain significant obstacles in addressing substance use disorders in Pakistan. Existing policies are often outdated or poorly enforced, allowing unregulated addiction treatment centers to operate without oversight (Hassan et al., 2019). This lack of regulation has turned rehabilitation into a profit-driven industry rather than a healthcare necessity. Additionally, the scarcity of full-time psychiatrists in addiction treatment centers reduces the quality of care provided (Javed & Khan, 2020). Addressing these governance challenges requires coordinated efforts between policymakers, healthcare professionals, and civil society organizations (Mahmood & Tariq, 202).

Policy implementation exacerbates the inconsistent application of regulations and policies (Vilcan & Potter, 2020). Yes, policies exist, but they aren't consistently or thoroughly implemented, which leads to a lackluster adherence to the law. Undoubtedly, this leads to a discrepancy between established policies and their execution, as evidenced by the Punjab case of designated beds for adults with substance used disorders that remain unoccupied. They are comparable in Baluchistan as well, where the lack of official regulatory authority and proactive monitoring raises concerns about whether treatment clinics that are registered adhere to appropriate standards.

Limitations and Future Recommendations

The study's shortcomings are as follows:

- Although the sample size yielded valuable insights, it may not be comprehensive enough to capture all aspects of popular opinion.
- The cross-sectional nature of the study precluded evaluation of seasonal variations or changes over time.
- Due to the self-reported nature of the data, biases may exist. Participants' responses may also be influenced by cultural variables.

Implications

Following are a few implications based on the current study,

- The study's findings highlighted the necessity of focused interventions and modified policies that take into consideration the various demands of Pakistan's regions.
- It is crucial to comprehend geographical variations in the prevalence of substance use disorders, the availability of treatment, and societal perceptions of addiction.
- This supports the need for more sophisticated approaches to intervention and policy development that take regional variations and sociocultural origins into account.
- It is imperative to develop tailored approaches that consider the distinctions between Substance Use Disorders in Pakistani cities and rural areas.
- In order to ensure that everyone has equitable access to care and assistance across different locations, interdisciplinary and data-sharing coalitions can aid in the development of context-sensitive intervention models.

Conclusion

The goal of the current study was to examine the challenges faced by mental health practitioners in different Pakistani provinces and how they address substance use disorders from a professional standpoint. Three main themes emerged from the study's findings: treatment-related differences, socio-cultural differences policy and governance differences. The study's conclusions emphasized the necessity of tailored interventions and changes to policies to take into account the demands unique to each province. Understanding regional variations in the prevalence of substance use disorders, available treatment options, and societal attitudes toward addiction are all vital. The results highlighted the necessity of carefully adjusting interventions and policies to the specific socio-cultural circumstances of various locations. Understanding these variations is a critical first step in creating tactics that effectively address substance use disorders in Pakistan. Equal treatment and assistance, as well as context-targeted intervention programs across regions, can be achieved through encouraging interdepartmental and data-sharing collaboration.

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