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Improving substance use disorder care: Service providers' perceptions on barriers to drug use treatment in the Western Province Sri Lanka

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Abstract: The increasing prevalence of drug use as well as a large number of drug users not seeking treatment is a major concern in Sri Lanka. Drug abuse treatment providers are in a unique position to identify barriers that deter drug users from accessing their services. Hence this study aimed to explore the service providers' perceptions of the barriers to drug users accessing treatment services. A qualitative study was conducted with 12 purposely selected service providers from drug treatment centres representing government, non-government, health and non-health sector institutions in the Western Province. In-depth interviews using a semi-structured questionnaire were used as the data collection method. All interviews were conducted by the Principal Investigator and were manually and digitally recorded. Interview data were transcribed and analysed using the inductive thematic analysis method. Five main themes emerged from the data. The main themes were easily identified as being drug user-related factors and service provider-related factors. Poor drug-related health literacy and negative environmental influences were drug user-related factors which service providers perceived as barriers. Service providers perceived that poor provider training, bureaucratic challenges and poor interagency cooperation are barriers within their own programmes that act as barriers for drug users when accessing treatment services. Service providers perceived that drug users who require treatment confront numerous barriers when accessing the help, they need. It is important to address these barriers in order to improve treatment services for this marginalized group.

Keywords: Treatment access, Barriers, Drug abuse, Service providers, Drug users

1. Introduction

Psychoactive drug use is a significant problem in the modern era that has a catastrophic impact on many areas. It causes a negative impact on health due to its direct effects as well as the rise in crime, and violence. Psychoactive drug use can drain the financial resources of a country, including those needed for social and economic growth. It can destroy lives, families, and communities while undermining a country's political, cultural, social, and economic systems (United Nations Office on Drugs and Crime, 2022). Law enforcement efforts to cut down on drug supplies entering communities have been one of the key strategies used in Sri Lanka to manage psychoactive drugs. Literature, however, demonstrates that restricting the supply is largely unsuccessful if demand remains high (Beletsky & Davis, 2017; Roberts *et al.,* 2004).

Drug abuse treatment has been defined as "methods intended to help addicted individuals stop compulsive drug seeking and use"(National Institute on Drug Abuse, 2018). Treatment for drug use could occur in a variety of settings, taking different forms with varied lengths of time. While several Non-Governmental Organizations in Sri Lanka offer drug treatment and rehabilitation services for a cost, in the government sector, the Ministry of Health and the National Dangerous Drugs Control Board (NDDCB) provide inpatient and outpatient drug treatment free of charge. In Sri Lanka, the Drug Dependent Persons (Treatment and Rehabilitation) Act of Sri Lanka (Ministry of Justice Sri Lanka, 2007) governs drug treatment in both public and private treatment facilities. The NDDCB, which is governed by the Ministry of Defense, is required by this Act to adopt regulations outlining the requirements of treatment facilities. The qualitative component of the Rapid Assessment of Drug User Pattern study done in 2018, revealed the absence of availability of effective treatment for psychoactive drug use, the poor attitudes of legal

enforcement officers involved in treatment and the poor acceptance of different treatment options by medical professionals act as barriers for treatment (National STD/AIDS Control Programme, 2018). According to the Drug Abuse Monitoring System (DAMS), only 3585 drug users received treatment from drug treatment facilities in 2019 (NDDCB, 2019b). A study conducted by the NDDCB in the same year revealed that only seven per cent of the total drug users in Sri Lanka access treatment services yearly (NDDCB, 2019a). However, this situation is not only seen in Sri Lanka but also globally where only one in seven drug users with substance use disorders receive treatment (UNODC, 2019).

This gap between the requirement and the treatment is worth exploring in order to find new approaches, innovations, and methods of care. Studies suggest that drug users face individual, social and structural barriers when obtaining treatment for substance use disorders (Farhoudian *et al.,* 2022). Studies have found that personal vulnerabilities and personal beliefs prevent drug users from seeking treatment (Priester *et al.,* 2017). Literature reveals that the language used to describe addiction, the belief that addiction is a choice rather than a disease, not considering medical judgment when dealing with addicts, and the detachment of addiction treatment from the rest of the medical system also act as barriers (Wakeman & Rich, 2018). It further reveals that drug users from neighbourhoods with poor socioeconomic conditions are least likely to access substance abuse treatment (Mennis *et al.,* 2012). In addition, the perceived effectiveness of the treatment (Huhn *et al.,* 2017), lack of family and social support (Jackson & Shannon, 2012), and being placed on a waiting list (Prangnell *et al.,* 2016) have been perceived as barriers by drug users when accessing substance use treatment.

Substance use treatment service providers encounter drug users from various backgrounds and different degrees of substance use problems and are uniquely placed to detect impediments to substance use disorder treatment. Therefore, they can provide important information on the barriers to substance use treatment that can be utilized to improve existing treatment services or develop policies to improve universal access to drug use treatment and care. There is very little global evidence on service providers' perspective on barriers to substance use treatment. Even fewer are found in Sri Lanka. Hence, this study qualitatively explores the service providers' perceptions of barriers to substance use disorder treatment in the Western Province, Sri Lanka.

2. Methods

2.1 Participants

Drug treatment service providers from substance use disorder treatment facilities in the Western Province were approached for the study. Participants were purposely selected for the in-depth interviews to represent both the health (different categories of service providers working under the Ministry of Health) and non-health sectors (service providers from different treatment institutions that are not under the Ministry of Health) as well as the governmental and non-governmental institutions (Table 1).

2.2 Procedure

Treatment providers were contacted through email by the principal investigator and the most convenient time and location decided and informed by the service providers was selected for the interviews. A pre-tested semi-structured interview guide was used to illustrate service providers' perceptions towards barriers to substance use disorder treatment. The interview guide was developed with several questions derived during the formative assessment of drug users, as well as a few general questions from previous literature (Figure 1).

All study procedures and the interviewer guide were viewed and approved by the Ethical Review Board of the Faculty of Medicine, University of Colombo (EC-19-055). In-person interviews with service providers took place between November 2019 to January 2020. The principal investigator (PI) conducted the interviews while a sociology graduate took notes. Informed written consent was taken from all participants prior to the interview. The PI presented the topics in the guide using open-ended questions and facilitated the discussion. Probing was included wherever it was seen as necessary. Interviews lasted between 45 minutes to one hour. All interviews were manually and digitally recorded. Initially, the plan was to interview 10-15 service providers until themes became repetitive.

However, after twelve interviews, we concluded that data saturation had been reached since no new information was emerging.

Question 1	What type of treatment services do you offer psychoactive drug users?
Question 2	Does your programme provide personalised treatment catered for each individual or group treatment? If so, what are the reasons?
Question 3	How often do you see a patient relapse? If so, what do you think is the reason?
Question 4	Do you follow up with your patients after discharge? If so what is the reason?
Question 5	What barriers do you think that psychoactive drug users have to face when accessing treatment, at an individual level, community level or institutional level?
Question 6	What do you think could be done to improve access to psychoactive drug treatment?
Question 8	How do you feel about the treatment programme for psychoactive drug use at your institution?
Question 9	Do you think that the current treatment methods for psychoactive drug use should be changed? If so what are they and how they should be changed?
Question 10	Is there anything else you would like to say about the current treatment services for psychoactive drug use?

Figure 1 Semi-structured questionnaire for the Key informant interviews.

2.3 Data analysis

An inductive approach to thematic analysis was used for analysing the interview data (Thomas, 2006). The purpose was to allow research findings to emerge from the significant themes embedded within the raw data, without the restraints imposed by previous literature. First, the interviews were transcribed using audio recordings and field notes. Secondly, the PI read and thoroughly processed all the transcript data, identifying initial impressions and potential codes and creating the codebook. Third, each transcript was carefully read a second time, and manually coded line by line. Fourth, an inductive process was used to group the codes from each interview into higher-level preliminary themes. The PI completed the coding, and with the help of the second author, the final themes were created. For the final themes the selected preliminary themes were tested on new data, and data was constantly compared. The relevant quotes for this paper were translated into English.

3. Results and Discussion

A total of 12 service providers from substance use treatment centres in the Western province completed the in-depth interviews. The distribution of the study participants with their respective institutions is shown in table 1.

Five themes emerged in the endeavour to uncover the perceptions of research participants on barriers to substance use disorder treatment (Table 2). In the following paragraphs, we will briefly explore these themes in further detail and utilize representative quotes and subthemes to highlight the major elements within each theme. For further clarity, themes are broadly categorized as barriers related to the drug user and barriers related to the service provision.

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Table 1 Participant characteristics

Category	Subcategory	No. of participants
Health sector (Government)	Consultant psychiatrist	2
	Psychologist	1
	Medical officer Mental Health/ Psychiatry	1
	Psychiatry social worker	1
Health sector (Private)	General Practitioner	1
Non-health sector (Government)	National Dangerous Drugs Control Board	2
	Prison rehabilitation officer	1
Non-health sector (Private)	Alcohol and drug information center	1
	Buddhist drug rehabilitation center	1
	Catholic faith-based rehabilitation center	1
Total		**12**

Table 2. Thematic structure

	Inductive code	Preliminary theme/ subtheme	Final Theme
1.	Poor understanding on the symptoms of substance use disorders	Drug users lack of understanding on health effects	Poor drug-related health literacy
2.	Unaware of the consequences of drugs		
3.	Poor patient awareness of treatment options	Drug users lack of understanding on substance use disorder treatment	
4.	Poor understanding of substance use disorder treatment availability		
5.	Poor family and peer support		
6.	Peers drug use behaviour	Negative influences	Negative Environmental influences
7.	Neighborhoods where drug use is a norm		
8.	Difficult to accommodate with other patients	Poor attitudes of service providers	Poor provider training
9.	Feeling like a lost cause	Stigma	
10.	Not differentiating between personal beliefs and professional responsibility		
11.	Disagreements with different treatment options	Lack of awareness of novel treatment methods	
12.	Lack of expertise in assessment		
13.	Fixed treatment duration and working hours	Redundant institutional regulations	Bureaucratic challenges

14. Stringent enrollment criteria 15. Waiting lists	Rigid institutional policies	
16. No back referrals 17. No continuum of care	Lack of coordination between different sectors	Poor interagency cooperation
18. Lack of feedback on progress 19. No follow up after discharge	Lack of communication between agencies	

3.1 Drug user-related barriers

Poor drug-related health literacy among users was one of the main themes that was generated. Participants believed that drug users in general have a poor understanding of their disease and treatment services. Some attributed this to the poor mental health literacy among the general public in Sri Lanka, while others believe that it is due to poor understanding and knowledge of the available treatment services and options. As an example, one participant stated "*The mental health literacy among people in general is very poor. When it comes to drug use it is even worse.*" Another expressed that "*First thing is that they fail to understand they have a problem. Then when they realize they have a problem, they do not know where to go*". This poor knowledge of drug user treatment prevents users from seeking treatment. As one service provider explained "*They believe once you get into drug use there is no way out. Because no one has told them otherwise.*" Another service provider perceived that the lack of understanding of the issues caused by drug use by the users results in not seeking treatment. As one explained, *"Drug users usually try to hide their behaviour from others. And most of them do not understand that the physical issues they face are due to their drug use".* This is similar to the systematic review findings of Priester *et al.* (2017) that revealed personal beliefs about treatment and poor health-seeking behaviours of drug users act as barriers to accessing treatment services.

Good family and peer support is important for drug users as they provide encouragement to seek treatment for substance use disorder and provide support to maintain abstinence. Negative or lack of social support has always been identified as a barrier to treatment (Jackson & Shannon, 2012; Kelly *et al.,* 2014). Similarly in our study, service providers perceived that family and peer support is essential for accessing treatment. As one participant stated, "*If the drug user comes with the family, it is easier to keep them in the programme. The understanding and the support are quite important for the success of the treatment process".* Drug use is often described as a taught behaviour. The likelihood of abusing and being addicted to drugs can be significantly impacted if the environment (home, neighbourhood, recreational locations etc.) is one in which drugs are commonly available and tolerated (Kalivas & O'Brien, 2008). Similarly, service providers also revealed that the living and working environment of drug users plays a crucial role when accessing treatment services and in order to break the vicious cycle one has to remove users from the harmful environment. As one service provider explained, *"If we were to successfully rehabilitate a drug user, we have to remove the drug user away from the drug culture where taking drug is a normal thing*". Service providers suggested that improving skill in drug users to ignore the temptations and influences should be a vital component in improving treatment access as stated by one treatment provider *"Everyone around him will be using drugs. That we cannot change. But we must develop skills in him to ignore what he sees."*

3.2 Service provider-related barriers

Poor provider training was another theme generated through the interviews. Participants acknowledged that the behaviour of staff can deter drug users from accessing services. As one health sector service provider stated *"The staff especially the minor staff has never been trained to handle substance users. They are never trained on how to approach a patient, how to engage in a conversation or how to talk to patients in general,"* Another health sector service provider stated; "*The staff does not like it when drug users come to clinic. It is because they cause fights and they steal things."* Social stigma associated with drug use is not uncommon among service providers. As another private sector service provider explained; *"How drug use has been portrayed in the society, by the media has affected it from treated differently from other medical conditions."* Poor provider training is not only limited to

the capacity of the providers but also the type of services they offer their clients. According to the international standards for the treatment of drug use disorders, all patients should be assessed and receive individualized treatment plans that undergo regular review according to their drug use severity (World Health Organization, United Nations Office on Drugs and Crime, 2018). However, one non-governmental service provider pointed out that one major issue with providing the best treatment at their institutions is the inability to differentiate the severity of drug use. He explained *"We try to provide the most appropriate treatment for each drug user. But we do not have a method to assess and identify who can be treated by counseling, at the outreach clinics, need medical management or needs residential treatment. If our field workers can be trained on that we can provide much better-quality service."* Substance use disorder is a relapsing chronic disease (Ibrahim & Kumar, 2009). Many drug users who have completed effective treatment and rehabilitation programmes go back to using drugs. Some treatment providers expressed it as an explanation for their reluctance to engage in psychoactive drug use treatment. As one stated; *"Most patients who come to us (treatment centre) either drop out or relapse. We see the same person over and over. With all the effort we put in I sometimes feel that it is a lost cause"*.

Some health service providers were sceptical about the treatment services provided by non-health sector providers. They felt that inappropriate treatment increases the risk of drug users relapsing and prevents them from seeking further care *"There are two models of treatment the social model and the medical model. The social model does not work for everyone. Drug treatment is needed depending on the severity of withdrawal. If it is not provided, we get relapses. The social model can work for rehabilitating drug users only if it has a proper scientific base".* A systematic review revealed a similar finding where the lack of knowledge on managing patients with substance use disorders and the lack of agreement on clinically appropriate treatment were found as barriers to accessing treatment (Priester *et al.,* 2017). In addition, health sector service providers explained that the motivation and devotion of service providers also affect the service availability. As one stated; *"We get many patients and substance use is only one disorder. Therefore, it is difficult to pay 100 per cent attention to them (drug users)."*

The fourth theme was bureaucratic challenges. Fixed treatment duration irrespective of the severity of the disease and fixed working hours, Stringent enrollment criteria and being put on a waiting list were seen by service providers as barriers to accessing drug treatment. The duration of treatment that is appropriate for an individual is determined by the nature and severity of the person's problems and needs. Therefore, a key principle in recovery is having flexible programmes (NIDA, 2018). Few service providers acknowledged that their treatment programmes run for a fixed duration and there are no exceptions while some acknowledged they have limited working hours. As one stated *"We have substance use clinics once a week. That is also from 8.00 am to 12.00 pm. So even if they need help there is no place to go in between."* Both government and non-government service providers agreed that drug users face many issues when needing to access treatment services due to their enrollment criteria and waiting hours. Further many non-government treatment programmes charge large sums of money as admission fees. One service provider stated; *"We only provide treatment for people less than 40 years of age. All our centres have limited capacity. So, we usually have a waiting list. Sometimes clients must be on the waiting list from weeks to months. Since we are not funded by anyone, we take an admission fee from our attendees."* The gender gap in treatment is still a concern on a global scale (UNODC, 2022). Despite the fact that men take drugs in greater numbers than women in Sri Lanka (NDDCB, 2019a), women are still underrepresented in drug treatment programmes. As most providers stated their treatment programmes don't enrol female drug users. As a result, even with the existing drug treatment facilities due to stringent criteria in reality there are far less options for drug users.

The final theme that emerged was poor interagency cooperation. With the diverse physical, psychological and pharmacological needs of drug users to provide optimal care formal coordination and relationships should exist between service providers. Few health sector service providers revealed that due to poor interagency coordination many drug users don't receive a continuum of care. The mismatch between the need and availability of interagency coordination often puts service providers at a disadvantage when attempting to negotiate client needs within less-than-ideal contextual circumstances. They are also concerned about the lack of feedback received on the client's progress after the initial referral. As one stated "*I see patients referred to me from courts and private institutions. But only while they are resident most of the time just once. After they get released, they don't get referred back to us. They (drug users) are also from different parts of the country so we don't know if they went for followed up elsewhere. We don't have that link".* Similarly, in prison rehabilitation centres there is no mechanism in place to see if the drug users maintain drug-free behaviour after being released from prison. As a prison rehabilitation officer

stated *"Actually we don't see what happens to them (drug users) after they go from here. When they are here, we do counselling, improve their skills by engaging them in activities we even refer the ones with withdrawal to a psychiatrist. But our jurisdiction ends when they get released*". A rather contrasting finding was yielded from a study conducted in the United States where incarceration was seen as a method that facilitated access to substance use treatment where the judicial system is facilitated by the medical system to provide continuous care (Liebling *et al.,* 2016). However, Sri Lanka may need many policy and structural changes to achieve such status.

4. Conclusion

We have identified several factors from our study that are crucial to improving existing treatment services for drug users in Sri Lanka. Moreover, it reflected some of the common issues that have been identified in the literature as barriers to drug user treatment. As successful demand reduction strategies emphasize the importance of having successful drug abuse treatment, this study informs the barriers perceived by service providers who deliver such services. The results make it clear that greater initiatives should be taken to raise awareness about drug treatment and treatment facilities among the public. In addition to the client-related barriers identified, Service providers were open to pointing out the obvious flaws within their own systems that prevent drug users from accessing treatment. As a substantial number of rehabilitation facilities are situated in the Western Province compared to other parts of the country, the true extent of the challenges faced by drug users when accessing treatment can be innumerable. However, we believe to provide holistic treatment for drug users, all institutions that offer treatment services should be standardised. Additionally, to increase the effectiveness, skills, and knowledge of current service providers, regular in-service training should be conducted and existing services should be monitored and reviewed by their governing bodies on a regular basis. Moreover, it is important to adopt client-friendly policies for more personalized and flexible treatment programmes. Therefore, it is paramount to consider the findings of this study to improve treatment services for drug users in Sri Lanka.

References

Beletsky, L., & Davis, C. S. (2017). Today ' s fentanyl crisis : Prohibition ' s Iron Law , revisited. International Journal of Drug Policy, 46, 156–159. https://doi.org/10.1016/j.drugpo.2017.05.050

Farhoudian, A., Razaghi, E., Hooshyari, Z., Noroozi, A., Pilevari, A., Mokri, A., Mohammadi, M. R., & Malekinejad, M. (2022). Barriers and Facilitators to Substance Use Disorder Treatment : An Overview of Systematic Reviews. Substance Abuse: Research and Treatment, 16, 1–11. https://doi.org/10.1177/11782218221118462

Huhn, A. S., Tompkins, D., & Dunn, K. E. (2017). The relationship between treatment accessibility and preference amongst out-of-treatment individuals who engage in nonmedical prescription opioid use. Drug and Alcohol Dependance, 176(3), 139–148. https://doi.org/10.1016/j.physbeh.2017.03.040

Ibrahim, F., & Kumar, N. (2009). Factors Effecting Drug Relapse in Malaysia: An Empirical Evidence. Asian Social Science, 5(12), 37–44. https://doi.org/10.5539/ass.v5n12p37

Jackson, A., & Shannon, L. (2012). Barriers to receiving substance abuse treatment among rural pregnant women in Kentucky. Maternal and Child Health Journal, 16(9), 1762–1770. https://doi.org/10.1007/s10995-011-0923-5

Kalivas, P. W., & O'Brien, C. (2008). Drug Addiction as a Pathology of Staged Neuroplasticity. Neuropsychopharmacology, 33(1), 166–180. https://doi.org/https://doi.org/10.1038/sj.npp. 1301564

Kelly, B. C., Liu, T., Zhang, G., Hao, W., & Wang, J. (2014). Factors related to psychosocial barriers to drug treatment among Chinese drug users. Addictive Behaviors, 39(8), 1265–1271. https://doi.org/10.1016/j.addbeh.2014.04.012

Liebling, E. J., Yedinak, J. L., Green, T. C., Hadland, S. E., Clark, M. A., & Marshall, B. D. L. (2016). Access to substance use treatment among young adults who use prescription opioids non-medically. Substance Abuse: Treatment, Prevention, and Policy, 11(1), 1–12. https://doi.org/10.1186/s13011-016-0082-1

Mennis, J., Stahler, G. J., & Baron, D. A. (2012). Geographic Barriers to Community-Based Psychiatric Treatment for Drug-Dependent Patients. Annals of the Association of American Geographers, 102(5), 1093–1103. https://doi.org/10.1080/00045608.2012.657142

Ministry of Justice Sri Lanka. (2007). Drug Dependent Persons (Treatment and Rehabilitation) ACT 54 (No. 54). Lawnet. https://www.lawnet.gov.lk/act-no-54-of-2007/

National Dangerous Drugs Control Board (NDDCB). (2019a). National Prevalence Survey on Drug Use 2019. Research Division Publications, National Dangerous Drugs Control Board, Colombo, Sri Lanka. http://www.nddcb.gov.lk/Docs/research/National_Prevalence_2019.pdf

National Institute on Drug Abuse (NIDA). (2018). Principles of Drug Addiction Treatment : A Research-Based Guide (Third Edition). National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services.

National STD/AIDS Control Programme (NSACP). (2018). Rapid Assessment of Drug Use Patterns (RADUP) in Sri Lanka: To inform risk reduction interventions for People Who Use / Inject Drugs (PWUD/PWID). National STD/AIDS Control Program, Sri Lanka.

NDDCB. (2019b). Drug Related Statistics. Research Division Publications, National Dangerous Drugs Control Board, Colombo, Sri Lanka. http://www.nddcb.gov.lk/Docs/research/Drug_Related_Statistics_2019.pdf

Prangnell, A., Daly-grafstein, B., Dong, H., Nolan, S., Milloy, M., Wood, E., Kerr, T., & Hayashi, K. (2016). Factors associated with inability to access addiction treatment among people who inject drugs in Vancouver, Canada. Substance Abuse Treatment, Prevention, and Policy, 11(9), 1–8. https://doi.org/10.1186/s13011-016-0053-6

Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Kristen D. Seay. (2017). Treatment Access Barriers and Disparities Among Individuals with Co-occurring Mental Health and Substance Use Disorders: An Integrative Literature Review. Journal of Substance Abuse and Treatment, 61, 47–59. https://doi.org/10.1016/j.jsat.2015.09.006.Treatment

Roberts, M., Trace, M., & Klein, A. (2004). Law enforcement and supply reduction. A Drug scope Report for the Beckley Foundation Drug Policy Programme.

Thomas, D. R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. Amarican Journal of Evaluation, 27(2), 237–246. https://doi.org/10.1177/1098214005283748

United Nations Office on Drugs and Crime (UNODC). (2019). World Drug Report 2019 (Issue May). United Nations.

UNODC, World Health Organization (WHO). (2018). International Standards on Drug Use Prevention Second Updated Edition. Vienna: UNODC and WHO.

UNODC. (2022). World Drug Report 2022: Executive Summary -Policy implications, United Nations.

Wakeman, S. E., & Rich, J. D. (2018). Barriers to Medications for Addiction Treatment: How Stigma Kills. Substance Use and Misuse, 53(2), 330–333. https://doi.org/10.1080/10826084.2017.1363238

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Conflict of Interest

The Authors have no conflicts of interest to declare that they are relevant to the content of this article.

Author Contribution Statement

Sashiprabha Nawaratne (SN) and Janaki Vidanapathirana (JV), planned the study. SN conducted data analysis and manuscript writing. JV helped with the data analysis and provided comments on the manuscript. The authors have read and approved the final version of the manuscript.

Ethical Statement

All respondents participated voluntarily in the study and all participants provided their informed written consent. All measures were taken to ensure that the Declaration of Helsinki was adequately addressed throughout the study and all methods were carried out in accordance with relevant guidelines and regulations. The ethical approval for the study was obtained from the Ethical Review Committee of the Faculty of Medicine, University of Colombo (Reference no: EC-19-055).

Data availability

The Authors confirm that the data supporting the findings of this study are available within the article.

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