

# Evaluation of obstacles to treatment of substance dependency based on the lived experience of male arrestees of the DCHQ center for addiction treatment in Iran, A phenomenological study

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## Abstract

Substance use disorder is a chronic relapsing condition characterized by compulsion to seek and take the drug, diminished control in limiting the use and experiencing negative emotions (e.g. dysphoria, anxiety, irritability) when access to the drug is prevented.

## Introduction

Substance use disorder is a chronic relapsing condition characterized by compulsion to seek and take the drug, diminished control in limiting the use and experiencing negative emotions (e.g. dysphoria, anxiety, irritability) when access to the drug is prevented (1). Behavioral, physical, and psychological dependency are the hallmark of substance use disorders.

While the direct effects of a substance on behavioral, physical, and psychological function will vary depending on the particular substance used, the overall impact of the substance in causing impaired functioning has a similar pattern, regardless of substance (2).

Substance use disorders are complicated psychiatric conditions, and, like other psychiatric disorders, both biologic factors and environmental circumstances are etiologically significant. The model of substance use disorders is the result of a process in which multiple interacting factors influence drug-using behavior and the loss of judgment for decisions about using a given drug (3). The goal of treatment is to help patients stop or reduce harmful substance misuse, health promotion, and improve social functions and manage the relapse risk. The treatment is effective and has a positive economic impact and also improves individuals' productivity, health, and overall quality of life (4).

The recent data of 2022 from Substance Abuse and Mental Health Administration (SAMHSA) website shows that only 13% of patients with substance use disorder received any treatment. Among patients with opioid use disorder only 11% have received safe and effective medications which helped them quit and stay in recovery (5). The magnitude of this number shows that it is necessary to carry out more detailed investigations about the obstacles to addiction treatment. Consider this statistic for the United States, which provides a high level of health services, and it seems that in developing countries, such as Iran, this crisis is more serious. Studies that have worked on treatment barriers state that inability to cope with negative emotions, cultural factors, lack of resources, absence of problem, privacy concerns, admission difficulty and environmental issues are major barriers to quitting the addiction (6, 7, 8).

DCHQ centers have a unique structure that are established in Iran to reduce social harm caused by substance use problems. The main management of these centers is often under the supervision of judicial authorities, and in many cases drug criminal arrestees or homeless drug addicts are kept there for a period of time. Taking care of basic medical conditions, providing food and medicine and shelter as well as some psychological interventions are done by psychologists in these centers. Understanding the experiences of patients with substance use disorders, especially when they are at the beginning of use, can reveal the barriers that stand between these patients and standard treatment (9).

These goals can be achieved beginning with addicted person experience-oriented research, particularly qualitative studies, which are very valuable because they reflect the voices of the patient, enhance the comprehension of their experiences, and the development of responsive measures. Qualitative studies can also provide evidence that directs attention to previously undetermined addicted patients concerns (10).

Various studies have been devoted to the problems that confront patients with substance use disorder. The challenges that addicts have in getting treatment at the right time can be neglected by the treatment team. There is an index called Barriers to Treatment Inventory (BTI) which the Factor analysis in the population of substance abusers identified items in 7 well-defined latent constructs: absence of problem, negative social support, fear of treatment, privacy concerns, time conflict, poor treatment availability, and admission difficulty (11). Qualitative study in Ukraine in 2013 in injection drug addicts showed multiple programmatic and structural issues, including inconvenient hours and treatment site locations, complicated dosing regimens, inflexible medication dispensing guidelines, and mistreatment by clinic and medical staff (12). Lack of a data-based decision making culture, lack of expertise and other resources, treatment system complexity, and resistance are another findings that Wisdom et al. obtained from the intervention with 23 addiction treatment agencies in a qualitative study (13).

The apparent lack of similar studies focusing on Iran, the present research was conducted to explore the obstacles to receiving treatment at the right time in a phenomenological way in the population of male patients with substance addiction living in a rehabilitation center in Mashhad in January 2022.

## Objectives

This qualitative study was conducted using the hermeneutic phenomenological approach. In the past 20 years, hermeneutic phenomenology has been considerably influenced by contemporary phenomenologist Max van Manen (14) Van Manen (1997) put forward six research activities for carrying out phenomenological investigations, which were performed in the current work as follows:

In accordance with the first activity, after identifying tendencies toward the phenomenon of interest (i.e., experiences of an addict person with the substance), the researchers formulated related phenomenological questions and articulated expectations regarding the phenomenon. In keeping with the second activity, the research setting was selected, participants were recruited, and data were collected.

For the third activity, wholistic, selective, and detailed approaches were adopted to separate the thematic elements that characterize the phenomenon, and detailed descriptions of the approaches were presented in the data analyses. The fourth activity, which emphasizes the art of writing and rewriting, involved incorporating the components of the research purpose into documentation. These components encompassed field notes, narrative anecdotes, and samples from interview transcripts. The fifth activity pertains to maintaining a strong and oriented relationship with a phenomenon. The sixth activity advances the hermeneutic cycle and the movement between a whole and its parts. Correspondingly, this research focused on the backward and forward movements between the whole and parts of texts in all the steps of the study, with consideration for the research question.

## Participants

After receiving approval from the Ethics Committee of Mashhad University of Medical Sciences and a letter of introduction from the university's psychiatry department, the researcher was referred to the Hassan Abad addiction rehabilitation center in Mashhad City, Iran. The researcher fully familiarized himself with the chosen setting following the explanation of the study's objectives to relevant authorities and obtaining permission from them. A list of patients with a history of substance use disorder was provided to the researcher.

Given that they had no previous relationship with the potential participants, they visited the center over the course of one day to acquaint themselves with the prospective subjects, establish a friendly relationship with them, and build trust before commencing with the phenomenological interviews. This was a good opportunity for key participant selection, which was accomplished through purposive sampling. The inclusion criteria include staying at least two weeks in the substance addiction rehabilitation center, speaking Persian and willing to participate in the interview and the ability to communicate with the researcher.

A total of 16 patients aged between 28 and 55 years (mean=43.9, SD  $\pm$  8.00) were recruited. In terms of level of education 38% had elementary education, 30% had incomplete high school, and 32% completed high school.

## Setting

As previously stated, the research was conducted at the Hassan Abad addiction center, which is a rehabilitation center which is considered as the main center for maintenance and care of people with addiction in Mashhad city

. This center is built on a land with an area of 32 thousand square meters. And there are about 3000 clients with addiction problems who are mostly homeless and referred by the judicial system, welfare organization, families or voluntarily.

## Data Collection

After explaining the objectives of the study to the participants and obtaining written consent, their demographic profiles were derived, with the information covering the patient's ages, educational levels and occupations, length of stay in the center, history of substance use, age of first use, types, duration of each use, period of abstinence from each, and stressors that were the trigger to start or re-use.

The subjects then participated in semi-structured interviews consisting of six general questions prompts: "When was the first time you used drugs or cigarettes? ", "Can you tell me what was the first substance you used?", "What was the factor behind the first use?" How long did you continue using this substance?" "What other substance or substances did you use?" and the main question was "Can you explain what could have prevented you from going off the substance when you started or continued using it?"

More details regarding a given issue were obtained through probe questions/prompts, such as "Please explain more." "What do you

mean?" or "Can you give an example for understandability?" The interviews, which lasted from 25 to 35 min, were recorded and transcribed verbatim on the same day as the interview sessions. Sampling continued to the point where no new data could be added to the codes and data saturation was reached in relation to the target phenomenon. In total, 16 interviews were conducted with the 16 participants.

## Data Analyses

The data analyses were conducted on the basis of research activities three to six (van Manen's method). MAXQDA software was used to facilitate data management. As described earlier, Van Manen (1997) proposed three approaches to extracting thematic elements—wholistic, selective, and detailed approaches.

- In a wholistic approach, a researcher considers a text as a whole and endeavors to understand the full meaning of the text. The researcher asks himself/herself, "What is the key phrase that expresses the original meaning of the text?" This is also called the judgment call approach to a text (15) In the present study, the text of each interview transcript was repeatedly read. After a general understanding was formed, the researchers interpreted the interviewees' responses and the texts as descriptive texts using the research question as a guide. This stage further immersed the researchers in the studied phenomenon. Finally, the researchers expressed general impressions of the texts in one or more phrases.

- In consonance with a selective approach, the researchers composed phrases or statements that helped illuminate the target phenomenon, after which they extracted thematic sentences or paragraphs.
- In adherence to a detailed approach, the researchers read the text of each transcript line by line and extracted keywords or phrases that were in some way related to the phenomenon of substance use experiences.

After thematic phrases were extracted, similarities and relationships among the themes were identified by comparing the primary contents of each interview with those of previous interviews. Accordingly, the themes were then classified into cluster theme, which were merged on the basis of their relationships. Then emerged sub-themes, which were also combined on the basis of relationships between cluster themes. Sub-themes were merged based on their relationship, and eventually the themes emerged. The main research question was considered throughout this process.

The researchers referred back and forth from the entire texts of the interviews to the extracted themes or components throughout all the stages of the study. The documentation was created in accordance with the purpose of the research and thus covered field notes, narrative notes that were written during the interviews or during the analyses of the texts, samples (quoted responses) from the transcripts, and the holistically grounded descriptive analyses. These records ensured the understandability of the nature of the target phenomenon

## Trustworthiness

The validity of the study was confirmed via the credibility, dependability, confirmability, and transferability criteria presented by Lincoln and Guba (16). To enhance the credibility of the data, the current researchers used an interview guide, which was prepared on the basis of previous studies and discussions among the members of the research team. Additional credibility measures were taken in the form of the selection of a diverse group of participants exhibiting considerable experience in terms of substance use duration (8 to 32 years).

Van Manen (1997) discussed the engagement of a researcher with a participant's world and story as a major concern in relation to the quality of qualitative studies (17).

Accordingly, the researchers established a friendly relationship with the participants and built trust before the initiation of the study and during the interviews to encourage them to share their experiences. To ensure dependability, the researchers kept audit trails. In this regard, the process of analyses, quotes, and the emergence of themes were presented in detail. With regard to confirmability, the transcripts of some of the interviews with the extracted codes and themes were assessed by an external party to determine the accuracy of the coding process. This external party is a faculty member of Mashhad University of Medical Sciences and is well-versed in the field of qualitative analysis, especially hermeneutic phenomenology. In terms of transferability, extensive descriptions of the field and findings were presented so that readers can decide on the uses of the results in other areas.

## Ethical Considerations

This study was approved by the Ethics Committee of Mashhad University of Medical Sciences. All the participants were informed about the aims of the study and the type of research being conducted. They were asked to sign written consent forms and were informed of their discretion to terminate the interviews at any time. The participants' identities and interview responses were kept confidential through the assignment of pseudonyms to the respondents, guaranteeing that no personal information will be disclosed to anyone or the institution.

These pseudonyms were used in all the re-readings of the data, and the recorded audio files were immediately cleared after being converted into texts.

## Results

Participants were 16 men with the mean age of 43,9 between 28 and 55, which included 44% married, 38% divorced, and 18% separated. Of the total participants, 38% had elementary education, 30% had incomplete high school, and 32% completed high school. Some of them had abused one type of drug and others had abused multiple drugs. The age of onset of addiction is from 12 to 30 years and the duration of addiction is from 8 to 30 years (Table 1). The participants in the present study mentioned five factors as barriers to quitting addiction. These five factors and their sub-factors are shown in Table 2, as explained below.

Table 1. Demographic characteristics of the participants, age, marital status, first age of use, number of years of use and type of substance use disorder. M/S= Marital Status, M=Married, D=Divorced, S=Single

P.No	Age	M/S	Number of years of education	Age of onset	Number of years of use	Opioid Use disorder	Cannabis Use disorder	Methamphetamine Use Disorder	Alcohol Use Disorder
1	45	M	8	14	19	+	+	+	+
2	47	D	5	15	28	+	+	-	-
3	37	D	12	22	13	+	-	-	-
4	44	M	6	25	18	+	-	-	-
5	53	M	20	20	27	+	-	+	-
6	51	S	12	20	26	+	+	+	-
7	48	D	6	16	28	+	+	+	+
8	41	D	6	12	32	+	-	-	-
9	55	M	4	30	22	+	-	-	-
10	45	D	10	25	20	+	+	+	-
11	45	M	6	26	17	+	+	+	+
12	52	M	10	20	30	+	+	-	-
13	28	D	12	22	8	+	+	-	-
14	40	D	8	18	20	+	-	-	-
15	28	D	14	16	12	+	-	+	+
16	44	M	9	24	18	+	+	-	-

Table 2. Themes and sub-themes that are barriers to timely treatment for substance use disorder

Themes	Sub themes
Losing the motivation to get rid of the substance	Not seeing the consequences of substance use
	Being happy with the first pleasant results
Lack of companionship in the course of treatment	Negative beliefs about the therapist
	Failure to adhere to the treatment contract
Unattainable or distant treatment	physical distance from the place of treatment
	Low financial resources
Ignorance or bad thinking about treatment	Ignorance of current knowledge about treatment
	Misconceptions about standard treatment
	Not evaluating the costs and benefits of treatment
	Stigma about treatment
A bag of unpleasant events that leave no room for treatment	Other psychiatric illnesses (mental disorders)
	Physical illness (pain)
	Legal troubles
	Family turmoil

### Losing the motivation to get rid of the substance

This theme shows which factors play a role in reducing the motivation and intention of people to treat the substance use disorder and get rid of it. In other words, what prevents a person from making a definite decision to quit the substance and continue using it. This main theme includes 2 sub-themes as follows.

## Not seeing the consequences of substance use

Substance use, especially when it is prolonged or becomes dependency, can be associated with destruction of a person's performance in academic, occupational, interpersonal and even financial fields. Sometimes, a person may ignore it during the continuation of the process, especially at the beginning of substance use, when the person's functions have not been destroyed yet.

"I could see that I did not encounter any particular problem with the use of the substance, so I won't be involved in the future"(P3)

"I used to say that I will never have problems or financial loss with using "(P6)

"I never imagined that one day I would have serious problems to buy the substance"(P13)

"I was sure that I could use under my self- control"(P16)

## Being happy with the first pleasant results

Substance use causes euphoria, increased energy, increased sexual desire and even reduced depression, especially in the early stages. In fact, these are pleasant results that intensify the desire to use in a person and become the basis for the continuation of substance use. In this regard, the statements of participants 2,5 and 7 can be noted:

- "Pleasure, energy and work were created for me more with the drug!"
- "My sex had improved"
- "Substance made me laugh more and more!"

## Lack of companionship in the course of treatment

This theme means everything that hinders the therapeutic alliance and cooperation between the therapist and the patient. For a successful treatment, initial trust with the therapist is needed, and on the other hand, it is necessary for the client to adhere to the treatment contracts with the therapist. Some factors may have a negative effect on this trust and commitment. This theme includes two sub-themes which are following:

### Negative beliefs about the therapist

The fact that the patient sees the doctor or therapist at a distance from him or thinks that the therapist has other intentions than treating his illness can be one of the obstacles in addiction treatment." Doctors often don't understand us!" (P8) "I used to say that doctors are only motivated by their own financial gain"(P3)

### Failure to adhere to the treatment contract

This sub-theme refers to the behaviors that are in conflict with the treatment contract and prevent the companionship in the treatment path." I used to combine methadone with substance and the use continued" (P5)" It was my own choice, whenever I wanted to increase the methadone, it gave more euphoria" (P9)

### Unattainable or distant treatment

Anything that causes the treatment to be far from the person can be placed under this theme. Physical distance, expenses beyond a person's financial ability, difficult transportation to the treatment center are among these things. This theme includes two sub-themes:

#### physical distance from the place of treatment

Physical distance is sometimes beyond one's ability to spend time or energy, which prevents timely treatment. "We were in the village and the distance was so long"(P11) " There was no treatment center near us"(P12)" When we went to a party and I didn't have medicine, I used to take the drug because the methadone center was too far from us"(P16)

### Low financial resources

Some participants mentioned financial conditions that prevented them from paying for treatment. In this regard, we heard from participants 4 and 9:

"There was no enough money for food, let alone methadone!"

"Our father was absent and we grew up in poverty, we didn't have money for a doctor"

#### **Ignorance or bad thinking about treatment**

This theme is related to the lack of correct knowledge or the presence of false beliefs about the basic treatment process of addiction. Some patients basically considered addiction to have no treatment, some had false beliefs about agonist drugs such as methadone, some did not know the importance of treatment to improve the quality of life, and some were involved with the stigma of psychological treatments that prevented them from receiving treatment.

### Ignorance of current knowledge about treatment

Sometimes people involved in addiction don't even know that substance addiction is a "disease" and has specific treatments, and this lack of knowledge is the reason for not getting timely treatment: "We didn't even know there was such a thing as addiction treatment "(P16). "We didn't know about the existence of the Narcotics Anonymous group" (P 3). "We didn't know methadone existed at all, and the doctors didn't tell us anything either" (P 7)

### Misconceptions about standard treatment

One of the common beliefs is overestimating the side effects of methadone or discontinuation it or thinking that methadone in fact is a continuation of the addiction in another way. These beliefs have no scientific evidences and are sometimes accepted as a common and already confirmed belief among patients with addiction. "Methadone shuts down the liver and brain!" (P 14)

- "The pain of methadone is more!" (Has more severe withdrawal symptoms) (P 16) "If you stop methadone it hurts more than drug" (P 3) "On methadone you are still an addict!" (P 11) "Methadone darkens your skin color and reduces your appetite" (P 1)

### Not evaluating the costs and benefits of treatment

Sometimes, people involved in addiction suffer from cognitive errors in overestimating the benefits and harms of using or quitting the drug, for example, they overestimate the cost of treatment or consider the side effects of the drug to be greater than the side effects of use. "I thought that methadone is much more expensive than drugs" (P 5). "I was worried about the side effects of methadone be more than drugs"(P 13).

### Stigma about treatment

The feeling of shame and guilt of going to a psychiatrist or psychologist and receiving methadone or the fear of revealing personal information in addiction treatment centers is one of the other obstacles to receiving treatment at the right time. "I was afraid of my reputation if someone saw me on the way to the MMT clinic (P 12)." "I didn't want to take methadone because it seems worse than any addiction as I knew!" (P 3)

#### **A bag of unpleasant events that leave no room for treatment**

This theme includes adverse events in a person's life, which, for any reason, has distracted his attention from involvement in the treatment. These issues could be getting involved with a severe mental and physical illness and experiencing severe pain, legal issues and conflicts such as imprisonment or dowry penalty, and finally communication crises in the family.

### Other psychiatric illnesses (mental disorders)

The presence of mental disorders can attract the person's attention and if he does not receive proper psychiatric treatment, it can act as a co-occurring disorder and prevent him from receiving treatment for substance use disorder. Sometimes it looks like the patient uses the substance to manage the mental egodystonic symptoms as a kind of self-treatment. "I got severe depression and I was disappointed in addiction treatment, and somehow it calmed me down" (P 6) "My mother's death made me down for three years and the only way to save me was the drug" (P 8).

## Physical illness (pain)

The existence of physical diseases with the occurrence of pain strongly attracts a person's attention and postpones the treatment of addiction. It seems that the use of substance with analgesic effects is a form of self-treatment in this situation by using substance. "I had bone marrow cancer and I just wanted my pain to be less" (P 9)"Kidney stones were making me sick and I couldn't stop the drug because it was getting worse "(P 3)

## Legal troubles

Patients sometimes engage in buying and selling or distributing drugs or other criminal actions, and in this regard, they face legal problems. Imprisonment in jail or exile and financial crimes act as major stressors that a person prefers or is forced to deal with, before the treatment."I was in prison for seven years due to drug delivery and I never thought of something called treatment" (P 1).

"After addiction, my wife asked for divorce and dowry. I was constantly involved in the court and the police station so I did not have treatment" (P 5).

"Due to a collision at the gas station, I was arrested and fined heavily so I didn't have a good time or money for the treatment" (P 13).

## Family turmoil

Marital crisis, breakup and divorce can make a person so busy that he stops treatment and thinks of a plan to manage his relationship with his wife or children instead of treatment. "For five years, I was involved in disputes with my wife and I had no time and energy for a doctor "(P 9)." My stepmother beat us all the time, we didn't have a good day, we were just trying to survive, let alone get treatment!" (P 6)

## Discussion

In this research, which is conducted for the first time in the group of male arrestees for addiction in an addiction rehabilitation center in Mashhad, in north-western part of Iran, we qualitatively investigated the reasons that prevent them from receiving addiction treatment at the right time. The choice of this group was because they often have severe and debilitating forms of addiction, and by understanding these obstacles, we can reduce the burden of addiction for individuals and society.

After analyzing the interviews, the obstacles in 5 themes and 14 sub-themes were obtained. A person's motivation to quit the substance is the same reasons he has for accepting the withdrawal symptoms and being deprived of the pleasant effects of the substance. Motivation for change plays an important part in the process of recognizing the need for change, seeking treatment, and achieving successful sustained change (18).

In this regard, patients often do not have a real understanding and foresight regarding the continuation of use at the beginning of the treatment, and they think that they are supposed to have euphoria and tension reduction at the end of the journey and will be less involved in function loss. At the beginning of consumption, the amount of the substance and its cost is small, but gradually with the occurrence of the phenomenon of tolerance, to experience the same level of euphoria, more levels of the substance must be consumed, and as a result, financial problems to supply the substance gradually arise. Motivational interviews with patients at the beginning of treatment and informing about the reality of addiction in social media and schools can convey the concepts that: pleasant results are often limited to the first few times of use and with the passage of time, in order to get the same effects as before and to get rid of the withdrawal symptoms, you will have to increase the amount of substance, and you will be away from family, friendship, work and social relationships. The second theme is the lack of companionship in the treatment. Sometimes the patient sees himself at a distance from the therapist and communicates with him in a kind of suspicion. In the concept of psychoanalysis, it can be considered as resistance or negative transference towards the therapist. Resistance is sometimes created before the first treatment session and may be aggravated by seeing the treatment frame, such as the specific time for the session, the existence of costs and other treatment rules (19). It is important to ask the patient about the feeling towards the therapy in the sessions, and if the patient does not adhere to the treatment contracts, to analyze it. It is suggested that doctors address common goals at the beginning of treatment and improve the therapeutic alliance through empathic communication. The exact method of using methadone, cleaning the environment from substances and devices related to the use, or weekly tests and any other treatment contract should be adjusted according to the patient's physiological and psychological capacity and checked with him/herself. Teaching the principles of treatment and professional communication to physicians and psychiatrists can help reduce this problem.

The third theme is treatments that are far from reach. This includes physical distance from medical centers and financial problems.

This finding is in line with the results obtained by Rapp et al, under the title of Poor Treatment Availability (11).

Increasing the number of medical centers, especially in villages and small towns, providing insurance services for addiction treatment and government welfare support for low-income people, and facilitating commuting to medical centers or online therapies (for people who are at a distance) can be helpful ways.

The fourth theme is Ignorance or bad thinking about treatment. The wrong information that an addict person gets from other addicts and not having enough knowledge can be solved to some extent by education in schools, universities, support groups and social media. Based on the qualitative findings in this article, this training should include the following:

- Substance use disorder is a disease, not an easy condition that a person can easily get rid of by his own will.
- Methadone is a standard medication for maintenance therapy and often does not have dangerous side effects even in long-term use. Methadone is a treatment for addiction, not a continuation of addiction of another kind!
- It is necessary to weigh the benefits and harms of substance use and help the person to see the delayed consequences of consumption along with its pleasant but temporary effects.
- Having a substance use disorder requires treatment, so shame and embarrassment about it and not going to a medical center not only do not help to solve the problem, but also delays the treatment. Raising awareness to reduce stigma is important for timely treatment of mental disorders, especially substance use disorder. The criminalistic approach towards addiction by the government agencies and the police needs to be adjusted with scientific views and instead of an irreparable disaster that must disappear quickly, addiction should be considered a disorder that has a unique mechanism and a special formation process. It is necessary to be evaluated and treated in a professional treatment environment.

The fifth theme is a bag of unpleasant events that leave no room for treatment. In addition to addiction, there are other problems in a person's life that may prevent them from receiving timely treatment. First of all, there are other psychiatric disorders that cause severe crises in a person's life. This condition keeps the person away from pursuing treatment. Depression is accompanied by a decrease in energy and motivation, which prevents going to the doctor. Severe anxiety can cause mental tension and a person can find temporary relief from it by taking drugs. It is necessary for doctors to be familiar with the clues of psychiatric diseases and to refer such cases to the mental health staff in the initial stages.

Physical pains or disabilities due to various medical conditions are one of the obstacles for timely treatment. Pain and illness attract a person's attention and awareness, and substance use can help reduce pain. In fact, not only is a person not in a healthy state to quit, but with use, his pain is temporarily relieved.

Sometimes, legal problems for people with substance use disorder lead to imprisonment, exile or heavy financial compensation, which leaves no chance for treatment. Treating drug-involved offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behavior. Emerging neuroscience has the potential to transform traditional sanction-oriented public safety approaches by providing new therapeutic strategies against addiction that could be used in the criminal justice system (20)

Therefore, it is suggested:

- Assistance and consultation services with a lawyer or legal expert should be given to these people.
- Teaching legal issues and informing people about behaviors that are considered crimes in law.
- Cooperation between legal and judicial institutions with medical institutions to offer treatment in a respectful way to people with substance use disorder who have criminal behaviors with the aim of preventing its escalation and receiving appropriate treatment.

Finally family problems including divorce, settlement and domestic violence (whether a person is a violent person or a victim) is one of the obstacles to treatment. Aggression and frequent fights, lack of organization of family and Tense atmosphere in the house prevents addiction treatment at the right time. In these cases, it is necessary to be aware of the existence of communication problems in the first steps, where the problem can be solved and treated more easily. Having a systematic and integrated view of addiction helps the therapist to consider the importance of marital and family relationships in the process of addiction prevention and treatment. This qualitative study has limitations, such as the fact that the studied population is only men, and its results cannot be used for the population of women with substance use disorders. Another limitation is that the study was conducted in a rehabilitation camp, while a large population of people with substance use disorders are treated on an outpatient basis and are involved in mild or moderate forms of addiction. It is suggested that this research be conducted in a wider population, especially women.

## Conclusions

Findings of the study showed that in order to facilitate the process of quitting addiction for men, factors such as individual motivation with a proper understanding of the harmful reality of addiction, education about the existence of treatment with few side effects and de-stigmatization, availability of treatment centers, treatment of medical disorders and physical pain, financial and insurance support for treatment, training professional therapists are necessary for a better outcome.

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