

## CARE PROVIDERS AND PATIENTS' INSIGHTS ON IMPROVING SERVICE DELIVERY IN PUBLIC AND PRIVATE SUBSTANCE USE DISORDER TREATMENT CENTERS IN KADUNA, NORTHERN NIGERIA

by

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### Abstract

*Nigeria's substance use/disorder treatment landscape is characterized by a myriad of challenges. This quantitative study explored the perceptions of care providers and patients across public and private centers in Kaduna State regarding strategies that patients, management and government can implement to improve substance use disorder treatment service delivery. The study employed a cross-sectional descriptive research design and randomly sampled 86 care providers and 144 patients. Data was generated via questionnaire and analysed descriptively. The findings revealed that care providers emphasized the need for facility management to enhance human resources, compensation and staff welfare while patients irrespective of facility type prioritized establishment of aftercare support group (24.8% in public centers and 38.7% in private centers). Furthermore, 18.6% of patients in public centers sought for improved staff- patient relationship whereas (25.8%) in private centers emphasized participatory decision making in care process. The findings also highlighted that, care providers in public centers primarily advocated for government interventions in enhancing staffing capacities and reducing treatment cost. In contrast, care providers in private centers stressed the need for regulatory oversight and enforcement. Patients across both public and private centers uniformly advocated for increase access to treatment and rehabilitation centers as well as subsidized treatment cost. The study concludes that, combined insight from care providers and patients' provide multifaceted strategies that are center specifics while emphasizing the need for patients-centered care, staff development and government support. The study recommends the implementation of the care provider enabled and patient-needs centered suggestions derived from the study.*

**Keywords:** care providers, patients, treatment, service delivery, substance use disorder.

## 1. INTRODUCTION

Substance Use Disorder (SUD) is a complex condition marked by sustained and heavy use of psychoactive substances over time resulting in profound changes in the brain structure and function which leads to neurobiological adaptation, physiological alteration and behavioural manifestation as well as adverse social consequences, ultimately contributing to increased burden of disease and mortality (Rehm, Marmet, Anderson, Nutt & Room et al., 2013) which poses significant threat to public health.

The global prevalence of substance use disorder has exhibited a concerning upward trend, increasing from 30 million in 2018 to 36 million in 2020 (United Nation Office on Drugs and Crime (UNODC, 2021). Nigeria bears a disproportionate burden of SUD with an estimate of 14.3 million substance users, of which approximately 20% meets the diagnostic criteria for SUD (National Bureau of Statistics/UNODC, 2018). This alarming prevalence underscores the significant the substance related harms, morbidity and mortality affecting the country.

Regional disparities in substance misuse prevalence are notable with northern region reporting rates ranging from 10 percent to 14.4 percent (National Bureau of Statistics/UNODC, 2018). Kaduna State in particular, exhibits a relatively high prevalence of psychoactive substance use among youths, with an estimated 10 percent prevalence rate translating to 462,000 users. Although the southern region of Nigeria has a higher prevalence rates of 13.8 percent to 22.4 percent (National Bureau of Statistics/UNODC, 2018), the adverse consequences of substance misuse in northern Nigeria pose a significant threat to human security and development in the region.

It is well-established that quality treatment for SUD is important in addressing substance misuse, promoting abstinence and enhancing individuals' health, economic productivity, public safety and societal development (Obot, 2015; Burkinshaw, Knight, Anders, Eastwood & Musto et al. 2017). However, Nigeria's substance misuse/disorder treatment landscape is characterized by a myriad of challenges such as high prevalence rate of substance misuse, inadequate access to treatment with only 4 percent of estimated 376,000 high risk drug users receiving treatment (UNODC, 2017 and National Bureau of Statistics/UNODC, 2018), additional concerns include patients lack of continuity with treatment, insufficient qualified staff (Ezenwa, 2020), alarming high relapse rates ranging from 23 percent to over 50 percent (Okon & Inuk, 2021; Okonkwo, Onyedibe, Okeke, & Agoha, 2020).

Also, the absence of professionalism, inadequate supportive treatment setting and recovery programs (Onifade, Somoye, Ogunwobi, Ogunwale, & Akinhanmi et al., 2011; Obot, 2015; Njoku, Harvey & Jason, 2017) exacerbate the challenges. Gaps in service availability, cost of treatment, and stigma (National Bureau of Statistics/UNODC, 2018) also impede effective treatment outcome. Furthermore, the government's insufficient allocation of healthcare fund for substance use disorder management (Ilomuanya, Amaeze, Umeche, Mbata, Shonekan & Olajide, 2022) underscores the need for a comprehensive intervention in Nigeria's substance misuse/disorder treatment infrastructure to enhance service delivery and better treatment outcome.

Several strategies to strengthen SUD treatment such as integration of SUD treatment into primary healthcare, utilize tax generated from alcohol and tobacco company to fund SUD treatment (Jaguga & Kwobah, 2020), establish a care environment that creates space for patients to connect, engage in treatment (Englander, Priest, Snyder, Martin & Calcaterra, et al., 2020), provide specialist training and increased funding to subsidize cost of substance use disorder treatment (Ezenwa, 2020; Ilomuanya, et al., 2022). However, significant knowledge gap persists regarding the perspectives of patients and care providers on optimizing service delivery for SUD treatment.

Despite the crucial role of care providers and patients' insights in informing quality improvement initiatives, facilitating the identification of convergent and divergent perspectives and cultivating collaborative communication to enhance service delivery, empirical research has neglected to adequately investigate the insights of patients and care providers on how to improve substance use disorder treatment services in the study area. This knowledge gap impedes the development of targeted patient- centered and staff-enabled interventions aimed at enhancing service uptake, completion, patient satisfaction and treatment outcomes in the study area. This study explores the perceptions of care providers and patients regarding strategies that patients, management and government can implement to improve substance use disorder treatment services.

## 2. METHODS

The study was conducted in Kaduna State across four purposively sampled Substance Use Disorder Treatment and Rehabilitation Centers (SUDTRC), comprising two public centers (Federal Neuro-Psychiatric Hospital (FNPH) Barnawa DATER unit and NDLEA Drug Demand Reduction Unit Zaria) and two private centers (Health and Happiness Foundation Badarawa, and Benjamin Bisan Shekari Foundation Maraba Rido). The inclusion criteria for center selection were functionality and willingness to participate. The study comprised a random sample of 86 care providers, out of which 67 providers were from public centers and 19 from private centers. Furthermore, a total of 144 patients were randomly sampled with 113 patients from public centers and 31 from private centers. Quantitative data were collected via a questionnaire and analyzed using the Statistical Package for Social Sciences (SPSS) version 20 with descriptive statistics employed to summarize the data. Ethical approval for the study was obtained from Ahmadu Bello University Teaching Hospital, Zaria, Ethical Review Committee (ABUTHZ/HREC/F29/2021).

## 3. RESULTS

**Care providers and patients insights on how the management of centers can improve service delivery for SUD treatment.**

**Table 1: Care providers' insights on how management of centers can enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Increase manpower strength	19	28.4	4	21.1
Good remuneration and improved welfare of staff	15	22.4	5	26.3

Provide recreational and vocational centers	11	16.4	2	10.5
Provide more offices for staff and wards for patients	13	19.4	0	0.0
Enhance relapse prevention therapy training	2	3.0	6	31.6
Others	7	10.4	2	10.5
<b>Total</b>	<b>67</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>

An examination of the data presented in Table 1 reveals that, care providers in public centers identified several key areas for improvement. The most commonly cited suggestion 28.4% is the need for increased manpower strength, followed by demand for better remuneration and improved staff welfare 22.4% and the provision of additional office space 19.4%. In contrast, care providers in private centers prioritized enhanced training in relapse prevention therapy, 31.6%, followed by improved remuneration and welfare 26.3% and increased manpower strength 21.1%. These recommendations underscore the need for management to address staffing-related challenges, training needs and work condition issues in both public and private centers. Highlighting the importance of targeted interventions to optimize staff performance and overall service delivery.

**Table 2: Patients insights on how management of centers can enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Organize after-care support groups	28	24.8	12	38.7
Provide more sport centers,/ vocational training	19	16.8	5	16.1
Improve staff-patients relationship in facility	21	18.6	0	0.0
Improve feeding and facility maintenance	20	17.7	0	0.0
Employ more competent staff	17	15.0	3	9.7
Enhance patients participation in decision making	0	0.0	8	25.8
Others	7	6.2	3	9.7
<b>Total</b>	<b>113</b>	<b>100.0</b>	<b>31</b>	<b>100.0</b>

Suggestions proffered by patients in Table 2 reveals that establishment of aftercare support group was a priority for patients in both public and private centers. However, distinct suggestions were made across the facility type. In public centers, patients prioritize the establishment of aftercare support groups 24.8%, followed by improve staff- patient relationship 18.6%, and improve feeding and facility maintenance 17.7%. Likewise, patients in private centers emphasized the importance of after-care support groups 38.7%, enhanced patients participation in decision-making process pertaining to their care 25.8%, and vocational training 16.1%. The suggestions

underscore the need for management to focus on facilitating holistic care and support systems, both during and after treatment, to optimize treatment outcome and promote sustained recovery.

### Care providers and patients' insights how patients can improve service delivery for SUD treatment.

**Table 3: Care providers' suggestions on how patients can enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Adherence to treatment plan/advice/ follow-up visits	36	53.7	5	26.3
Increase motivation and willingness to change	15	22.4	3	15.8
Engage in positive and productive activity after treatment	7	10.4	4	21.1
Payment of bills promptly	6	9.0	6	31.6
Others	3	4.5	1	5.3
<b>Total</b>	<b>67</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>

An examination of the suggestions presented in Table 3 reveals notable differences in the perspective of care providers in public and private centers. In public centers care providers emphasize the importance of patients' adherence to treatment plans and advice, as well as regular follow up visits 53.7%, followed by the need for increased motivation 22.4%. In contrast, care providers in private centers, prioritized patients prompt payment of bills 31.6%, while emphasizing the importance of adherence to treatment plans, advice and follow-up visits 26.3%. These findings suggest that, while financial considerations are a prominent concern in private centers, adherence to treatment plans and advice are universally emphasized requirement across both public and private centers, highlighting the need for patients to take active role in their recovery process.

**Table 4: Patients suggestions on how they can enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Abide by facility rules/treatment instruction	34	30.1	6	19.4
Increased motivation and willingness to change	51	45.1	15	48.4
Put into practice what has been learnt	22	19.5	8	25.8
Others	6	5.3	2	6.5
<b>Total</b>	<b>113</b>	<b>100.0</b>	<b>31</b>	<b>100.0</b>

Data presented in Table 4 reveals that patients in both public and private centers identify similar factors as crucial for successful treatment outcomes. Notably, the majority of patients in private centers 48.4% and a significant proportion in public centers 45.1% emphasize the importance of motivation and willingness to change. Additionally, patients in public centers highlight the need to adhere to facility rules and treatment instructions 30.1%, while those in private centers stressed the importance of applying learned skills and knowledge in practice 25.8%. These findings suggest that patients across both settings recognize the significance of intrinsic motivation, treatment adherence and practical application of skills in facilitating successful recovery and treatment outcome.

### Insights on how the government can improve service delivery for SUD treatment.

**Table 5: Care providers' suggestions on what government can do to enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Regulatory provision to curtail unprofessional Treatment	6	9.0	9	47.4
NHIS coverage for all psychotropic substance use treatment/rehabilitation	12	17.9	0	0.0
Provide more treatment centers/create awareness about treatment of addiction	7	10.4	3	15.8
Employ, train, retrain and improve staff Welfare	25	37.3	0	0.0
More funding	8	11.9	0	0.0
Enforcement of drug law and prevention of substance use in the society	5	7.5	5	26.3
Others	4	5.9	2	10.5
<b>Total</b>	<b>67</b>	<b>100.0</b>	<b>19</b>	<b>100.0</b>

Table 5 reveals distinct differences in the suggestions proffered by care providers in public and private centers. In public centers, care providers primarily advocate for government interventions in enhancing staffing capacities and reducing treatment cost with 37.3% proposing employment, retraining and improved welfare for staff and 17.9% recommending National Health Insurance Scheme coverage for psychotropic substance use treatment/rehabilitation. In contrast care providers in private centers emphasized the need for regulatory oversight and enforcement, with 47.4% recommending provisions to curb unprofessional treatment practices and 26.3% advocating for stringent enforcement of drug laws and prevention initiatives. The finding suggest that care providers in public centers prioritize government support for staffing and cost reduction whereas those in private centers focus on regulatory measures to ensure quality treatment and enforcement of drug laws.

**Table 6: Patients suggestions on what government can do to enhance service delivery**

Suggestions	Public centers		Private centers	
	f	%	f	%
Effective monitoring and evaluation of centers	24	21.1	5	16.1
Provision of more treatment and rehabilitation centers	54	47.8	9	29.0
Subsidize cost of treatment	28	24.8	15	48.4
Others	7	6.2	2	6.5
<b>Total</b>	<b>113</b>	<b>100.0</b>	<b>31</b>	<b>100.0</b>

An examination of data presented in Table 6 reveal that patients in both public and private centers prioritize geographical accessibility and affordability of treatment in their suggestion for improvement. Specifically, the majority of patients in public centers 47.8% advocate for an increase in the number of treatment and rehabilitation centers, followed by subsidized treatment cost 24.8%. Similarly, patients in private centers emphasized the need for subsidized treatment cost 48.4%, and the provision of additional treatment centers 29.0%. These findings suggest that regardless of the facility type, patients primary concerns center on enhancing the accessibility and affordability of treatment services, highlighting the need for policymakers to address these critical issues.

#### 4. DISCUSSIONS

This study's findings concord the consensus among care providers in public and private centers regarding the need for management of centers to enhance human resources, compensation and staff welfare to improve service delivery. While public centers require additional office space, private centers necessitate training in relapse prevention therapy. The finding on human resource development is in line with the submission of Ezenwa (2020). Implementing these recommendations can bolster staff motivation, productivity and overall quality of care, leading to more effective treatment outcome for substance use disorder. The implication of human resource development is enhanced motivation and productivity. Infrastructural development such as additional office spaces will enhance the physical work environment and workflow. Specialized training required by care providers in private centers will enhance staff capacity to deliver evidenced based interventions.

Nonetheless, the study reveals discordance between patients' and care providers perspective on what management of centers need to do to enhance service delivery. Patients in both public and private centers prioritized provision of after-care support group after treatment. This suggestion implies that establishing linkages after treatment with peer support groups will enhance treatment outcome for SUD. However, they suggested distinct aspect of care for improvement. Patients in public centers sought improved staff- patient relationship, enhanced feeding services and better facility maintenance whereas patients in private centers emphasized the importance of participatory decision making process and vocational training opportunities. These patient centered suggestions reflect Englander, Priest, Snyder, Martin & Calcaterra, et al., (2020) recommendations. The finding underscores the importance of incorporating patients' perspective into service delivery initiatives, ensuring that care is tailored towards their needs and preference. The study result highlights center specific interventions.

The study's findings elucidated the perspectives of care providers and patients regarding patients' roles in enhancing service delivery. Care providers across facility types emphasized the importance of patients' adherence to treatment plans, regular follow up visits. However, the need for prompt payment of bills was highlighted in private centers whereas public centers stressed increased motivation. Notably, patients in both facility types corroborated the importance of motivation while also emphasizing the need for adherence to facility rules and treatment instructions in public centers, and applying learned skills and knowledge in practice in private centers. The findings underscore the crucial role of patient motivation in enhancing treatment outcomes and service delivery.

The findings of the study on government intervention to enhance service delivery revealed that, care providers in public centers primarily advocated for government interventions in enhancing staffing capacities and reducing treatment cost. In contrast, care providers in private centers stressed the need for regulatory oversight and enforcement. Patients across both public and private centers uniformly advocated for increase access to treatment and rehabilitation centers as well as subsidized treatment cost. The finding on the need for subsidized cost of treatment for SUD aligns with Ilomuanya, et al., (2022) submission. The findings implies that government investment in treatment resource both human and infrastructure, improve funding to enhance access to care and regulatory oversights are avenues for interventions to improve service delivery.

## **5. CONCLUSION AND RECOMMENDATIONS**

This study highlights the disparate insights of care providers and patients as well as variations across facility types, regarding strategies to enhance service delivery for SUD treatment. While patients emphasized care environment and process aspects such as network support, motivation, staff-patient relationship, feeding, vocational training opportunities, participatory care and accessibility of care. Care providers focused on human resource development in aspects such as welfare, compensation and training. Enhanced regulatory oversights and prompt payment of bill are peculiar suggestions in private centers. There was a general consensus among care providers and patients on the need for patients' adherence to treatment plans /follow up visits. The study concludes that, integrating insights from care providers and patients' yields multifaceted strategies that are center specifics which take into consideration the needs of care providers and patients to enhance substance use disorder treatment service delivery. The study recommends that to optimize care, facility management, patients and government should implement the patient-center needs and staff-enabled suggestions offered. Patients need to establish and sustain motivation through personalized goal-setting and progress monitoring while care providers can utilize motivation enhancement strategies. Treatment facilities need to collaborate with non-government organizations to establish after-care support group for patients to enhance post treatment recovery. Furthermore, government funding and regulatory mechanisms are crucial for ensuring standard quality, accessibility, affordability and human resource development. Further research can explore the views of patients' significant others to inform improved SUD treatment service delivery.

## REFERENCES

- Burkinshaw, P., Knight, J., Anders, P., Eastwood, B., Musto, V., White, M., & Marsden, J. (2017). Evidence review of the outcomes that can be expected of drug misuse treatment in England. [www.gov.uk/phe](http://www.gov.uk/phe)
- Englander, H., Priest, C. K., Snyder, H. Martin, M., Calcaterra, S., Gregg, J. (2020). *Journal of hospital medicine*, 15(3), 184-186. DOI 10.1788/JHM.3311.
- Ezenwa, M. (2020). Curriculum development for addiction studies in Nigeria. *SOLACE*, 3, 3-4.
- Iloмуanya, M., Amaeze, O., Umeche, C., Mbata, U., Shonekan, O., & Olajide, A. (2022). Direct medical cost of treating substance use disorder in two tertiary hospitals in South West Nigeria. A cross-sectional study. <https://doi.org/10.1155/2022/6320141>
- Jaguga, F., & Kwobah, E. (2020). A review of public sector treatment and prevention system in Kenya. *Substance abuse treatment prevention and policy*, 15:47. <https://doi.org/10.1186/s13011-020-00291-5>
- National Bureau of Statistics/ United Nations Office on Drugs and Crime. (2018). *Nigeria Drug Use in Nigeria*. [https://www.unodc.org/documents/nigeria/Drug\\_Use\\_Survey\\_Nigeria\\_2019\\_BOOK.pdf](https://www.unodc.org/documents/nigeria/Drug_Use_Survey_Nigeria_2019_BOOK.pdf)
- Njoku, C. G. M., Harvey, R., & Jason, A. I. (2017). Substance use after care services in Nigeria proposing oxford house model. *GOUNI Journal of Management and Social Sciences*, 3(1), 1-10.
- Obot, S. I. (2015). Prevention and treatment of drug dependence in West Africa. *West Africa Commission on Drugs (WACD)*, Background Paper N0.2. [www.wacommissionondrug.org](http://www.wacommissionondrug.org).
- Okon, E. U., & Inuk, E. B., (2021). Prevalence of relapse amongst substance abused patients in federal neuropsychiatric hospital Calabar between 2015-2019. *International Journal of Research and Innovation in Social Sciences*, 5(5), 31-36.
- Okonkwo, C.C., Onyedibe, M. C., Okeke, N. A., & Agoha, B. C., (2020). Prevalence and socio-demographic factors for relapse among patients with substance use disorder among

patients in Lagos, South-West Nigeria. *Nigerian Journal of Psychological Research*, 16(1), 30-39.

Onifade, P. O., Somoye, E. B., Ogunwobi, O.O., Ogunwale, A., Akinhanmi, A.O., & Adamson, T. A. (2011). A descriptive survey of types, spread and characteristics of substance abuse treatment centers in Nigeria. *Subst Abuse Treat Prev Policy*, 6(25), 1-10.

Rehm, J., Marmet, S., Anderson, P., Nutt, D.J., Room, R., & Gmel, G. (2013). Defining substance use disorder: Do we really need more than heavy use? *Alcohol and Alcoholism*, 48(6), 633-640.

United Nations Office on Drugs and Crime (2021). *World drug report 2021*.  
[https://www.unodc.org/documents/wdr2021/World\\_Drug\\_Report\\_2021.pdf](https://www.unodc.org/documents/wdr2021/World_Drug_Report_2021.pdf)

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