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Analysis of Public and Private Treatment Services for Substance Use Disorders in Kaduna State, Nigeria

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Abstract

Inappropriate use of substances, also known as substance abuse, especially among youths constitutes a problem globally. The trajectory of substance abuse exposes individuals to various health problems and disorders. To this end, the provision of treatment services is considered an important measure towards addressing the side effects of the inappropriate use of substances. Focusing on Kaduna State, Nigeria, this study analyzes public and private facilities available for individuals facing substance use disorders. The study employed quantitative and qualitative data collection methods, with the administration of questionnaires and in-depth interview guides to respondents and research participants in selected treatment facilities. Copies of questionnaires were administered to eighty-six staff while in-depth interviews were conducted on eight (8) staff of the selected treatment facilities. The study leverages Talcott Parson's social system theory to explain the subject matter. Findings from the study revealed that the selected facilities provided evidence-based psychosocial treatment services to the victims of substance abuse. In addition to other medical services provided by public and private treatment facilities, findings revealed that public facilities provided HIV/AIDs services than private facilities. Unlike private treatment facilities, the study discovered that wraparound services (such as vocational training) are minimally provided by public facilities. Despite the importance of supportive services towards optimal rehabilitation of victims of substance abuse, the study revealed that both public and private facilities neglect such services. The study therefore recommends strong collaboration among the existing treatment facilities towards the provision of optimal skills and rehabilitation of victims of substance abuse and its associated disorders.
Keywords: Challenges, disorders, facilities, psychosocial treatment, public and private treatment services, supportive services

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Introduction

Much knowledge exists on the prevalence, drivers and consequences of substance abuse in different contexts. However and to the best of the authors, little is known about the substance use disorder treatment services. To this end, this study is designed to fill the existing gap in knowledge. Substance use disorder is associated with health challenges such as HIV/AIDS, hepatitis, cardiovascular diseases (UNODC, 2015) and mental illness (Okpataku, Kwanashies, Ejiofor, & Olisah, 2014). Substance use disorder is also associated with youths increased involvement in criminal activities, violent confrontation, and social vices (Nigeria Stability and Reconciliation Programmes/International Alert, 2017; Adenugba & Okeshola, 2018), as well as increased breakdown in family relationships, accidents, and drug-induced deaths. In addition, the challenges associated with Substance Use Disorders (SUDs) in sub-Saharan Africa have been estimated to increase by 130% by 2050 (Charlson, Diminic, Lund, Degenhardt, & Whiteford, 2014). Despite this revelation, Salwan and Katz (2014) reported that SUD treatment and prevention services in the region remain under-resourced, making the treatment gap high

Considering the consequences of substance use disorder on individuals and society, the provision of treatment by assigned institutions is considered an intervention towards neutralizing the ugly trend. Burkinshaw et al. (2017) maintained that the provision of treatment provides help towards achieving abstinence, improving health and quality of life, and reducing mortality associated with substance use disorder. Obot (2015) also opined that the provision of treatment services to victims of substance abuse reduces crime rates and other vices associated with drug misuse. Therefore, treatment benefits individuals, and society and serves as a vital component in the fight against substance misuse disorders.

In Nigeria, public and private facilities provide services for patients with substance use disorder. Heinrich and Lynn (2002); Durcharme, Mello, Roman, Knudsen, and Johnson (2007); Edwards, Knights, and Flynn (2014) have established that facility characteristics such as ownership (public or private) are associated with staffing capacities and the extent to which treatment services are provided to individuals. Furthermore, a study of treatment facilities across the geo-political zones in Nigeria, including Kaduna State, by Onifade et al. (2011) revealed that services aimed at recovering and reintegrating clients were lacking. However, the extent to which these findings are applicable in Nigeria and Kaduna State in particular is yet to be empirically ascertained thereby necessitating the current study. In specific terms, the following objectives are examined: to compare the medical services provided by public and private facilities; to compare the psychosocial services provided by public and private facilities; and to compare the wraparound (supportive) services provided by public and private facilities.

Literature Review

Treatment services for substance use disorders begin with assessment, detoxification and withdrawal symptoms management, treatment of co-occurring psychiatric and general medical conditions and specific pharmacological and psychosocial treatments (American Psychiatric Association, 2010). The treatment programme consists of core and wraparound services. The core services focus mainly on diagnosis and treatment of substance use disorder. Examples of core services are assessment, psychosocial therapy, substance use monitoring, clinical and case management, pharmacotherapy, self-help/peer support groups, and aftercare. Wraparound services are supportive services that address problems that cannot be treated, and these services aim to facilitate clients' access to care, retention in treatment and recovery.

Wraparound services include childcare and family services, transportation, housing services, HIV/AIDS services, vocational/employment services, and financial, legal and educational services (Ducharme *et al*., 2007; National Institute on Drug Abuse, 2016).

Studies by Olanrewaju (2022) and Adayanfo et al. (2023) identified the prevalence coupled with vulnerability (social and environmental factors) of substance abuse among Nigerian youths. Similarly, Ibigbami et al. (2023) established a significant incidence of mental health challenges associated with substance use among adolescents. Orukwowu (2022) also affirmed the growing burden of drug abuse (such as cannabis, amphetamine, codeine, cocaine and heroin) among the younger population (18-27years), males, undergraduate and secondary school students, and commercial vehicle drivers despite several drug laws, policies and strategic plans to prevent it. Thus, Olajire (2020) surveyed one hundred and fifty-six (156) clients across three faith-based facilities in South West, Nigeria on the rehabilitation programmes provided. Data generated from the questionnaire were analyzed using descriptive statistics. Findings revealed that the majority (89%) of the respondents (clients) reported that educational services were not provided, while 96% of the respondents reported that accommodation after treatment was not provided for clients. Findings also revealed that vocational training and employment were not provided for clients as indicated by 96.2% and 94% respectively. Based on the findings, the study submits that the facilities did not provide services that ensure the social reintegration of clients. The study contributes to knowledge on the level of wraparound (supportive) services provided in private facilities. However, the sampling process was sketchy, as the study focused on private facilities. Thus, the extent to which the findings apply to public facilities is yet to be ascertained.

Onifade *et al.,* (2011), a descriptive nationwide study of sixty-two treatment facilities utilizing an online survey of care providers. Results revealed that, a significant distribution (93.8%) of facilities conducted intake assessment; more than half (56.2%) of the facilities did not use the Addiction Severity Index (addiction assessment tool) to assess clients. Findings also revealed that aftercare service was available in all facilities. Primary medical (75.0%) and psychiatric (62.5%) services were also provided to clients. In terms of wraparound services, it was reported that vocational training was provided by most facilities (43.8%), followed by housing and employment support (31.2%), while 25.0% of the respondents indicated that educational training and financial assistance were provided. The study concluded that there was a major gap in providing wraparound services by most facilities. Onifade et al., (2012), contributed to knowledge of some treatment services provided by facilities. Nonetheless, the study did not investigate if psychosocial treatment services were provided. In addition, Janson et al. (2024) identified barriers to SUD treatment to include financial barriers, limited availability of services, and geographic concentration of services in cities.

Substance Abuse and Mental Health Services Administration (2016) nationwide survey of treatment facilities in the United States of America reported that 99% of facilities offered assessment, 89% offered tests for substance misuse and monitored clients' substance misuse, screening for TB, HIV, hepatitis and sexually transmitted diseases were offered by 21% of facilities. Pharmacotherapy was provided by 57% of facilities, while aftercare services were offered by 86% of facilities. Counseling and relapse prevention therapy were also offered by 99% and 96% of treatment facilities, respectively. The study made a significant contribution to the existing knowledge on the subject matter. However, the study was limited to some core

services irrespective of the type of facility while neglecting wraparound and psychosocial services. Therefore, the current study compares wraparound and psychosocial treatment provided by public and private facilities.

Sereta *et al.,* (2016) study in Kenya, identified types of treatment services offered in ten (10) substance rehabilitation centres as follows; assessment (94.1%), counseling (91.1%), pharmacotherapy and medical services (82.6%), behavioural therapy (72.1%) and aftercare service (65.1%). Though, the study identified treatment services available in facilities, but did not indicate the types of behavioural therapies and supportive services provided. The current study addresses the identified gap, as well as compares the treatment services provided by public and private treatment facilities.

Ducharme et al. (2007) studied 754 treatment providers in the public and private sectors in the United States of America. The study found that about half (47.0%) of the facilities use the Addiction Severity Index tool in client assessment, with more public using the tool than private facilities. Most of the providers 63% indicated that 12-step groups were available and more prevalent among private facilities (71%). Comparatively, the study revealed that public facilities differ from private facilities in the provision of medical services and family therapy. Thus, public facilities provided employment, financial services as well as HIV/AIDS treatment than private facilities. The study concluded that, public facilities provided more treatment services than their private counterparts. However, it was revealed both public and private facilities did not meet the standard of an ideal model of comprehensive service delivery. More so, given the dearth of knowledge on a comparative assessment of treatment services provided by public and private facilities, it is important to undertake this study because treatment services provided are important in achieving abstinence and effective recovery from substance use disorder and its related challenges.

Theoretical Insight into the Subject Matter

The study is situated within the framework of Parson's social system theory, which emphasizes four major functions, namely adaptation, goal attainment, integration and latency that all social systems need to address to survive. The functions are referred to as the "functional imperatives" of social systems and, they form what is known as the "AGIL" model. The adaptation function is examined in this study. Adaptation is the process by which a social system acquires the necessary human and non-human resources needed for goal attainment (Parsons, 1960). The adaptation function of a treatment facility is to acquire resources that include (services, materials and finances) to respond to population needs and achieve treatment goals. This study interrogates the adaptation function of the facilities by comparing treatment services provided by public and private facilities.

The strength of the adopted theory lies in its capacity to examine various mechanisms put in place towards attaining the core goal(s) of treatment services centres such as human and material resources. The implication of the goal attainment function as indicated in the theoretical perspective is that the management of substance use disorders becomes feasible with the provision of facilities in various treatment centres towards service delivery to clients.

Methodology

The study was conducted in Kaduna State, Nigeria where substance misuse prevalence as of 2018 was 10% (National Bureau of Statistics/UNODC, 2018). The State also habours a model drug treatment centres/facilities. The treatment facilities are Federal Neuropsychiatric

Hospital (FNPH), Barnawa, Nigeria Drug Law Enforcement Agency (NDLEA) Drug Demand Reduction Unit, Zaria, Health and Happiness Foundation, Badarawa, and Benjamin Bisan Shekari Foundation, Maraba Rido. The first two facilities are public while the remaining two are private facilities. The study utilized primary data, which was elicited from staff in four (4) treatment facilities that were selected for the study. From a population frame of one hundred and six (106) staff, ninety-two (92) were sampled using Krejcie and Morgan's (1970) Table to determine sample size. Staff participants were selected using availability sampling. Available participants were recruited to the study until the sample size was exhausted. Questionnaires that contained open and close-ended questions were administered to staff. Qualitative data was elicited through an in-depth interview guide from eight (8) staff key informants that were purposively selected.

Permission to conduct the study was granted by the Ethical Review Committees of Ahmadu Bello University Teaching Hospital, Zaria as well as FNH, Barnawa and the other treatment centres. Respect and protection of the rights and dignity of participants were upheld as participation in the study was voluntary and based on informed consent. In addition, the utmost confidentiality and anonymity of participants were upheld. Quantitative data were processed using SPSS version 20. Descriptive statistics were used to analyze the data generated from eighty-six (86) retrieved copies of the questionnaire. Content analysis was used in analyzing qualitative data. In-depth interview data were transcribed and re-read several times for an in-depth understanding of participants' views. Afterwards, codes were created and major and minor themes were developed. Excerpts from interview data were presented in verbatim quotes and used to provide justification for assertion and amplify the standpoint of participants on key issues.

Presentation and Analysis of Findings

This section presents data on the socio-demographic attributes of the respondents, coupled with a comparison of substance use disorder treatment services provided by public and private facilities.

Socio-demographic Attributes of Staff Involved in the Study

Staff socio-demographic attributes analyzed were sex, age, length of service in the facility, work time schedule and monthly salary.

Table 1. *Staff socio-demographic attributes of staff in public and Private treatment facilities*

Socio-demographic attributes	Categories	Public facilities Freq. (%)	Private facilities Freq. (%)	Total Freq. (%)
Sex	Female	39(58.2%)	6(31.6%)	45(52.3%)
	Male	28(41.8%)	13(68.4%)	41(47.7%)
Total		67(100.0)	19(100.0)	86(100.0)
Age (years)	Below 25	6(9.0%)	2(10.5%)	8(9.3%)
	25-34	20(29.9%)	1(5.3%)	21(24.4%)
	35-44	26(38.8%)	9(47.2%)	35(40.7%)
	45-54	13(19.4%)	4(21.1%)	17(19.8%)
	Above 54	2(3.0%)	3(15.8%)	5(5.8%)
Total		67(100.0)	19(100.0)	86(100.0)
Work time schedule	Full-time	62(92.5%)	13(68.4%)	75(87.2%)
	Part-time	4(6.0%)	4(21.1%)	8(9.3%)
	Volunteer	1(1.5%)	2(10.5%)	3(3.5%)
Total		67(100.0)	19(100.0)	86(100.0)
Monthly salary	Less than N50,000	4(6.0%)	10(52.6%)	14(16.3%)
	N50,000-N99,000	6(7.0%)	6(31.5%)	12(14.0%)

	N100,000-N149, 000	26(38.6%)	1(5.3%)	27(31.4%)
	N150, 000-N199,000	5(7.5%)	2(10.5%)	7(8.1%)
	N200,000-N249, 000	5(7.5%)	0(0.0%)	5(5.8%)
	N250,000-N299, 000	9(13.4%)	0(0.0%)	9(10.5%)
	Above N300, 000	12(17.9%)	0(0.0%)	12(14.0%)
Total		67(100.0)	19(100.0)	86(100.0)

Source: Field survey, 2022.

The sex distribution of study participants in Table One reveals that females are more than males in public facilities as 58.2% are females while 31.8% are males. Meanwhile, in private facilities, significant numbers (68.4%) of the respondents were males while 31.6% were females. The results indicate that the sex category of staff varied between public and private treatment facilities. In terms of age distribution, the study reveals that staff who are between 35 and 44 years are most represented in both public and private facilities as represented with 38.8% in public facilities and 47.2% in private facilities. This implies that individuals in middle age receive treatment in both public and private facilities. This age category has more physical strength and ability to handle the pressure of clients' routine care and supervision during residency.

Concerning the work time schedule, findings reveal that most staff members (92.5%) in public facilities work full time, compared to 68.4% in private facilities. The prevalence of full-time work schedules in both public and private treatment facilities is due to the nature of care and supervision required in providing treatment services associated with substance use disorder.

The monthly salary of participants in Table One shows that most respondents (38.6%) in public treatment facilities earn between N100, 000 and N149, 000 while a few respondents 6.0% earn less than N50, 000 in a month. However, significant numbers of the respondents (52.6%) in private facilities, earn less than N50, 000 per month. The results imply that personnel in public treatment facilities are better paid than their counterpart in private facilities. The salary differentials between personnel in public and private treatment facilities imply motivation to work.

Treatment Services Provided by Public and Private Facilities in Kaduna State

Clients' intake assessment and the portfolio of services such as psychosocial treatment, medical services and wraparound services provided are examined in this section.

Table 2. *Type of standardized tool(s) used for clients' assessment*

Utilize standardized tools for addiction test	Public facilities		Private facilities	
	f	%	f	%
Yes	67	100.0	19	100.0
No	0	0.0	0	0.0
Total	67	100.0	19	100.0
Type of standardized tools used				
Addiction Severity Index tool	15	22.4	6	31.6

Alcohol, Smoking & Substance Involvement Screening Test	9	13.4	5	22.4
Alcohol Use Dependency Inventory Test/Substance Use Disorder (AUDIT/SUD)	13	19.4	4	21.1
ICD -10 Dependency criteria	12	17.9	3	15.8
Diagnostic and statistical manual of mental health disorder	7	10.4	0	0.0
Chemical dependency questionnaire	11	16.4	1	5.3
Total	67	100.0	19	100.0

Source: Field survey, 2022.

Table Two reveals that a standardised tool is used in assessing clients' addiction in both public and private treatment facilities. The addiction severity index tool is the most utilized assessment tool in public facilities as shown by 22.4% as well as 31.6% in private facilities. Results from the interviews aligned with the survey findings. The general view from key informants indicated that a standard tool is used for clients' assessment. The majority (six out of the eight) of the informants mentioned the addiction severity tool as the instrument used for assessing clients' addiction. Informants explained that the tool helps in knowing the level of addiction, socio-economic history of clients, addiction-related effects on clients and clients' suitability for the programme. The general view of informants in public facilities attested to the use of the standard tool for client assessments. Views from a participant are presented as follows:

> All clients before admission are assessed to ascertain the level of their addiction and their social and family history. Clients are assessed using the addiction severity index tool to determine the severity of the problem and their suitability for the type of service available in the facility (A male management staff, public facility 2).

Similarly, an informant in a private facility corroborated the views of an informant in public facilities as follows:

> The first step in determining the extent of a client's addiction problem is to assess it using a standard tool. The facility often uses the addiction severity index tool as well as other evaluation tools such as AUDIT/SUD to examine clients. No client is admitted without being properly assessed (A male staff, private facility, 1).

The statements above indicate that a standardized tool is used as a vital component in the admission process of clients in both public and private facilities. The use of standardized tools and in particular addiction severity index tool implies quality diagnosis of substance use disorder as well as compliance with standard 2.1.1 of the national minimum standard for drug dependence treatment in Nigeria, which requires the use of a standardized instrument for client assessment.

Table 3. Provision of Medical and Psychiatric Examination during Clients' Assessment

The proportion of clients that receive medical examination during assessment	Public facilities		Private facilities	
	f	%	f	%
More than 75% of clients	3	4.5	3	15.8
All clients	64	95.5	16	84.2
Total	67	100.0	19	100.0
The proportion of clients that receive psychiatrist or psychiatric nurse examination during the assessment	f	%	f	%
All clients	67	100.0	19	100.0

Total	67	100.0	19	100.0

Source: Field survey, 2022.

Table Three shows that 95.5% of respondents in public facilities and 84.2% in private facilities indicate that medical examinations are provided for all clients. Likewise, all clients are offered psychiatry examination during assessment in public facilities as well as in private facilities. The finding on the provision of medical and psychiatric examination for clients during assessment was corroborated by interview results.

The general view of informants was medical and psychiatric examination services were offered to clients before treatment commenced. Results from interviews results however revealed differences between public and private facilities with respect to where the services are provided. The provision of the service in a public facility is explained by an informant thus:

> In this facility, all clients undergo one-on-one consultation with our medical staff because we have the staff on the ground. They perform psychiatric, medical and addiction severity assessments before we commence treatment and while in treatment. We check clients for underlying health challenges and carry out psychiatric examinations because substance misuse affects various aspects of their health (A male staff, public facility 1).

However, in another public facility, due to a lack of staff that could perform such services, referrals are practiced. An informant explained as follows:

> …..there are no medical personnel like doctors, nurses or psychiatrists in the facility. So clients are referred to the teaching hospital for such service (A male management staff, public facility 2).

For private facilities, differences exist within the type of facilities. Informants in one of the facilities indicated that the services were available on site as shown in this statement "we have psychiatrists, a medical doctor as well as nurses that examine the clients during intake" (A male management staff private facility 1). On the contrary, in another private facility, clients are referred to other facilities for the service as revealed as follows:

> Medical doctors are not employed yet. So, we refer our clients to hospitals for medical, psychiatric or psychological examinations. Those that need psychiatric care are treated there before commencing rehabilitation here. When the need arises for such attention, the client is taken to the hospital (A male management staff at private facility 2).

Data from the qualitative and quantitative research instruments indicated that few public and private facilities offered the services on site while referrals were used when such services are not offered on site. The provision of medical and psychiatric examination for clients implies that treatment is not only targeted at stopping substance use, it also addresses health-related problems associated with substance misuse. The studied facilities complied with the requirement of the national minimum standard 2.1 which states that service users are assessed at the entry for all treatment needs (somatic, psychiatric, social) and standard 3.7.1 requires that service users are offered physical health examinations and screening for particular illnesses on entry to the facility and regularly.

Psychosocial Treatments Provided in Public and Private Facilities

This section presents the results of psychosocial treatments provided such as; Cognitive Behavioural Therapy (CBT) and Motivational Enhancement Therapy (MET) among others.

Table 4. *Psychosocial treatment provided in public and private facilities*

Psychosocial treatment	Treatment Provided	Public facilities f %	Private facilities f %	Total f %
Psychotherapy	Yes	64(74.4%)	7 (36.8%)	71 (82.6%)
	No	3(25.6%)	12(63.2%)	15(17.4%)
Total		67(100.0)	19(100.0)	86(100.0)
12-step facilitation therapy	Yes	67(100.0%)	17(89.5%)	82(95.3%)
	No	0(0.0%)	2(10.5%)	4(4.7%)
Total		67(100.0)	19(100.0)	86(100.0)
CBT	Yes	54(80.6%)	15(78.9%)	69(80.2%)
	No	13(19.4%)	4(21.1%)	17(19.8%)
Total		67 (100.0%)	19(100.0%)	86(100.0%)
MET	Yes	67(100.0%)	19(100.0%)	86(100.0%)
Family therapy	Yes	67(100.0%)	19(100.0%)	86(100.0%)
Relapse prevention therapy	Yes	67(100.0%)	19(100.0%)	86(100.0%)
Group counseling	Yes	67(100.0%)	19(100.0%)	86(100.0%)
Individual counseling	Yes	67(100.0%)	19(100.0%)	86(100.0%)
Continue/aftercare service	Yes	67(100.0%)	19(100.0%)	86(100.0%)

Source: Field survey, 2022.

Table Four above indicates that psychotherapy treatment is provided in public facilities rather than private facilities as shown by 74.4% in public facilities compared to 36.8% in private facilities. The provision of psychotherapy creates an opportunity to discover and treat other mental health conditions that induce substance misuse and address clients' negative and self-defeating thoughts that affect abstinence from drug use and recovery.

Findings from the interview revealed that the lack of psychologists is the reason psychotherapy is not provided in public and private facilities. An informant spoke as follows:

> Currently, we do not have a psychologist at the facility to offer psychotherapy sessions for the clients" (A female staff at a private facility 2).

Similarly, another informant shared the same view as he revealed that:

> There is no psychologist in the treatment team, so the facility does not offer the service" (A male management staff public facility 2).

Submission from the narratives indicates that the lack of specific specialists limits the type of treatment services offered by the available facilities in the study area.

On the provision of 12-step facilitation therapy, Table 4 shows that the therapy is provided in public facilities as indicated by 100% compared to 78.9% in private facilities. However, from the interviews, the general view of informants revealed that 12-step facilitation therapy is provided in public and private facilities. Informants indicated that clients are exposed to the principles of 12-step facilitation, which has to do with client acceptance of substance use disorder as a disease that can be arrested, enhancing clients' spiritual growth and maturity as they take into cognizance moral inventory of their wrongdoing. The narratives below explain better:

> When clients are in residency, we use the 12-step facilitation therapy which focuses on the acceptance of addiction, surrender to a higher power to help overcome addiction and self-restraint" (Male management staff, public facility 2).
>
> Self-help support groups that guide clients in recovery and lasting recovery such as Alcohol Anonymous, popularly known as AA are lacking at the community level"(A male management staff in private facility 1).

Table Four also reveals that cognitive behavioural therapy is provided in both public and private facilities as shown by 80.1% in public facilities compared to 78.9% in private facilities. The provision of this therapy indicates that treatment focuses on addressing clients' negative thoughts and attitudes, which are among the factors that influence depression and anxiety in clients. The findings also indicate that relapse prevention therapy is provided in both public and private facilities, as shown by 100.0%. The finding on the provision of relapse prevention therapy is supported by the information from interviews, as the general view of informants indicated that relapse prevention therapy is provided because clients' resumption of substance use sets the stage for substance use disorder challenges. The narratives below summarize the general view of informants in public facilities on the provision of relapse prevention therapy:

> Relapse prevention is a major treatment approach. We offer this service to enable clients to know the triggers for relapse and develop coping skills to avoid relapse (A male staff in public facility 2).

Similarly, the general view of informants in private facilities, aligned with the view of informants in public facilities on the provision of relapse prevention therapy as presented below:

> The facility provides relapse prevention therapy as a key treatment approach for clients, as addiction is a chronic disease that victims are prone to relapse. Clients are equipped with the necessary skills to identify the pitfalls for relapse, how to avoid such pitfalls and be assertive to prevent relapse (A male staff private facility 1).

Table Four further reveals that public and private facilities provide motivational enhancement therapy as shown by 100.0% respectively. The findings through the quantitative research technique were corroborated by the data gathered through interviews as presented below.

> On first contact with the clients and through the follow-up period, motivational enhancement therapy is provided because clients need to be motivated to stay for rehabilitation, give up drug use and develop a healthy lifestyle (A female management staff, public facility 1).

Likewise, informants in private facilities corroborated the view of informants in public facilities on the provision of motivational therapy as follows:

> Motivational enhancement therapy is one of the essential services we provide for clients during residency and aftercare follow-up. Motivation is necessary for change and self-development of the clients as some clients are often in denial of their problem and adopt a defensive approach (A management staff, private facility 1).

The above statements suggest that motivational enhancement therapy is instrumental at all stages of treatment to spur clients' interest in commencing treatment, retention in treatment as well as achieving positive change in clients' substance use and well-being after treatment.

Table Four also shows that family therapy is offered in public and private facilities, as shown by 100%. The general view from informants in public and private facilities was that family therapy is provided by facilities to strengthen broken relationships due to substance misuse and for clients to get the support needed to overcome substance misuse and issues associated with it. The general view of informants in public facilities which affirmed the provision of family therapy is expressed by an interviewee thus:

> Some clients create erroneous impressions about their parents and addiction has affected family relations. So we offer family therapy occasionally where the clients and their

families will be present to enhance family relationships which is essential for the support needed during recovery (A male management staff public facility 2).

Also, in private facilities, informants shared similar views with those in public facilities on the provision of family therapy as presented as follows:

> We offer family therapy often for clients and their family members. Addiction problems affect the whole family. At the onset of treatment and rehabilitation, both clients and parents bottle up their feelings, but through family therapy, they open up and relate better among themselves (A male management staff, private facility 1).

Inference from the information above suggests that family therapy seeks to enhance family relationships, which frequently is adversely impacted by the addiction of a family member. The provision of family therapy will influence a healthy environment in the family, and enhance recovery support.

As shown in Table Four, individual and group counseling are provided in public and private facilities as indicated by 100.0% respectively. The provision of individual and group counseling implies that the benefits of the two forms of counseling are maximized. The in-depth understanding of clients' experiences in individual counseling and mutual support and connection among clients in group counseling are the benefits of the two types of counseling. Table Four also shows that continue/aftercare service is provided in both public and private facilities as revealed by 100% respectively. The provision of aftercare service is very critical in the rehabilitation of clients to sustain the effort made before they are discharged and to monitor progress made after treatment as well as challenges experienced by clients. The findings therefore revealed that to a large extent, both public and private facilities complied with standard 3.8 of the national minimum standard for the treatment of drug dependence in Nigeria which requires that psychosocial services, including counseling are provided.

Medical Services Provided by Public and Private Facilities

Results on the provision of detoxification and withdrawal symptoms management, and screening for hepatitis, tuberculosis, and HIV by public and private facilities are presented in this section.

Table 5. *Medical services provided in public and private facilities*

Medical service	Medical Services Provided	Public facilities f	Public facilities %	Private facilities f	Private facilities %
Detoxification/management of withdrawal symptoms	Yes on site	64	94.5	0	0.0
	Yes on referral	3	5.5	19	100.0
Total		67	100.0	19	100.0
Monitoring drug use	Yes on site	67	100.0	19	100.0
Hepatitis test	Yes on site	64	94.5	0	0.0
	Yes on referral	0	0.0	19	100.0
	Service not provided	3	5.5	0	0.0
Total		67	100.0	19	100.0
HIV test	Yes on site	64	94.5	6	31.6
	Yes on referral	3	5.5	10	52.6
	Service not provided	0	0.0	3	15.8
Total		67	100.0	19	100.0
Screening for tuberculosis	Yes on site	64	94.5	0	0.0
	Yes on referral	3	5.5	19	100.0
	Service not provide	0	0.0	0	0.0
Total		67	100.0	19	100.0

Source: Field survey, 2022.

Table Five reveals that detoxification and withdrawal management are provided on-site in public facilities as shown by 94.5% while the service was offered through referral in private facilities as shown by 100%. The practice ensures that clients' body is cleansed from the toxicity of drugs to make them fit for treatment. Findings also show that public and private treatment facilities monitor drug use on-site as shown by 100%. This practice enables care providers to ascertain the type of substance used and the level of toxicity in clients, which guides in treatment plan. Table Five indicates that hepatitis test is provided in public facilities on site as shown by 94.5% and through referral in private facilities as shown by 100.0%. Public facilities perform HIV tests on-site as shown by 94.5% while in private facilities, it is provided through referral as shown by 52.6% but 15.8% of respondents indicate that the service is not provided. The results suggest that public facilities provide HIV tests than private facilities. The inability to provide HIV tests is a setback in addressing the spread and management of HIV/AIDS in this vulnerable population. In addition, Table 5 shows that tuberculosis test is provided in public facilities on site, as shown by 94.5% whereas in private facilities, the test is carried out through referral as shown by 100.0%.

The medical services provided by public and private facilities imply that co-occurring diseases associated with substance use disorder were being treated alongside substance use disorder. By providing medical services, public and private facilities comply with standard 3.7.2 of the national minimum standard for drug dependence treatment in Nigeria which requires that treatment and care for blood-borne and other infectious diseases (especially HIV/AIDS, hepatitis and tuberculosis) is available at the facility or by referral.

Wraparound Services Provided by Public and Private Facilities

This section presents results on employment/income generation support or linkages, educational/ vocational training support or linkages, and housing/shelter support or linkages provided by facilities.

Table 6. *Wraparound services provided by public and private facilities*

Wraparound services	Wraparound services provided	Public facilities		Private facilities	
		f	%	f	%
Employment/income generation support or linkages	No	67	100.0	19	100.0
Educational/vocational training support or linkages	Yes	3	4.5	0	0.0
	No	64	95.5	19	100.0
Total		67	100.0	19	100.0
Housing/shelter support or linkages after rehabilitation	Yes	0	0.0	8	42.1
	No	67	100.0	11	57.9
Total		67	100.0	19	100.0
Other wraparound services	Community Outreach	38	56.7	11	57.9
	Visitation to schools for drug education and prevention	15	22.4	5	6.3
	Others	4	5.9	1	5.3
	No response	10	14.9	2	10.5
Total		67	100.0	19	100.0

Source: Field survey, 2022.

Table Six shows that neither public facilities nor private facilities provide employment/income support or linkage services as indicated by all respondents 100.0%. The inability of the

facilities to support or link clients to this service implies a missed opportunity to address unemployment, which is a risk factor for involvement in substance use. The finding of the survey is corroborated by the interview results. The general view of informants was there was no employment/income generation support or linkages for clients in public and private facilities. Informants indicated that clients' families were advised to take up the responsibility. The general view of informants in public and private facilities on the lack of employment and income generation services is presented as follows:

> Employment or linking of clients to any income generation service is not done in the facility. We advise the clients and their family members to ensure that clients are engaged productively after treatment (Male management staff, public facility 2).

Table Six also shows that 95.5% of respondents in public facilities indicated that educational/vocational training support or linkages services are not provided while all the respondents in the private facilities submitted that educational/vocational training support or linkages services are absent. The lack of these services implies a gap in treatment programmes that are meant to support the economic enhancement of clients during recovery. Interview results also aligned with the finding on lack of education/vocational training. The major view of informants revealed that continued education or vocational training is not provided. The reason offered by informants for the lack of vocational training was financial constraints.

The major view of informants in a public facility on the lack of a vocational programme is presented as follows:

> There is no vocational training now as soon as the facility meant for it is ready, we hope to commence. We do not provide educational linkages for clients. Clients' family members are advised to assist them by ensuring that those who drop out continue their schooling (A female management staff, public facility 1).

However, a divergent view by informants in another public facility revealed that vocational training is provided through linkages with non-governmental organizations. The provision of vocational service is conveyed thus:

> We do not provide educational support or linkages for the clients, but we link clients with an NGO for vocational training where they can learn shoe/bag making, tailoring, baking, and the like. We also have computers for training clients, but most of the clients are not interested in any training (A male management staff, public facility 2).

Clients' lack of interest in vocational activities identified in the statement above suggests a need for alternative skill acquisition programmes besides what was offered to clients.

On the contrary, the general views of informants in private facilities indicate that neither educational nor vocational training support nor linkages are provided as revealed by an informant:

> the facility has not put in place any type of vocational training and we do not provide educational support" (A male managements staff, public facility 2).

Table Six also reveals that housing support service after treatment is not provided in public facilities, as shown by 100.0% and 57.6% in private facilities. Lack of housing support service for clients after discharge indicates a gap in enhancing clients' recovery environment. The outreach program is a major supportive service provided by public and private facilities as shown by 56.7% and 57.9% respectively. Through this service, the public was educated and

enlightened on the consequences of substance misuse and on how facilities can reach out to individuals with substance use disorder and those in need of care.

Results on wraparound services showed that the services were minimally provided by public and private facilities. The extent to which wraparound services were provided indicated a low level of compliance with the national minimum standard for drug dependence treatment in Nigeria regarding standard 3.11 which requires that support for access to housing services is provided as well as standard 3.12 demands that vocational training is offered on-site or upon referral. The implication of a lack of supportive services is an increased risk for relapse. This is because the supportive services were meant to address the relapse-related risk that emanates from unemployment and residences characterized by the high prevalence of substance misuse, which are risk factors for relapse.

Discussion

Findings from this study revealed that intake assessment is performed with standardized addiction assessment tools in both public and private treatment facilities. This implies that both public and private facilities adopted evidenced-based approaches in evaluating clients' substance use disorder problems. Findings also revealed that both public and private facilities provide psychosocial treatments, such as motivational enhancement therapy, cognitive behavioural therapy, family therapy, relapse prevention therapy, individual, and group counseling, as well as aftercare/continuing care. The findings are in line with a previous study in the USA by the Substance Abuse and Mental Health Services Administration (2016), which implies that evidenced-based services are provided in public and private treatment facilities.

Findings on the medical services provided showed that public and private facilities provided detoxification/withdrawal symptoms management, monitoring of drug use through biological specimens, tuberculosis, and hepatitis tests and on-site referral. However, HIV tests are provided in public facilities more than in private treatment facilities. A similar observation was made by Durchame et al., (2007) where it was submitted that lack of HIV tests is a gap in service delivery for victims of substance misuse.

The results of the study on the provision of wraparound services revealed that public and private facilities do not provide employment/ income generation, support, or linkage services. Private facilities do not provide vocational training while few public facilities provide vocational training service or linkage services as indicated by 4.5% of public facilities. The provision of this service is contrary to the finding of Onifade et al., (2011), which reported 31.2% for the provision of employment and 43.8% for vocational training in selected treatment facilities in Nigeria. Thus, the lack of essential supportive services entails that the post-treatment challenge of clients might be difficult to address by various treatment facilities in Kaduna State, Nigeria. By implication, the inability of facilities to provide supportive services increases the risk of relapse and difficulty in clients' reintegration. The findings on treatment services provided, when explained in the context of the adaptation function in the AGIL model, indicate that public and private facilities acquired more core treatment services than supportive treatment services. The lack of supportive services implies that public and private facilities have not adequately acquired treatment resources that will ensure effective responses to clients' post-treatment needs.

Policy Implications

Intake of substances without medical supervision is associated with significant health risks to individuals who abuse substances. This is because wrong use of drugs, such as

synthetic opioid analgesics (medicines for pain management), anxiolytics (medicines for the management of anxiety disorders and related health conditions), hypnotics (for the management of sleep disorders) or psychostimulants (for the management of deficit hyperactivity disorder) can further lead to drug intoxication, withdrawal syndrome and other forms of drug-induced mental disorders. Thus, to facilitate the well-being of victims of substance abuse and its associated disorders, treatment centres are established with the significance of providing essential services to clients aimed at engaging clients in treatment and eventually progressing to the clients achieving and maintaining complete abstinence from all problematic substances. By implication, to achieve an individual's effective recovery from substance disorders syndrome, treatment centres (public or private) must put in place needed facilities capable of achieving optimal outcomes.

Conclusion and Recommendations

This study was designed to analyze public and private treatment services for substance use disorders in Kaduna State, Nigeria. Evidence from the collected data reveals that public and private facilities largely provide core treatment services (such as motivational enhancement therapy, cognitive behavioural therapy, family therapy, relapse prevention therapy, individual, and group counseling, as well as aftercare/continuing care) but neglect supportive services (including employment/income generation, support, or linkages services). The limited supportive services in public and private treatment facilities are a challenge to the effective recovery and reintegration of clients into society. Based on this premise, this study recommends as follows:

- As a short-term measure, it is recommended that based on clients' interests, needs, and capabilities while they are in treatment, management needs to focus on training clients on vocations and skills that are relevant in current times and do not require expensive facilities to establish.
- For a long-term measure, the management of treatment facilities needs to network with the ministries of Youths and Women Affairs, the national directorate of employment, and non-governmental organizations involved in skill acquisition to refer clients for further training after treatment. In addition, management of treatment facilities can reach out to unions of various trades, non-governmental organizations and professions to assist in providing training and supportive services for clients during and after treatment.

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