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Causes of Drop Out in Substance Use Disorder Treatment: A Mixed-Method Study

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Main Points

- The findings of the study show that treatment motivation is one of the most important factors in the sustainability of treatment.
- The findings of the study show that the reasons for leaving substance addiction treatment vary widely and are affected by psychosocial and economic conditions.
- The social environment plays an important role in individuals leaving treatment. Individuals who do not have social support and who have people or factors in their social environment that push them to use substances leave treatment more easily.
- It is understood that individuals who do not voluntarily participate in treatment due to pressure from their families or social environment and legal sanctions leave treatment more easily.
- The results of the study show that it is easier for young people to leave treatment than it is for older people.

Abstract

This study examines the reasons for dropout from substance abuse treatment from the perspectives of clients and professionals. Using a mixed-methods approach, data were collected from 37 clients and 39 professionals. Findings indicate that dropout reasons primarily stem from individual factors, with the most common reasons being the desire to continue substance use, psychological challenges, and belief in self-recovery. Of the clients, 81% reported personal reasons, 10.5% reported therapy-related reasons, and 8.5% reported treatment center-related reasons for leaving treatment. Professionals highlighted a lack of readiness for change and insufficient individualized treatment. In-depth interviews revealed five main categories of dropout reasons: individual factors, beliefs about substance use, family dynamics and lack of social support, approach to treatment, and legal processes. The study underscores the multifaceted nature of treatment dropout and the need for interventions at the micro, mezzo, and macro levels. Raising awareness and providing information are suggested as ways to enhance treatment sustainability.

Keywords: Barriers to treatment, patient compliance, relapse, substance-related disorders

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Introduction

With the understanding of substance use habits, various pharmacological and psychosocial treatment approaches have been developed (McHugh et al., 2010, p. 511). Among the most common psychosocial approaches are motivational therapies, cognitive-behavioral therapies, and crisis management approaches. These treatment approaches can be used either concurrently or sequentially as they provide support to individuals from different perspectives (Myers, 2019). Since motivation is one of the fundamental factors in the recovery process, motivational interviewing is frequently employed in the treatment of substance use disorders (Apodaca & Longabaugh, 2009; DiClemente et al., 2017). Cognitive-behavioral therapies, on the other hand, are primarily utilized for relapse prevention. These interventions are particularly beneficial in recognizing situations that trigger

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the urge to use substances and in learning coping strategies (Morin et al., 2017).

Cognitive impairments can be observed in individuals with substance dependence (Ramey & Regier, 2019; Teichner et al., 2002). These impairments can complicate the observation of treatment efficacy (Teichner et al., 2002). Except in exceptional cases, treatment effectiveness is associated with an adequate number of sessions and regular, voluntary participation in treatment (Burke & Gregoire, 2007; Teichner et al., 2002). Indicators of treatment success include completing the planned treatment or remaining in treatment for an extended period, reduced substance use compared to pre-treatment levels, and improved relapse management skills (Jihad et al., 2022; Williams & Chang, 2000, p. 158). Premature termination of treatment is common in substance use disorder treatment, though it can also be observed in other therapeutic contexts, and it negatively affects recovery outcomes (López - Goñi et al., 2012, p. 78).

Studies have linked treatment dropout to various factors, including low motivation for treatment, reluctance to change, hopelessness about treatment outcomes, participation in treatment due to family pressure, dissatisfaction with the therapist, insufficient fulfillment of social service needs by the treatment institution, personal problems, and financial constraints (Ball et al., 2006; Şimşek et al., 2019). However, most studies have been conducted with individuals who have remained in treatment (Ball et al., 2006). Research focusing on the perspectives of professionals remains limited. Moreover, the predominance of quantitative studies (Bøhle et al., 2023; Jihad et al., 2022; Kelly et al., 2010) poses challenges in addressing qualitative factors. Dropout studies also consider individuals' sociodemographic characteristics. Factors such as age, education level, marital status, and employment status have been identified as significant in treatment processes (Basu et al., 2017). Gender, however, is frequently excluded from evaluations, likely due to the limited representation of women in samples (Weisner et al., 2003). According to the 2022 United Nations Office on Drugs and Crime (UNODC) report, while half of women who misuse substances consume amphetamines or their derivatives, only one in five individuals receiving treatment for amphetamine use is female (UNODC, 2022, p. 4). Barriers to women's participation in treatment include domestic responsibilities, social stigma, and fears of losing child custody during treatment (UNODC, 2022, p. 27). From this perspective, "being a woman" itself could be considered a reason for dropout; however, the underrepresentation of women in studies prevents this aspect from being fully explored.

This research examines the reasons for treatment dropout in substance use disorder treatment. What distinguishes this study from others is its evaluation of dropout reasons from the perspectives of both clients and treatment practitioners. Furthermore, it employs both quantitative and qualitative research methods.

The study aims to understand the reasons behind treatment dropout in substance use disorder treatment encountered in the field and to propose potential solutions. It is hoped that the findings will serve as a guide for professionals working in the field.

Material and Methods

This study was conducted using a mixed-methods research approach. The research design was an explanatory sequential design, in which the primary aim was to first gather quantitative data, followed by a detailed explanation of these findings through qualitative insights (Creswell, 2021, p. 6). Supporting the quantitative data with qualitative findings was deemed essential to clarify the identified issues and to provide a comprehensive evaluation of potential solutions. A mixed-methods approach was chosen to gain a deeper understanding of the problem.

In this study, quantitative methods were employed to generate generalizable measurements, while qualitative methods were used to explore participants' perspectives in greater depth. This combination allowed for a more robust and nuanced exploration of the research questions.

Research Problem

This research aims to evaluate the reasons for frequent dropouts in substance use disorder treatment. The need for such a study arises from the fact that this issue poses significant barriers to the treatment process. It is anticipated that incorporating evaluations from both clients and professionals will provide a multidimensional perspective on the problem and offer guidance for practitioners in their interventions.

Research Sample

Prior to data collection, preliminary interviews were conducted with two psychologists, a psychiatrist, and a social worker working in the field of substance use disorder treatment to develop the survey questionnaire. All participants in these initial interviews were women. One psychologist had 1 year of experience in the field, while the other had 5 years; the social worker had 4 years, and the psychiatrist had 2 years of experience. The purposive sampling method was adopted in the selection of the sample for this study.

The quantitative data for the study were collected from 37 clients and 39 professionals, while the qualitative data were gathered from three psychologists and three social workers. Among the professionals who participated in the quantitative study, 21 were psychologists, 9 were social workers, 2 were psychological counselors, 2 were sociologists, 2 were addiction counselors, and 1 was a psychiatrist. Two of the participants in the qualitative study also participated in the quantitative part of the research. This study was conducted in Türkiye, and the data were collected between October 15, 2023 and April 21, 2024.

Data Collection Method

The data collection form for this research was developed based on a review of the literature and findings from pilot interviews. A total of 118 preliminary items were identified. Due to terminological differences, some items were directed exclusively at clients, while others were presented only to professionals. The survey was prepared and administered online using the Qualtrics Survey platform. Clients were presented with 114 items, while professionals were provided with 117 items. Participants who selected 10 reasons from the list were then asked to rank these reasons in order of importance in the next section of the survey Table 1.

Table 1.
Premises Presented in the Research Questions

	Being single	Being married	Being young	Being older	Fear of failure	Being unprepared for changes	Desire to continue Using Substances	Belief in self-healing	Fear of withdrawal symptoms	Difficulty managing loneliness	Difficulty understanding the treatment process	Disliking the program's rules
Reasons stemming from the individual themselves	Change in the individual's idea of quitting substance use	Inability to accept the state of being substance-free after treatment	Not being confident enough about quitting substance use	Treatment not being suitable for the individual's character (Asked only to clients)	Difficulty accepting the idea of lifelong sobriety	Lack of self-confidence	The belief that they will not be satisfied with their personality after treatment	Lack of a valid reason to continue treatment	Loss of motivation to continue the treatment program	Fear of losing friends who use substances	Difficulty in occupying free time during periods of abstinence	Difficulty managing personal hygiene and self-care
	Missing the state of being under the influence of substances	Difficulty coping with being away from	Difficulty managing feelings of guilt and shame	Difficulty managing emotions	Psychological problems and difficulties	Do not think that you will be stigmatized by this treatment	High levels of stress	Difficulty managing boredom	Difficulty managing anger	Difficulty managing depression and sadness	Difficulty managing the impact of trauma history	Making statements or engaging in actions that complicate continuing treatment
	Declines in cognitive skills	Mental health problems such as depression and anxiety	Unstable housing situation	Being a racial minority	Probation decision	Other legal issues	High levels of substance use severity	High levels of substance use severity	Physical health problems	Lack of health insurance	Child care issues	Inability to forgive oneself for an action or thoughts of punishing oneself
	Losing your job due to treatment	Lack of economic means to pay treatment or medication fees	Being the breadwinner of the family	Family responsibilities	Insufficient support from family or social circle	Difficulty managing thoughts of suicide or self-harm	Presence of someone in the family who requires care (disabled etc.)	Starting treatment due to pressure from family or social environment	Insecure attachment style (Only asked to professionals)	Maladaptive personality structure (Only asked to professionals)	Personality disorders (Only asked to professionals)	Psychiatric diagnosis (Asked only to professionals)
Reasons stemming from the therapy process, theraoist, or staff	Lack of trust or conflicts with the therapist	Length of therapy period	Thoughts of becoming addicted to the drug used	Side effects of the drug used - adversely affecting health	Failure to meet expectations from treatment	Effect of other patients on Relapsee to substance use	Not wanting to share the same room with other patients	The idea that one is better off than other patients	Inability to form a therapeutic alliance	Poor communication skills of the therapist	Therapist not providing appropriate feedback	The therapist's inability to manage the client's indecisiveness
	The therapist's inability to manage the client's rejection	The therapist's inability to manage the client's anger	The therapist's inability to manage the client's fear	The therapist's inability to manage the client's sadness	The therapist's inability to manage the client's depression	The therapist's inability to manage the client's anxiety	The therapist's inability to manage the client's trauma	The therapist's inability to manage the client's crisis	Therapist's failure to manage client's relapse	The therapist's inability to manage the client's family problems	The therapist's inability to manage the client's legal problems	Therapist's inability to manage client's employment issues
	The therapist's inability to manage the client's financial problems	The therapist's inability to manage the client's health problems	The therapist's inability to manage the client's accommodation problems	The therapist's inability to manage the client's educational problems	The therapist's inability to manage the client's social problems	The therapist's inability to manage the client's mental problems	The therapist's inability to manage the client's cultural problems	Insufficient experience or training of the therapist	The therapist's inability to manage the client's resistance	The therapist's inability to manage the client's boundaries	Therapist's lack of empathy	Lack of cultural competence of the therapist
Reasons stemming from the treatment center	Poor treatment environment	Lack of tracking services	Concerns about confidentiality of client information	Long waiting lines	Lack of family involvement in treatment	Lack of peer support in treatment	Inability to be matched with the correct treatment program (short-long term)	Lack of appropriate treatment options	High treatment cost	Inflexible treatment schedules	Lack of individualized treatment programs	The treatment center is far away
	Difficulties with transportation facilities	Having difficulty paying transportation fees	Difficulty managing time for treatment	Insufficient health services in the treatment center	Insufficient educational services in the treatment center	Inadequate social services in the treatment center	Insufficient accommodation services in the treatment center	Insufficient legal services in the treatment center	Insufficient employment services in the treatment center	Insufficient transportation to the center of treatment		

The second phase of the research employed in-depth interviews, a qualitative research method, to evaluate the quantitative findings. In qualitative studies, the validity of the research must be controlled during the processes of data presentation and analysis. It is essential to identify the key concepts central to the study's validity (Kümbetoğlu, 2019, p. 51). In this study, the accurate analysis of frequently recurring expressions among the parameters presented to participants was considered critical for ensuring validity. Furthermore, the second phase of the research was expected to enhance credibility, transferability, and confirmability (Kümbetoğlu, 2019, p. 50). The survey form used in the study was designed based on a combination of literature review and professional opinions to ensure its credibility.

Data Analysis

The quantitative data of the study were analyzed using SPSS v. 27.0 (IBM SPSS Corp.; Armonk, NY, USA) software. The items were categorized based on their ranking preferences. The internal consistency score (Cronbach's alpha) of the preferences among 76 participants was found to be 0.79. For clients with substance use disorder treatment experience, the internal consistency score was 0.88, while for professionals, it was 0.67. The internal consistency scores of the participants' responses to the preferences were deemed sufficient (Vaske et al., 2017). The frequency analysis examined the frequency of preferences and the percentage of each preference relative to the total number of participants. Additionally, descriptive statistics of the sociodemographic data of the participants were also performed.

Qualitative data were collected through in-depth, face-to-face interviews. With the written consent of the participants, the interviews were recorded, transcribed, and resulted in a 58-page transcript. The transcript was thoroughly reviewed and analyzed using content analysis, with participants' statements categorized into topics. A total of 143 topics were mentioned by participants during the interviews. From these topics, 17 codes were generated and further grouped into 5 categories. The coding key used to develop these codes is presented in Table 2.

Table 2.
Code Key

Category	Code
Individual factors and psychological states	Lack of motivation
	Demographic characteristics
	Lack of awareness
	Fear of the change process
	Psychological reasons
Beliefs and experiences regarding substance use	Irrational beliefs
	Fear of deprivation
	First treatment experience
Family dynamics and lack of social support	Lack of family support
	Circle of friends
	Dysfunction of social support systems
Approach to the treatment process and obstacles	Resistance to treatment
	Physical disabilities
	Treatment methods
	Role of the therapist
Legal processes	Concern about the treatment being recorded in the record
	Legal sanctions

Permissions for the Study

Data were collected anonymously and on a voluntary basis. Ethics committee approval for this research was received from the Istanbul University-Cerrahpaşa Social and Human Sciences Research Ethics Committee (Decision Number 2023/395 Date: 07.11.2023).

Findings

The findings of the study are presented in two parts: those obtained through quantitative methods and those obtained through qualitative methods.

Findings from Quantitative Research

A total of 76 individuals participated in the study, including 37 patients who had discontinued substance use disorder treatment and 39 professionals experienced in substance use disorder treatment.

Findings Related to Clients

The patients participating in the study, who had experienced dropout from substance use disorder treatment, ranged in age from 19 to 54, with an average age of 30.45 years. Among the participants, 1 was female, and 36 were male. Eleven participants reported continuing substance use.

Regarding substances used, 14 participants reported using methamphetamine, 11 heroin, 3 cannabis, 1 methamphetamine and cannabis, 1 methamphetamine, synthetic cannabinoids (Bonzai), and cannabis resin, 1 synthetic cannabinoids (Bonzai), 1 pregabalin (Lyrica), 1 A4, and 1 a combination of alcohol, tobacco, cannabis, LSD (Liserjik Asit Dietilamid), methamphetamine, MDMA (3,4-metilenedioksi-N-metilamfetamin or extacy), and DMT (Dimetiltriptamin). Three participants did not specify the substances they used.

Table 3 presents the top ten preferences most frequently selected by the participants. Additionally, the top three preferences in rankings were highlighted. If multiple preferences had the same frequency, they were also included in the table. For example, "Desire to continue using substances" was chosen as the first preference by eight participants, "Being married" by three participants, and "Inability to accept the state of being under the influence of substances after treatment" by three participants. The "Desire to continue using substances" was the most selected item as the first, second, fourth, fifth, and seventh preference.

The option "Desire to continue using substances" was selected by 28 participants, making it the most frequently chosen item. This option was marked once by participants who used heroin in any of their rankings and was selected by 70.6% of participants who used methamphetamine. Following this, the most frequently chosen items were psychological issues and challenges, fear of failure, and belief in self-healing.

Table 3.
The Top Ten Premises Most Preferred by the Participants

Order of Preference	The Ten Most Preferred Premises	Number of Preferences	%
1st choice	Desire to continue using the substance	8	21.6
2nd choice	Fear of withdrawal symptoms Desire to continue using the substance	4	10.8
3rd choice	Having difficulty staying away from family Psychological problems and difficulties	3	8.1
4th choice	Difficulty in spending free time when not using substances Desire to continue using the substance	3	8.1
5th choice	Desire to continue using the substance	6	16.2
6th choice	Belief that you can heal on your own	4	10.8
7th choice	Desire to continue using the substance, Difficulty managing depression and sadness, Side effects of the drug used - adversely affecting health, Difficulty in anger management, Loss of motivation to continue the treatment program, Difficulty understanding the treatment process, Inability to accept not being under the influence of substances after treatment	2	5.4
8th choice	Difficulty managing emotions, Difficulty in spending free time when not using substances	3	8.1
9th choice	Lack of individualized treatment programs, Psychological problems and difficulties	4	10.8
10th choice	Poor treatment environment	3	8.1

Of the selected reasons, 81% originated from the client themselves, 10.5% were attributed to the therapy process, therapist, or personnel, and 8.5% were related to the treatment center.

Findings Related to Professionals' Opinions

The professionals ranged in age from 24 to 51, with an average age of 32.07. Among the participants, 11 were women, and 28 were men. The group included 21 psychologists, nine social workers, two psychological counselors, two sociologists, two psychiatric nurses, two addiction counselors, and one psychiatrist.

Regarding education levels, 14 participants held bachelor's degrees, 21 held master's degrees, and four held doctoral degrees. In terms of professional experience in the field of substance addiction, six participants had 0 – 1 years of experience, 19 had 1 – 5 years, 12 had 5 – 10 years, and two had over 10 years.

Table 4 presents the top ten most frequently selected items by professionals. The top three items from the rankings are also highlighted. If multiple items had the same frequency, they were included in the table as well.

Among the reasons selected by professionals, 83.3% originated from the client themselves, 10.3% were attributed to the therapy process, therapist, or personnel, and 5.1% were related to the treatment center.

Evaluation of Responses Given by Clients and Professionals to the Items

Participants ranged in age from 19 to 54, with an average age of 31.29 (SD = 7.68). Of the participants, 12 were female and 64 were male.

The most frequently selected items by both clients and professionals are presented in Table 5. Both sample groups identified "Desire to continue using substances" as the primary reason for dropout. Additionally, "Psychological issues and challenges" and "Belief in self-healing" were among the top-ranked items for both groups.

Findings from Qualitative Research

In this section, findings from in-depth interviews are presented. These findings are introduced as professionals' interpretations of the dropout reasons frequently observed in the quantitative findings. Qualitative interviews were conducted with three social workers and three psychologists. The findings obtained from the interviews were analyzed using thematic analysis.

A total of 143 topics were identified. Overlapping topics were grouped into common codes. The 17 identified codes were divided into five categories. Under the category of "Individual factors and psychological states," expressions related to the individual's perspective on the process, sociodemographic characteristics, psychological states, and challenges were grouped. Under the category of "Beliefs and experiences related to substance use," reasons for dropout related to the individual's irrational beliefs, prejudices, and past negative experiences with the treatment process were grouped. Under the category of "Family dynamics and lack of social support," statements related to the lack of family and partner support, the influence of friends on dropping out, and the lack of formal or informal social support were grouped. Under the category of "Approach to the treatment process and barriers," reasons for dropout related to the individual's perceptions of the treatment process, the therapist,

Table 4.
The Most Common Drop out Reasons According to Professional Opinions

Order of Preference	Top Ten Most Preferred Items	Number of Preferences	%
1	Not being ready for change	13	33.3
2	Desire to continue using the substance, Psychological problems and difficulties, There is no valid reason to continue treatment, Fear of withdrawal symptoms, Inability to accept not being under the influence of substances after treatment, Loss of motivation to continue the treatment program	3	7.7
3	Desire to continue using the substance	9	23.1
4	Difficulty managing emotions	4	10.3
5	Belief that you can heal on your own	4	10.3
6	Psychological problems and difficulties	6	15.4
7	Difficulty managing depression and sadness, Not being confident enough to stop using the substance, Difficulty managing feelings of guilt and shame	3	7.7
8	Psychiatric diagnosis	3	7.7
9	Difficulty managing depression and sadness	4	10.3
10	Insufficient support from family or social circle, Difficulty in spending free time when not using substances, Lack of individualized treatment programs	3	7.7

and the treatment center were grouped. Under the category of "Legal processes," statements about dropping out due to the fear of treatment being recorded in official records and dropping out because the individual started treatment as a legal sanction were included.

Individual Factors and Psychological Conditions: "Substance Use as a Coping Mechanism for Their Problems"

According to professionals, the likelihood of dropping out of treatment increases if individuals lack or have reduced motivation. The concepts of "desire" and "motivation" were emphasized during the interviews. If a client believes they are not dependent on substances, they struggle to focus on the process, and their motivation tends to decline.

Clients' sociodemographic characteristics were also considered significant factors during the treatment process. It is thought that being young and having a low socioeconomic status makes it easier to drop out of treatment. Individuals without sufficient economic resources may find it difficult to cope with challenges and may use substances as a coping mechanism. Younger individuals, on the other hand, struggle to adapt to the demanding and stability-requiring nature of addiction treatment. Professional P3 described this situation as follows: "Addiction treatment is a challenging process that requires stability. It can be difficult to keep someone in treatment, especially because the age of onset for substance use is young, making the treatment process harder for them."

The reason for initiating substance use was evaluated as a significant factor in the continuity of treatment. According to professionals, some clients use substances to cope with psychological problems, and treatment, for them, means taking away their coping mechanism. Professional S3 explained this as follows: "*The client turns to alcohol and substance use because they fail to develop a healthy coping mechanism against the psychological problems and traumatic memories they have experienced. We often observe this in our clients. They might have a problem with their family, experience sexual abuse, or relationship issues, etc. Such situations already push them toward substance use.*"

Professionals state that if a client believes they are not dependent and thinks they can manage the process alone, they may drop out of treatment. However, once the individual realizes they cannot

Table 5.
Premises Most Frequently Preferred by Professionals and Clients

	Client Answers	Professional Answers
1	Desire to continue using the substance	Desire to continue using the substance
2	Psychological problems and difficulties	Not being ready for change
3	Fear of failure	Psychological problems and difficulties
4	Belief that you can heal on your own	Difficulty in spending free time when not using substances
5	Fear of withdrawal symptoms	Belief that you can heal on your own

handle the process independently, they may return to treatment. Therefore, it is essential for the person to first acknowledge their dependency.

Traumatic experiences, as well as histories of neglect and abuse, were identified by professionals as reasons for dropping out. Among the emotions clients struggle to manage during the treatment process, anger was considered the most significant. Professional P3 attributed this to withdrawal symptoms, explaining that the urge to use substances triggers anger, and the anger subsides when the substance is used.

Professionals define addiction as "a brain disease." They note that having an unhealthy brain leads to faulty emotions and thoughts, which can drive substance use. These faulty emotions and thoughts can also cause withdrawal symptoms during the treatment process and lead to dropping out.

The treatment process often brings changes to clients' work lives, social lives, and family relationships. If the individual cannot cope with these changes, they may return to substance use. Professional S3 noted that one of the main challenges is the debts incurred during the period of substance use, which leads to economic difficulties. Social work interventions are employed to address these challenges and help clients stay in the treatment process.

Beliefs and Experiences Related to Substance Abuse

Professionals believe that individuals' irrational beliefs about substance use—such as the notion that treatment will not work, medications will be ineffective, or they will become dependent on the prescribed medication—contribute to dropout. Additionally, professionals think that the experiences of people in their social environment who have undergone treatment but failed to quit substance use may also lead to dropout. According to professionals, some clients drop out of treatment due to their own negative experiences. Professional S2 noted that at the beginning of addiction treatment, individuals often participate with irrational beliefs, fail to understand the treatment process, and may not adapt to the patience and stability required by the process. Therefore, both S2 and P3 emphasized that initial sessions are particularly important for helping the client understand the process, develop realistic expectations, and establish a therapeutic bond with the professional.

Family Dynamics and Lack of Social Support

Professionals consider the social environment of individuals a critical factor for the continuity of treatment. If there are negative influences in the social environment, changing this environment and distancing the client from it are seen as measures that can help keep the client in treatment. Since loneliness is viewed as a factor that encourages substance use, preventing individuals from being isolated is also regarded as a crucial element for sustaining treatment. For this reason, professionals often refer to addiction as "a disease of loneliness."

According to professionals, if a client does not receive family or partner support, they are more likely to drop out of treatment. Professional P3 highlighted the importance of maternal support, stating: "Mothers, especially, play a significant role in the recovery of addicts. The compassion shown by a mother to her child may be instrumental in motivating the client to pursue treatment."

The influence of friends during treatment is another factor. For example, friends may offer substances with the attitude of "just once won't hurt," which can push the individual back into the cycle of addiction. According to P3, even if the client's treatment is successful, having people in their social circle who use or sell substances increases the likelihood of relapse.

Social media platforms that clients engage with also play a significant role in the treatment process. Through the content they consume, individuals may develop an interest in substances, resume use, or even discover new substances.

Approach to the Treatment Process and Barriers

The first step in retaining a client in treatment is considered to be the "initial session." Meeting the client's expectations, the professional's approach, and the client's increased awareness during the initial session are factors that can help retain the client in treatment. If the client is initially reluctant and no progress is made during the first session to overcome this reluctance, the client may drop out. Professional P3 explained this situation as follows: "Clients who have a bad initial experience and fail to establish good communication with their therapist, unfortunately, look for recovery paths outside the treatment system and fall into networks that further entrench their addiction."

Professionals commonly agree that educating clients about addiction and increasing their awareness can help prevent dropout. Explaining what to expect during treatment, the potential withdrawal symptoms, and how to manage them is identified as a critical aspect of the process. Additionally, professionals note that individuals who have previously experienced treatment tend to stay in treatment longer, as they already know what to expect.

Professionals view themselves as a vital part of the treatment process. If a connection or compatibility cannot be established between the client and the professionals involved, the client may drop out. Medication-based treatments and treatment programs can also lead to dropouts. According to professionals, clients may reject the medication prescribed for treatment or leave the program out of fear that they will become dependent on the medication. Short treatment programs, in particular, are seen as problematic since clients may not fully understand the root causes of their issues, nor do they provide an opportunity to delve deeper into these issues. Consequently, clients may leave the program feeling misunderstood or unable to express themselves adequately.

Professionals suggest that clients who cannot adapt to the treatment process are more likely to drop out. Treatment programs often include opportunities to engage in activities during free time, but according to professionals, during the addiction process, clients may use idle time as an opportunity to think about or seek substances.

The physical environment and human factors within treatment centers can also contribute to dropouts. Experts note that drug dealers sometimes discreetly position themselves near treatment centers, and other clients may facilitate access to substances.

In the initial phase of the study, professionals commented on the divergence of perspectives between clients and professionals regarding treatment dropout. Some professionals noted that "observing individuals from an external perspective is healthier" and attributed their more accurate understanding of the issue to their professional expertise. The concept of terminology emerged as another critical factor in treatment processes. For example, while a professional may describe a client's desire to "fill their free time," the client may not perceive this time as "free." Aligning terminology between professionals and clients is seen as a factor that could help retain clients in treatment.

Legal Processes

According to professionals, individuals who start treatment due to legal sanctions are more likely to drop out. Voluntary participation in treatment is considered to be associated with longer retention in the program. Experts view individuals seeking treatment primarily to avoid legal consequences—such as incarceration—as a high-risk group for dropping out. Professional S2 described this situation as follows: "*They do something related to addiction treatment to avoid punishment or jail time, but their desire to use substances still persists.*"

Fear of stigmatization due to substance use and concerns about the treatment being recorded in official records can also discourage clients from continuing treatment. Professional P3 attributed this issue to the use of electronic health records in medication-assisted treatments. According to P3, clients tend to avoid treatment programs that are registered in electronic record systems and instead opt for informal, unregistered psychotherapy sessions.

Discussion

This study aims to explore the reasons for dropout from substance addiction treatment. Quantitative and qualitative findings were collected from individuals who have experienced substance addiction treatment and professionals with experience in this field. Reasons for dropout, identified through literature review and preliminary interviews, were presented to individuals with addiction treatment experience and professionals to determine the most common causes of treatment dropout. The most frequently observed reasons for dropout in the field were analyzed using quantitative methods and revisited in-depth with professionals through interviews.

In evaluating the quantitative data, participants' primary preferences among the presented items were prioritized. For individuals with addiction treatment experience, the most commonly selected reason was the "desire to continue using substances," whereas for professionals, it was "lack of readiness for change." This indicates the factor each group considered most important in treatment dropout. More than half of the participants selected the desire to continue using substances in at least one of their preferences. Enjoying substance use and craving it again are considered significant driving forces against treatment, as reflected in the literature (Zemore et al., 2021).

The importance of the concepts of desire and motivation in addiction treatment also stood out in the in-depth interviews. Individuals who join treatment due to external pressure rather than their own will are more likely to drop out. Field studies emphasize the role of the family as a supportive factor in sustaining addiction treatment. According to research, if the family does not play a supportive role during the treatment process, individuals are more likely to drop out (Acevedo et al., 2020). The findings of this study also highlight the importance of family and social support. However, this study also reveals the counterproductive effect of coercion by the family. When family members force or pressure individuals into treatment, the likelihood of dropout increases.

One of the prominent reasons for dropout identified in the responses of both professionals and clients was psychological problems and difficulties. During in-depth interviews, professionals interpreted psychological challenges as factors that both push individuals away from and pull them toward substance use. Individuals may want to quit substances due to the psychological difficulties caused by substance use, yet in the later stages, they may return to substance use as they struggle to cope with negative emotions (Rogers et al., 2020).

Another frequently mentioned reason for dropout in clients' responses was fear of failure. Professionals, on the other hand, associated this with a lack of readiness for change. According to professionals, substance use can serve as a coping mechanism for negative emotions. Without this mechanism, individuals may struggle to find ways to cope with challenges, leading them to continue or return to substance use.

Belief in self-healing is also highlighted as a reason for treatment dropout in the responses of both professionals and clients. In-depth interviews revealed that irrational beliefs during the treatment process are a common cause of dropout. One of these beliefs is the idea that the client can recover on their own. On the other hand, clients may leave treatment believing that medication-assisted treatment will not work or that they will become dependent on the medication used in the treatment. The experiences of clients themselves or those in their social circle who have participated in such treatments can also reinforce these irrational beliefs and prejudices. These findings regarding the impact of incorrect beliefs and negative experiences on treatment dropout provide significant insights into the literature (Landrum et al., 2015).

Another dropout reason highlighted in the clients' responses is the fear of withdrawal symptoms. Individuals who cannot cope with withdrawal symptoms often choose to resume substance use to avoid these symptoms (Farhoudian et al., 2022).

A prominent reason for dropout reason in professionals' responses was the inability of clients to occupy their free time during periods of abstinence, leading them back to substance use. Professionals participating in the interviews stated that they plan activities to fill this free time to prevent clients from returning to substance use.

The purpose of the in-depth interviews was to evaluate findings obtained through quantitative methods. The responses provided by professionals were grouped into five codes: individual factors and psychological conditions, beliefs and experiences related to substance use, family dynamics and lack of social support, approach to the treatment process and barriers, and legal

processes. Individual factors include responses related to the client's perspective on the process, motivation, demographic characteristics, level of awareness, fears, and psychological difficulties. According to the professionals, important factors contributing to dropout include a lack of motivation, psychological difficulties (as also highlighted in the quantitative findings), youth, low socioeconomic status, lack of awareness about the harms of substance use, and fear of the changes brought about by recovery.

Beliefs and experiences related to substance use were also evident in the quantitative findings. An example of this is the belief that individuals can heal themselves. According to the professionals, clients with incorrect beliefs about addiction treatment or those who have had negative experiences themselves—or witnessed such experiences in their social circle—are more likely to drop out. Therefore, education and awareness initiatives are crucial to keeping individuals engaged in treatment.

The importance of initial sessions in sustaining treatment emerged strongly in the in-depth interviews. Research on substance addiction treatment also reveals that a significant proportion of clients discontinue treatment after the initial sessions (Ormbostad et al., 2021). According to professionals, if clients cannot change their incorrect beliefs during the initial sessions or fail to establish a therapeutic bond with their therapist, they are more likely to leave treatment.

Interviews with treatment providers highlighted that a lack of family and partner support is a significant factor contributing to dropout. Similarly, the absence of support from friends and social networks was also identified as a contributing factor (Sevin & Erbay, 2019). Studies show that functional social support has a positive effect on staying in treatment for longer periods of time (Acar et al., 2022; Yaman, 2014). Professionals stated that a lack of formal and informal social support systems leads individuals to drop out of treatment. These supports represent clients' material and emotional resources. Experiencing economic losses or lacking resources to maintain their livelihoods during the treatment process are factors that make participation in treatment more difficult (Pagano et al., 2021).

According to treatment providers' evaluations, individuals' approach to the treatment process and barriers related to treatment contribute significantly to dropouts. Clients may resist adapting to treatment or face difficulties in establishing rapport with professionals. Additionally, factors such as the interventions applied during treatment, the planned treatment model, and the duration of the treatment may also lead to dropout (Keskin et al., 2024)The increasing number of individuals with substance addiction and those seeking treatment has limited the time available for individual sessions in treatment programs. The lack of individual sessions or sessions that are either longer or shorter than expected may affect the sustainability of treatment. The literature indicates that the duration of sessions influences dropout rates, with shorter sessions being more effective in keeping clients engaged in treatment (Lappan et al., 2020).

Treatment providers also reported that individuals might drop out of treatment due to legal processes. Those subject to legal sanctions for substance use may be compelled to join treatment while legal proceedings are ongoing. However, treatment initiated as a result of a sanction, and therefore without the individual's voluntary participation, is often associated with dropout. At this point, desire and motivation emerge as critical factors. If a client starts treatment due to pressure from family members or their social environment, or as a result of legal sanctions, the sustainability of the treatment becomes more challenging. Individuals may be mandated to attend treatment due to offenses committed under the influence of addictive substances. Globally and in Türkiye, substance use is often punished with custodial sentences, alongside mandatory treatment measures (Kahveci Düztaş, 2011; U.S. Department of Health and Human Services, 2024). Alternative sentencing methods aim not only to rehabilitate and educate offenders but also to reduce the costs and burden on prisons (U.S. Department of Health and Human Services, 2024). However, the effectiveness of these measures is a topic of debate (Türkmen, 2018). Additionally, individuals have concerns about the treatment process itself. Fear of treatment being recorded in their official files can lead clients to drop out. Clients may also worry about the implications of electronic health records, as these may discourage them from continuing treatment. Both client and treatment provider responses indicate that the primary reasons for dropout often stem from the clients themselves. However, treatment providers are more likely than clients to attribute dropout to the treatment process. Providers criticize the limited application of individualized treatment methods and view this as a factor driving clients to leave treatment. Dropout reasons related to the therapy process, the relationship between the therapist and the client, and the treatment center were cited relatively less frequently by both clients and providers. In-depth interviews also revealed that treatment providers were less likely to focus on treatment-related issues when discussing dropout causes compared to other factors.

Limitations and Directions/Suggestions for Future Research

- The limited sample size of this study may make it difficult to draw generalizable conclusions on the subject. Studies covering different regions and larger samples may increase the generalizability of the findings.
- In this study, the majority of the sample group leaving substance addiction treatment consisted of male participants. The limited number of female participants is a limitation of this study and reduces its generalizability. Future studies that include female participants and allow for evaluation across genders are also needed.
- The fact that this study is cross-sectional study may make it difficult to understand the reasons for dropouts from treatment. Future longitudinal studies on this subject may provide insight into the reasons for dropouts from treatment.
- Although this study addresses the substances used by the participants, dropouts from treatment were not addressed according to substance types. More specific studies may be effective in solving this problem.
- Applied studies addressing the effects of treatment interventions on dropouts from treatment are important for the sustainability of treatment.
- Although the reasons for leaving substance abuse treatment were generally addressed in this study, the number of participants who used legal substances such as cigarettes and alcohol was limited. Therefore, this study focuses more on illegal substance use.

This study aimed to evaluate the reasons for dropping out of substance addiction treatment from the perspectives of individuals participating in treatment and treatment providers. Prominent dropout reasons were revisited through in-depth interviews with treatment providers and analyzed further. The interviews revealed that participants' personality traits, psychological conditions, desire and motivation, family dynamics, social support, beliefs and experiences, voluntary participation, approaches to treatment, and barriers related to the treatment process all play significant roles in the sustainability of treatment. According to the findings, younger individuals are more likely to drop out of treatment. This tendency may be related to their impulsivity and lack of experience compared to older individuals. Based on the study's results, providing information and raising awareness about the outcomes of addiction treatment for individuals and their families are believed to positively impact treatment sustainability. The findings also indicate that individuals who participate in treatment due to legal sanctions are more likely to drop out. Thus, it is suggested that mandatory treatments conducted without the individual's voluntary participation should be reevaluated, and functional sanctions that yield better outcomes should be implemented. It was observed that the reasons for dropping out of treatment are interconnected and interdependent. Various contexts, including the client's and their family's knowledge, the approach of the providers, the treatment environment, and formal and informal resources, play a role at micro, mezzo, and macro levels. The study demonstrates that the factors hindering treatment are multidimensional, and solutions require the combined efforts of micro and mezzo systems as well as macro-level policies. Therefore, while individuals may be excluded from the treatment system due to economic insufficiencies, the lack of supportive policies further contributes to their dropping out of treatment.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval for this study was obtained from the Istanbul University-Cerrahpaşa Social and Human Sciences Research Ethics Committee at its meeting on 11.10.2023 with the decision number 2023/395.

Informed Consent: Informed consent was obtained from the participants who agreed to take part in the study.

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