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Original Article

Challenges Faced by NGOs in Substance Use Prevention: A Qualitative Study in Ardabil, Iran

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Abstract

Introduction: Non-governmental organizations (NGOs) play a vital role in community-based interventions to prevent and manage substance use disorders. Despite their expanding role, NGOs encounter significant barriers that hinder their effectiveness in Iran. This study aimed to explore the key barriers faced by the NGOs involved in substance use prevention and control in Ardabil Province.

Methods: A qualitative conventional content analysis was conducted in 2023, involving in-depth semi-structured interviews with key informants from nine NGOs and community-based organizations actively working in addiction prevention and treatment in Ardabil, northwestern Iran. Data were analyzed using the Graneheim and Lundman method, involving coding, categorization, and theme development. Data collection and analysis were performed concurrently.

Results: Analysis revealed three major categories of challenges: (1) Structural and managerial issues, including poor governmental support and limited financial and human resources; (2) Sociocultural challenges, such as stigma towards addiction and low community participation; and (3) Systemic factors that facilitate addiction, including poor inter-sectoral coordination and inconsistent policies. Participants highlighted public distrust and weak collaboration as the major obstacles to effective intervention.

Conclusion: Despite the recognized potential of NGOs to enhance community engagement and primary health care efforts in addiction control, they face significant organizational, social, and policy-level barriers in Iran. Strengthening institutional support and fostering greater collaboration between governmental and non-governmental sectors are essential for improving addiction prevention strategies. These findings underscore the need for policy reforms and capacity-building programs to empower NGOs in their mission.

Keywords: Substance-Related Disorders, Non-Governmental Organizations, Qualitative Research, Iran

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Introduction

Harmful drug use is a major global health concern that is recognized as one of the top 10 diseases worldwide.[1] Iran, located near the world's largest drug production areas (e.g., Afghanistan), possessing a predominantly young population,[2] faces increased risks of substance use, especially among its young adults.[3] According to recent evidence, approximately two million people in Iran are addicted to substances, with an average age of 32 years, while nearly eight million individuals are affected by addiction-related issues such as family breakdowns and divorce.[4] Neglecting this complex social problem can cause severe and irreversible harm to families, communities, and society.[5] Given that more than half of Iran's health challenges occur outside the formal health system, non-governmental organization (NGO) involvement in the health sector is seen as a valuable opportunity.[6] On a global scale, the involvement of NGOs in the provision of health and social services has increasingly been acknowledged as a critical component of social development and public welfare. These organizations operate voluntarily, independently, and on a non-profit basis, often at local or national levels. They have significant potential to address complex social issues and are considered among the most effective tools for tackling global challenges.[7-9]

In Iran, NGOs, commonly referred to as SAMAN (Sazman-haye Mardom-Nahad), are formally recognized and legally authorized to carry out their activities including the delivery of health-related services, implementation of community health programs, and engagement in health advocacy within the framework of national regulations. According to unofficial reports from the Ministry of Cooperatives, Labor, and Social Welfare, approximately 20,000 such organizations were active nationwide by 2020.[10] However, evidence suggests that the potential, roles, and contributions of NGOs remain largely overlooked by both government authorities and the general public within Iran's health system.[11]

Despite NGOs' considerable capacity in addiction prevention and control, limited research has explored the

challenges they face in this field. Given ongoing socio-political changes at national and global levels, there is an increasing need for qualitative studies to identify the factors influencing the management of substance use disorders especially in culturally and religiously diverse countries. Therefore, this study aimed to explore the challenges related to social participation and the activation of community-based and non-governmental organizations in addiction control in Ardabil province.

Methods

This study employed a qualitative conventional content analysis approach and was conducted in 2023 (1402 SH) in Ardabil Province, Iran. The study population included members of non-governmental and community-based organizations (NGOs and CBOs) who were actively engaged in addiction prevention and treatment.

Study Population and Sampling

Participants were selected from board members and key staff of NGOs and CBOs involved in addiction control, which encompassed both preventive activities for individuals at risk (due to economic hardship, family issues, etc.) and treatment efforts for those with substance use disorders. Additionally, clients of these organizations—including individuals with addiction, those in recovery, and community volunteers directly or indirectly engaged with the organizations—were also included.

Purposeful sampling was used. Data collection continued until theoretical saturation was achieved, which means interviews were conducted until no new information or themes emerged; this occurred after approximately 9 interviews.

Inclusion criteria were a minimum of one year of experience working with NGOs or CBOs and willingness to participate in the interview process.

Data Collection

Data were collected through in-depth semi-structured interviews. The interviews began with a broad question: "What roles can NGOs play in society?" followed by more specific prompts such as:

- "What challenges do NGOs face in society?"
- "What activities do NGOs currently undertake or could undertake in addiction prevention and control?"
- "What barriers do you encounter in these efforts?"
- "What are the core components of these challenges?"
- "What are the community-related barriers?"

To elicit deeper insights, probing questions such as "What do you mean by that?" and "Can you elaborate on this point?", were used. Interviews were conducted until data saturation was reached.

To minimize interviewer bias, researchers maintained reflexivity journals and conducted peer debriefing sessions throughout the study. Additionally, triangulation with external sources was performed to enhance the study's validity.

Data Analysis

For data analysis, the content analysis approach proposed by Graneheim and Lundman (2004) was employed.[12] The data analysis process followed these specific steps:

1. Familiarization with the Data: All interviews were transcribed verbatim by two authors (AK and NK), and the transcripts were read multiple times to gain a thorough understanding of the content (AK and SA).
2. Initial Coding: Meaning units, defined as segments of text containing a single idea or concept, were identified within the transcripts. These units were condensed into shorter phrases or words that still maintained the original meaning.
3. Category Formation: Codes were compared and categorized based on their similarities and differences. These categories were further grouped into broader themes, which represented the main findings of the study.
4. Continuous Refinement: During the analysis process, the codes and categories were continuously reviewed and refined as new data were collected.
5. Inter-Rater Reliability: To ensure consistency, a second researcher familiar with the study objectives also coded a portion of the data. The results were compared, and discrepancies were discussed to reach a consensus. This helped strengthen the reliability of the analysis.

Trustworthiness

To ensure the rigor and validity of the qualitative findings, Lincoln and Guba's (1985) four criteria for trustworthiness—credibility, dependability, confirmability, and transferability—were systematically applied in this study:

Credibility

Credibility refers to the confidence in the "truth" of the findings. In this study, credibility was enhanced through multiple strategies:

Prolonged engagement

Researchers engaged with participants over an extended period to build trust, gain in-depth understanding, and capture the complexities of the NGOs' environment.

Member checking

Summaries of the preliminary findings and interpretations were shared with five participants to ensure accuracy and resonance with their experiences. Their feedback was incorporated into the final coding.

Peer debriefing

Regular analytical meetings were held with two qualitative research experts to discuss coding, category development, and interpretation. This helped to minimize individual researcher bias and validate emerging themes.

Triangulation: Although the primary method was interview-based, triangulation within sources (e.g., different roles—leaders, staff, and clients of NGOs) was used to ensure diverse perspectives.

Dependability

Dependability relates to the stability and consistency of the data over time. To enhance dependability:

Audit trail

A detailed log of all research activities—including interview protocols, coding decisions, analytical memos, and changes in categorization—was maintained throughout the study.

Code-recode strategy

A portion of the data (three interview transcripts) was recoded after a two-week interval by the same researcher to evaluate consistency in code application.

External auditing

An independent qualitative researcher not affiliated with the project reviewed a subset of transcripts, codes, and categories to verify consistency and coherence between data and interpretations.

Confirmability

Confirmability refers to the extent to which findings are shaped by the participants' responses rather than researcher bias or interests. Steps taken to ensure confirmability included:

Documentation of decisions

All decisions regarding data collection, coding, theme development, and interpretation were systematically documented and revisited during peer reviews.

Verification by second coder

A second coder familiar with qualitative methods independently coded a selection of interviews. Discrepancies were discussed and consensus reached through dialogical negotiation, enhancing objectivity.

Transferability

Transferability relates to the extent to which the study's findings can be applied in other contexts. To enhance transferability:

Thick description

Detailed contextual information about the setting (Ardabil Province), participant characteristics (Table 1), and the sociocultural background of NGOs was provided to allow readers to assess applicability to their own contexts.

Purposeful sampling with maximum variation was employed, including NGO leaders, frontline staff, volunteers, and clients to capture a wide range of experiences and enhance the richness of the data.

Table 1. Baseline characteristics of study participants were provided in

No. participant	Age (years)	Gender	Duration of involvement with addiction (years)
1	38	Female	7
2	46	Male	10
3	52	Male	15
4	67	Male	30
5	48	Male	4
6	54	Male	19
7	49	Male	6
8	39	Male	5
9	50	Male	11

Study Context

The study was conducted in Ardabil Province, located in the northwest of Iran. This region is characterized by a diverse demographic, with both urban and rural communities facing distinct challenges regarding addiction and social issues. The NGOs and CBOs involved in the study play a crucial role in providing support and resources for individuals at risk of or affected by substance use disorders. These organizations focus on both preventive measures (e.g., awareness and education campaigns, life skills training, family education and counseling) and the rehabilitation of individuals through community-based initiatives. Given the high levels of youth unemployment and economic hardship, this area faces an increased vulnerability to drug abuse, making it an ideal setting for exploring the role of NGOs in addiction control.

Results

The analysis of interviews conducted with members of non-governmental organizations (NGOs) active in the field of addiction in Ardabil Province led to the identification of three main categories: Facilitating Factors for Addiction, Managerial and Organizational Challenges, and Socio-Cultural Challenges. Each category includes several subcategories that reflect various barriers to effective addiction management and the effective operation of NGOs (Table 2). The findings of this study indicate that NGOs working in the addiction sector face a range of intertwined challenges, including structural, managerial, and social factors. These factors not only hinder the preventive and supportive activities of NGOs but also weaken motivation, participation, and public trust. Overall, these interconnected challenges significantly limit the ability of NGOs to provide effective addiction prevention and treatment services.

The categories and subcategories are described below with quotations from participants.

Facilitating Factors for Addiction

This category refers to conditions that increase the accessibility, desire, and persistence of addiction in the community, making it difficult to address. Three subcategories were identified within this category:

Table 2. Sub-categories of challenges of participation of NGOs in the control of addiction process

Main categories	Sub-categories
Facilitating Factors for Addiction	• Low Cost and Easy Accessibility of Drugs • Poor Economic Conditions • Lack of Awareness within Families
Managerial and Organizational Challenges	• Weak Policy-making and Government Support • Institutional Pressures and Restrictive Regulations • Weak Infrastructure and Resources • Dealing with High-Risk Groups and Distrust
Socio-Cultural Challenges	• Negative Perception of Addiction and Lack of Social Acceptance • Skepticism and Public Distrust of NGOs • Low Social Participation • Social Stigma and Its Consequences

Low Cost and Easy Accessibility of Drugs

Many participants highlighted the easy access to drugs at low prices. One NGO member said:

"Drugs are everywhere, in parks, even in front of schools; they are easily accessible, and the price is even less than a pack of cigarettes."

Another participant mentioned: "This situation is especially seen in urban areas and densely populated regions, where addicts have easy access to drugs."

This easy accessibility is often facilitated by weak law enforcement, corruption, and active smuggling routes, making drug control efforts challenging.

Poor Economic Conditions

Poverty and unemployment were also seen as factors leading to an increased inclination toward drug use. One participant noted:

"*When someone has no job, no hope, they turn to drugs to relieve some of the psychological pressure."*

Lack of Awareness within Families

The lack of understanding from families about how to deal with addicted individuals was another facilitating factor for continued drug use. These issues not only disrupt the treatment process but also interfere with prevention efforts. One social activist shared:

"Often, families react with humiliation and threats instead of support or understanding, which causes the addict to relapse."

Managerial and Organizational Challenges

This category addresses barriers related to policy-making, institutional support, and internal management of organizations that hinder NGO activities. The subcategories within this category are:

Weak Policy-making and Government Support

Participants complained about the lack of an effective role for NGOs in planning processes. This situation results in policies and programs that are not fully aligned with the actual needs of the community. One interviewee stated:

"*We are never asked for our opinions. They only remember us when it's time to implement, and even then, we're just the powerless executors."*

This weak involvement in policy-making reduces the responsiveness and effectiveness of addiction control programs.

Institutional Pressures and Restrictive Regulations

Frequent changes in regulations and supervisory pressures have caused difficulties for NGOs. This managerial instability and lack of coordination have led to frustration and decreased efficiency. One participant remarked:

"*With each manager, we have a new set of rules. Yesterday they said one thing, today something else. This instability has exhausted us."*

Another participant noted:

"NGOs are regularly threatened with having their licenses revoked by inspectors."

Yet another participant shared:

"Government agencies do not support NGOs; they create obstacles under various pretenses."

Compared to NGOs in similar regions, these institutional pressures are more severe and unpredictable, worsening operational challenges.

Weak Infrastructure and Resources

Budget shortages, inadequate facilities, and a lack of space are other significant challenges that severely limit the operational capacity of NGOs. One interviewee explained:

"*We have to organize seminars at our own expense. We don't even have a proper room to bring addicts in for counseling."*

Another participant said:

"NGOs fund themselves through the personal resources of founders and families of addicts, with no financial support from the government."

Additionally, another participant commented:

"No budget is provided by the government; costs are borne by the patients and their families, who are often unable to afford them."

Patients and their families, often unable to afford treatment, bear the financial burden due to lack of government funding.

Dealing with High-Risk Groups and Distrust

Some participants described encounters with families or patients who are distrustful or exhibit violent behavior, making the treatment and prevention process even more challenging.

"People come in shouting and cursing; their families say, 'You have no right to do anything.' How can we help

when the person doesn't want it?"

Socio-Cultural Challenges

This category deals with barriers arising from beliefs, attitudes, and social structures that impact the effectiveness of NGO activities. Subcategories in this category include:

Negative Perception of Addiction and Lack of Social Acceptance

Most participants complained that society still views addiction as a crime rather than a disease. These negative attitudes prevent the acceptance of treatment and support for addicts.

"People think addicts should go to prison, not to rehab. This view doesn't allow us to succeed in prevention."

Another participant said:

"Society does not accept addicts, and this is due to a lack of awareness. Addicts are viewed as criminals. In our society, the disabled are supported, but addicts are not."

Social attitudes often criminalize addiction rather than treating it as a health issue, as one participant expressed:

"People think addicts should go to prison, not to rehab."

Skepticism and Public Distrust of NGOs

A lack of public trust in NGOs reduces public participation. This general distrust means that people are unwilling to engage with NGOs or support their activities.

One interviewee stated:

"They say we're just after money, while many times we fund activities out of our own pockets."

Another participant remarked:

"Neighborhood committees don't accept us, and neither do the charities or mosques."

Yet another participant shared:

"When addiction is mentioned, donors run away, saying it's a waste of money. There are cultural issues, and addiction is not accepted by the public. People don't help unless they are directly affected, and they advise others not to help either."

This skepticism often stems from misinformation or past mismanagement, making community outreach critical for improving public perception.

Low Social Participation

A lack of volunteers, low public motivation to start new NGOs, and insufficient support from philanthropists have limited collective participation. These factors make it difficult for NGOs to attract human and financial resources.

"People don't get involved anymore because they've heard too many empty promises. Donors also stop helping when they see that NGOs are not taken seriously."

Social Stigma and Its Consequences

The stigma attached to addiction does not disappear after treatment and makes reintegration into society more difficult.

"The person gets sober, but no one will hire them; they're still called an addict. This makes them relapse into drug use."

In summary, these challenges create a complex web of structural, social, and managerial barriers that NGOs must navigate to effectively combat addiction in Ardabil Province. Addressing these interconnected issues through policy reform, public education, and capacity building is crucial to enhance NGOs impact.

Discussion

This study was conducted using the insights and experiences of key stakeholders from NGOs to explore the challenges of social participation and the activation of community-based and non-governmental organizations in the management of substance use disorders. However, it is important to note that leaders' perspectives might differ from those of frontline staff and volunteers who have direct contact with target populations, potentially overlooking practical, on-the-ground challenges. Including these groups in future studies could provide a more comprehensive understanding of the issues faced by NGOs.

In this study, the lack of structured governmental support was identified as one of the main organizational and managerial challenges faced by NGOs. This finding is consistent with global evidence indicating that the effective role of NGOs in substance use prevention is often the result of strong and constructive collaboration with government entities.[13] Similarly, a recent study conducted in Iran (2023) has highlighted the absence of supportive legislation and weak governmental support as key weakening factors for NGOs within the national health system.[6]

Nevertheless, relying solely on semi-structured interviews may limit the ability to capture more sensitive or hidden issues; future research incorporating complementary methods such as focus groups or ethnographic observations could enrich the data and provide deeper insights.

Other studies also support the present findings, lack of an effective role for NGOs in planning processes and regulations governing NGO activities, as the major barriers to NGO engagement in the health sector.[14-16] In the study by Khodayari (2019), additional challenges included limited NGO participation in policy-making processes[15], a shortage of qualified professionals, and insufficient government support.[17] Therefore, the government should provide numerous opportunities for such organizations to bring up their own problems and ideas, make use of advice and opinions of NGOs in specialized meetings, delegate responsibilities to them, and welcome and support their activities since these organizations have the deepest and the closest connections with society, especially the disadvantaged strata.[18, 19]

The lack of structured support may stem from fundamental differences in perspective between NGOs and governmental institutions. Government authorities often perceive NGOs as political entities with hidden

agendas, and fail to recognize their potential role in broader development goals. In turn, NGOs tend to view the government as attempting to control or restrict their independence.[20] In contrast, the Malaysian experience demonstrated that NGOs can serve as frontline actors in harm reduction programs and were even able to redirect criticism from resistant Islamic groups away from the government.[21] It is important to acknowledge that these contextual and cultural differences might influence the applicability of our findings to other regions. Variations in social structures, government support, and cultural attitudes towards addiction may lead to different challenges and opportunities for NGOs in other provinces. Future comparative studies across diverse provinces could provide a more comprehensive understanding of these dynamics.

Another significant challenge identified for NGOs was managerial barriers. In line with our findings, the research by Sanadgol et al. (2022) also revealed that NGOs in Iran face legal and managerial obstacles in collaborating with the government to move toward universal health coverage.[10] Similarly, the study by Yaqub (2014) highlighted those misunderstandings between the government and NGOs negatively impacted the level of cooperation between them.[20] Developing actionable strategies requires the provision of legal support and infrastructure for NGO activities. The government must also create suitable opportunities for NGOs to participate in health-related initiatives. To more effectively support charitable organizations, the government should implement a range of incentives and support mechanisms—such as offering special exemptions, empowering and training managers (particularly in sustainable financing and resource generation), and leveraging intellectual capital in legislative processes.[10, 20] Strengthening legal frameworks and capacity-building efforts can empower NGOs to contribute more effectively to public health goals. Ultimately, supportive policies and structured engagement mechanisms are key to maximizing their impact.

In the present study, stigma, weak social support, and lack of public acceptance were also identified as significant barriers. Social support, which facilitates reintegration into home and work life, is widely considered a critical component in the treatment and recovery of substance use disorders.[22] Stigma may play an important role in seeking help for substance use problems.[1] Consistent with our findings, evidence suggests that some family members fail to provide sufficient support for relatives recovering from substance use disorders or mental health issues.[23] A recent systematic review of qualitative studies on substance use among refugees has identified stigma as a psychological and social barrier.[24] Stigma and inadequate social support significantly hinder the recovery and reintegration of individuals with substance use disorders. These barriers not only affect treatment-seeking behavior but also undermine long-term recovery outcomes. Reducing stigma and strengthening family and community support systems are essential for more effective intervention strategies.

These challenges stem from a combination of cultural-social factors and misinformation about individuals recovering from substance use. Emotional support and educational guidance play a vital role in treating substance abuse.[24] Given the realities of society, it seems that providing training in help-seeking behaviors and preparing individuals recovering from substance use to face societal reactions, along with developing cultural programs to change public attitudes toward recovering addicts, could help improve public acceptance and reduce social barriers to the activities of NGOs aimed at improving community health.

In our study, the lack of financial support, resource limitations, and insufficient facilities were also significant challenges for NGOs. In line with a recent similar study, the most severe challenges faced by NGOs were the need to secure sustainable financial resources, human resources, and effective communication and advocacy.[25] Resource limitations, weak and insufficient connections with the public sector, were also identified as challenges.[14-16]

Although NGOs can secure their financial resources through various strategies, including international foundations, charitable organizations, international aid agencies, local governments, foreign governments, commercial activities, tax exemptions, subsidies, and donors, the government must recognize the unique role of NGOs, including their contribution to social capital and the creation of social networks. Furthermore, decision-making should be shared fairly with NGOs to ensure successful collaboration.[26] In the absence of such mechanisms, NGOs are unlikely to achieve their objectives successfully.[27] Given the instability caused by dependence on private donors, sustained and structured government financial support is crucial for maintaining effective services. Financial constraints directly impact NGOs' ability to expand outreach, maintain facilities, and deliver consistent programs, which underscores the need for stronger governmental commitment and resource allocation.

In this study, facilitating factors of addiction were identified as one of the main challenges for NGO actions, including the affordability of substances and the limited awareness of families in dealing with addicts. Consistent with our findings, limited awareness, stigma, and family blame were identified as factors contributing to the initiation and persistence of substance use disorders in children, as well as the pressures arising from barriers to access to treatment, which were highlighted as challenges by caregivers.[28] This is despite the fact that awareness, especially regarding mental health, is considered the cornerstone of accessing substance use disorder (SU) treatment.[29]

To address this challenge, it is recommended that families be involved in the assessment process and early stages of treatment whenever possible. A comprehensive communication and intervention plan should be designed

to increase family participation in the treatment of a family member with substance use disorder.[30] Families can play a crucial role in helping individuals after overcoming substance use, preparing them for effective social participation, and acting as intermediaries for NGOs to help reintegrate individuals into society.[31]

Conclusion

NGOs working in the field of addiction prevention and management face numerous challenges, including lack of organized governmental support, the state's inclination to dominate, weak governmental accountability regarding addiction, obstacles created by state organizations, mistrust and skepticism among the public and philanthropists toward NGOs, the societal burden of addiction, and especially lack of financial support from governmental institutions and philanthropists. To address these challenges effectively, it is essential to develop a systematic model for government-NGO collaboration within the health sector. Concrete policy measures such as tax benefits for NGOs, establishment of direct and stable funding mechanisms, and capacity-building initiatives focusing on organizational and operational skills are crucial. These steps would enhance NGO performance, ensure sustainable resource allocation, and foster public trust and participation.

Empowerment training programs should be designed to improve NGO capabilities in health promotion and addiction prevention, with a focus on integrating NGOs into formal decision-making processes to align policies with community needs. Such comprehensive efforts will improve the overall impact of NGOs, helping them overcome structural, managerial, and social barriers, and thus, contribute more effectively to addiction prevention and control in Iran.

Study Limitations

This study had several limitations. First, only the perspectives of NGO activists were considered, and the views of other key stakeholders, such as government officials, community members, or cross-sectoral partners, were not included. This reliance on NGO leaders' viewpoints may introduce bias and overlook the practical experiences of frontline staff and volunteers directly engaged with target populations. Second, focusing primarily on organizational leaders may not fully reflect the challenges and insights of executive staff and volunteers who operate on the ground. Third, the exclusive use of semi-structured interviews as the data collection method may have limited the exploration of sensitive or hidden issues; employing complementary methods such as focus groups or ethnographic observations in future research could provide a richer understanding.

Finally, the geographical focus on a single province limits the generalizability of the results to other regions with different social structures, governmental support systems, and cultural contexts. Future studies should consider multi-provincial or national-level research to capture regional differences and develop adaptable policy frameworks.

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Authors' Contributions

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Competing Interests

The authors declare that they have no conflict of interest.

Ethical Approval

In this study, written informed consent was obtained from all participants, ensuring that they understood the purpose and nature of the research. The participants were also made aware of their right to withdraw from the study at any time without consequence. The confidentiality and privacy of the participants were maintained throughout the study. Personal information, including names and identifying details, were kept confidential and were not disclosed at any stage of the research.The study was conducted after obtaining the necessary approvals from the Ethics Committee of Ardabil University of Medical Sciences. (Ethical Code: IR.ARUMS.MEDICINE.REC.1401.015). All procedures were performed in accordance with ethical guidelines to ensure respect for participants' rights and to maintain the integrity of the research process.

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