



Assessment of Knowledge of Community-Based Approaches to Substance Use Interventions: Best Practices and Innovative Programs Among Medical Doctors in Akwa Ibom State

Evelyn Osemhen Eziagu¹, Eno-obong Nkanga¹, Henry Jombo², Seyi Ogundipe Sunday¹, Festus Abasiubong², Uchechukwu Brian Eziagu³

¹Department of Mental Health, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria.

²Department of Psychiatry, University of Uyo/Department of Mental Health, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria.

³Department of Histopathology, University of Uyo Teaching Hospital, Uyo, Akwa Ibom State, Nigeria

Abstract

Context: Community-Based Approaches (CBAs) are employed in substance use disorder treatment, but the familiarity and attitudes of medical doctors in Akwa Ibom State to these practices are not known. The purpose of this study was to assess how familiar Akwa Ibom State's medical doctors are with community-based approaches to drug use interventions, with a focus on best practices and cutting-edge initiatives.

Materials and Methods: A descriptive cross-sectional survey was conducted among medical doctors residing in Akwa Ibom State, Nigeria. Participants were recruited through convenience sampling using an electronic questionnaire distributed through professional medical groups. Data were collected using a structured questionnaire comprising both closed-ended and open-ended questions, thereby incorporating quantitative and qualitative components. Quantitative data were analysed using descriptive and inferential statistics, while responses to open-ended questions were analysed thematically.

Results: A total of 65 responses were received from medical doctors. The mean age of the respondents was 37.9 ± 4.9 years, with a slight preponderance of male respondents (58.5%). The concept of community-based approaches in substance use care, particularly the specific approaches/interventions, was mostly unfamiliar (69.2%) to the respondents. Despite their limited familiarity, the respondents correctly perceived (68.2%) CBAs. Inferential analysis showed no significant difference in familiarity scores by gender ($p = 0.564$), but significant differences were observed across years-of-experience categories ($p = 0.046$) and between psychiatry and other specialties ($p = 0.016$).

Conclusions: Generally, familiarity with community-based approaches to substance use treatment was poor among the respondents. However, they had good perceptions about them. Community-Based Education needs to be integrated into postgraduate training as it already is with undergraduate training.

Keywords: Community-Based Approaches, Substance Use Interventions, Best Practices, Innovative Programs, Medical Doctors, and Akwa Ibom State.

Introduction

Globally, substance use disorders pose serious threats to public health.¹⁻³ In 2019, approximately 275

Corresponding Author:

Dr. Evelyn Osemhen Eziagu

Department of Mental Health, University of Uyo Teaching Hospital, P.M.B. 1136, Uyo, Akwa Ibom State, Nigeria.

evelyneziagu@gmail.com | ORCID: 0000-0002-4574-6039

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million people (i.e., 5.5% of the world's population) mostly aged 15-64 years had a positive history of using substances (i.e., psychoactive drugs) in the previous year.^{4,5} According to World Health Organization (WHO), 1.3% of the total global burden of disease is due to drug use.⁶ It was estimated that a little over 12% of people who used

psychoactive substances in 2019 may develop substance use disorders for which they may require treatment.^{4,6} One of the major problems associated with substance use disorders is that it is a chronic relapsing condition, and as such its treatment poses a significant challenge.⁷ Notably, in 2016 only one in six people with a substance use disorder received treatment, according to the United Nations Office on Drugs and Crime (UNODC), and this percentage has remained largely stable in recent years.⁵ Also, some people with substance use disorders received non-hospital-based/residential care.^{3,7} The treatment gap and the possibility of non-residential treatment for some people with drug use problems have led to the development and promotion of community-based treatment by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC).³

Community-based initiatives/approaches have become popular in recent years as efficient ways to deal with these drug-related problems comprehensively.⁸ Community-based interventions entail a cooperative effort by individuals, community organizations, and healthcare professionals to provide customized solutions suited to the particular requirements of local communities.^{3,8} Understandably, healthcare professionals, particularly medical doctors, play a crucial role in these community-based initiatives/approaches/interventions.³ Sadly, to the best of our knowledge, there is a dearth of data in our environment showing these community-based initiatives/approaches/interventions as well as the knowledge thereof among doctors in Akwa Ibom State.

Therefore, the aim of this survey was to assess the knowledge and familiarity of community-based approaches to substance use interventions, focusing on best practices and innovative programs among doctors in Akwa Ibom State.

Materials and Methods:

Study design, study participants, sample size, and sampling: This descriptive cross-sectional study was conducted among medical doctors residing in Akwa Ibom State, Nigeria. At the time of the study, there were an estimated 520 practising medical doctors in the state, according to the registry of the Nigerian Medical Association Akwa Ibom State

branch. Eligible participants were medical doctors who were resident in Akwa Ibom State during the study period and who voluntarily provided informed consent to participate in the study. Medical doctors who were not resident in Akwa Ibom State during the study period, those who declined to provide consent, and questionnaires that were incompletely filled were excluded from the analysis.

Sampling Technique/Procedure: Participants were recruited using a convenience sampling technique. An electronic questionnaire whose link (<https://forms.gle/DxYfXzDQRwSmKhY46>) was disseminated through WhatsApp groups of medical professional associations across Akwa Ibom State, including the Nigerian Medical Association, the Association of Resident Doctors, the Medical Women's Association of Nigeria, and other professional WhatsApp groups for medical doctors in the state. The survey remained open for a period of two weeks, between 15th and 28th July, 2023. No formal sample size calculation was performed. All eligible medical doctors who responded within the study period and provided informed consent were included in the study. At the end of the two-week data collection period, 65 completed questionnaires had been received and were included in the final analysis.

Study Instrument: The survey instrument that was reviewed by two independent experts. The questionnaire comprised 26 questions subdivided into 6 sections. The questionnaire comprised both close-ended and open-ended questions, generating quantitative and qualitative data, respectively. The quantitative data included respondents' sociodemographic characteristics, knowledge, familiarity, perceptions, and attitudes, while the qualitative component consisted of responses to open-ended questions regarding community-based substance use interventions.

Data Analysis:

- Descriptive Analysis:** Frequencies and percentages were computed for demographic data, questions testing knowledge, familiarity with best practices and innovative programs and questions that assessed perceptions and attitudes.
- Familiarity scores:** Familiarity with community-based substance use interventions and innovative

programmes was assessed using a 5-point Likert scale, ranging from 1 (not familiar at all) to 5 (very familiar). Mean scores and standard deviations were calculated for each intervention and programme, with higher scores indicating greater familiarity. Frequencies and percentages were also calculated for each response category. For descriptive interpretation, the categories "Familiar" and "Very familiar" were additionally combined to determine the proportion of respondents who reported familiarity with each intervention or programme.

c) Inferential Analysis: Independent-samples t-tests were used to compare mean familiarity scores between two independent groups, while one-way analysis of variance (ANOVA) was used to compare mean familiarity scores across three or more groups. Pearson's correlation was used to assess the relationship between age and familiarity score. Statistical significance was set at $p < 0.05$.

d) Thematic Analysis: For open-ended questions, qualitative thematic analysis was carried out to identify common themes in respondents' responses.

Results:

A total of 65 respondents filled out the form within the study period. There was a slight preponderance of male ($n=38(58.5\%)$) than female respondents ($n=27, (41.5\%)$). The participants were aged between 29 and 51 years, with a mean age of 37.9 ± 4.9 years. More than half (61.5%) of the respondents were aged between 30 and 40 years. They comprised mostly practicing doctors ($n=59 (95.4\%)$), and $3(4.6\%)$ of the respondents were currently not practicing Medicine. Approximately

Table 1: Frequency distribution table of respondents' sociodemographic data

Variable	Frequency	Percentage (%)
Gender		
Male	38	58.5
Female	27	41.5
Others	0	0
Prefer not to say	0	0
Total	65	100
Currently Practicing Medicine		
Yes	62	95.4
No	3	4.6
Total	65	100
Current Place of Practice		
Teaching Hospital	52	80.0
Educational Institutions	2	3.1
General Hospitals	3	4.6
Private Hospitals	2	3.1
Primary health center	1	1.5
Others	5	7.7
Total	65	100

$80\% (n = 52)$ of the study participants are University of Uyo Teaching Hospital staff. The rest of the respondents worked in educational institutions ($2(3.1\%)$), private hospitals $2(3.1\%)$, general hospitals, $3(4.6\%)$, primary health centers $1 (1.5\%)$ and others e.g., Non-Governmental Organizations $5 (7.7\%)$. Most respondents $37(56.9\%)$ have 10 to 20 years of experience as licensed medical doctors. Those with 5 to 10 years of experience were $25(38.5\%)$ while $6(9.2\%)$ respondents have over 20 years of experience (Table 1).

A significant proportion of the respondents

Table 2: Frequency distribution of Respondents' knowledge of goals of Community-Based approaches to substance use intervention

Stated Goal	Frequency	Percentage
Stop or reduce drug or alcohol use	58	89.2
Provide a wide range of individual needs and ensure the best possible outcome	30	46.2
Active involvement of local organizations, community members, and target population in the services provided	53	81.5
Limit the need and demand for residential treatment and custodial services for drug abusers	27	41.5
Help drug users to develop the skills to manage their drug and alcohol dependence and limited problems in the community	51	78.5
Reduce stigma associated with drug and alcohol dependence	51	78.5

$58(89.2\%)$ ticked that stopping or reducing alcohol or drug use, helping drug users to develop the skills to manage their drug dependence and related problems $51(78.5\%)$, and reducing the stigma associated with drug dependence $51(78.5\%)$ are some of the goals of CBAs in substance use intervention. Whereas only $27(41.5\%)$ ticked that one of the goals is limiting the need and demand for residential treatment and custodial services for drug abusers, and $30(46.2\%)$ ticked that providing a wide range of individual needs and ensuring the best possible outcome is also part of the goals of CBAs in substance use interventions (Table 2).

When asked if they are familiar with Community-Based Approaches to substance use interventions, $20(30.2\%)$ of respondents answered "Yes", $26(40\%)$ answered "No", and $18(29.2\%)$ answered "Not sure". Of the 20 respondents who answered "Yes", only 9 (45%) gave a correct explanation when asked about their understanding of what CBAs in substance use interventions are. Regarding familiarity with specific community-based

substance use interventions, peer support programmes had the highest mean familiarity score (3.31 ± 1.25), followed by harm reduction (2.62 ± 1.30) and SBIRT (2.57 ± 1.25). Recovery-oriented systems of care (2.31 ± 1.21) and CRAFT (2.14 ± 1.09) had lower mean familiarity scores. Similarly, among innovative programmes, community recovery centres had the highest mean familiarity score (2.71 ± 1.28), followed by telemedicine (2.48 ± 1.35) and mobile-based interventions (2.34 ± 1.28). Syringe exchange programmes (2.23 ± 1.54) and sober living communities'/recovery residences (2.31 ± 1.36) had comparatively lower mean familiarity scores. (Table 3).

Table 4 shows the summary of the level of respondents' familiarity with other specific

innovative programs in Community-based substance use intervention. The assessment of familiarity with other specific innovative interventions in community-based drug use care shows that the highest number of respondents were not familiar at all with the listed interventions, which include Mobile-based interventions (e.g., smartphone apps) for substance use disorders (25(38.5%); telemedicine/telehealth for substance use interventions (24(36.9%); syringe exchange program (35(53.8%); and Sober living communities and recovery residences (26(40%)), except for Community Recovery Centers as a hub for comprehensive support and treatment, in which case, "somewhat familiar" had a slightly higher frequency. When the frequencies of the responses

that show some familiarity namely familiar and very familiar were summed together to rate the level of familiarity, Community Recovery Centers as a hub for comprehensive support and treatment, had the highest number of respondents (20(30.8%)) while mobile-based interventions and sober living communities and recovery centers were equally the lowest with the frequency of 14 (21.5%).

Table 5 shows the summary of the respondents' perceptions about community-based substance use interventions. 68.2% of the respondents believed (aggregate of the 'agree' and 'strongly agree' responses) that community-based approaches are more effective than individual-based interventions in addressing substance use issues while 18.5% were neutral and the remaining respondents disagreed (10.8%) or strongly disagreed (1.5%). Approximately 99% (those that ticked agree and strongly disagree) of the participants believed that Innovative programs are essential for reaching underserved populations with substance use disorders. While no responder disagreed or strongly disagreed with the statement, 9.2% were on the fence. A little over three-quarters (78.5%) of the respondents perceived that community

Table 3: Summary of the Level of respondents' familiarity with community-based substance interventions

1. Are you familiar with community-based approaches to substance use interventions?										
		Frequency					Percentage (%)			
Yes		20					30.8			
No		26					40			
Not sure		19					29.2			
TOTAL		65					100			
2. Participants' understanding of community-based approaches to substance use intervention										
		Frequency					Percentage (%)			
Correct answer		9					45			
Wrong answer		11					55			
Total attempts		20					100			
Note: those whose explanation of community-based interventions captured part of or the whole concept were considered to be correct.										
3. Level of familiarity with specific community-based interventions										
Level of familiarity	Specific intervention frequency									
	Harm reduction		Recovery-oriented systems		Peer support programs		SBIRT		CRAFT	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Not familiar at all	19	29.2	23	35.4	9	13.8	19	29.2	27	41.5
Slightly unfamiliar	9	13.8	15	23.1	6	9.2	19	29.2	9	13.8
Somewhat familiar	20	30.8	12	18.5	16	24.6	19	29.2	22	33.8
Familiar	12	18.5	14	21.5	24	36.9	14	21.5	7	10.8
Very familiar	5	7.7	1	1.5	10	15.4	3	4.6	0	0
Mean ± SD	2.62 ± 1.30		2.31 ± 1.21		3.31 ± 1.25		3.31 ± 1.25		2.14 ± 1.09	

Table 4: Level of respondents' familiarity with innovative programs in community-based substance use interventions

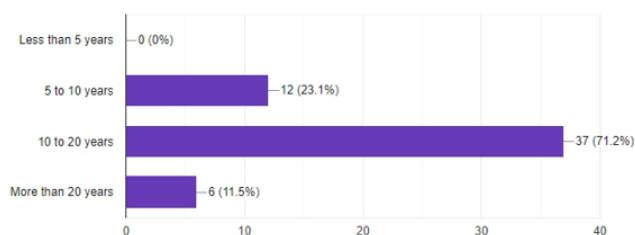
Level of familiarity	Specific innovative programs									
	Mobile-Based Intervention		Telemedicine		Community Recovery centers		Syringe Exchange Program		Sober living communities	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Not familiar at all	25	38.8	24	36.9	18	27.7	35	53.8	26	40
Slightly unfamiliar	10	15.4	8	12.3	7	10.8	6	9.2	13	20
Somewhat familiar	16	24.6	15	23.1	20	30.8	7	10.8	12	18.5
Familiar	11	16.9	14	21.5	16	24.6	8	12.3	8	12.3
Very familiar	3	4.6	4	6.2	4	6.2	9	13.8	6	9.2
Mean $\pm$ SD	2.34 $\pm$ 1.28		2.48 $\pm$ 1.35		2.71 $\pm$ 1.28		2.23 $\pm$ 1.54		2.31 $\pm$ 1.36	

Table 5: Respondents' perceptions about community-based approaches to substance use interventions

Level of agreement	Specific perception question									
	Effectiveness of Community-Based Approach		Reaching underserved population		Importance of community involvement		Effect of stigma		Prioritization of funding	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Strongly disagree	1	1.5	0	0	9	13.8	6	9.2	5	7.7
Disagree	7	10.8	0	0	3	4.6	1	1.5	0	0
Neutral	12	18.5	6	9.2	2	3.1	7	10.8	8	12.3
Agree	32	49.2	37	56.9	29	44.6	31	47.7	25	38.5
Strongly agree	13	20	22	33.8	22	33.8	20	30.8	27	41.5
Total	65	100	65	100	65	100	65	100	65	100

Table 6: Association between selected sociodemographic characteristics and aggregate familiarity score

Sociodemographic characteristic	n	Mean familiarity score $\pm$ SD	Statistical test	Test statistic	p-value
Gender			Independent-samples t-test		
Male	38	12.63 $\pm$ 4.85		$t = -0.58$	0.564
Female	27	13.37 $\pm$ 5.34			
Years of experience			One-way ANOVA	$F = 3.24$	0.046
5–10 years	24	14.88 $\pm$ 5.48			
10–20 years	37	11.97 $\pm$ 4.45			
>20 years	4	10.25 $\pm$ 4.57			
Current practice			Independent-samples t-test	$t = -0.02$	0.985
Yes	62	12.94 $\pm$ 5.06			
No	3	13.00 $\pm$ 5.29			
Specialty			Independent-samples t-test*	$t = 3.30$	0.016
Psychiatry	6	19.00 $\pm$ 4.73			
Other specialties	59	12.32 $\pm$ 4.67			

**Figure 1: Bar chart showing the frequency distribution of the years of experience of the respondents as a doctor**

involvement is crucial for the successful implementation of substance use interventions, 3.1% were on the fence and approximately 18% disagreed with the statement. Unsurprisingly, those that admitted that the stigma associated with substance use disorders hinders the effectiveness of community-based interventions were approximately 79%, with 10.8% in a neutral position and the remaining approximately 10.7% disagreeing with the fact. 80% of the respondents agree that funding and resources for community-based approaches should be prioritized by governments and organizations, 12.3% were undecided while the remaining 7.7% strongly disagreed with the statement.

To further examine whether familiarity with community-based interventions varied according to respondents' characteristics, the aggregate familiarity score was compared across selected sociodemographic variables. The mean aggregate familiarity score for the five community-based substance use interventions was 12.94 ± 5.03 . There was no significant difference in familiarity scores between male and female respondents (12.63 ± 4.85 vs. 13.37 ± 5.34 ; $t = -0.58$, $p = 0.564$). However, familiarity scores differed significantly across categories of years of professional experience (one-way ANOVA, $F = 3.24$, $p = 0.046$). Respondents in psychiatry had significantly higher mean familiarity scores than those from other specialties (19.00 ± 4.73 vs. 12.32 ± 4.67 ; Welch's $t = 3.30$, $p = 0.016$) (Table 6). Age was also significantly negatively correlated with familiarity score ($r = -0.27$, $p = 0.033$).

Discussion:

This survey aimed to assess the knowledge and familiarity of community-based approaches to substance use interventions, focusing on best practices and innovative programmes, among medical doctors in Akwa Ibom State. The respondents were generally unfamiliar with the concept of community-based approaches to substance use care, particularly with specific approaches and interventions. Despite the low level of familiarity, respondents demonstrated generally correct viewpoints regarding community-based approaches. Inferential analysis showed that familiarity scores differed significantly across categories of years of professional experience. However, post-hoc comparisons did not identify a statistically significant difference between any specific experience groups. Age was also negatively correlated with familiarity scores, suggesting that familiarity tended to decrease with increasing age. Age was also negatively correlated with familiarity scores, suggesting that familiarity tended to be higher among younger respondents. This finding may reflect differences in exposure to contemporary approaches to substance use care across age groups,

although further research would be required to establish the reasons for this association.

In this index study, medical doctors in psychiatry had significantly higher familiarity scores than doctors from other specialties. This finding is not surprising, as psychiatrists are more directly involved in the assessment and management of substance use disorders and may therefore have greater exposure to community-based approaches to substance use care. However, this finding should be interpreted with caution given the small number of respondents in the psychiatry group.

To the best of our knowledge, this study is the first study in Nigeria that assessed the knowledge and perceptions of community-based approaches to substance use interventions among medical doctors. Importantly, medical doctors play a critical role in the management of substance use disorders from screening for drug-related problems to carrying out brief interventions to referral to specialist drug treatment services to health education and advocacy among others. To this end, they should be very familiar with best practices and innovations as far as community-based care is concerned. The generally low knowledge of CBAs to drug use interventions among doctors revealed by this index study may be due to “disuse atrophy”. This is more clearly shown in the fact that the general perceptions about these CBAs were right, which could have been unlikely if the respondents found the approaches novel.

One of the sad implications of the poor familiarity of medical doctors with CBAs is that they may not play their role(s) as required of them in the community-based approaches and this on the whole may impair the effectiveness of CBAs and hamper the treatment and care of the people with substance use problems. This finding is indeed contrary to the goals of WHO and UNODC in reducing challenges to substance use disorder management.^{3,5,6} This finding in essence captures the profound need for this line of research with the aim of providing research-based solutions to this problem, particularly in Akwa Ibom State, Nigeria.

Interestingly, this familiarity deficit, however, does not equate to poor familiarity with treatment guidelines.⁹ This inference was derived from a Nigerian multicenter study by Desalu et al which revealed that the internal medicine and family medicine medical doctors sampled were familiar

with the available clinical practice guidelines.¹⁰

Familiarity with already well-known practices did not differ significantly from familiarity with the innovative programs. Considering the best practices and innovative programs put together, the peer support program was the most popular program among the respondents. This is unsurprisingly so, as a recently published study by Ingrid et al which they conducted among doctors in Norway showed that peer support programs are popular among doctors not only for the management of patients but also as a viable option, which they employ in managing their own medical problems.¹¹

The main limitations of this study stem from its small and restricted sample size such that many doctors in rural areas were not sampled, hence the vast majority of the respondents (92.3%) currently practice in the teaching hospital located in the state capital (i.e., urban areas). Secondly, the implication of the low sample size is that the inferences of the results of this study cannot be extrapolated or generalised to the entire medical doctors in Nigeria. Therefore, for further study, a multistate study that will employ a methodology that will incorporate rural dwellers, as well as wider participants, will engender a more robust study whose results inferences can be extrapolated to the larger Nigerian medical community.

Finally, we wish to recommend the development of a curriculum and avenue for periodic retraining of medical doctors on CBAs to ensure that medical doctors remain up-to-date as far as these interventions are concerned. Additionally, it will be needful for teachers and elders in the medical doctors' community to ensure that they do not relent in advocating for Community-Based Education and Services (COBES) programs in our medical schools. Furthermore, it would also be needful for them to also continually encourage and procure access to high-impact journals to foster evidence-based CBAs' practice and up-to-date information especially related to their fields/specialties of practice.

Conclusions:

The level of familiarity among medical doctors in Akwa Ibom State about community-based approaches, =especially considering best practices and innovative programs, is generally low but for

medical doctors in Psychiatry who are major specialists involved in substance use treatment. Training and retraining of all medical doctors are needed to continuously remind them of the community-based education they acquired in medical school as well as keep them up-to-date with modern treatment modalities.

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