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Clients Perception towards Helpfulness of Rehabilitation Centres in Drug and Substance Abuse Prevention and Recovery in Uasin Gishu, Kenya

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Abstract:

Drug and substance abuse are a global threat that causes serious ramifications on people's health, security, economic and cultural welfare. Rehabilitation of persons with Drug and substance abuse is a big challenge both to the individual, their families and the society at large. Every year in Kenya misuse of drugs costs the country lots of money and sometimes the misuse has led to deaths. Due to the impact of abuse of substances on individual's health and the socio-economic consequences, there are several efforts towards alleviating or reducing drug abuse in Kenya. This study sought to clients' perception towards helpfulness of rehabilitation centres in drug and substance abuse prevention and recovery in Uasin Gishu, Kenya. A cross-sectional survey design based on a sample drawn from locations of rehabilitation centers that cut across the Uasin Gishu County, Kenya. The study was carried out using simple random sampling to get 205 respondents was chosen from each of the two strata i.e. rehabilitees and staff members. Data from the research instruments were analyzed using Statistical Package for Social Scientists. Analysis output included; Descriptive statistics (means, standard deviation, frequencies and percentages). The findings of the research showed that majority of the rehabilitees were doubtful about the success of the rehabilitation centres to treat them. Meanwhile majority of the staff members were also doubtful about the willingness of any rehabilitees to be rehabilitated within the centre. The results of the study also showed that, majority of the rehabilitees were doubtful about the success of the rehabilitation centres to treat them. Additionally, majority of the staff members were also doubtful about the willingness of any rehabilitees to be rehabilitated within the centre. Findings as attested by the management and rehabilitees showed that majority of the rehabilitees were positive that detoxification was successful although they were less than half of the entire respondents; this was followed by rehabilitees who believed that the detoxification was not successful. The number of rehabilitees who attested that the process was very successful were about 10% while those who attested that the process was satisfactory were 20%. This study is believed to provide database on management of drug and substance abuse that will be useful to the community-based organizations, Nongovernmental Organizations, United Nations Drug Control Programme, National Institute on Drug Abuse and Drug and Substance Abuse Prevention Programs (UNDCP), NACADA and the Kenyan policy makers.

Keywords: *National campaign against drug abuse authority, world health organization, drug and substance abuse prevention programs, community based organizations and non-governmental organizations*

1. Introduction

In the last two decades, there is no greater global challenge that faced the United Nations (UN) in its effort to advance good health for all than the predicament of drug and substance addicts (World Health Organization, 2019). Confronting with this veracity, the UN General Assembly held a special session on drugs since 1998 and established targets and deadlines to considerably lessen the world's drug problem (Hurst, 2019). Further significantly, this manifested the realization that drug and substance abuse and its consequential addiction have turned out to be a global threat and hence efforts to deal with the problems should go beyond national borders (Zarei, Salimi, Repo, Daglioglu, Safaei, Güzel & Asadi, 2020). The demand and supply of illicit drugs has continued to shoot up. For example in the years 2018-19 no more than 120 countries and territories worldwide reported prohibited drug seizures globally (Fernandez, 2020; Ghiabi, 2020). Through 1987 to 2018, the number had full-fledged to 144 countries and yet again increased significantly to 170 countries in the years 1997-98 (Bouché & Bailey, 2020). Therefore, in approximately two decades the number of countries reported

illicit drug seizures increased by about 42%, which is an excessive figure on a very dangerous health predicament. Three-quarters of the countries reported abuse of heroin and cocaine (Peacock, Leung, Larney, Colledge, Hickman, Rehm, Giovino, West, Hall & Griffiths, 2018).

According to WHO about 15.3 million individuals have drug use disorders and drug abuse are associated with significant health and social problems (Khalili, Rahimi-Movaghar, Shadloo, Mojtabei, Mann & Amin-Esmaeili, 2018; Volkow, Icaza, Poznyak, Saxena, Gerra & Network, 2019). The undesirable impact of drug and substance abuse is great as UNDCP (2002) computation that drugs destroy lives and communities, destabilize sustainable human development and bring forth crime. Additionally, drugs have an effect on all sectors of society in all nations and in particular; drug abuse have an effect on freedom and development of young people, the world's most precious asset. Further, drugs are a grave danger to the health of all mankind, democracy, the stability of nations, the structure and composition of all societies and the dignity and hope of millions of people and their families globally. The illicit drug trafficking and abuse has become a global phenomenon and very dangerous in user dependence. Recent surveys from the World Health Organization estimates are that in 2008, over 155 to 250 million people, or 3.5% to 5.7% of the world's population aged 15-64, used other psychoactive substances, such as cannabis, amphetamines, cocaine, opium, and non-prescribed psychoactive prescription medication. Globally, cannabis is the most commonly used (129-190 million people), followed by amphetamine type stimulants, then cocaine and opium (WHO, 2013).

According to United Nations Office on drugs and crime (2013), the global drug use situation has remained stable. While there has been some increase in the estimated total number of users of any illicit substance, estimates show that the number of drug users with dependence or drug use disorders has remained stable. The increase in the annually estimated number of users is, to a large extent, a reflection of an increase in the world population. The use of psychoactive substances causes significant health and social problems for the people who use them, and also for others in their families and communities. World Drug Report (2007) estimated that 0.7% of the global burden of disease in 2004 was due to cocaine and opium use, with the social cost of illicit substance use being in the region of 2% of Gross Domestic Product in most developing countries.

In Kenya, for example, the predicament of drug and substance abuse has received little attention. Without a doubt, from time immemorial, Kenyans have been consuming intoxicants and other drugs. Alcohol is the most common form of intoxicant (NACADA 2002). In view of that, most of the Kenyan communities had values and rules that vibrantly stipulated when, where and under what conditions drugs could be consumed. Nevertheless, while the probable abuse of drugs existed in this context, the existence of drug abuse as a social problem was negligible due to strong social organization and control, which acted as explanatory mechanisms (Mutiso, Kasundu, Chebet and Mwirigi, 2012). Actually, in modern-day Kenyan Communities, like their counterparts elsewhere in Africa, social structure and controls have most likely been undermined. The colonial experience has altered the way the communities were organized by introducing foreign values that had a strong prominence on individuality at the cost of collectivity. Consequently, the power to control and hold the community members together has possibly been eroded. Therefore, Kenyan community social control and shielding functions over its members against anti-social behavior and activities have become useless. The Kenyan family unit has been destabilized and the school, workplace, and religious bodies have taken over most of its key functions and roles NACADA (2012).

In the past years drug and substance abuse has spread rapidly throughout the Country, predominantly in most of the cities in Kenya (Oteyo & Kariuki, 2009). This development has arisen because Kenya has become a progressively significant transit point for drug and substance destined for Europe and North America (UNDCP Report, 2011). The strategic location of Kenya in terms of access to these countries has made it a commercial hub for drug traffickers. Therefore, this has culminated in the predicament of drug abuse and dependency. This dependency has become noticeable consequential in attempts to rehabilitate and socially reintegrate drug and substance addicts.

One may be hooked emotionally and psychologically to drug and substance abuse, and may have a physical dependence, where one has a drug addiction problem, whether to a legal or illegal drug, there is a craving for it. The individual wants to use the drug again and again, and if it is stopped, there are usually unpleasant physical reactions (Witkiewitz, Marlatt & Alan, 2006). While it is not everyone who uses drug that becomes addicted, many people do. Drug addiction involves compulsively seeking to use a substance, regardless of the potentially negative social, psychological and physical consequences. Certain drugs, such as narcotics and cocaine, are more likely to cause physical dependence, than other drugs are (Bisika, Konyani, Chamangwana, & Khanyizira, 2008). Thus, deliberation on the clients' perception towards helpfulness of rehabilitation centres in drug and substance abuse prevention and recovery in the developing countries like Kenya make it imperative and suitable for such a study and look at the policy implication for the achievement of socio-economic objectives of the nation.

2. Statement of Problem

The problem of substance abuse in Kenya is associated with the introduction of foreign styles of life that have been undermining cultures of the indigenous societies. On the whole, the culture restricted the use of some substances such as alcohol to senior age groups and to special occasions, often sanctioning the use of alcohol under strict conditions (Jaguga & Kwobah, 2020). The conditions spelt out that; only elders could take alcohol, which could be consumed only during an occasion such as when a baby was born, after the harvest of crops, and during funerals. This is no longer the case today. The consumption of alcohol is no longer restricted to senior age-groups or to special occasions. Instead, alcohol is readily available to adults and to youth between 10 and 24 years, that is, children, teenagers, and young adults though the law prohibits its sale to and use by youth under the legal age. Not only does the youth consume alcohol but also uses drugs to the extent that the substances pose a danger to their health and ultimately, to the well-being of the nation.

There are numerous studies concerning the problem of drug and substance abuse addicts in Kenya. Obviously, the insensitivity in the subject can be seen in the fact that it was not until year 2001 when the drug abuse and addiction phenomenon began to attract some attention. The formation of NACADA in 2001 signifies this effort. All the same, at the moment rehabilitation efforts and accompanying centres are the inventiveness of the Non-Governmental Organizations (NGOs), private individuals and Community Based Organizations (CBOs), but their legality is not well acknowledged. In spite of this efforts and attempts the drug and substance abuse addicts have been in operation as no evaluation study (either formative or summative) has been undertaken. This study sought to examine closely, the clients' perception towards helpfulness of rehabilitation centres in drug and substance abuse prevention and recovery in Uasin Gishu, Kenya

2.1. Purpose of the Study

The main objective was to examine clients' perception towards helpfulness of rehabilitation centres in drug and substance abuse prevention and recovery in Uasin Gishu, Kenya. Three specific research objectives were addressed;

- To rate willingness to be rehabilitated at the rehabilitation centres of Uasin Gishu County, Kenya
- To establish the rating of the detoxification rehabilitation centres of Uasin Gishu County, Kenya
- To find out the extent of clients wellness after the drug and substance abuse therapy at the rehabilitation centres of Uasin Gishu County, Kenya

3. Research Methodology

This study utilized a cross-sectional survey design based on a sample drawn from locations of rehabilitation centers that cut across the Uasin Gishu County, Kenya. Descriptive research design was chosen because it is efficient in collecting large amounts of information within a short time. The study population comprised all the drug and substance addicts and their instructors out of which a sample size of 205 respondents was chosen from each of the two strata i.e. rehabilitees and staff members. The instrument used to collect data for the study was questionnaire. The content validity was determined by multiple sources of information and chain of evidence. The reliability of instrument was determined using the test-retest reliability techniques.

4. Results and Discussion of Research Findings

In order to examine clients' perception towards helpfulness of rehabilitation centres in drug and substance abuse prevention and recovery in Uasin Gishu, Kenya, the Statistical Package for Social Sciences (SPSS version 21) windows was used to derive for the descriptive statistics. The analysis and interpretation of the findings was in relation to the study objectives.

4.1. The Rate Willingness to Be Rehabilitated at the Rehabilitation Centres

The rate willingness to be rehabilitated at the rehabilitation centres of Uasin Gishu County, Kenya are presented in the descriptive statistics shown by the values of the respective means and standard deviations. Details of this analysis are shown in table 1 below.

Response	Rehabilitees		Staff members	
	Frequency	% frequency	Frequency	% frequency
Very willing	2	1.2	1	2.4
Willing	40	24.4	9	22.0
Doubtful	70	42.7	13	31.7
Unwilling	52	31.7	18	43.9
Total	164	100.0	41	100.0

Table 1: Rating of Willingness to Be Treated at the Rehabilitation

Willingness to be rehabilitated at the rehabilitation centers is shown in Table 1. Based on the results of the table, majority of the rehabilitees were doubtful about the success of the rehabilitation centres to treat them. Meanwhile majority of the staff members were also doubtful about the willingness of any rehabilitees to be rehabilitated within the centre. Interviews with the key informants indicated that to be rehabilitated successfully of drug abuse, the victim of drugs must be convinced to change his mindset and see the long term implication of his activities. However, when you take the person to a drug rehabilitation centre, they see themselves as "prisoner" taken to isolation units so that they don't interact with drugs. Anytime the person get a chance to be in contact with drugs he will end up abusing drugs. So in essence the rehabilitees may want to be helped to quite abusing drug but they see rehabilitation centers not as the best way to achieve that feat. Substance use dependence (particularly with multiple co-occurring psychiatric problems is increasingly recognized as a chronic, relapsing condition that may last for decades and require multiple episodes of care over many years before reaching a sustained state of abstinence. This is in agreement with several findings which indicate that taking the drug abusers to the rehabilitation centers may be a societal way of isolating these people from the non drug abusers but the impacts for the drug abusers may be minimal in influencing their change of behaviour (Caputo, 2019; Chan, Lo, Tam & Lee, 2019; Cheng, 2019).

4.2. Perception on the Rating of the Detoxification Inn Rehabilitation Centres

The study sought the views of the participants on the rating of the detoxification rehabilitation centres of Uasin Gishu County, Kenya. The responses are presented in Table 2.

Response	Rehabilitees		Staff members	
	Frequency	% frequency	Frequency	% frequency
Very successful	17	10.4	10	24.4
Successful	76	46.3	22	53.7
Satisfactory	33	20.1	3	7.3
Not successful	38	23.2	6	14.6
Total	164	100.0	41	100.0

Table 2: Rating of the Detoxification at the Centre Seeking Treatment in the Rehabilitation

Rating of detoxification of the clients in the rehabilitation centre is shown in Table 4.16. According to the table, majority of the rehabilitees were positive that detoxification was successful although they were less than half of the entire respondents; this was followed by rehabilitees who believed that the detoxification was not successful (23.2%). The number of rehabilitees who attested that the process was very successful were about 10% while those who attested that the process was satisfactory were 20%. When the same information was inquired from the members of staff, majority believed that the detoxification process is often done successful at the centre perhaps because they are the ones doing it, followed by those who attested that is very successful, while about 15% believed that the process was not successful. During interviews with the key informants it was established that most of the participants chose a spiritual path to return to a life and not through rehabilitation centres where most believe that they have been forced to attend.

4.3. The Extent of Client's Wellness after the Drug And Substance Abuse Therapy at the Rehabilitation Centres of Uasin Gishu County, Kenya

The variable of the extent of client's wellness after the drug and substance abuse therapy was operationalized as shown in table 3 below.

Response	Rehabilitees		Staff members	
	Frequency	% frequency	Frequency	% frequency
Very well	20	12.2	9	22.0
Well	12	7.3	3	7.3
Satisfactory	81	49.4	19	46.3
Not well	51	31.1	10	24.4
Total	164	100.0	41	100.0

Table 3: Rate of Client's Wellness after the Drug and Substance Abuse Therapy

Rating of the perception of clients' wellness after the drug and substance abuse therapy is shown in Table 4.17. Based on the results of the table, majority of the rehabilitees rated willingness to be rehabilitated as willing or doubtful. Longitudinal studies have repeatedly demonstrated that the treatment of substance use disorders is associated with major reductions in substance use, related problems, and costs to society. However, these and other studies also demonstrated that after discharge, relapse and eventual re-admission are also fairly common and particularly prevalent when addiction is accompanied by one or more psychiatric problems (Fernandez, 2020). Meanwhile majority of the staff members also appeared to be doubtful about the willing of any rehabilitees to be rehabilitated within the centre. Social harms associated with drugs use include interpersonal problems that impact adversely on individual members, friends, colleagues and members of society (Siu, Fung, Cheung, Shea & Lau, 2019).

5. Conclusions

In conclusion, it can be said that majority of the rehabilitees sought treatment and rehabilitation from the centres either occasionally or on rare occasions resulting in low level of participation in rehabilitation activities. The attitudes towards rehabilitation were negative for majority of the rehabilitees where most were doubtful about the rehabilitation

services. According to the staff members the inability of the rehabilitees to fully receive treatment to full recovery contributes to the negative perception about the rehabilitation programme.

6. Recommendations

Based on the findings, analysis, discussions and conclusions of this study, the following recommendations are made:

- Vocational services should be an integral component of all substance abuse treatment programs
- Rehabilitation management should recruit clients in references of the infrastructures in the rehabilitation centers to avoid congestion and the strained resources observed in rehabilitation centers during the study. The ratios among the client and service providers should also be considered to enhance individualized treatment rather than group therapy.
- The study recommends the policy makers and other stakeholders to formulate ways of funding the existing rehabilitation centers whether government or private owned to reduce the current cost. The policy makers need to establish ways of promoting support groups to enhance after care services once the clients are discharged from the rehabilitation centers.
- The policy makers need to establish ways of promoting support groups to enhance after care services once the clients are discharged from the rehabilitation centers. The government should deploy more staff in the rehabilitation centers and fund construction of recreation facilities to avoid boredom expressed by many rehabilitees.
- This study has established that there is a high demand for the services of drugs rehabilitation centres. This demand exists against a background of limited space for expansion and a dearth of professional counsellors in these centres leading to high relapse rates. In light of these issues it is recommended that: drugs rehabilitation centres be assisted with financial and material resources by various stakeholders to facilitate expansion of their services.
- It is recommended that: NACADA and the Ministry of Health mount regular joint seminars among the staff from different centres on drug abuse promoting their continued exchange of drug abuse information.
- Drawing from the study findings that drugs rehabilitation centres are operating without a legal framework, it is recommended that: A legal framework for the operation of drugs rehabilitation centres is put in place by the state as a mechanism to guard against malpractices and enhance professionalism.

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