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## Challenges Faced by Rehabilitation Centres in Management of Drug and Substance Abuse in Uasin Gishu, Kenya

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### **Abstract:**

*The World Drug Report notes that globally, one in twenty adults between the ages of 15 and 64 years abused at least one type of drug. 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. With all these challenges and strategies put in place by the government and other concerned parties, drug and substance abuse in Kenya is still on the rise. This calls for drug abuse treatment whose goal is to stop drug use. The objective of this study was to determine the challenges faced by rehabilitation centers in the management of drug and substance abuse. To achieve the purpose of this study, three specific research objectives were addressed i.e., to determine the Challenges of the rehabilitation centres in management of drug and substance abuse in Uasin Gishu as attested by the management, to determine the challenges of the rehabilitation centres in management of drug and substance abuse in Uasin Gishu as attested by the rehabilitees and to establish the ways of improving the effectiveness of the existing rehabilitation centers. The target population came from the drug rehabilitation centers in Uasin Gishu County. It comprised all the drug and substance addicts and their instructors. Purposive sampling technique was used to select the drug and substance rehabilitation centers in Uasin Gishu County while stratified random sampling was used to sample the management and staff members within the rehabilitation centers. Data was collected through questionnaires and focus group discussions. Data was analyzed using descriptive statistics. Findings as attested by the management and rehabilitees showed poor rehabilitees participation, inadequate resources, poor implementation methods, negative attitude, lack of medication, irregular follow ups, rehabilitees abandonment, high client relapse, inadequate support services being the major challenges to effective implementation. It is recommended that rehabilitation management should recruit clients in references to the infrastructures in some of the rehabilitation centers to avoid congestion and the strained resources observed in some of the rehabilitation centers during the study.*

**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**

Drug abuse is apparently increasing worldwide, thus almost no country can claim to be unaffected by it. Findings by UNAIDS, UNODC, WHO and the World Bank, the population of People who Inject Drugs (PWID) around the world is approximately 12.7 million (with best and worst cases estimated at 8.9 million to 22.4 million), which accounts for about 0.27% of all people of working age (15-64 years). Similarly, a study of 148 countries in 2008 found that there were 1.5 million PWID in sub-Saharan Africa. Unfortunately, in many countries, injecting drug use behaviour is not well documented beyond large urban concentrations. As a result, it is challenging for authorities to plan and conduct social and health programs required by these populations to forestall drug addiction and to provide rehabilitation (BCC, 2015). Similarly, there are more than 10,000 deaths globally every year that can directly be linked to drug abuse. The most popular drugs of choice include cocaine, morphine and their derivatives. Furthermore, drug users tend to combine them with other drugs, or other substances, including alcohol. Intoxications and addiction can lead further to criminal activity; include theft and prostitution, in efforts by drug abusers to financially maintain their addictions (Mitchell et al., 2016).

Vanderplasschen (2004) posited that alcohol treatment centers are defined as specialized centers, supporting persons with substance abuse problems towards recovery and can be based within units that are medical or non-medical, governmental or non-governmental and public or private. Understanding specialized substance abuse treatment systems

is a challenging task, as there is no univocal definition of treatment or a standard terminology that describes different elements of treatment (Sullivan & Fleming, 2007). The situation becomes even more complex in contemporary settings where treatment protocols change regularly as service providers start to implement tailor-made programs to meet the dynamic individual needs of patients. To explore typical features of substance abuse treatment in UasinGishu County, this study examines three closely interrelated dimensions of treatment, namely the approach, setting and components (Landry, 2006; WHO, 2010). Under treatment approach, an elaboration of the underlying philosophical principles that guide the type of support that is offered and that influence admission and discharge policies as well as expected treatment outcomes, attitudes toward patient behaviour, and staff composition will be made.

Regarding the management of drugs and substance abuse setting and components, examination of the environment in which management of drug and substance abuse is delivered and the specific clinical interventions and services that are offered to meet individuals' needs will be done. Therefore, there are various treatment challenges of drug and alcohol abuse in rehabilitation centers across various nations.

The challenges for drug and alcohol abuse treatment services in various countries across East Africa are enormous, ranging from human resource capital over infrastructural and logistic limitations to treatment and quality of care-related issues (Kalema, Vindevogel, Baguma, Derluyn&Vanderplasschen, 2015). First and foremost, the Minnesota model that is being used in some countries has been invariably criticized for focusing on addiction as an incurable disease and regarding addicts as people with pathological personalities, hence restricting treatment to a particular aspect rather than addressing clients as a holistic and complex individual. The shortcomings of the Minnesota model used in various rehabilitation centers notwithstanding, many health professionals lack the skills to effectively assess and treat patients with drug and substance misuse disorders (Kalema et al., 2015). A study in rehabilitation centers settings in Uganda showed that only 7% of all admitted patients were asked about their drug and substance use by health care professionals (Kullgren et al., 2009).

In Kenya specialized treatment is only publicly available at the government psychiatric Referral hospital, which has a bed capacity for large numbers of patients. Moreover, planning public drug and substance treatment in mental health care institutions discourages many drugs and substance from seeking treatment due to the stigma associated with mental disorders (Sullivan & Fleming, 2007). The alternative private treatment initiatives in Kenya are mainly concentrated in Nairobi and Mombasa and hardly accessible and unaffordable for the majority of Kenyans due to the relatively high costs. Another inadequacy stems from the limited variation in intervention techniques, which are mainly based on hospitalization and general residential rehabilitation.

There are no specific interventions available for special needs groups such as prisoners, adolescents, and women. The combination of the above-mentioned factors, hinder drug and substance abuse treatment in various rehabilitation centers across Kenya and thus leading to the eventual neglect of the needs of the vast majority of drug and substance abusers. According to (WHO, 2010) less than 20% of the deserving population across various countries globally receives treatment at some point (WHO, 2010). The study will therefore determine the challenges faced by rehabilitation centers in the management of drug and substance abuse.

## 2. Statement of Problem

The challenges for drug abuse treatment services in various countries across the globe are colossal, ranging from human resource factors, human capital, infrastructural and logistic limits (Kalema et al., 2015). A study in rehabilitation centers in Kenya showed that specialized treatment for drug and substance abusers is only visibly accessible at the government psychiatric hospital, which has a bed capability for huge numbers of drug and substance abusers (WHO, 2010). Furthermore, most mental health care institutions dampen the hope of many drug and substance abusers from seeking treatment as a result of the stigma associated with mental disarray (Siringi and Waihenya, 2001). The private treatment for drug and substance abusers in Kenya is barely available and within the means for the huge number of Kenyans due to the comparatively expensive.

The ineffective performance of the rehabilitation centres in management of drug and substance abuse in Kenya has raised concern advocates of drug rehabilitation centres reforms. The drug rehabilitation centres had been assumed to be beneficial to the drug addicts in particular and the public in general. But due to, for instance the rising relapse rates of about 60- 80% (Ronoh, 2014), there is an apparently increasing concern over the working environment of those charged with the responsibility of drug addicts' rehabilitation, that is, rehabilitation centers officers in relation to management of drug and substance abuse.

Despite the intensive interventions by the Government, religious organizations, non-state actors, drug rehabilitation centres and many other stakeholders to curb the problem of drug abuse in Kenya, the menace seems to be escalating by the day. Given this situation, it appears that there is no clear understanding of the contextual factors that continue to fuel the upsurge in drug abuse. Consequently, while drug rehabilitation centers had continued to be criticized as being ineffective in the rehabilitation of drug and substance abusers, there still appeared to be limited information and knowledge about them among researchers. This study was therefore necessitated by the need to reduce the existing knowledge gap on the subject under investigation.

The study attempted to examine the structural organizational forces within and without the drug rehabilitation centers which impinged upon the management of rehabilitation centers. It is against these backdrops that study sought to determine the challenges faced by rehabilitation centers in the management of drug and substance abuse in UasinGishu, Kenya.

### 2.1. Purpose of the Study

The main objective was to determine the challenges faced by rehabilitation centers in the management of drug and substance abuse in UasinGishu, Kenya. Three specific research objectives were addressed;

- To determine the Challenges of the rehabilitation centres in management of drug and substance abuse in UasinGishu as attested by the management
- To determine the challenges of the rehabilitation centres in management of drug and substance abuse in UasinGishu as attested by the rehabilitees
- To establish the ways of improving the effectiveness of the existing rehabilitation centers.

### 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 UasinGishu 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 determine the challenges faced by rehabilitation centers in the management of drug and substance abuse in UasinGishu, 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. Challenges of the Rehabilitation Centres in Management of Drug and Substance Abuse in UasinGishu

The study was on the challenges of the rehabilitation centres in management of drug and substance abuse. This was formulated in the form of a research question stating '*What are challenges of the rehabilitation centres in management of drug and substance abuse in UasinGishu?*' Descriptive Statistics were used to analyze challenges of rehabilitation centres in management of drug and substance abuse. Challenges raised can be categorized into two as attested by the management (Table 1) and secondly as attested by the rehabilitees (Table 2).

	Yes		No	
Challenges	Freq	F%	Freq	F%
Lack of resource to run the centre	23	56.1	18	43.9
Lack of staff	24	58.5	17	41.5
Lack of medication	26	63.4	15	36.6
Irregular follow ups	26	63.4	15	36.6
Rehabilitree's abandonment	26	63.4	15	36.6
High client relapse	27	65.9	14	34.1
Poor decisions	27	65.9	14	34.1
Political interferences	28	68.3	13	31.7
Inadequate support services	27	65.9	14	34.1
Inadequate financing	21	51.2	20	48.8

*Table 1: Challenges of the Rehabilitation Centres in Management of Drug and Substance Abuse in UasinGishu as Attested by the Management*  
Source: Field Data

Challenges raised as attested by the management related to inadequate resources to run the centre, lack of staff, lack of medication, irregular follow ups, inadequate support services and negative, Rehabilitee's abandonment, Poor decisions and inadequate financing. Analysis of these factors reveals a revolving nature of one factor to the other in which failure to resolve one sustains the other. The study thus shows that management encountered several challenges that could have a negative influence on implementation of rehabilitation programmes. This is in agreement with a study in Ghana which revealed that there was inadequate staffing at correctional centres, inadequate resources to run the centres and lack of facilities.

In addition, the correctional centres lacked qualified professionals resulting in workers being assigned diverse roles at the correctional centres as counselors, teachers and supervisors without due regard of their professional and academic qualifications. These findings concur with a case study conducted at Shikusa Borstal Institution by Okutoyi (2005) which revealed that the institution faced numerous challenges in their attempt to fulfill their obligation of restoring the young offenders comprising of; inadequate resources, untrained or semi trained employees and a limiting working environment. The researcher recommended the necessity to comprehensively address the challenges in these centres so as to enable them offer effective restorative services.

	Yes		No	
Challenges	Freq	F%	Freq	F%
Poor staff response	89	54.3	75	45.7
High costs of rehabilitation	88	53.7	76	46.3
Lack of medication	93	56.7	71	43.3
Lack of follow ups	86	52.4	78	47.6
Rehabilitatee's abandonment	89	54.3	75	45.7
Large number of clients	88	53.7	76	46.3
Poor decisions by management	88	53.7	76	46.3
Poor quality staff	94	57.3	70	42.7
Inadequate support services	95	57.9	69	42.1
Delay in offering services	100	61.0	64	39.0

Table 2: Challenges of the Rehabilitation Centres in Management of Drug and Substance Abuse in UasinGishuas Attested by the Rehabilitatees

Source: Field Data

Amongst rehabilitatees respondents some maintained the position attested by the management. There was agreement that rehabilitation centres that manage drug and substance abuse in UasinGishu face challenges such as poor staff response where the staff do not respond to the needs of the clients, high costs of rehabilitation, lack of medication, lack of follow ups, rehabilitatees abandonment, large number of clients, poor decisions by management, poor quality staff, inadequate support services, delay in offering services and lack of information. The barriers clients face may exist within themselves, in interpersonal relations with others, or in coexisting medical and psychological conditions. Barriers also stem from society, scarcity of lower-level jobs, and prejudice against employing people with substance abuse disorders. Comprehensive and individualized substance abuse treatment can help overcome existing barriers to employment but is often not sufficient by itself. Therefore, the final objective of the study was on challenges of the rehabilitation centres in management of drug and substance abuse.

#### 4.2. Ways of Improving the Effectiveness of the Existing Rehabilitation Centers in UasinGishu

The study also sought to establish the ways of improving the effectiveness of the existing rehabilitation centers. Staff members and the management' response on improving the effectiveness of the existing rehabilitation centers: Staff members in the study were asked to outline ways in which challenges encountered in rehabilitation centers can be countered. They pointed out following as the main ways: Funding by the government to facilitate better services to all rehabilitation centers both private and public, emphasis on individualized treatment plan instead of group therapy, employment of more staff members to cater to all clients, continuous follow ups by the rehab staff and management, additional recreation activities in the rehabilitation program to avoid boredom, enhanced interaction between the staff, the rehabilitatees, and family members and emphasis on observance of ethical issues especially those pertaining to confidentiality.

Rehabilitatees were asked to outline their response on improving the effectiveness of the existing rehabilitation centers: The rehabilitatees reported the following as the key ways to improve the effectiveness of the existing rehabilitation centers: reducing rehabilitation expenses, more recreational facilities and activities, more qualified staff to practice confidentiality, seeking opinions from patients, this can be done through individualized counseling, granting a little more freedom to the patients, focus on individual treatment which includes significant others or other family members and incorporation of former addicts in offering services in the rehabilitation center to act as mentors. The findings of the study demonstrated further suggestions for rehabilitation centres to address these challenges in order to improve the effectiveness of the existing rehabilitation centers; by employing good approaches, availing funds, mentoring may aid early identification of psychological issues, management support, counseling services and use of peer educators in various rehabilitation centres.

## 5. Conclusions

In conclusion, several challenges such as to inadequate resources to run the centre, lack of staff, lack of medication, irregular follow ups, inadequate support services and negative, rehabilitatees abandonment, poor decisions and inadequate financing were prevalent at the rehabilitation centres that negatively influence the implementation of rehabilitation programmes.

## 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 counselors 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.

## 7. References

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