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Familial Role and Drug Users' Interaction with Rehabilitation Centres in Ghana

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ABSTRACT

Although a number of studies have been conducted with persons who use drugs (PWUDs) undergoing treatment, not much is known within the African context especially Ghana. The study sought to explore the experiences of PWUD with their families, their experiences at drug rehabilitation centres in Ghana, and the ways in which their interactions with drug rehabilitation centres helped them in the recovery process. Using a phenomenological research design, 47 individuals (42 males, mean age of 40, SD=11.54) who were mainly poly-drug users (33) undergoing drug rehabilitation in Ghana were sampled. Thematic analysis was used in analysing the data set. This was done by following the steps outlined by Braun and Clarke (2006). Three (3) themes were observed: ambivalent attitudes toward PWUD, conducive atmosphere at centres, and restoration. In their state of addiction,

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participants' family relations expressed disappointment in them but also complemented their efforts in seeking treatment. The drug use of participants led to a breakdown of their relationship with family members. Although some family members stigmatise PWUD, other family members of PWUD are supportive in the rehabilitation process. Also, PWUD are happy with human relations exhibited at rehabilitation centres, and the 12 steps treatment program. More education is required to deal with the stigma PWUD experience among their family members and to enhance their role in the recovery of PWUDs.

Keywords: rehabilitation, persons who use drugs, addiction, poly-drug use, Ghana

INTRODUCTION

Two hundred and seventy-five (275) million people (5.6 per cent) worldwide aged between 15-64 years used at least one drug in 2016 (UNODC, 2018). Drug use does not only affect accomplishments and personal health, but also the quality of life of family members of abusers (Wu, 2010). These negative effects of substance abuse also extend to the proper functioning of the family and the larger society. Generally, biological (neuroscientific), psychological, and sociocultural basis have been proffered in explaining addiction (Greeley & Westbrook, 1991; Kendler et al., 1997; Koob & LeMoal, 1997), with an individual's family being a contributory factor to the abuse of drugs (Lynskey & Hall, 1998).

It has been established that Persons who used drugs (PWUDs) suffer some forms of stigma (Barry et al., 2014; Kiriazova et al., 2017; Lopez & Reid, 2017; Meyerson et al., 2021; Russell et al., 2021). PWUDs often receive inhuman treatment from some societies in Africa including South Africa and Mozambique (ARASA, n.d). Despite the stigma that PWUD face, social support from a person's family could be beneficial in rehabilitation (Dary, 2016; Kliewer et al., 2006; Luthar et al., 2000; Zeng et al., 2021). This is in line with the social support theory, which advances the idea that an individual's family support is an important component of social support (Lakey & Cohen, 2000). In Ghana, Cadri et al. (2021) underscored the importance of social support, by showing that diminished social support was a barrier to the health seeking behaviour of PWUD.

Drug abuse and rehabilitation

A plethora of studies have been conducted with PWUD who patronise the services of drug rehabilitation centres (e.g., Harvey-Vera et al., 2016; Zhang et al., 2016). For example, Harvey-Vera et al. (2016) found that people who inject themselves had a lower perception of risk for violence at drug rehabilitation centres. Other studies have shown that drug abuse affects the proper functioning of the family (see Choate, 2015; Jackson et al., 2006; Velleman & Templeton, 2003). In addition, Munro et al. (2017)

indicated that the influence of service and treatment factors such as quality and nature of therapeutic components and contacts with staff in Aboriginal residential rehabilitation had been largely ignored.

The experiences of PWUDs at rehabilitation facilities and whether they would have long lasting effects depend on some factors. First, the cordial relationship or communication that exists between healthcare providers and PWUD has been shown to facilitate health seeking beheaviour (Alves et al., 2021). Additionally, confinement at rehabilitation centres has been found to help PWUD live a structured lifestyle (Mahboub et al., 2021), shielding them from getting access to drugs (Russell et al., 2021). Russell et al. (2021) have however noted that some PWUD were not satisfied with the services received at the rehabilitation centre. In terms of long lasting rehabilitation effects, in their study on causes for relapse for PWUDs in Ghana, Appiah et al. (2017) identified interpersonal conflicts, including conflicts with family members, as one of the precipitants for relapse. Since the family is a primary support structure for funding the rehabilitation experience for PWUDs it is important for research to focus on how families interact with PWUDs prior to their rehabilitation experience. However, the voices of the PWUDs have been muted in the research process because of the stigma associated with substance abuse (Bloom, 2016). Consequently, Bloom (2016) has highlighted the need for more studies that seek to listen to the stories of PWUD. This study answers to that call by using a phenomenological approach to gather in depth information from PWUD. We sought to answer three questions:

1. What are the experiences of PWUD with their families?
2. What are the experiences of PWUD at drug rehabilitation centres in Ghana?
3. In what ways do their interactions with drug rehabilitation centres help them in the recovery process?

METHOD

Research design

The study sought to explore the experiences of PWUD with their families and their experiences at drug rehabilitation centres in Ghana, including the ways in which their interactions with these centres help them in the recovery process. A phenomenological research design with semi-structured interviews was used. The semi-structured interview was appropriate in satisfying methodological and theoretical underpinnings of Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009). As an approach, phenomenology that is aimed at describing the significance of a phenomenon from the perspective of the person who experiences it (Teherani et al., 2015). In the study, *what* is being experienced is drug use and rehabilitation experience. Also, phenomenology focuses on the association between an individual and his/her *lifeworld* – whereby the

individual's realities are impacted by the world in which they live (Lopez & Willis, 2004). Heidegger argued that, an individual's conscious experience of a particular phenomenon is not separate from their individual world or history (Lopez & Willis, 2004). Here, consciousness portrays a development of historically lived experiences which is the consequence of an amalgamation of an individual's culture, and personal experience (Lopez & Willis, 2004). In effect, the phenomenon of drug use cannot be divorced from the individual's association with family members and their experiences at rehabilitation centres (Neubauer et al., 2019). The design was appropriate, owing to the opportunity it afforded us in exploring the experiences of PWUD with their family members and the rehabilitation centres, and the ways in which their interactions with drug rehabilitation centres help them in the recovery process.

Study setting, population and sample

The population of the study was PWUD, and are undergoing treatment in rehabilitation centres in the Greater Accra, Volta, and Ashanti regions. These three regions are cosmopolitan, and home to some drug rehabilitation centres. There are about eleven, one, and two rehabilitation centres in the Greater Accra, Volta, and Ashanti regions respectively. Out of this number, ten centres were contacted but four were excluded from the study because the researchers could not obtain permission for the study in those facilities. The rest (six centres) were visited for data collection: two government-owned centres (residential, and an outpatient centre), and four private rehabilitation centres. Drug rehabilitation centres in Ghana can be categorised into two: private, and government owned centres. The treatment offered at the government rehabilitation centres is the 12 steps approach (for details of these steps see Narcotics Anonymous World Services, 2008). Before a client is taken through these steps, the client is made to carry out detoxification if necessary. Other forms of medication are also given as required.

Drug users were sampled using the purposive and convenience sampling methods. This was to ensure that individuals who used drugs, and were currently undergoing rehabilitation were adequately covered. Going by Smith and Osborn's (2008) assertion that in qualitative research it is intensive rather than extensive analysis that is vital, a sample of 47 was obtained, with none of them dropping out of the study.

Ethical issues, and data collection procedure

The researchers obtained ethical clearance from the Institutional Review Board (IRB) of Noguchi Memorial Institute for Medical Research (NMIMR) (protocol: NMIMR-IRB 075/17-18). Thereafter, we sought permission from some selected rehabilitation centres within the three regions to gain access to clients at their centres. Counsellors at the various facilities directed the researchers to PWUD who had been at the centre for at least three months and were deemed to be mentally fit for the interviews.

Following this, potential PWUD were contacted, and furnished with the objectives of the study. Before this, no relationship was established between the researchers and PWUD. We sought individual consent from each PWUD with the option to withdraw from the study at any time. Apart from the researchers (i.e., a male and a female), no other persons from the centres were present during the interviews. Participants were also assured of confidentiality and anonymity.

The interviews were conducted at conducive and quiet places to reduce rate of interference. A psychologist was also available in case any of the participants required additional counselling or therapy due to the interviews. Participants were however, not subjected to any treatment above what they are usually exposed to. The researchers started by building rapport in order to gain the trust of the participants. Some level of warm up discussions were utilised with the aim of reducing interviewees' tension, thereby creating an atmosphere that made them willing to discuss more personal and sensitive issues. Interviews with the female drug users were conducted by the female researcher, whiles the male researcher attended to the male participants. This was done to reduce feelings of awkwardness.

Data was gathered with the aid of an interview schedule. The interview schedule was made up of two sections. There was the demographic section which elicited the demographic data of participants. The second section contained items such as “How do you personally feel about your state?”; “Concerning your condition, how has your relationship with your family been? In relation to your extended and nuclear family members”; “What has been your experience so far in this facility? (with probes for the person's relationship with colleagues, the general environment, and workers)”. This schedule was initially piloted with a drug user to ensure that the items elicited the required responses that could help answer the research questions of the study. To encourage participants to talk at length, expansive and evocative questions were asked, and prompts introduced when the need arose. Generally, participants were asked about their relationship with their family members when they discovered that they were PWUD, and the role they played in the rehabilitation process. They were also asked about their experiences in the process of rehabilitation especially with respect to their relationship with colleagues, counsellors and the effectiveness of the treatment received. There were no repeat interviews since all interviews that were started were also completed the same day. The researchers ended the data collection when they realised that no new information was emerging with regards to answering the research questions.

Data analysis

Braun and Clarke's (2006) steps for thematic analysis was followed in analysing the data. In the first step, the first author familiarised himself with the data set by reading and re-reading the transcripts for some number of times. Initial coding was done with the research

questions of the study in mind. Subsequently, the codes were clustered according to their similarities and names assigned to them. These clusters were categorised as themes. Thereafter, some of the themes were incorporated into others and further organised into themes and subthemes. The themes and sub-themes were explained with using participants' quotes.

Trustworthiness

Creswell (2014) asserts that how data is collected, the steps followed in managing, analysing, and reporting the data help to enhance a study's credibility. In meeting Lincoln and Guba's (1985) criteria for assessing the 'trustworthiness' of the study, issues such as credibility, dependability and confirmability were addressed. To establish credibility of the findings, the researchers followed the procedures in line with conducting interviews in qualitative studies.

From the beginning, participants (who had experienced the phenomenon of interest) were encouraged to be as honest as possible in their response through rapport. The interviews were conducted by the two researchers, recorded with an audio recording machine, and transcribed verbatim. The male researcher is a psychologist, whiles the female researcher is a graduate of psychology. Both have some experience in gathering qualitative data. Possible biases were discussed to ensure that they were adequately resolved. To be acquainted with the experiences of participants, the first author read the data set several times. This was followed by manually coding responses that seemed to answer the research questions of the study. Codes that clustered around an idea were grouped under major themes, and subthemes (Creswell & Poth, 2018). Later, the first and second author met to discuss the themes. Here, some transcripts from the interviews were picked at random, and coding done independently. The themes generated were then compared to arrive at a consensus as to the themes that best depicted the experiences of participants. The coders resolved disagreements in the interpretation of the themes through discussion until consensus was reached. Finally, findings were supported with quotes from participants.

Quality assurance and verification

According to Morse et al. (2002) verification in qualitative research is the mechanism used to incrementally add to the rigor of a study by ensuring reliability and validity. Likewise, Alase (n.d) noted that quality and verification is vital to authenticate and verify the phenomenological research data and findings. The steps outlined by Morse et al. (2002): ensuring methodological coherence, appropriate sampling, simultaneous collection, and analysis of data, thinking theoretically, as well as developing theory was followed both to authenticate and verify the data and findings of the study. To ensure the authentication and verification of the data and findings of the study, we made sure that information we gathered from PWUD was analysed simultaneously with data collection. We ensured that

according to our research interest and question, we sampled persons who were PWUDs and were undergoing rehabilitation. We also ensured that we cohered with the phenomenological approach in analysing the data.

RESULTS

The study sample comprised 42 males, age range 19-68 (M=40, SD=11.54). Most of the participants were Christians (42), and never married (36). Most of them were poly-drug users (33) (see Table 1). The low number of females in the study was due to two factors, first, most of the PWUD at the rehabilitation centres were males and secondly, at one of the government centres visited, the few females available (four) declined to participate in the study. They offered no reason for opting out. Summary of the themes generated are presented in Table 2.

Research question: What are the experiences of PWUD with their families?

Ambivalent attitudes toward PWUD

Ambivalent attitudes toward PWUD generally clustered around familial disappointment, breakdown in familial relationship, and familial engagement.

Table 1. Demographic Characteristics of Sample (N=47)

Variable	N
Sex:	
Male	42
Female	5
Age (M=40, SD=11.54):	
19-30	11
31-68	36
Type of addiction:	
Mono-drug users	14
Poly-drug users	33
Religious affiliation:	
Christianity	42
Islam	3
Other	2
Marital status:	
Married	11
Single	36

Table 2. Themes and subthemes

Theme	Subtheme
Ambivalent attitudes toward PWUD	*Familial disappointment*
	Breakdown in familial relationship
	Familial engagement
Conducive atmosphere at centres	*Satisfaction at centre*
	Cordial relationship with counselors
Restoration	*Opportunity for learning*
	Discipline
	Treatment effectiveness

Familial disappointment: This theme sums up the way participants' family members reacted to their drug use. It was generally that of disappointment in the user. This theme conveys the idea that the state of problematic drug users was/is an embarrassment to their families;

> *She [mother] was becoming tired and… they were also giving me a lot of advice to try and solve it if not, I'm embarrassing the whole family. So that's why I had to come here"* (Male, mono-drug user, 58).

Families were concerned about the drug use of their wards because of the shame and embarrassment it caused to their family. Their efforts at getting their wards to rehabilitation was thus in a sense a service to themselves since it helped to take away their own reproach. The PWUDs thus empathised with their family members and made commitments to be rehabilitated to take away the reproach from the family. To some extent, familial disappointment catalyzed the rehabilitation process.

Breakdown in familial relationship: The disappointment of family members brought about the breakdown in their relationship with the participants and avoidance. Some family members did not want to associate with the participants because of their drug use and even travelled to dissociate themselves. According to one participant, :

> *My conduct [drug use] has caused all my relations to leave to abroad [outside the country], I have children as well and I have successfully learnt a trade- spraying, I have all the certificates confirming this. I need further help. My mother told me because I have sold all her clothing, she cannot return to Ghana and that's very true. I even sold the bed I slept on and settled at the ghetto. I left my home and was sleeping with a friend… I had a good relationship with my children but, because I was into cocaine,…I had no time for the children. This made all of them to travel. It is only my elder daughter who is a nurse in Accra, [but] because I use*

drugs, when I call her, she does not respond" (Male, poly-drug user, 44)

Familial engagement: Although some of their family members were disappointed in them, others were supportive in helping them seek rehabilitation. Apart from participants' understanding of their situation, and willingness to seek help, their personal initiatives were often complemented by the support of family members. Some actually came to the rehabilitation centre through recommendations from family members who showed concern:

It [his drug use] was the headache of my family. They were just spending money and they were always complaining thus 'this money could have been used for something better but look at your situation'" (Male, mono-drug user, 30).

The interactions between our participants and their families were varied. Whereas for some their families had abandoned them and would have nothing to do with them, for others, they had families who were interested in their welfare and treatment.

Research question: What are the experiences of PWUD at drug rehabilitation centres in Ghana?

Conducive atmosphere at centres

At the rehabilitation centres, most of the PWUD indicated satisfaction with the general atmosphere that prevailed there. They also indicated the cordial relationship that existed between them and their counsellors.

Satisfaction at centre: Largely, participants expressed satisfaction with the general atmosphere prevailing at the various rehabilitation centres. The satisfaction was basically in line with participants' relationships at the centre (devoid of stigmatisation). The atmosphere was such that one could not tell that they were at a drug rehabilitation facility. A participant suggested that the researcher could even attest to that fact:

if somebody doesn't tell you it is people who have abused substances who are here you would not even be able to tell…but this place you yourself you've moved around. If somebody doesn't tell you it is people who have abused substances who are here you would not even be able to tell. So here is cool" (Male, mono-drug user, 35)

Cordial relationship with counsellors: Their relationship with their counselors transcend officer-client relationship to that of an informal one. A participant underscored this fact by revealing that they even played games with their counselors. He thought a lot of people will even be surprised to hear this. Such is the kind of cordial relationship that exists between clients and counselors at the rehabilitation centres; '…we have games…when you come and you meet [name], the house manager playing cards, playing the draft with somebody, a

client, you will be amazed' (Male, poly-drug user, 38). According to this participant:

> *You know, I basically came in here with that desperation of an addiction and gradually because of what pertains here-- the lectures, the new way of life, your social relationship with fellow clients and management-- I came to develop passion for this whole recovery. That is why I'm training to become a counsellor. I also like to see people recover under my watch and guidance by the grace of God"* (Male, poly-drug user, 29)

From this voice, one could notice that the treatment programme is holistic, building cordial relationship between fellow clients, and between clients and their counsellors. The impact of the programme helped most of the participants to develop an interest in becoming counselors.

Research question: In what ways do their interactions with drug rehabilitation centres help them in the recovery process?

Restoration

In the process of rehabilitation, participants indicated that they were afforded the opportunity to change, live a disciplined life, with an overall effective treatment programme. All these were aimed towards restoring them.

Opportunity for learning: They came to learn that their situation was not a moral issue, but that of a disease of the mind: *"And, yeah, I've come to learn a lot. Like, I now know that addiction is not a moral issue. It's a disease of the mind and the body"* (Male, poly-drug user, 29). The quote from this participant conveys the idea that prior to coming to the centre, his knowledge about his condition was that it was a moral problem. However, the education he received from the centre helped him to understand that his condition was a disease which could be treated.

Discipline: They also learned discipline during the rehabilitation process. Juxtaposing their former state with the current, a poly-drug user highlighted how he was now disciplined in several areas of his life, in terms of time management, and personal hygiene. Although some expressed frustration about these activities, they complied. ;

> *…whenever I feel like sleeping, I think I just have to walk straight to my room and sleep on my bed but here if you wake up around 6 O'clock unless 9:45 that you can go back to bed…Meanwhile, back in the house, I don't usually do those things. If I want to sleep, I just go straight to my bed and lie down. And here , you will be doing life skills, three times a day, how? Cleaning your room, I will wake up in the morning, I will sweep and mop here, after*

two hours you tell me to come and mop again, after two hours you tell me to come and mop again, why?" (Male, poly-drug user, 28)

Treatment effectiveness: The following extract depicts participants' (*n*=16) attitude towards the treatment programme, and how it had changed their lives. The programme helped them to understand that their drug use was not desirable and to appreciate their true state in addiction.

'This place [rehabilitation centre] has helped me a lot, because it has changed me concerning a lot of things that first I was doing and I thought was very good and helpful. But now I've realised that what I was doing in the past was very stupid--, smoking, drinking and taking pills and things all over. It would have ended my life, made me mad or I would have been in jail by now' (Male, poly-drug user, 19)

"yeah, I see everything here to be something that is very good. Yes because … there are lot of people who would have loved to have this opportunity like I'm having because when I tell my friends that I oh this is the situation that I'm in, [they tell me] they are praying for me that I should come out with good colors that they will learn from me. I think if they had an opportunity like how I have the opportunity they would have also come here. I think everything here-- what they are teaching us and the environment and everything is actually good, yes. It's good for me" (Mono-drug user, 30, male)

The participants showed some insight into their problem of drug use. They desired that other persons would also obtain an opportunity to obtain rehabilitation.

DISCUSSION

The study explored the experiences of PWUDs in rehabilitation facilities and their interactions with family members prior to this process. Our findings show that families have ambivalent relationships with the participants because of their drug use. Whereas some are likely to help them, other family members avoided them because of their drug use. Their disappointment and ambivalence mainly stemmed from the stigma attached to having a PWUD in the family. The study also showed that the rehabilitation experience was helpful generally but stressful where discipline did not coincide with the expectations of the PWUDs.

It was found that family members of PWUDs were disappointed when they got to know that they were using drugs. Meyerson et al. (2021) showed the stigma and discrimination suffered by PWUD in Arizona. It was demonstrated that the reaction of family members towards PWUD was disappointment,

confirming previous studies (Velleman & Templeton, 2003); Jackson et al., 2006). Although family members expressed some form of disappointment, the outcome of such disappointments were quite positive in that, it influenced PWUD to seek for rehabilitation to take away the reproach which their behaviour had brought upon the family. However, some of the PWUD indicated that their family members were instrumental in in getting them admitted intothe rehabilitation centre. Studies have shown that close association with family members could have a protective and stabilizing impact on drug problems (Kliewer et al., 2006; Luthar et al., 2000). According to social support theory (Lakey & Cohen, 2000), family support is a vital aspect of social support, and a person with benign family support is likely to have higher dimensions of family functioning (Dary, 2016), helping the person to positively cope with and reduce the negative stress and emotions. Family intimacy is a negative predictor of tendency to relapse by PWUD (Zeng et al., 2021). However, since the withdrawal of family support may lead to relapse(Zhang et al.. 2016; Appiah et al., 2017), it is important that families contitue to support the PWUDs during this process.

In a collectivist country such as exists in Ghana, families are interdependent and the behaviour of a family member—success or failure—affects other members of the family. In this sense, the perception of the family that PWUDs were doing something wrong went to affect not only the individuals involved in the drug use, but the whole family both nuclear and extended. Interdependence in health seeking is a double-edged sword—in one way it enhances support for treatment. In another sense, where it breaks down, it may lead to the loss of a safety net for the individual. In the case of PWUDs, familial support diminishes due to their use of drugs and the economic hardship they visit on their families as a result. Familial support has been found to wane in the process of rehabilitation due to financial commitments (Appiah et al., 2017). There is therefore a need to support the family members so they can provide the required support —
financially and relationally—to the PWUDs.

In the process of rehabilitation, participants expressed satisfaction with the atmosphere at the centres indicating a cordial relationship between them and their counsellors. Munro et al. (2017) has indicated that the atmosphere at drug rehabilitation centres is part of the treatment process. This is in consonance with Bloom's (2016) suggestion that the environment and relationships within rehabilitation centres are important aspects of the recovery process. Alves et al. (2021) have also found that 'being treated like a human being' (i.e., humanized care)by general practitioners ers (GPs) and key workers was vital in the recovery journey of PWUD. Respect given to PWUD proved helpful in the treatment process. Likewise, a good personal connection or relationship between PWUD and GPs or workers was reported to be a vital component of treatment.

The presence of PWUD at the centres gave them the opportunity to acquire helpful habits such as discipline.. Mahboub et al. (2021) found that PWUD benefit from in-patient rehabilitation because they are able to live a structured lifestyle as opposed to their previous chaotic lifestyle. Moreover, PWUD indicated their satisfaction with the treatment they received at the centres. However, PWUD were not satisfied with service delivery: lack of service coordination. People who use drugs suggested the need for detoxification services or withdrawal management (Russell et al., 2021). Centres were also a safe environment where PWUD would not get access to drugs (Russell et al., 2021). Besides, Cadri et al. (2021) indicated that easy communication with healthcare providers boost the health seeking behaviour of PWUD.

Limitations

Although the findings are instructive and provides us with the experiences of PWUD with respect to familial and counselor support in the rehabilitation process, there are some limitations we would like to point out. We recognized that a mixed method could have afforded the study the opportunity to generalize the findings, and for the purposes of triangulation but we also acknowledge that a qualitative study provides more nuanced experiences. Another limitation of this study was that it could not explore certain nuances regarding the type of drug used, relapse experiences, and how the period individuals have taken at rehabilitation centres impact their wellbeing. Future studies could explore these dimensions. Also, analysis with regards to PWUD's experience with different counselors was not investigated, leaving a gap that could be addressed by future research. Other studies should consider recruiting more females to provide a more balanced experience of PWUD.

RECOMMENDATION

We recommend that practitioners make efforts to educate family members of PWUD about their state in order to deal with the stigma they suffer among family members. More should be done at getting more females to seek for treatment. We observed that the demographic representation of PWUD was skewed towards males.

CONCLUSION

It was demonstrated that some families do not abandon PWUD but get themselves involved in the treatment process by initiating the admission of their family members into drug rehabilitation centres. Nevertheless, other family members severe relationship with PWUD due to their condition. In general, the findings seem to suggest that PWUD are happy with the general human relations at the centres, and the 12 steps treatment program being used.

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DECLARATIONS OF CONFLICTING INTEREST

There is no conflict of interest to disclose.

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DATA AVAILABILITY STATEMENT

Data from the study is available upon request from the first author.

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