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ASSESSMENT OF PSYCHOSOCIAL SUPPORT SERVICES AMONG YOUNG ADULTS RECOVERING FROM DRUG AND SUBSTANCE ABUSE IN NAIROBI COUNTY

BY

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NOVEMBER, 2024

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DECLARATION

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DEDICATION

The dissertation is dedicated to husband, Phineas Mputhia and children Melody, Abigail and Favour for the encouragement, love and support during the study period.

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I am grateful to the Almighty God for the dissertation idea, grace and provision to undertake this work. Special thanks to my able supervisors, Dr. Elijah Macharia and Prof. John B. Ndungu Ikenye for their endlessly support in developing this work. My sincere appreciation also goes to my beloved family for their moral and financial support. May the Almighty God bless you all.

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ABSTRACT

The government of Kenya in partnership with NACADA are working together to curb the practice of drug and substance abuse as well as assisting the recovering young adults to reform. The study was carried out to assess the impact of psychosocial support services among young adults recovering from drug and substance abuse in Nairobi County. The objectives of the study were to assess the effectiveness of the psychosocial support to the recovering young adults, to determine the professional skills of the psychosocial service providers, to establish the challenges faced by psychosocial support providers, and to identify the strategies used by psychosocial providers in addressing drug and substance abuse among the young adults. The study was anchored on family therapy theory and cognitive behavior theory. The study used descriptive survey design. The target of the study was the recovering young adults ranging between ages of 18- 35 years who are enrolled in the medically assisted therapy (MAT) program in the various rehabilitation Centers and Methadone clinics in Nairobi County. Purposive sampling method was used to select four rehabilitation centers out of the ten accredited centers in Nairobi County and two Methadone clinics giving a total sample size of six Centers. A total number of three hundred and fourteen respondents was involved in the study. The data collection instrument was a questionnaire while data analysis was done using the statistical package of social sciences (SPSS) version 26. The analysis was presented using descriptive and inferential statistics. The results were narrated and presented in figures and tables. The results highlighted strengths in understanding the perceived effectiveness of psychosocial support services in the center, while also identifying areas such as relapse management and public awareness where improvements would be beneficial. The results showed that that recovering drug users and psychosocial support providers perceived psychosocial support services as highly effective in supporting recovery. The results showed that the psychosocial service providers were qualified enough to provide service in addressing drug and substance abuse among young adults. The results further indicated varied challenges faced by psychosocial support providers and the rehab centers and identified a number of challenges used by psychosocial providers in addressing issues of drug and substance abuse.

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ACRONYMS /ABBREVIATIONS

MAT: Medically assisted Therapy

MMT: Methadone maintenance Therapy

NACADA: National campaign Against Drug Abuse

SUD: Substance use disorders

CBT: Cognitive behavioral Therapy

UNODC: United Nations office on Drugs and crime

WHO: World Health Organization

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DEFINITION OF OPERATIONAL TERMS

Psychosocial: Refers to the dynamic relationship between psychological and social factors affecting either an individual, family, community, or even a country. In this study, the recovering young adults have been affected psychologically by drugs hence causing an adverse effects on their thoughts, emotions and behaviors.

Psychosocial support: These are efforts done by government, well-wishers, humanitarian emergencies and non-governmental organizations among others in response to people's needs caused by psychological and social factors. In this study, the government of Kenya, NACADA and other stakeholders have partnered to assist the recovering young adults to reform to their former productive lives by offering them psychosocial support services like counselling and administration of methadone.

Drug: This is a substance or chemical that when one consumes may have either positive or negative effects in his or her body.

Drug abuse: This is a pattern use of drug that with time causes adverse effects to the user or to others. It can also be defined as use of illegal drugs so as to obtain self-satisfaction or reduce stress. In regard to this study, the recovering young adults might have abused drugs like bhang, cocaine, and heroine among others which eventually affects their normal functioning.

Addiction: Thisis a condition of strong dependence on illegal drugs to a point where an addicted individual is unable to control the consumption. In this study, the recovering young adults are being assisted by psychosocial support providers to stop using illegal drug or either control the drug use.

Relapse: This is a tendency of drug addicts resuming back to drug abuse after a period of abstinence. In regard to this study, majority of recuperating drug users for one reason or another undergo the stage of relapse.

Methadone: This is an oral drug that is administered daily through supervision to recovering drug users in order to alleviate

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detoxification caused by prolonged drug use. In this study, the recovering young adults have been enrolled to the various rehabilitation centers for their daily dosage of Methadone according to their specification.

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CHAPTER ONE

INTRODUCTION

1.1. Introduction

This chapter presents the background of the study, statement of the problem, research objectives and questions, significance of the study, scope and delimitations of the study, theoretical framework, and assumptions of the study and definitions of operational terms.

1.2. Background of the study

The background of this study sought to assess the impact of the psychosocial support among the recovering young adults from drugs and substance abuse. According to the United Nations (UN), there is no universally agreed international definition of the youth age group (UNDESA 2013). However, for statistical purposes and without prejudice to any other definitions by member states defines "youth" as those persons between the ages of 15 and 24 years. International Labor organization (ILO) defines youth as persons between 15-24 years based on statistics (UNDESA, 2013). The definition is recognized by the United Nations secretariat. In Kenya, according to youth policy guide (2017), article 260 of Kenya's constitution defines a youth as a person aged between 18 years and 34 years.

The term psychosocial support has a number of synonyms. For the purpose of this study the word psychosocial support and psychosocial interventions were used interchangeably. The term "Psychosocial" refers to the dynamic relationship between psychological factors affecting our feelings and cognitive development (thinking) and social factors which can include individual relationships, family and community setups, cultural or racial differences and also country interactions (IFRC Reference center for psychosocial support, 2014). According to psychosocial working group (2005) the use of the word "psychosocial support" implies that the interactions between psychological factors and social factors affect peoples' psychosocial wellbeing and therefore combined efforts should be made to address the needs.

From practical theological framework, psychosocial theological /spiritual support are interventions done by the church in order to address individual, societal, country or even governmental challenges from biblical perspective as well as integrating pastoral care programs. From Christian point of view, drug abuse brings about mental health problems to the victims since their worldview is broken and slowly can be cured / managed through healing of the soul and spirit by integrating psychosocial support. The recovering young

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adults are young adults ranging from adolescent stage to 35 years of age who have decided to stop taking drug and substance abuse in order to reform to their former productive lives when they were not drugs addicts. However, it should be noted that drug addiction is a chronic disease and therefore treatment is a process mannered by relapses. According to Volkow (2012:12) drug treatment is meant to assist the chronic drug abusers from drug cravings and withdrawals and that treatment can take specific period of time depending on an individual.

A psychosocial approach aimed at having less focus on individual clinically based diagnoses to focusing on holistic, broad-based preventative programs that promote resilience and develop coping strategies across the entire affected group (Mattingly, 2017:19). This approach has led to improvements in general management among those with and without specific disorders and this can consequently reduce the numbers of those that do require any special intervention. In that regard Mattingly clarifies that the psychosocial support stakeholders' recommends that psychosocial programs to be implemented through a complementary, integrated and muiti –sectoral approach.

There are various trends of psychosocial support and drug and substance abuse. There had been no recognition and response to the mental and psychosocial needs of refugees in humanitarian contexts until post world war II (UNHCR 2013). Before then, the needs of refugees arising from traumatic events and conflicts were handled from a clinical approach. With increase in number of humanitarian emergencies, there arose an increasing attention to the role of mental health and psychosocial support (MHPSS) activities within humanitarian responses. UNHCR report reviews that the recognition of MHPSS needs of refugees in humanitarian contexts grew alongside reports on the mental health problems of Cambodian and Vietnamese refugees in camps in Thailand. There was also a humanitarian response to the crisis in Bosnia –Herzegovina and Croatia. The 2004 tsunami was also an important influence on the development of the MHPSS field. The report further notes that the recognition and support from International organizations like European Commission Humanitarian office (ECHO) and UNICEF among others have come to a realization that psychosocial needs are equally important just like basic needs and physical needs.

In Africa, psychosocial support services are increasingly being carried out though with challenges. There are numerous cases that face many African countries which call for psychosocial interventions. These cases include vulnerable children like orphans, humanitarian crises like civil wars and tribal classes, mental sicknesses arising from drug and

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substance abuse among other causes. The major challenges facing ineffective implementation of psychosocial support is inadequate training on how to go about the process and inadequate resources. This is not only evident in rehabilitation centers but also there are some cases in hospital setting.

In South Sudan and Sudan, the psychosocial support is offered to refugee children and young people who have been affected by frequent civil wars (Unni Marie et al., 2020:25). The psychosocial support services are offered in the context of school setting. The school teachers play an important role in offering material, practical help as well as emotional needs. He notes that the program is supported by stakeholders like parents, counsellors and NGO group and staff. The initiative has gone a long way in providing psychosocial wellbeing to the affected participants. However, Unni clarifies that the stakeholders advocate for a more interactive psychosocial support where the affected children's parents are involved.

In Kenya, little is known about provision of psychosocial support services. This was reviewed by national psychosocial support guidelines for orphans and vulnerable children in (Volkow, 2012:15). The following findings were established:

That there was no specific definition of the term psychosocial support (PSS) hence lack of knowhow on the usage of PSS. It was also discovered that majority of the service providers did not employ the international standards in their work. That family and community support was vital in ensuring that efficient PSS services are well delivered for a holistic society. There was also need to include the elderly and children caregivers in PSS programme since they offer primary care to orphans and vulnerable children.

According to Katherine (2010), psychosocial support is lacking in Kenya's national guidelines of management of HIV/AIDS especially for children which is a critical aspect in coping with HIV/AIDS infection. The challenge has created gaps both to the medical professionals who directly handle HIV/AIDS treatment and health care assistants who also provide HIV/AIDS health education to the community. This calls for training on how to effectively manage HIV/AIDS patients for their psychosocial wellbeing besides treatment.

There is a wealth of information about trends of drug and substance abuse through research. The survey on drug usage in the wider population shows that young people are more involved in drug abuse as compared to adults and that further research reveals that introduction to drug abuse starts at adolescent stage as early as 12 years and the trend can extend up to 25 years

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(Vareintea and Burofur, 2018:57). Vareinte and Burofur further clarifies that in western countries the commonly abused drug among young people is cannabis. This is because of the perception that it is less harmful and easily available and therefore is often the first to be introduced to adolescents in combination with other drugs and vice versa.

The world Health organization (WHO) in the year 2000, records that there were approximately more than 185 million global consumers of illicit drugs, and billion users of alcohol as well as smokers and that in regard to disease burden, illicit drugs were seen to have negative effects in developed countries as compared to countries in central and southern Africa. The United Nations office on drugs and crime (UNODC) on the other hand through statistics showed that approximately more than 247 million of people between ages 15 and 64 had consumed drugs at least once in their lifetime by the year 2014. From the accrued literature on alcohol consumption in sub- Saharan Africa, studies show that majority of the young people have ever consumed alcohol once in their lifetime and that they might also be consuming currently (Odejide, 2006:56).

According to Rwanda journal of medicine and health sciences (2020) nearly two decades ago, there has been increasing global public health burden caused by the adverse effects of substance use disorders (SUD) and drug abuse. The report further reveals that 5% of the world adult population are consumers of illicit drug and that some have been clinically diagnosed with drug addiction in the year 2015.

In Kenya, drug menace is listed as one of the major issues affecting the economy today. According to Chesang (2013) abuse of drugs is no longer meant for specific regions or to social status but the problem rather cuts across all classes of people both from low income areas, rich and poor, rural and urban settings as well. According to statistics done by Nacada, there is a cause for alarm in the way young people are getting obsessed with drugs. The report indicates that those who are being affected by drugs range between 16 to 30 years of age where 50% of the youths are residing in the city of Nairobi (NACADA, 2001). In Nairobi County, majority of the young adults who had earlier been lured to drugs and substance abuse are seeking drug treatment and rehabilitation so as to reform to their former productive lives. However, the current challenge is that there is high rate of relapses and exit from the medication assisted Treatment (MAT) program among the recovering young adults recuperating from drugs and substance abuse. This necessitates the call for study to ascertain

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the effectiveness of psychosocial support services offered to the enrolled young adults in the various rehabilitation Centers and Methadone clinics within the County.

1.3. Statement of the problem

The recovering drug addicts and substance abuse require a comprehensive support mechanism for them to reform effectively. The drug treatment plan directs that psychosocial support to be integrated with medication assisted Treatment (MAT) for productive recovery of the patients (Dugosh et. al.,2016:76). However, studies indicate that there are varied opinions on the effectiveness of psychosocial support in combination with MAT towards the wellbeing of the recipients (Garret and Caroline, 2019:21). In Nairobi County, there are a number of young adults recovering from drugs and substance abuse whereby they are distributed to the various rehabilitation centers and Methadone clinics within the county so as to have an access to psychosocial support services as well as receiving MAT. According to NACADA (2018) there are currently 984 patients enrolled for Methadone maintenance treatment (MMT) at Mathari National Teaching and Referral Hospital from December 2014 to November 2018. The report further shown that there were 388 participants enrolled for Medically Assisted Therapy (MAT) at Ngara Methadone clinic from February 2017 to March 2018. Despite these facilities offering psychosocial support services to the recovering young adults in Nairobi County, there are still cases of relapses and discontinuation from the program to a good number of recovering young adults enrolled into the program. In view of the above, the study aimed to assess the impact of psychosocial support services among young adults recovering from drug and substance abuse in Nairobi County.

recovering young adults addicted to drug and substance abuse in Nairobi County.

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1.4. Research objectives

The study was guided by the following objectives:

To assess the effectiveness of the psychosocial support to the recovering young adults.

1.5. Purpose of the Study

The purpose of this study was to assess the impact of psychosocial support services among in Nairobi County.

(i) To determine the professional skills of the psychosocial service providers in drug and substance abuse among young adults in Nairobi County.

(ii) To establish the challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults in Nairobi County.

(iii) To identify the strategies used by psychosocial providers in addressing issues of drug and substance abuse among the young adults in Nairobi County.

1.6. Research Questions

The study was guided by the following research questions:

(i) What is the effectiveness of the psychosocial support to the recovering young adults in Nairobi County?

(ii) What professional skills do psychosocial providers use in addressing drug and substance abuse among young adults in Nairobi County?

(iii) What are the challenges faced by psychosocial providers and rehab centers in provision of psychosocial support among the young adults in Nairobi County?

(iv) What are the strategies used by psychosocial providers in addressing drug and substance abuse among the young adults in Nairobi County?

1.7. Significance /Justification of the study

In Nairobi County, a big number of young adults have been lured to drugs and substance abuse. However, majority of these young adults have discovered that their lives have been messed by the drugs addiction and have made up their minds to stop drug abuse and reform to a productive lifestyle. The recovering drug addicts have been enrolled to rehabs and Methadone clinics for medically assisted therapy (MAT) and provision of psychosocial support services. The aim of this study was to ascertain the effectiveness of psychosocial support services offered to the recovering young adults in aid to their recovery journey. The findings of this research may be beneficial to various parties. The ministry of public health in Nairobi County will benefit in ensuring that there is effective psychosocial support services given to the recovering drug addicts and substance abuse in the various Methadone clinics and rehabilitation centers. The Methadone clinics and rehabilitation centers within Nairobi County may also benefit by seeking to acquire more professional skills for better services while offering psychosocial support services to Methadone clients. The County government

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of Nairobi may also find the findings of the study beneficial in policy formulation regarding measures for effective drug and substance abuse treatment and control. The study may also be significant to the counsellors and especially those who deal withdrug addiction in treatment evaluation procedures while dealing with drug addicts in the various treatment facilities in Nairobi County. The results of the study may also help institutions of higher learning and universities in their curriculum development and planning.

1.8. Theoretical Framework

The study used family therapy theory and cognitive behavior therapy. Both theories were relevant to the study in that their application is in line with behavioral problems and challenges encountered by recuperating drug addicts in their recovery journey. Family therapy theory suggests that individuals can be apprehended by their unexceptional behavior and their relationshipwithfamily members. Therefore, it can been concluded that to a large extent that the problem of alcoholism can be contributed by how a family unit functions rather than an individual's portrayal of behavior, past and genetic development. On the other hand, cognitive behavior therapy is pegged on the view that peoples' affections and behavior are controlled by how one determines the world around him and that true change can only be experienced by applying the techniques structured to identify the exact test and right cognition.

1.9. Scope and Delimitation of the Study

The study was delimited within Nairobi County. The study targeted recovering young adults between ages 18- 35 years attending the rehabilitation Centers and Methadone clinics for their daily doses of Methadone and psychosocial support services. According to NACADA (2021), there are 10 accredited rehabilitation Centers and 2 Methadone clinics within Nairobi County. It is worth noting that 6 rehabilitation Centers were selected for the study through sampling technique. The study focused on the treatment professionals employed in the above facilities.

1.10 Assumptions of the study

This study was based on the following assumptions: That information that was given was correct and free of bias and that that the respondents were able to rate the psychosocial support services among young adults recovering from drug and substance abuse in Nairobi county.

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CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This Chapter presents a discussion of the related literature on the impact of psychosocial support among the recovering young adults addicted to drugs and substance abuse. The chapter includes review of related literature, theories to be used in the study, research gaps and conceptual framework.

2.2 Review of Related Literature

2.2.1 Effectiveness of psychosocial support to the recovering young adults

A good number of research carried out globally indicates that there are significant benefits derived from integrated treatment of mental illness and substance use disorders. However, the effectiveness of particular interventions is not very certain. According to Mueser et al. (2008) previous studies have reviewed the results on the usage of particular psychosocial interventions in the treatment of patients suffering from substance use disorders. The models of interventions ranged from individual approach, group and family approaches and structural approaches. Mueser clarifies that the findings of the studies, indicated that group interventions was the most studied and also it had different treatment approaches for specifically patients suffering from substance abuse disorders (e.g. psycho-education, motivational enhancement, cognitive behavioral counselling). These approaches were found to be effective to substance abuse patients than standard 12-step approaches.

It is estimated that about twenty percent of the Americans population has been adversely affected by mental health illnesses and substance use disorders (Monica et al., 2015:97). Progressive assessment report on the effects of psychosocial interventions on treatment of mental disorders and substance abuse show that there are various types of psychosocial interventions that are effective. However, Monica notes that the findings further shows that the psychosocial interventions which are seen to be productive through research findings are rarely used in clinical practice since there are no system regulations to monitor effective administration of psychosocial interventions to the patients. This situation is alarming and calls for further interventions with a view of embracing research findings for productive

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mental health treatment not merely relying on common routine clinical practice which is not progressive.

A systematic review was done in (U.S.) by Brown (2018) to determine if psychosocial interventions were effective towards relapse prevention. The research involved 14 studies comparing 9 psychosocial interventions in concurrence with medication maintenance. Brown explains that the findings indicated that only two studies supported that psychosocial interventions were effective towards drug abuse management in comparison to maintenance. In my view, it should be noted that different psychosocial interventions work differently to the patients and for effective results, therapists should employ various psychosocial interventions to their clients to determine which one works best for them.

A Germany study by Michael et al. (2002) was undertaken to determine the effectiveness of Acomprosate drug and different kinds of psychosocial support in prevention of alcohol relapse. The study involved 753 patients who were to abstain for 1 to 4 weeks. The results of the study showed that there was notable progress in alcohol abstinence among the patients regardless of the type of psychosocial support offered. This integration of Acamprosate drug and psychosocial support seems dependable to alcohol treatment and can be embraced by hospitals and rehabilitation Centers in managing alcohol patients. However in my view, it can only be effective if the patients are willing to stop taking alcohol before treatment.

At a South African hospital a study was conducted by Pillay and Olen (2013) to investigate the views of clinical staff, their understanding and attitudes towards psychosocial rehabilitation in provision of inpatient care for patients suffering from mental health disorders. A survey method was used whereby the various clinical staff in the hospital were called upon to participate. The questionnaire was constructed in such a way that it would be able to touch on specific areas including the understanding of psychosocial rehabilitation (PSR), its aim and goals, sufficient knowledge in PSR practice, sufficient resources to do PSR among other key areas. Pillay and Olien clarifies that the results of the study indicated that a good number of clinical staff investigated, stated that they were not adequately trained to perform PSR interventions. The researchers recommended for well-established training programs in future. In my view, it is worth noting that training of psychosocial staff providers is paramount for delivery of services in implementing psychosocial support in any treatment setting whether in hospital or in a rehabilitation center.

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In Kenya, a study was carried out in Kisii County by Sereta et al. (2016) to establish the effectiveness of drug rehabilitation programs on behavior modification of drug addicts in the selected rehabilitation centers in Kisii County. The tools for collecting data were questionnaires one for the staff and the other with guided interviews for the rehabilitees. The researcher notes that the findings of the study shown that drug users evaluation in terms of assessment emerged the key programs offered by rehabilitation centers in Kisii County and its surroundings. The findings also revealed out that the staff members were well trained with majority holding academic certificates from reputable institutions. The staff also possess proficiency in drug management and rehabilitation tasks. The rehabilitation centers were also found to be conducting personal continuing and aftercare services to their clients using psychosocial interventions and individual personal empowerment of the rehabilitee. However, the findings also revealed that there were financial constraints challenges which contributed to inadequate staff, medication and facilities among others. The study recommended that the challenges highlighted could only be solved by adequate funding from the relevant institutions concerned with rehabilitation centers in Kenya. The gaps in terms of management of rehabilitation Centers offering psychosocial support services is also evident in Kenya. This is in regard to offering of services and training of psychosocial support providers. In my opinion, due to challenges that come along with mental illnesses in the Country and globally at large, the government should develop robust measures and programs geared towards equipping psychosocial support providers for effective mitigation of drug abuse and treatment.

Another study was carried out to assess if there is a correlation and support from family, self – efficacy and returning to substance use among the youths that are recuperating from addiction to drug treatment centers in Limuru in Kiambu County by (Kinyua, 2019:21). The youths recovering from drugs in rehabilitation centers in Limuru were found to be ranging between ages 22- 35 years with majority being females. The study used closed ended questionnaires to collect data.Kinyua clarifies out that the findings of the study showed that family support and self – efficacy significantly correlates. In other words, family support contributed strongly to self–efficacy. The findings also showed that efficient family support contributed to low chances of relapse among the recuperating drug addicts. Family unit support acts as a source of love and belonging to individuals. The recovering young adults require much love and concern from family members for quick recovery in their journey.

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In Nairobi county psychosocial support is seen to be productive to the young adults recuperating from drugs and substance abuse. The psychosocial support services are normally offered in the context of clinical setting for recovering young adults enrolled in the various rehabilitation centers and methadone clinics within the County. With the introduction of Methadone drug integrated with psychosocial support in treatment and management of recovering drug abusers by the government of Kenya, as a harm reduction program to drug abusers, steady steps have been realized in Nairobi County. The recovering young adults who have managed to complete their full term in the program, have benefited to a large extent both psychologically and physically. This is where a number of them have reunited with their families, sought for jobs, open up small businesses and a few have volunteered to educate their former peers and the community about dangers of drug abuse and how to walk the journey of recovery. However, there are challenges of relapse cases and premature cessation of the program among the enrolled recovering young adults from these centers.

2.2.2 Professional Skills of the Psychosocial Service Providers in Drug and Substance Abuse among young Adults

The treatment and management of substance abuse disorders has been a public health problem globally. This is due to rising numbers of drug abusers every day. This necessitates the call for well trained professionals to sufficiently work in this department. In America, equipping and modalities in substance abuse treatment had previously not been emphasized to counselling psychologists traditionally (Jessica et al., 2016:32). This deficit, has made them to feel inadequately trained to assist clients who are affected by substance use disorders (SUD). Jessica notes that the scholars have encouraged counselling psychologist to embark on equipping and research in the treatment and management of substance use disorders (SUD) so as to bring a wealth of knowledge in solving health care concerns. Psychosocial interventions are mostly administered by medical professionals from different background of training like nurses, clinicians, counselors and psychiatrist among others (Cronin and Jones, 2015:7). They clarified out that patients suffering from (SUD) are categorized into those with short term needs and long term needs for easy assessing of services. Effective treatment and management of SUD patient's calls for qualified personnel's trained in that profession. Miller (1976) and Ashrey (1985) argued out that there should be qualified professionals trained for productive treatment in the field of drug abuse.

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In Kenya, UN studies (2000) reviewed that treatment and management of (SUD) patients was being done by professionals trained in other areas instead of professionals specifically qualified to treat drug and substance abuse patients as well as addiction. According to Amedeo (2006) Professionals who have particularly specialized in substance abuse disorders are of great importance in treatment and management of substance abuse patients. Besides treatment, clients are offered skills of abstinence and also counseling services on behavior change and other motivational skills in life.

In Nairobi County, through partnership with the ministry of health, there are currently two Methadone clinics offering psychosocial support to Methadone patients recovering from drug addiction and substance abuse. Although not all staff have professional training on drug addiction and substance abuse, there are a few trained counselors and specific drug addiction counselors. This is a sign of relief in management of drug addicts and substance abuse within the County.

2.2.3 Challenges faced by psychosocial support providers and the Rehab Centers in provision of psychosocial support among the young Adults

There has been substance abuse treatment challenges in the United States. According to Wolfe and Meyers (1999) over the years there is evidence that clinical practice and research findings do not properly work together. It is argued out that it takes years for clinical practice to agree on research findings. This challenge has to do with organizational issues and lack of proper standards in place to manage staff members all with an effect towards research conversion into clinical application (Hartmann et al, 1995; Mullen, 2004; Simpson, 2002).

A study was carried out in Nigeria by Nelson et al.(2019) to investigate challenges that hinder female street sex workers to seek proper treatment from effects of drug and substance abuse. 27 female sex workers were recruited and interviewed. The report indicated that the sex workers confessed that they consumed drugs so as to cope with dangers associated with prostitution. However, a few denied that there had been affected by drug substance related problems while majority confessed they suffered effects of drug abuse and also they recognized the need for treatment. The respondents cited social and structural barriers like inadequate information about services and high cost of treatment as the main challenges that hinder them from accessing drug abuse treatment.

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According to Synder et al. (2019) there are major challenges that hinder effective delivery of psychosocial support services to the patients.

(a)Delivery system

This is where in a hospital setting, operation of the system are classified into medical, health and substance abuse treatment. A well-managed medication assisted treatment (MAT) should have operational services in the three systems. There is need for medical and psychosocial providers to have harmonious relations and standardized system in place to ensure that there is effective delivery of services to drug abuse clients.

(b)Workforce

The challenges occurs when there is insufficient trained personnel to offer psychosocial support services to the MAT clients.

(c)Stigma

This is in regard to misconception associated with clients of drug and substance abuse who are seeking (MAT) services. Both the society and health care providers may hold stigmatizing beliefs that might affect the clients negatively hence limiting their chances of effectively enrolling into the MAT program.

(d)Logistical barriers

This also hinders effective delivery of psychosocial support. This is where the patients may be facing economic related challenges that may hinder them from seeking treatment. Likewise the psychosocial support providers may also be limited to offer delivery services to the patients at their residential.

(e)Ideal models of psychosocial support in MAT.

The stakeholders towards effective implementation of MAT program direct that substance abuse treatment personnel should take into consideration that drug addiction is a chronic disease and therefore cases of relapses are expected.

There is great challenge in managing the number of people suffering from mental and substance use disorders in Kenya and sub –Saharan Africa Meyer and Ndetei, (2016). The major challenge includes funds for treatment, stigma associated with mental illness patients both to the victims and their families who feel they had not played their role properly. The

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data obtained from Africa mental health foundation (AMHF) indicate that the widespread stigma increases the barrier to seeking health care. Another barrier is inadequate staff to handle mental and drug and substance use disorders patients. The project study also show that there are few professionals trained to handle drug addicts and substance abuse among the health facilities spread all over the country. There is also limited infrastructure to contain the patients and offer effective treatment. However through NACADA there are several stakeholders who have partnered with the government in assisting drugs and substance abuse patients.

A study was carried out in Nairobi County by Muthomi (2016) concerning the analysis of predictors of behavior change among children at risk in Juvenile rehabilitation centers within Nairobi County. The study targeted all the children and managers of juvenile rehabilitation Centers in Nairobi County. The total number of participants was 552. Questionnaires, interview schedules and focus groups were used as tools for data collection. After data analysis was done, the findings of the study found out that the determinants scored below average in terms of behavior change. The study also noted out that among the staff, special needs intervention measures did not exist, whereas 90% of the children in the rehabilitation centers had cases of special needs. The researcher recommended that all the staff working in the Juvenile rehabilitation centers to undertake professional training in special needs education.

Nairobi County has currently 10 accredited rehabilitation centers, 2 methadone clinics and unaccounted number of psychosocial support providers working in these centers. The major challenge facing the psychosocial support providers is lack of adequate resources to run the centers and also inadequate staff to work in these centers. Some of the staff providing psychosocial support are not professionally trained leading to inefficient delivery of services in the Centers. The rehabilitation centers and Methadone clinics sometimes may experience high number of patients who are seeking for the services. This challenge also may overwhelm the staff working in these centers. There are also cases of premature cessation from the program and cases of relapses among the clients which mostly causes dissatisfaction among the psychosocial service providers.

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2.2.4 Strategies used by Psychosocial Providers in Addressing Drug and Substance Abuse Among the Young Adults

There are various approaches for treating drug addiction and substance abuse. For effective treatment, the psychosocial providers should know the various types of model and how best they can work for the patients because the needs of the clients vary depending on the types of drug which they use. A research was carried out by Musyoka (2016) through an international journal of health and psychology to establish the various approaches used by rehabilitation Centers within Nairobi in enhancing recovery of alcoholics and drug abusers. The study adopted a descriptive qualitative approach seeking to identify some of the models used in rehabilitation Centers in and around Nairobi. The participants involved counselors employed in the rehabilitation centers. A total number of 25 rehabilitation centers participated. The study found out that there were various models of treatment used for treating clients admitted in the listed rehabilitation centers. The study also indicatedthat the rehabilitation centers used a combination of variety of models for treatment with Minnesota model being the most commonly used.

According to national protocol for treatment of substance use disorders in Kenya (2017) there are various strategies used by psychosocial support while addressing drugs and substance use disorders. After screening and the patient is found to have a significant amount of substance use disorder he or she should immediately be referred for treatment at the appropriate facility through a trained professional. The professional is expected to employ the following strategies:

Presenting the client physically at the Centre for examination. Having support / contact person who should accompany the patient at the treatment Centre. There should also be follow up of the client upon enrollment into the program. The professional should also ensure that there is effective drug treatment at the Centre where psychosocial support is offered. There is also the need to have a progressive report to the enrolled recovering drug users. Lastly the professional should ensure that there is frequent assessments and psycho–education services being offered to the client and family members. The national protocol further notes that psychosocial interventions would be beneficial to the patients if they enjoy them or consider it appropriate for their needs.

In United States substance use disorders are classified into three categories: mild, moderate and severe (Burofur and Vareinte, 2016:12). The research has shown that treatment of

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substance use disorder (SUD) is effective and improves the individual productivity, health and overall quality of life. The researchers also note that treatment is done through a continuum of care drifting away from treatment services all being carried out in general health care practice.

Numerous studies have shown that Methadone maintenance therapy (MMT) decreases heroin use and associated problems caused by sharing of needles (Yoast et al., 2001:13). The researchers also argue that MMT is cost effective and has no negative public impact. However, researchers noted that effective MMT administration has been faced by challenges like inadequate funding, understanding of relevant research, extensive regulation, and limits on the freedom of physicians to provide Methadone in a variety of medical settings.

A study by Sung and Chu (2012) was carried out to compare counselor's perception of causes and effects of drug abuse treatment strategies by comparing faith based treatment strategy with secular treatment strategy in United States. Data was collected and analyzed through independent random sampling method. The study found out that counselors from faith based programs were more likely to uphold religious models and have less concentration on support disease models as an interpretation of drug use. On the other hand, the secular group of counselors, in regard to treatment strategy, their focus was not predictive either to client religious need or a medical treatment model. More so, it was reviewed that the concern of faith based treatment counselors was correlated with solving religious needs of the client as a treatment strategy while the certified counselors were found to more supportive of the medical model as a treatment approach.

A research was carried out by Kasiram and Jeewa (2008) in South Africa to establish the strengths and weaknesses of the different models/programs used in different residential centers in South Africa. A qualitative methodology was used to assess the strengths and weaknesses of programs at three key residential rehabilitation centers in South Africa. The sample comprised of both patients and service providers at each center. The research instrument was focus group discussions for the patients and semi- structured interviews for the service providers. The study found out that majority of the staff and patients advocated for the full examination of the health status of an individual instead of focusing on one aspect and neglecting the other. The research recommended that it was time to change focus from disease model due to its deficiencies as compared to holistic approach which is well balanced and focuses on all aspects of the patient.

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According to Prochaska et al. (1992), there are concepts behind the stages of change model of Recovery. This model is mostly applied by counselors to assist the drug addicts walk through the journey of reformation. However its applicability depends on the level of the client.

Table 1: Strategies for working with offenders based on their stage in recovery (Table 1)

Stage	Description	Strategies
Pre –contemplation	Unaware of substance abuse problems	Help the client to be conscious of his current state empathetically. Assist the client to come to a realization of his current behavior and motivate him to set future goals.
Contemplation	Becoming aware of substance abuse problems	Draw out from the client the reasons for change and the consequences of not changing. Encourage the client to independently make a decision of change.
Preparation	Decision making	Help the client to determine the best course of action.
Action	Active behavior change	Assist the client to walk toward the journey of change. Motivate the client to have self-belief toward change.
Maintenance	Ongoing preventive behaviors	Help the client to develop self-mechanisms on how to overcome relapses. Do brief interventions geared toward lifestyle change.

Source: Prochaska et al. (1992)

In Nairobi County, the treatment of drug addiction and substance abuse focuses on the enrolled recovering drug addicts in the various rehabilitation centers and methadone clinics within the county. The recovering clients are referred to the centers by drug recovery support groups like support for additions, prevention and Treatment in Kenya (SAPTA). Upon admission, the clients go through clinical checkup and screening to ascertain the types of drugs and substance abuse they have taken and for what period of time. The medication

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assisted Therapy (MAT) enrollment has a maximum period of two years although a client can exit the program if the psychosocial providers find it fit to do so. In the MAT program, clients are treated according to the types of drugs which they have taken. The daily dosage of Methadone is also administered according to healthy status of the client. The centers also offer other psychosocial support services to the clients like counseling (both individual and group) and the major method is through Behavior Intervention(BI) and client motivational interview so as to give hope to the recovering client. The clients undertake various trainings like financial management, job seeking and management, reproductive health among others are offered to the clients sponsored by various drug recovery support groups. It is worth noting that with these mechanisms in place, there is promising hope for treating and managing drug addiction and recovery of young adults within Nairobi County.

2.3 Theoretical Framework

The study used family therapy theory and cognitive behavioral therapy.

2.3.1 Family systems Therapy Theory

The first pioneers of the theory were Alfred Adler (1972) and Rudolf Dreikurs (1950, 1973). Other Associates include Murray Bowen (1913 -1990) and Virginia Satir (1916 -1988). Family system theory suggests that individuals can be apprehended by their unexceptional behavior and relation within family members (Corey, 2013:23). He noted that the development and behavior of one family member has a close interconnection with other members in the family. The symptom exhibited by an individual usually expresses the patterns of behavior revolving in that family. Therefore, it can be concluded to a large extent that the problem of the client can be contributed by how a family unit functions rather than an individual's portrayal of behavior, past and genetic development. According to fingerman and Bermann (2000) family systems therapy has a number of assumptions as follows:

Family relationships are interconnected. Members in a family system influence one another. That is, one influences the other and vice versa. Families are systems with boundaries which canbe open or closed. They enable the members to define themselves and facilitate the smooth flow of information. The family system is also dynamic. This is where individuals, family composition and relationships change overtime. This is inevitable as the system expand from one generation to another. Family systems therapy also has the spirit of Teamwork (Walker. 2008:14). This where members work together for the benefit of the whole family. The family unit functions as a whole. The family is understood well by

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studying the whole sum of the family members and not the individual aspect. For example, the behavior exhibited by one individual can be ascribed to the whole family.

Goldenberg and Goldenberg (2013) emphasizes on the need for the therapists to view all behavior and its symptoms exhibited by an individual, within the context of the family and society. In their view they argue that, system approach does not prevent dealings within the individual, but that it aimed at strengthening the internal family dynamics.

Family systems theory has a number of strengths as well as weaknesses. According to Katherine and Angela (2016) family systems theory has the following strengths:

Practical application

Family systems theory is a practical theory that is easily applicable to everyday life. This is because its system concepts are easily changed into common sense language that is accessible to a wide variety of individuals and families. Katherine and Angela (2016) notes that one of the most helpful tenets of family systems theory can be captured in the idea that "if something isn't working, more of the same won't work". For example, if a mother continually tells the daughter to clean a room and she doesn't clean, then the mother's repeated reminders to clean the room are not likely to be successful, and therefore some other interventions are needed. Family systems theory also correlate with real people's lives. For instance, the work of social worker and therapist Brown (2012) on the power of vulnerability has reached millions via her internet videos and Ted talks. Brown's ideas about positive energy and the courage to change one's life are grounded in family systems theory.

Intervention

Family system theory emphasizes understanding and effective communication processes for stable relationship in family setups. This tenet is useful for developing intervention programs to help families that are experiencing problems. For example, research has shown that children whose parents work in military experience loneliness and depression when their parents go out to work and are distanced from home for a couple of months. Through family systems approach, the intervention offered has been use of technology such as email, skype and webcams to keep children and parents in touch by communicating with each other (Blaisure et al; 2012:20).

Applicable to other aspects of family research.

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Family systems theory is used in a variety of other contexts to study families because of its cybernetic and clinical roots. According to Cox (2010) there is need to extend individual and family development beyond the parent–child relationship. Cox applied systems theory to sibling relationships whereby he showed that sibling subsystem is often more influential than the parental subsystem. He noted that sibling subsystem had the longest lasting tie. The application of his findings revealed that sibling relationships are vital for the expansion of the baby groom generation. Family system theory has the following weaknesses according to (Katherine and Angela, 2016).

There is high likelihood of stereotyping.

Just like family system theory is very applicable in many contexts, there is also high possibilities for it to be stereotyped in many ways. For instance, this can be experienced in gender roles and functions in a family setup, where some roles are specifically meant for males and others meant for females. It is assumed in many families that cooking and taking care of children is a role for women while provision and family security is for men. This is a practical application of stereotyped functions where in real sense, gender functions can be reversed or be shared.

Simplifies complex Relationships.

Family system theory is also uncritically applied concerning sibling order and relationship. There is temptation in different cultures to reduce sibling personalities to birth order characteristics. For example, some cultures believe younger children do not share, eldest children should take the role of family leadership, and middle children are not very intelligent while the last born should be well provided. However, it should be noted that, sibling relationships are highly complex and mostly vary by cultural context. For instance in China, it is said that parents favor oldest sons over daughters and younger ones, while in U.S., older women tend to favor their youngest daughters when relying upon adult children for care and support" (Suitor et al., 2013:15).

Minimizes power dynamics in families.

The prominent critique about family systems theory is that it reduces or even ignores power differences between family members i.e. men and women, adults and children. The critiques argue that by supporting that family issues emerge from poor relations within a family disregards the potential being exercised by gender and generational roles within family

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members. Therefore, the critique is thus about how power is distributed unevenly in families. Feminist have observed that power differences in families reflect the broader social and political context (Luepnitz, 2002; Silverstein and Goodrich, 2003) on the other hand, (Leslie and Southard, 2009:12) argues that, by assuming that all members in a family have equal roles to play and also focus on family productivity, family systems theory hides that some members of families are more equal than others.

The current study employed Bowen's family systems theory (1978 cited by Judy 2014). His focus was on patterns that develop in families in order to defuse anxiety. He argued out that a key contributor of anxiety in families is the perception of either too much closeness or too great a distance in relationship. Bowen noted that the degree of anxiety in any one family will be determined by the current levels of external stress and the sensitivities to particular themes that have been transmitted down the generations. This means if a negative behavior is exhibited in a family system and not dealt with early, it can lead to continuous cycle of patterns of behavior to be experienced in future generation. For example, the pattern of drug addiction and substance abuse might be triggered by anxiety originating within the family system which most probably was not dealt with.

2.3.2 Cognitive Behavior Therapy

The theory was initially developed by Beck (1964). As a psychiatrist he was trained in psychoanalysis whereby he tried to prove the psychoanalytic concept of how anger turned to a person as a cause of depression. While probing the flow of thoughts and dreams of depressed patients, Beck discovered that the main issue is not anger but defeat and loss. Through clinical observations and experiments, the findings showed a consistent negative bias in how depressed patients processed information. It is from these findings that Beck embarked on striving to come up with cognitive interventions that would help depressed patients in discovering, evaluating and managing irrational thinking patterns contributing to their issues. Cognitive behavior therapy is pegged on the view that people's affections and behavior are controlled by how one views the world around him and that true change can only be experienced by applying the techniques structured to identify the exact test and right cognition. According to Beck's theory, cognitions play a key role because they organize and regulate all other functions (Beck and Freeman et al., 1990).

Cognitive therapy (CT) has got the following principles according to Corey and other scholars. CT assumes that psychological issues develop as a result of biased perspective

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about the reality caused by maladaptive thinking. CT is an insight focused therapy due to its effective psychoeducation training that enables affected patients to discover and change their maladaptive thinking and behavior. CT is highly collaborative which enables clients to accommodate certain learning experiences that exposes them to comprehend through their thinking, feelings and their reaction towards environmental responses and changes. (Greenberger and Padesky, 2016).

The aim of CT is to enable clients have room for exposure through learning experiences that are actual in making alterations in their thinking, attitude and feelings and eventually retain them or make use of them in future. In CT, clients learn how to identify their dysfunctional thinking. This is done when clients are in a position to determine their cognitive distortions. This process is carried out by a therapist who teaches them how to critically examine their thoughts and evidence through empirical testing. The therapist is also able to assess their mental function ability by engaging them in counseling dialogue, home assignments, doing behavioral experiments, gathering data and assumptions made and forming alternative interpretations. By the end of the treatment, clients are in a level to discover themselves better and also acquire more insight about their thinking and what is happening around them.

CT focuses on present problems, irrespective of a client diagnosis. The therapist concentrates on the current status of the client and the past history can only be considered if there is need to comprehend how specific inner dysfunctional beliefs occurred and how they have a bearing on the current status of the clients' problems (Dattilio, 2002a)

According to Corey (2013) there are various strengths and weaknesses of cognitive behavior therapy from a diversity perspective. The following are some of the strengths of cognitive behavior Therapy.

Cognitive behavior Therapy (CBT) is culturally sensitive. This empowers therapist to work with individuals from diverse cultural, ethnic and racial setups. If the therapist understand the cultural values of the client, he or she is well positioned to take the client through self-reflection of his beliefs and feelings in his current state of his life. Afterwards, the therapist can be able to work together with the clients towards the journey of recovery and change. Counselors with cognitive behavioral orientation functions as teachers. This enables clients to learn skills of dealing with life issues and also appreciate the emphasis on cognition and action.

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Due to collaborative approach of CBT, clients are able to undergo detailed therapy sessions whereby in turn a therapist can make efforts to enhance coordination. According to Spiegler (2013), the basic nature of CBT and its practice enables it to treat diverse clients and offer personalized medication, which is centered on external environment and thriving nature among others.

Weaknesses of CBT from a diversity perspective

The emphasis of CBT on assertiveness, independence, verbal ability, rationality, cognition and behavioral change may limit its use in cultures that value subtle communication over assertiveness, interdependence over personal independence, listening and observation over talking and acceptance over behavior change (Hays, 2009). In CBT the focus is on the present, which can result in the therapist failing to recognize the role of the past in a client's development. Cognitive behavioral assessments involve the investigation of a client's personal history. If the therapist is unaware of a client's cultural beliefs, which are rooted in the past, the therapist may have difficulty interpreting the client's personal experiences accurately. CBT involves individualistic orientation. An inexperienced therapist may over emphasize cognitive restructuring to the neglect of environmental interventions. Hays (2009) points out that these potential limitations do not preclude the integration of CBT and multicultural counseling. Instead, being aware of these limitations presents opportunities for rethinking, refining, adapting and increasing the relevance and effectiveness of psychotherapy.

Some of the young adults recovering from drug and substance abuse are suffering from depression and other mental disorders. In this study, I will use Beck's cognitive therapy of depression (1967). Beck's theory involves identifying and challenging some common cognitive distortions in depressed patients. He argues that depressed clients lose confidence in their personal competence when faced with a challenge. It is common sense that people with mental challenges like depression have specific biases on how they perceive the reality. However, by identifying the distortions challenging an individual client, a therapist is able to assist individuals in making alternative interpretations of events in their day to day life and behave in a manner that will slowly enable them achieve their goals and values. The treatment of the clients also varies from one individual to another. Through cognitive therapy

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techniques, a therapist is in a good position to refer the clients for specific mental treatment based on the assessment.

Christian interventions in many instances struggle to change the substance user's faith which sometimes might lead to frustration (Loverde, 2020). Rather effective Christian interventions are aimed at assisting the drug user/addict be delivered from addiction, organize for professional intervention and as time goes by through spiritual nourishment, the loved one will come to a realization of faith in God on his own understanding.

Alcoholics face a number of challenges in life and especially those struggling with recovery. One of the major challenge faced by many alcoholics is lack of sense of meaning in life (Axtell, 2022). This challenge hits them most because many at times, before they realise that their lives are miserable, they have already messed their health, lives and sometimes also those of their loved ones. However, through effective spiritual resources like forgiveness, prayer, meditation and pastoral counselling, the alcoholic can rediscover a new and deeper sense of meaning in life.

According to U.S. (2024) National institute on Alcohol Abuse and Alcoholism, there are numerous effects on the health of the abuser.

(a) Cancer. Through evidence, the research reveals that the more a person gets deep into alcohol drinks regularly, the higher chances of developing alcohol related cancer which mostly affect the head, neck, Esophageal cancer, liver cancer, and breast cancer.

(b) Weakened immune system. Drinking too much alcohol weakens your immune system making the body weak to fight diseases. Those who are chronic alcohol drinkers are at high risk of being infected with pneumonia and tuberculosis as compared to low alcohol drinkers.

(c) Brain. Alcohol affects one's brain cognition which in turn may disrupt one's mood change and behavior.

(d) Heart. Drinking too much alcohol on a single occasion can damage the heart which consequently may bring problems like stroke, Arrhythmias (irregular heart beat) and high blood pressure among others.

(e) Liver. Too much drink cause adverse effects on liver which can also cause other related health issues like cirrhosis, Fibrosis, Alcohol hepatitis among others.

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(f) Pancreas. Frequent and too much alcohol damages pancreas which leads to production of toxic substances that can lead to pancreatitis, a dangerous inflammation in the pancreas that causes swelling and pain.

2.4 Research Gaps

From the reviewed literature, numerous research work has been done by various researchers on the effectiveness of psychosocial support to the recovering young adults. A research study was carried out by Kinyua (2019) on the relationship between family support, self-efficacy and relapse occurrence among youths recovering from drug addiction in selected rehabilitation Centers of Limuru sub-County. The youths recovering from drugs in rehabilitation centers in Limuru were found to be ranging between ages 22-35 years with majority being females. The study used questionnaires to collect data consisting only of closed ended items. Kinyua clarifies out that the findings of the study showed that family support and self–efficacy significantly correlates. In other words, family support contributed strongly to self–efficacy. The findings also showed that efficient family support contributed to low chances of relapse among the recuperating drug addicts.

Kositany (2017) conducted a research based on the contribution of selected psychological and social factors to relapse among recovering alcoholics in Asumbi and Jorgs Ark rehabilitation Centers in Kenya. The study adopted descriptive survey design. The target respondents were relapsed alcoholics and rehabilitation counselors both in Asumbi and Jorgs Ark rehabilitation Centers in Kenya. A sample of 67 recovering alcoholics and 13 counselors was drawn from the two purposively selected rehabilitation Centers and used in the study. The study used two set of questionnaires whereby the findings of the study found out that the selected psychological factor that mostly contributed to relapse was living with bitterness that causes anger due to unresolved conflict. The social factor that mostly contributed to relapse was moving around with alcoholic's friends.

A study was conducted by Ogwae (2016) to determine causes and effects of drug abuse among students from selected secondary schools in Starehe sub county, Nairobi County. The study targeted 6 secondary schools with a sample respondents consisting of 268 students, 6 guidance and counselling teachers and 6 principals. The study used questionnaires for data collection whereby the findings of the study reviewed out that majority of the students were driven into taking drugs by peer pressure.

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Another study was conducted by Antonio et al. (2020) to ascertain the effectiveness of various European drug recovery programs by examining psychosocial intervention groups with vulnerable populations. The research was conducted utilizing qualitative methodology whereby the findings of the study reviewed that treatment programs were found to be effective for recovery from opiate use but social recovery programs were not found to be effective. The researchers recommended that there was need to increase the effectiveness of psychosocial in recovery based programmes with relevance of these programmes in relation to psychosocial characteristics of the various risk groups. From the research done, none has researched on the effectiveness of psychosocial support services to the recovering young adults addicted to drugs and substance abuse both in the rehabilitation centers and in the methadone clinics setup. However, researchers like Antonio et al. (2020) recommended for further research on the effectiveness of psychosocial in recovery based programs. Therefore, this study sought to address the gap in research on the need for assessing the effectiveness of psychosocial support services to the recovering young adults addicted to Drug and substance abuse in Nairobi County.

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2.5 Conceptual Framework

The independent variable is the psychosocial support services while the dependent variable is recovering young adults.

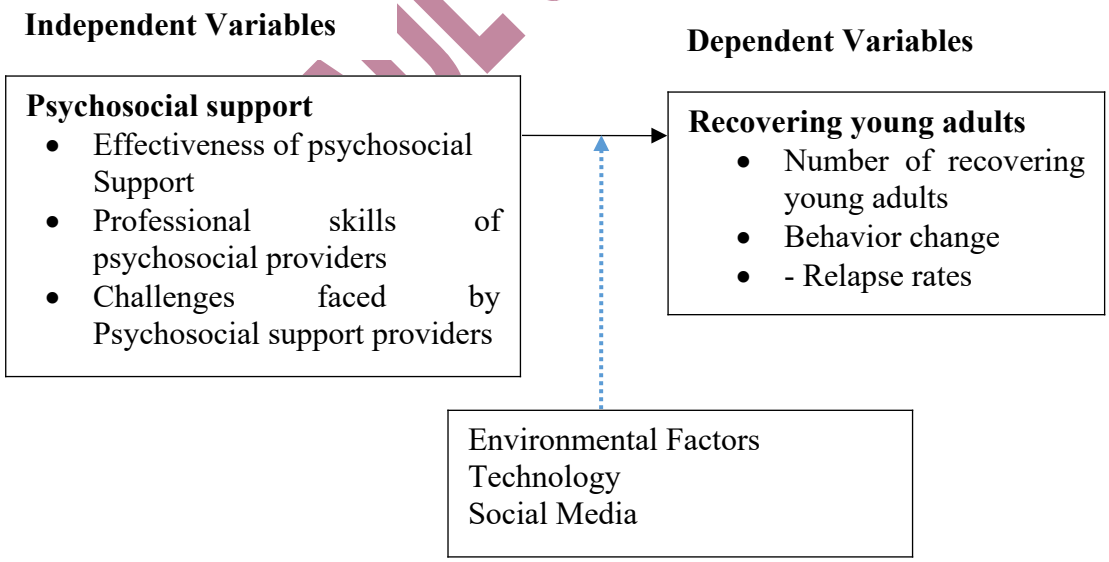


Figure 1: Conceptual Framework

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CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the study research design, study area, study population, sampling methods and sample size, data collection tools, data collection methodology, reliability and validity, data analysis, Ethical consideration, research schedule and research budget.

3.2 Research Design

The study used descriptive survey method. The purpose of descriptive research is to describe a phenomenon and its characteristics (Gall, Gall and Borg, 2007). Descriptive studies are aimed at finding what is rather than how or why. Survey method was adopted because it involves gathering data in order to answer research questions concerning the current status of the subject of the study. In this study, survey method was used to gather the data on the effectiveness of psychosocial support to the recovering young adults in Nairobi County.

3.3 Study Area

The study was conducted in methadone clinics and drug rehabilitation centers in Nairobi County. The County is bordering Kiambu County to the north and west, Kajiado to the south and Machakos to the East (Nairobi County integrated development plan (CIDP 2018-2022). Nairobi County being a capital city, is viewed as a viable hotspot for drug and substance abuse. The reason for rampart usage of drug abuse and (SUD) among the young adults in Nairobi County has been attributed to easy entry into the City within the County borders and rural –urban migration among the young adults in search for jobs and the perception that one can live a decent life in the City. Other causes of rampart use of drugs in Nairobi County

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among the young adults is availability of drugs in nearby shops and kiosks, affordability of drugs, corruption whereby there is easy entry of drugs in the city and peer pressure. However, most of the young adults have discovered the adverse effects of drug and substance abuse in their lives whereby some have started seeking for drug addiction treatment and rehabilitation within the centers in Nairobi County. In these centers, the recovering young adults are offered psychosocial support services as part of medically assisted treatment (MAT). Despite the psychosocial support services being offered in these centers, a number of young adults are involved in cases of drug relapse and discontinuation from MAT program. It is out of these challenges that the the study was conducted on the effectiveness of psychosocial support services among the recovering young adults in Nairobi County.

3.4 Study population

The research targeted methadone clients and psychosocial support staff working in the Methadone clinics and rehabilitation centers in Nairobi County. The study targeted recovering young adults aged 18 -35 both male and female who have been enrolled in the MAT program within the rehabilitation centers and Methadone clinics in the County. The study focused on young adults and not adults since majority of young adults have been involved in drug and substance abuse as compared to adults. This was established through a research study on the status of drug and substance abuse among primary school pupils in Kenya (NACADA 2019).

3.5 Sampling method and Sample size

3.5.1 Sampling method

According to NACADA (2021) there are 10 accredited rehabilitation Centers (both public and private) and two Methadone clinics in Nairobi County. Purposive sampling method was used to select 4 rehabilitation Centers and 2 Methadone clinics to be used in the study. The four rehabilitation Centers in Nairobi were selected since they are the biggest based on the number of beds/capacity. The bigger the rehabilitation Center, the more the young adults served and the more the number of the psychosocial support staff. The two methadone clinics were both be used in the study since they are the only ones in the County. Purposive sampling is a strategy used to deliberately select a person or event in order to obtain important information about the subject matter of the study (Maxwell, 1996). In this study, the four rehabilitation Centers and two methadone clinics selected provided a reliable data concerning the study.

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3.5.2 Sample size

Participants were drawn from the 2 Methadone clinics and 4 biggest rehabilitation Centers in Nairobi County. A big rehabilitation Centre has a minimum of two counsellors, a psychologist, two clinician/nurses, and center manager. While each Methadone clinic has a minimum of two counsellors, a psychologist, three clinician/nurse, and center manager. All the psychosocial support staff and a number of selected recovering young adults were involved in the study as indicated on table 2.

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Table 2: Sampling Size

Rehabilitation Centre/Methadone clinic	**Number of psychosocial staff**	**Number of recovering young adults**	**Total**
1	6	50	56
2	4	24	28
3	5	30	35
4	4	30	34
5	4	600	604
6	5	700	705
Total	**28**	**1434**	**1462**

The sample size was computed using the Taro Yamane formula (1967) which was developed to calculate sample size and determine a sample size for a given population. This formula is presented with 95% confidence level as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n= sample size required

N= number of people in the population

e= allowable error %

$$n=\frac{1434}{1+1434(0.05)^2}$$

$$n=312.76$$

n=313 (rounded off to the nearest whole number)

3.6 Description of Research Instruments

The study used questionnaires as tool for data collection. Questionnaires are most suitable in collecting comprisable data from a large number of individuals or events. There are three main advantages of questionnaires. Questionnaires are more objective than interviews because the respondents are centralized in one place. Because of centralization, the researcher can also be able to explain the details and objectives of the questionnaires to the respondents more easily if it is direct distribution. Use of questionnaires is also a quick way of collecting information and it economical. This is because it is suitable for collecting information from a large group of people (John, 2021).

The study had two set of questionnaire; one for the psychosocial support staff and the other for the recovering young adults. The questionnaires were divided into five sections. Section one covered the demographic information of the respondents, section two covered the psychosocial support, section three covered the professional skills of the psychosocial service providers, section four covered the challenges faced by psychosocial support providers and the last section covered the strategies used by psychosocial providers.

3.7 Data collection methodology

The study obtained letter of approval from St. Paul University and NACOSTI so as to be granted permission to conduct research in the rehabilitation centers sampled for the study. Permission was also obtained from NACADA in line with their policies. The researcher distributed the questionnaires directly to the rehab centers and Methadone clinics with the help of administrators. The details of the questionnaires were explained to the respondents and they were given instructions on how to fill them. Drop and pick method were used where the questionnaire was dropped and picked at agreed time after the completion.

3.8 Pilot Study

Before the actual data collection, the study piloted the instrument with 20 respondents from rehabilitation Centers in Limuru area. The participants in the pilot study were not to be

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included in the final study. The pilot study enabled to test the reliability and validity of the instrument to be used in data collection. The reliability and validity tests are described below.

3.8.1 Reliability of the Instrument

Reliability tests if the tool used provides consistent results or the results can be reproduced. A reliable tool enhances accuracy of the data collected since it shows the respondents understood the questions and gave the correct response (Kothari, 2004). In this study, the reliability of the questionnaire was tested by use of Cronbach alpha where the alpha value ranges between 0 and 1 with reliability increasing with the increase in value. Coefficient of 0.6-0.7 is a commonly accepted rule of thumb that indicates acceptable reliability and 0.8 or higher indicate good reliability (Castillo, 2009). In this method, the study administered the tool and collected data entered in SPSS and reliability analysis performed. The Cronbach alpha showed the degree at which questions are reliable and weak questions were deleted or amended before the final data collection. The reliability results are shown in table 3.

Table 3: Results of Reliability Coefficients Test

Variable	Cronbach's Alpha coefficients	Comments
Effectiveness of the psychosocial support	.979	Reliable
Professional skills used psychosocial providers	.960	Reliable
Challenges faced by psychosocial providers	.967	Reliable
Strategies used by psychosocial providers	.967	Reliable

The results in Table 3 show that the study obtained a Cronbach Alpha of above 0.90 for all variables. Cronbach's alpha coefficient ranges from 0 to 1, and the nearer the coefficient is to one, the more the inner consistency. Cronbach (1951) recommended an acceptable minimum value of above 0.60. Literature by Wooldridge (2015) recommended a value of above 0.7. Reliability coefficients below 0.5 are unacceptable; those above 0.8 are good, and those greater than 0.9 are considered excellent (Sharma, 2016). Therefore, data obtained by the current study was reliable. This means the study instrument can produce consistent results every time it is administered. The instrument's internal consistency was therefore considered to be satisfactory for further data analysis to meet the study's objectives.

3.8.2 Validity of the Instrument

Validity tests if the tool used answers the study objectives. A tool that is valid captures all the variables in the study and provides the correct measure to capture the information from the

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respondents. It is the extent to which differences found within a measuring instrument reflect true differences among those being tested (Kothari, 2004). The researcher tested the content validity, the criterion validity and the construct validity. The content validity focuses on the variable of the study and the face validity were used in the test. Face validity includes evaluation of the instrument by the subject experts such as the supervisors. The criterion validity focus on the relevance of the questions and correlation were used in the test. Lastly, the construct validity focused on the measurement used in the tool and factor analysis was used. All the tests were implemented as discussed by Creswell (2014).

3.9 Data Analysis procedures

The collected data was codded, entered and analyzed by use of SPSS version 20. The statistical test used was both descriptive and inferential statistics. The descriptive tests are percentage, mean and standard deviation while the inferential tests are correlation and ANOVA. Objective one was to assess the effectiveness of psychosocial support to the recovering young adults in Nairobi County. Objective two was to establish the professional skills of the psychosocial service providers in drug and substance abuse among young adults in Nairobi County. Objective three was to establish the challenges faced by psychosocial support providers and rehab centers in provision of psychosocial support among the young adults in Nairobi County. Objective four was to identify the strategies used by psychosocial providers in addressing drug and substance abuse issues among the young adults in Nairobi County. The statistical tests used were descriptive statistics.

3.10 Ethical Considerations

Before embarking on data collection procedure, the researcher obtained the required research letters from St. Paul's University and NACOSTI. The researcher then visited the set drug rehabilitation centers and methadone clinics where management was informed on the type of research to be carried out. There was informed consent from the participants by guaranteeing them of their confidentiality and also assuring them that the information to be given was merely meant for academic purpose.

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CHAPTER FOUR
RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents a discussion of the results in relation to the objectives of the study. It describes the response rate, demographic characteristics, descriptive analysis, inferential statistics as well as discussion of the findings. The results assessed the impact of psychosocial support services among recovering young adults addicted to drug and substance abuse in Nairobi County. Specifically, the results determined the effectiveness of the psychosocial support to the recovering young adults, the professional skills of the psychosocial service providers in drug and substance abuse among young adults. Moreover, it established the challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults in Nairobi County and identified the strategies used by psychosocial providers in addressing issues of drug and substance abuse among the young adults in Nairobi County.

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4.2 Response Rate

The study targeted a total of 28 psychosocial staff and 313 recovering young adults from the 2 Methadone clinics and the 4 biggest rehabilitation centers in Nairobi County. Out of these respondents, 24 (85.71%) psychosocial staff and 257 (82.108%) recovering young adults successfully filled out the questionnaires, giving an overall response rate of 83.88% (rounded to the nearest whole number 84%). Babbie and Edgerton (2023) assert that a response rate of over 70 percent is excellent. The response rate of the current study falls above the threshold,

allowing for different estimations and data analysis. The response rate is presented in figure 2.

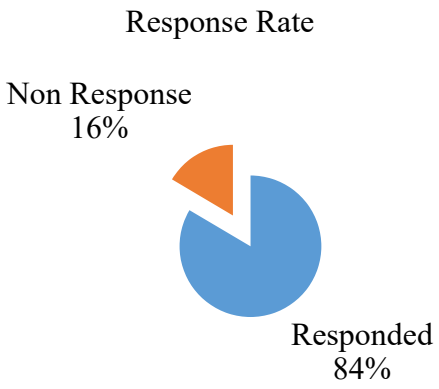


Figure 2: Response Rate

The study further sought to determine distribution of the respondents in each of the Methadone clinics and the rehabilitation centers. It was also important to show that the results are representative of all the 2 Methadone clinics and the 4 biggest rehabilitation centers in Nairobi County, Kenya. This is presented in Table 4.

Table 4: Response Rate per Clinics and Rehabilitation Centers

Rehabilitation Centre/Methadone clinic	Expected Number of psychosocial staffs	Actual Responses by psychosocial staff	Response rate	Expected Number of recovering young adults	Actual Responses by the recovering young adults	Response rate
Chiromo lane treatment Center	6	5	83.33%	11	10	90.90%
Nairobi Outreach service Trust	4	3	75%	5	5	100%
Asumbi Treatment and Rehab Centre	5	4	80%	7	5	71.43%
Silwan Fountain Treatment & Recovery Centre	4	4	100%	7	7	100%
Ngara Methadone clinic	4	3	75%	130	110	84.62%
Mathare Methadone Clinic	5	5	100%	153	120	78.43%
Total	28	24	85.71%	313	257	82.108%

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The results in Table 4 showed that the findings were drawn from two Methadone clinics and the four biggest rehabilitation centers in Nairobi County by statistics. The results further show that the current study's results represent all the clinics and the rehabilitation centers since each unit response rate over 70 percent are recommended by Babbie and Edgerton (2023). The high response rate in the current study could be attributed to good logistical preparations prior to and during data collection, which enhanced the respondents' social acceptability of the researcher and data collection assistants. This response rate is higher than that obtained in recent studies conducted in Methadone clinics and rehabilitation centers in Nairobi County by Wanyoike et al. (2021) and Kiburi et al. (2022) among others.

4.3 Demographic Characteristics

The study sought to determine the demographic distribution of the respondents by gender, age, religion, marital status qualifications and experience. In addition, the study investigated the characteristics of the rehabilitation centers. The results are presented in the subsequent subsections.

4.3.1 Age Distribution of the of the Respondents

It was important to determine age distribution of the recovering drug user because age may affect their assessment on the impact of psychosocial support services among recovering young adults. The results are presented in Table 5.

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Table 5: Age Distribution of the of the Respondents

Descriptive Statistics	Age distribution of the Recovering Drug User	Age distribution of the psychosocial support providers
N	257	24
Mean	28.50	38.54
Range	22	22
Minimum	19	19
Maximum	41	41

The results indicated that the average age of recovering drug users in Methadone clinics and rehabilitation centers in Nairobi County was 28.5 years, while the average age of the psychosocial support providers was 38.54. The youngest recovering drug user was 19 years while the oldest was 41 years old. The youngest psychosocial support staff was 19 years while the oldest was 41 years. The age distribution of the recovering drug users is similar to

that of a report by Kamenderi *et al*. (2023) which established that most drug use patients in rehabilitation centers are within the range of 18 to 45 year.

4.3.2 Gender of the of the Respondents

The study sought to establish the gender distribution of both the recovering drug users and the psychosocial support providers. This was intended to ensure the results were representative of both genders. The results are shown in Table 6.

Table 6: Gender of the of the Respondents

Gender	Gender of the Recovering Drug User		Gender of the of the psychosocial support providers	
	Frequency	Percent	Frequency	Percent
Male	202	78.6	21	87.5
Female	55	21.4	3	12.5
Total	257	100.0	24	100.0

As indicated in Table 6, the findings show that 78.6 % of the recovering drug user were male while 21.4% of the recovering drug users were female. Similarly, male psychosocial support providers were the majority with 87.5 percent and the female recovering drug user the results determined that 78.6 % of the Recovering Drug User were male while 21.4% of the Recovering Drug User were female. This implies that this study was dominated by male however, the findings show that substantial representation of female gender thus implying that both the findings of the study did not suffer from gender biasness. This showed there was gender disparity since number of males exceeded that of females. However, the disparity is termed by this study to be fair since the representation of each category surpassed the 30% threshold stipulated by the constitution of Kenya (2010). Therefore, it implies that the findings of this study represent opinions of both genders.

4.3.3 Religion of the of the Respondents

Understanding the religious background of recovering drug users and psychosocial support providers can offer insights into their values, support systems, and recovery processes. The results are presented in Table 9 below.

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Table 7 : Religion of the of the Respondents

Religion	Religion of the Recovering Drug User		Religion of the of the psychosocial support providers	
	Frequency	Percent	Frequency	Percent
Christian	205	79.8	13	54.2
Muslim	43	16.7	8	33.3
Hindu	9	3.5	3	12.5
Total	257	100.0	24	100.0

As indicated in Table 7, the findings show that the majority of the recovering drug users (79.8%) identified as Christian, followed by Muslim (16.7%) and Hindu (3.5%). Among psychosocial support providers, 54.2% identified as Christian, 33.3% as Muslim, and 12.5% as Hindu. The predominance of Christian respondents among both recovering drug users and psychosocial support providers reflects the religious demographics of the region, where Christianity is the major religion. This is explained by the religious dynamics of Kenya as noted by the KNBS (2019) population census that showed 85.5% of Kenyans are Christian. As observed by Straughan (2020) religion can play a significant role in the recovery process, offering spiritual support, community, and a sense of purpose. Faith-based support systems are often integral in providing emotional and psychological support to individuals in recovery. The presence of various religious groups among the respondents suggests the need for culturally and religiously sensitive approaches in providing psychosocial support services. This diversity can enhance the inclusivity and effectiveness of recovery programs by respecting and integrating different religious perspectives and practices.

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4.3.4 Marital Status of the of the Respondents

The study sought to establish the marital status distribution of both the recovering drug users and the psychosocial support providers. This was intended to ensure that the results were representative of different marital status categories. The results are shown in Table 8.

Table 8. Marital Status of the of the Respondents

	Marital status of the Recovering Drug User		Marital status of the psychosocial support providers	
Marital status	Frequency	Percent	Frequency	Percent
Single	142	55.3	18	75.0
Married	80	31.1	4	16.7
Separated	30	11.7	1	4.2
Divorced	5	1.9	1	4.2

Total	257	100.0	24	100.0

As indicated in Table 8, the findings show that the majority of the recovering drug users (55.3%) are single, followed by married (31.1%), separated (11.7%), and divorced (1.9%). Among psychosocial support providers, 75.0% are single, 16.7% are married, and both separated and divorced categories each constitute 4.2%. The high percentage of single individuals among recovering drug users as opined by Andersson et al. (2021) suggests a potential lack of intimate partner support, which can influence the recovery process. Single individuals may face different social and emotional challenges compared to their married counterparts. Marital status has been linked to various aspects of mental health and recovery outcomes, with married individuals often benefiting from spousal support and shared responsibilities (Andersson et al., 2021).

The diversity in marital status among respondents highlights the need for psychosocial support services to consider the specific needs and circumstances of different groups. Tailoring support services to address the unique challenges faced by single, married, separated, and divorced individuals can enhance the effectiveness of recovery programs.

4.3.5 Recovering Drug Users Level of Academic Qualifications

Analyzing the level of academic qualifications of recovering drug users is essential to understand their educational background and its potential impact on their recovery journey. The results are presented in Table 9.

Table 9: Recovering Drug Users Level of Academic Qualifications

Highest level of education	Frequency	Percent
None	5	1.9
Std 1-4	9	3.5
Std 5-8	41	16.0
Form 1-4	58	22.6
0-level	26	10.1
Level A- Level 1	30	11.7
University	88	34.2
Total	257	100.0

As indicated in Table 9, the findings show that the weak majority of the recovering drug users (34.2%) have a university education. This is followed by those with Form 1-4 education

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(22.6%), Std 5-8 education (16.0%), A-Level education (11.7%), O-Level education (10.1%), Std 1-4 education (3.5%), and no formal education (1.9%). The high percentage of individuals with university education among the respondents indicates that drug use and recovery are issues that cut across all levels of education. This suggests that educational attainment alone does not shield individuals from substance use issues. However, as noted by Ignaszewski (2021), individuals with higher education levels might have better access to information and resources that can aid in their recovery process. The presence of respondents with varied educational backgrounds highlights the importance of designing psychosocial support services that are inclusive and accessible to all educational levels. Tailored interventions that address the specific needs of individuals with different educational backgrounds can enhance the effectiveness of recovery programs.

4.3.6 Occupation of the Recovering Drug Users

The study aimed to determine the current occupation of the recovering drug users. This information is crucial to understand the socioeconomic context of the respondents and ensure that the results are representative of individuals with varying occupational backgrounds.
The results are shown in Table 10.

Table 10. Occupation of the Recovering Drug Users

What Recovering Drug User do for a Living	Frequency	Percent
Formerly employed	31	12.1
Jobless	21	8.2
Peer Educator	14	5.4
Self Employed	174	67.7
Student	17	6.6
Total	257	100.0

As indicated in Table 10, the findings show that the majority of the recovering drug users (67.7%) are self-employed. This is followed by those who were formerly employed (12.1%), jobless (8.2%), students (6.6%), and peer educators (5.4%). The high percentage of self-employed individuals may reflect a need for flexible work schedules that accommodate recovery programs and treatment schedules. Self-employment could also indicate a form of resilience and adaptation among recovering users who might have faced barriers to traditional employment due to their history of substance use. The representation of jobless individuals (8.2%) underscores the economic challenges that some recovering users face, which could

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impact their recovery trajectory. Employment status has been shown to play a crucial role in the recovery process, providing not only financial stability but also a sense of purpose and structure. The presence of peer educators (5.4%) among the respondents highlights the role of lived experience in supporting others through the recovery process. Peer educators often provide unique insights and empathy that can enhance the effectiveness of psychosocial support services (Bufquin et al., 2021).

4.3.7 Monthly Income of the Recovering Drug Users

The study aimed to determine the monthly income of the recovering drug users. This information is essential to understand the economic status of the respondents and ensure that the results are representative of individuals with varying income levels. The results are shown in Table 11.

Table 11. Monthly Income of the Recovering Drug Users

Monthly Income	Frequency	Percent
None	42	16.4
1000 -2000	32	12.5
2000 -3000	25	9.7
3000-4000	7	2.7
4000-5000	60	23.3
Above 5000	91	35.4
Total	257	100.0

As indicated in Table 11, the findings show that the majority of recovering drug users (35.4%) reported a monthly income above 5000 KES. This is followed by those with a monthly income between 4000 - 5000 KES (23.3%), no income (16.4%), between 1000 - 2000 KES (12.5%), between 2000 - 3000 KES (9.7%), and between 3000 - 4000 KES (2.7%). The high percentage of individuals with an income above 5000 KES suggests a level of financial stability among some recovering drug users, which can facilitate access to recovery resources and support services. On the other hand, the significant portion of individuals with no income or low income highlights the economic challenges faced by many in recovery. Economic stability has been linked to improved recovery outcomes, as financial resources can provide access to necessary treatment and support services (Bufquin et al., 2021). The presence of individuals with varied income levels indicates that psychosocial support services need to be adaptable to meet the needs of both higher and lower-income recovering drug users. Tailored interventions that consider financial constraints can enhance the effectiveness of these services (Bufquin et al., 2021).

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4.4 Characteristics Related to Drug Use and Treatment

The study investigated the predisposing factors to drug use, and characteristics relating to the rehabilitation centers, kind of treatment and staff member. This is presented in the subsequent sections.

4.4.1 Relationship with Family Members over the Last Few Years

Examining the relationship with family members of recovering drug users provides insights into their social support systems and how these relationships have evolved during their recovery process. The results are presented in Table 12.

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Table 12: Relationship with Family Members over the Last Few Years

Relationship with Family Members	Good (%)	Fair (%)	Not Good (%)	Mean (%)	Std. Deviation (%)
Father	35.0	58.0	7.0	1.72	0.586
Mother	23.7	72.8	3.5	1.80	0.482
Sister (s)	22.6	72.0	5.4	1.83	0.502
Brother (s)	21.4	74.3	4.3	1.83	0.478
Close relative (s)	2.3	13.6	84	2.89	0.390
Average	21	58.14	20.84	2.014	0.488

As indicated in Table 12, the majority of the recovering drug users reported their relationships with their father, mother, sister(s), and brother(s) as either good or fair. The highest percentage of good relationships was with fathers (35.0%), followed by mothers (23.7%), sisters (22.6%), and brothers (21.4%). In contrast, relationships with close relatives were predominantly rated as not good (84.0%). The mean scores for relationships with family members range from 1.72 to 2.89, with lower scores indicating better relationships. The standard deviation values indicate variability in the responses, with relationships with close relatives showing the least variability (0.390). The data suggests that immediate family members (father, mother, sister(s), and brother(s)) generally maintain supportive relationships with the recovering drug users, which is crucial for successful recovery. Supportive family relationships can provide emotional stability and encouragement during the recovery process. In contrast, the strained relationships with close relatives highlight potential areas for intervention to improve social support networks (Supriyanto, 2021).

4.4.2 Length of Time Psychosocial Support Providers had served in the Center

The study aimed to determine the length of time psychosocial support providers had served in the center. This information is essential to understand the experience and tenure of support staff in providing services to recovering drug users. The results are shown in Table 13.

Table 13. Length of Time Psychosocial Support Providers Had Served in the Center

How long have you served in this center	Frequency	Percent
Less than 1 year	6	25.0
2-5 years	18	75.0
Total	24	100.0

As indicated in Table 13, the findings show that 25.0% of psychosocial support providers had served in the center for less than 1 year, while 75.0% had served for 2-5 years. The study results indicate a range of experience among psychosocial support providers in the center, with a significant proportion having served for 2-5 years. This diversity in tenure ensures that the study's findings are representative of support providers with varying levels of experience and tenure. Similar findings have been observed in other studies on the tenure of psychosocial support providers in substance abuse recovery programs. For example, a study by Buitrago et al. (2024) found that providers with longer tenure often contribute to better program outcomes due to their accumulated experience and familiarity with the needs of recovering individuals.

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4.4.3 Reaction When Facing Life's Frustrations and Difficulties

The study explored how individuals react when facing life's frustrations and difficulties. This information provides insight into coping mechanisms and emotional responses among the respondents. The results are shown in Table 14.

Table 14: Reaction When Facing Life's Frustrations and Difficulties

Reaction when you face life's frustrations and difficulties	Frequency	Percent
Always get stressed and anxious	94	36.6
Stressed and anxious, angry	3	1.2
Stress, but at the end of the day I remember where I come from and so I need to be courageous than I am	3	1.2
Stress and Anxiousness	7	2.7

Stress and Anxiousness, Talk to friends' family members and religious leaders.	4	1.6
Talk to friends and family members	92	35.8
Talk to friends and family members and then pray to God	3	1.2
smoke weed and research on the solution	3	1.2
Talk to Wife, friends' family members.	3	1.2
Talk to religious leaders	13	5.1
Not easily affected	12	4.7
meditation	3	1.2
I pray	3	1.2
Self-Pleasure	3	1.2
Take Drugs	8	3.1
Talk To A Friend	3	1.2
Total	257	100.0

The findings in Table 14 show a variety of reactions among individuals when faced with life's frustrations and difficulties. The most common responses include getting stressed and anxious (36.6%), talking to friends and family members (35.8%), and seeking support from religious leaders (5.1%). Other responses include taking drugs (3.1%), meditation (1.2%), praying (1.2%), and engaging in self-pleasure (1.2%). The study results highlight diverse coping mechanisms among the respondents, ranging from social support seeking to religious practices and potentially harmful behaviors like drug use. Understanding these coping strategies is crucial for designing effective psychosocial support interventions that cater to the diverse needs and preferences of individuals in recovery. Similar findings have been observed in other studies on coping mechanisms and stress management among individuals in substance abuse recovery programs. For example, a study by McKay et al. (2021) explored various coping strategies among recovering individuals, emphasizing the importance of adaptive coping skills in enhancing resilience and recovery outcomes.

4.4.4 Drug Profile of the Respondents

The study investigated the duration for which respondents had been taking drugs. This information provides insights into the long-term substance use patterns among the respondents. The results are presented in Table 15.

Table 15: Drug profile of the Respondents

For how long have you been taking drugs	Frequency	Percent
1-5 Years	110	42.8
11-5 Years	80	31.1
6-10 Years	64	24.9
Above 15 Years	3	1.2
Total	257	100.0

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As indicated in Table 15, the findings show that 42.8% of respondents had been using drugs for 1-5 years, 31.1% for 11-15 years, 24.9% for 6-10 years, and 1.2% for above 15 years. The study results highlight a diverse range of drug use durations among the respondents, with a significant proportion having used drugs for 1-5 years and 11-15 years. Understanding the duration of drug use is essential for tailoring interventions that address the specific needs and challenges associated with different stages of substance abuse. Similar findings have been observed in other studies on the drug use patterns and histories of individuals in substance abuse recovery programs. A study by Brunelle et al. (2019) found comparable distributions of drug use durations among participants, emphasizing the importance of personalized treatment plans based on the duration and severity of substance use.

4.4.5 Types of Drugs Taken

The study explored the types of drugs respondents had taken in their lifetime. This information provides insights into the prevalence and variety of substances used among the respondents. The results are presented in summarized form due to the extensive list of drug combinations.

Table 16: Types of Drugs Taken

Drugs taken by drug users	Frequency	Percent
Alcohol	22	8.6
Alcohol, Cigarette	3	1.2
Alcohol, Cigarette, Bhang	3	1.2
Alcohol, Cigarette, Bhang, Miraa	30	11.7
Alcohol, Cigarette, Bhang, Miraa, codeine	3	1.2
Alcohol, Cigarette, Bhang, Miraa, tobacco	3	1.2
Alcohol, Cigarette, Bhang, Miraa, Cocaine	7	2.7
Alcohol,Cigarette,Bhang,Miraa,Cocaine,	4	1.6
Alcohol,Cigarette,Bhang,Miraa,Cocaine, NDMA Ecstacy	3	1.2
Alcohol,Cigarette,Bhang,Miraa,Cocaine,Heroine	10	3.9
Alcohol,Cigarette,Bhang,Miraa,Heroine	7	2.7
Alcohol,Cigarette,Bhang,Cocaine	3	1.2
Alcohol, Cigarette, Bhang, Cocaine, Heroine	4	1.6
Alcohol,Cigarette,Bhang,Heroine	26	10.1
Alcohol,Cigarette,Miraa	3	1.2
Alcohol,Bhang	6	2.3
Alcohol,Bhang,	3	1.2
Alcohol,Bhang,Miraa, shisha	5	1.9
Alcohol,Bhang,Miraa,Cocaine	3	1.2
Alcohol,Bhang,Heroine	8	3.1
Alcohol,Bhang,Heroine,	4	1.6

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Alcohol,Miraa	3	1.2
Alcohol,Miraa,Heroine	4	1.6
Alcohol,Heroine	3	1.2
Cigarette,Bhang	3	1.2
Cigarette,Bhang,Miraa,Heroine	3	1.2
Cigarette,Bhang,Cocaine,Heroine	6	2.3
Cigarette,Bhang,Heroine	31	12.1
Cigarette,Miraa	3	1.2
Cigarette,Heroine	3	1.2
Bhang	3	1.2
Bhang,Miraa,Heroine	3	1.2
Bhang,Heroine	17	6.6
Cocaine	3	1.2
Heroine	12	4.7
Total	257	100.0

The detailed breakdown of drug combinations illustrates the complexity and diversity of substance use among the respondents. It shows that a significant proportion of individuals have used multiple substances concurrently, including alcohol, cigarettes, cannabis (bhang), khat (miraa), cocaine, and heroin. The most popular drug use combination was alcohol, cigarette, bhang, miraa (30%), followed by alcohol, cigarette, bhang, heroine at 26%. Those who took alcohol alone were 22% of the respondents. Understanding the patterns of drug use is crucial for designing targeted interventions that address the specific dependencies and behaviors associated with each substance. It also highlights the need for comprehensive substance abuse treatment programs that can effectively address polydrug use and its associated challenges (Conway et al., 2020). Further analysis and interpretation of these findings can provide deeper insights into the risk factors, health implications, and recovery needs of individuals with polydrug use disorders.

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4.4.6 Factors Contributing to Drug and Substance Abuse

The study examined the factors contributing to drug and substance abuse among respondents, aiming to understand the motivations and influences behind their behaviors. The results are summarized in Table 17.

Table 17: Factors Contributing to Drug and Substance Abuse

Factors Contributing to Drug and Substance Abuse	Frequency	Percent
Frustration	57	22.2
Frustration, Need for social acceptance, Peer pressure	3	1.2
Frustration, Boredom/ Loneliness	21	8.2
Frustration, Boredom/ Loneliness, Need for social acceptance	3	1.2

Frustration, Boredom/ Loneliness, Need for social acceptance, Social media, Peer pressure	3	1.2
Frustration, Boredom/ Loneliness, Social media, Peer pressure	3	1.2
Frustration, Peer pressure	13	5.1
Boredom/ Loneliness	24	9.3
Boredom/ Loneliness, Need for social acceptance	3	1.2
Boredom/ Loneliness, Peer pressure	6	2.3
Need for social acceptance	14	5.4
Need for social acceptance, Social media, Peer pressure	3	1.2
Need for social acceptance, Peer pressure	12	4.7
Peer pressure	89	34.6
Boredom/ Loneliness, Need for social acceptance, Boredom/ Loneliness, Social media, Social media,	3	1.2
Total	257	100.0

According to Table 17, the most commonly cited factor contributing to drug and substance abuse is peer pressure, accounting for 34.6% of responses. This is followed by frustration (22.2%), boredom/loneliness (9.3%), and the need for social acceptance (5.4%) various combinations of these factors, such as frustration combined with peer pressure (5.1%) and boredom/loneliness combined with peer pressure (2.3%), also contribute significantly to substance use behaviors among the sample. Understanding these contributing factors is crucial for developing targeted prevention and intervention strategies that address the specific influences driving substance abuse. Similar strategies by Jones et al.(2020) which emphasizes the complexity of factors influencing addictive behaviors.

4.4.7 Feeling (s) about the Services Offered in this Centre

Results in Table 18 outline the sentiments expressed by respondents regarding the services offered in the center, providing insights into their overall perceptions and experiences.

Table 18: Feelings about the Services Offered in this Centre

What is your feeling (s) about the services offered in this Centre?	Frequency	Percent
Amazing, Very effective, Very Quality,	67	26.1
Fairly good, average but helpful, good, helpful, good research, friendly services, good mentorship, comfortable, help reunite with family, caring, quality, up to standard, makes me feel accepted by society, helps me concentrate, conducive, help stop the addictive drug, sanity restored, changed me, empowering business, health education, I feel respected, if i continue i will recover, makes me have a normal life, rational thinking, I'm now a family man, I now feel important in the society, meets my needs, has helped me change	173	67.3

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Boring center, poor diet, stressful, poor service, not satisfactory, lack of phone degrades me, spiritual teaching is not my thing, forced prescribed medication makes me skeptical, poor interaction between staff and clients, we feel looked down upon	17	6.6
Total	257	100.0

According to Table 18, the majority of respondents (67.3%) expressed positive sentiments about the services, describing them as fairly good, helpful, empowering, and conducive to recovery. Positive feedback highlights aspects such as friendly services, good mentorship, and support in various aspects of life, including family reunification and health education. Conversely, a smaller proportion (6.6%) expressed negative feelings, citing issues such as a boring environment, poor service quality, and dissatisfaction with dietary options and spiritual aspects of the program. Criticisms also included perceived deficiencies in staff-client interactions and concerns about prescribed medication practices. Understanding these varied sentiments is essential for enhancing service delivery and tailoring interventions to better meet the diverse needs and preferences of individuals seeking support for substance abuse recovery. This approach aligns with discussions on service quality and client satisfaction in the literature, as discussed in the book by Biancarelli et al. (2019).

4.4.8 Success of Rehabilitation

Results in Table 19 present the outcomes reported by respondents regarding the success of rehabilitation, offering insights into their perceptions of the effectiveness of the program.

Table 19. Success of Rehabilitation

How is the rehabilitation	Frequency	Percent
Successful	19	7.4
Indeterminate	194	75.5
Not successful	44	17.1
Total	257	100.0

The majority of respondents (75.5%) indicated an indeterminate outcome of rehabilitation, suggesting uncertainty about the program's effectiveness or the ongoing nature of their recovery journey. In contrast, 7.4% reported rehabilitation as successful, while 17.1% indicated it was not successful. These findings underscore the complex nature of substance abuse recovery and the varied outcomes experienced by individuals within the program. Understanding these perceptions is critical for assessing the program's impact and identifying areas for improvement in rehabilitation strategies and support services. This analysis aligns

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with discussions on rehabilitation outcomes and program evaluation in the literature, as explored in the book by Latib et al. (2019).

4.4.9 Willingness to be Treated and Success of Rehabilitation

Table 20 illustrates the reported willingness of respondents to engage in treatment, offering insights into their readiness and openness to therapeutic interventions.

Table 20. Willingness to be treated

Rate your willingness to be treated	Frequency	Percent
Very willing	7	2.7
Willing	218	84.8
Doubtful	26	10.1
Unwilling	6	2.3
Total	257	100.0

According to Table 20, the majority of respondents (84.8%) expressed willingness to engage in treatment, indicating a positive attitude towards seeking help for their substance abuse issues. Of these, 2.7% reported being very willing, while 82.1% were categorized as willing. A smaller proportion of respondents (10.1%) expressed doubts about treatment, highlighting uncertainties or reservations about engaging in therapy. Additionally, 2.3% indicated unwillingness to participate in treatment, reflecting challenges or barriers to seeking help. Understanding these varying levels of willingness is crucial for designing interventions that effectively engage individuals in treatment and support their recovery efforts. Similar considerations regarding treatment readiness and engagement were observed by literature by Read et al. (2019). The cross tabulation table examines the relationship between respondents' willingness to engage in treatment and the reported success of rehabilitation, offering insights into how treatment readiness may impact recovery outcomes.

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Table 21: Relationship between Willingness to be Treated and Success of Rehabilitation

Success of rehabilitation* willingness to be treated Cross tabulation						
		Willingness to be Treated				
		Very willing	Willing	Doubtful	Unwilling	Total
Success of rehabilitation	Successful	1.6%	3.9%	1.9%		7.4%
	Indeterminate	1.2%	68.5%	5.8%		75.5%
	Not successful		12.5%	2.3%	2.3%	17.1%
Total		2.7%	84.8%	10.1%	2.3%	100.0%

Chi-Square Tests				
		Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square		65.099[a]	6	.000
Likelihood Ratio		43.483	6	.000
Linear-by-Linear Association		15.520	1	.000
N of Valid Cases		257		
Symmetric Measures				
		Value	Asymptotic Standard Error[a]	Approximate T[b]	Approximate Significance
Interval by Interval	Pearson's R	.246	.084	4.057	.000[c]
Ordinal by Ordinal	Spearman Correlation	.194	.087	3.156	.002[c]

The majority of respondents who reported being very willing (1.6%) or willing (3.9%) to engage in treatment also indicated varying levels of success in rehabilitation, with 7.4% overall reporting successful outcomes. Conversely, a significant proportion of those with an indeterminate willingness (68.5%) or doubts about treatment (5.8%) expressed uncertainty about rehabilitation outcomes. Additionally, those who were unwilling to engage in treatment (2.3%) also showed varied success rates, with 17.1% indicating rehabilitation was not successful.

Statistical tests (Pearson Chi-Square, Likelihood Ratio, and Linear-by-Linear Association) indicate a significant association between willingness to be treated and the success of rehabilitation ($p < .001$). Symmetric measures (Pearson's R and Spearman Correlation) further suggest a moderate positive correlation between these variables, underscoring the importance of treatment readiness in predicting rehabilitation outcomes. Understanding these associations is crucial for tailoring interventions that enhance treatment engagement and improve recovery outcomes for individuals struggling with substance abuse. Similar findings and discussions on treatment readiness and rehabilitation success are explored in the literature (Read et al., 2017).

4.4.10 Frequency of Seeking help and Effectiveness of Treatment

The study examines the relationship between the frequency of seeking help and the reported effectiveness of treatment, providing insights into how the frequency of seeking assistance may influence treatment outcomes.

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Table 22: Frequency of Seeking Help and Effectiveness of Treatment

		Frequency of seeking help				
		Very frequently	Frequently	Rarely	Very rarely	Total
Effectiveness of treatment	Effective	13.8%	43.3%	23.2%	2.4%	82.7%
	Not effective	5.5%	4.7%	3.5%	3.5%	17.3%
Total		19.3%	48.0%	26.8%	5.9%	100.0%

Pearson Chi-Square Value (33.933 [a]), df (6), Asymptotic Significance (2-sided) (.000)

According to Table 22, respondents who reported seeking help very frequently (19.3%) or frequently (48.0%) tended to perceive treatment as more effective, with 82.7% overall rating treatment as effective. In contrast, those who sought help rarely (26.8%) or very rarely (5.9%) reported lower effectiveness rates, with 17.3% overall indicating treatment was not effective.

The Pearson Chi-Square test ($\chi^2 = 33.933$, df = 6, $p < .001$) indicates a significant association between the frequency of seeking help and the perceived effectiveness of treatment. This suggests that individuals who seek help more frequently are more likely to perceive treatment as effective compared to those who seek help less often. Understanding this association underscores the importance of regular engagement in treatment-seeking behaviors for improving treatment outcomes in substance abuse recovery. Similar discussions on treatment adherence and outcomes are explored in the literature by McKeganey (2020).

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4.4.11 Factors that Improve Services at the Rehabilitation Centre

The study sought to identify the areas that the rehabilitation centers could improve to enhance service delivery and treatment of the patient. Improvement of entertainment facilities, varied sport activities, better diet, friendly personnel, and hygiene and better counsellors dominated the responses. Specifically the respondents suggested that they should be allowed to sleep longer, have more outdoor activities, watch movies, have more uniforms, extend more rooms, improve food quality, begiven more attention rather than being stigmatized.

Moreover, the respondents posited that the personnel should be friendlier, counselling sessions should be enhanced, and relatives should be more involved and coached on how to be patient and deal with the patients. The patients should be coached on skill development and directed towards potential entrepreneurial ventures. Counselling on self-acceptance, financial management, environmental change, self-employment and personal hygiene should

be enhanced. The hygiene of the center should be improved, clean warm water should be provided in the bathrooms, the staff should be hospitable, and clients should be allowed conjugal visits, and freedom to communicate with phone. The counsellors should adopt modern methodology of counsel and education; improve relation between counsellors and ex addicts. The rehabilitation center should have a lucrative follow up after patients are discharged. Favoritism of some of the patients should be avoided; they should give service to all clients without preferential treatment of others.

The centers should encourage more visits from relatives, better choice of music rather than gospel songs all the time, open communication, more balanced diet, mandatory one on one counselling service, punctuality, strictness, complaining office, physical exercise, read books and magazines, frequent talks from recovered addicts, motivational talks, more involvement of clients in treatment and open communication from other doctors to councilors, recreation facilities to be added , job opportunities and creating awareness of drug users, and spouses should be counselled on how to deal with the recovered addicts.

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4.4.12 Becoming an Accepted Member of the Society

The recovering drug users were asked to respond on what aspects can be enhanced to improve their acceptability back to the society. Issues such as counselling, full reformation, job opportunity, good behavior, financial support, and empowerment dominated the responses of the respondents. Specifically the respondents opined that the society should listen and understand, the counselling should extend to their homes, and they should be allowed to participate in societal projects. Moreover, the respondents felt that they should form a group with other patients, jobs should be created for them, they should be educated about the value that society needs, educating the public and creating awareness in regards to substance abuse and addiction in order to reduce stigma. Creating buffer system/ incase client experience issues, empowerment in financial support.

The society should enhance the social economic opportunities rendered to any particular age set, bring up more art and design, everyone should get the knowledge about the power of drugs and effects, formal awareness should be taken to the society to view them as a normal person, given a source of income, given money, good counselling, and having an occupation goes a long way to maintaining a society. Other respondents felt that they have always been

accepted, the NASCOP to organize a new strategy to help clients to have a new start of living after rehabilitation a client can have somewhere to go. So, they can have a new living if we can get employment and also contribute to the creating of the nation live a drug free life if you are a recovering addict you should enroll in groups and moral support.

4.5 Effectiveness of the Psychosocial Support to the Recovering Young Adults in Nairobi County

The first objective of the study was to assess the effectiveness of the psychosocial support to the recovering young adults in Nairobi County. Respondents were tasked to rate their level of agreement with various factors on a Likert scale rating of 1 to five where 1= strongly disagree, 2=disagree, 3=neutral, 4=agreed 5=strongly agreed. Means and standard deviation summary statistics were used. The table presents the mean ratings and standard errors of various aspects related to the effectiveness of psychosocial support and services offered at the center, providing insights into perceptions of support quality and impact.

Table 23. Effectiveness of the Psychosocial Support

Effectiveness of the psychosocial support	N	Mean	Std. Error
I understand psychosocial support in this Centre.	24	4.10	.057
The psychosocial support to the recovering young adults in this center is effective.	24	4.29	.036
The psychosocial support in Relapse management of young adults in this center is effective.	24	3.44	.067
The psychosocial support from the family members of recovering young adults in this center is effective.	24	4.19	.050
The counseling services offered to the clients are beneficial in their recovery	24	3.94	.054
The government of Kenya has opened various rehabilitation Centers for drug and substance abuse treatment but the society is not informed.	24	3.88	.058
Aggregate	24	3.97	0.05

Understanding of Psychosocial Support results reported a mean score of 4.10 (SE = 0.057), indicating a high level of understanding of psychosocial support services provided by the center. Overall Effectiveness of Psychosocial Support mean score for the effectiveness of psychosocial support to recovering young adults was 4.29 (SE = 0.036), suggesting that respondents perceive these services as highly effective in supporting recovery. Effectiveness

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in relapse management mean score for effectiveness in relapse management was 3.44 (SE = 0.067), indicating a slightly lower perception of effectiveness in this specific area compared to overall support. Respondents rated the effectiveness of psychosocial support from family members at 4.19 (SE = 0.050), indicating a strong perception of support from family in the recovery process. Counseling services were perceived as beneficial with a mean score of 3.94 (SE = 0.054), suggesting that they play a significant role in clients' recovery journeys. Respondents indicated a mean score of 3.88 (SE = 0.058) regarding public awareness of rehabilitation centers, suggesting a perceived need for greater societal education on available resources. These results collaborated those of Dennis et al. (2020). The aggregate mean score across all aspects of psychosocial support effectiveness was 3.97 (SE = 0.05), indicating an overall positive perception of the support services provided. These findings highlight strengths in understanding and perceived effectiveness of psychosocial support services in the center, while also identifying areas such as relapse management and public awareness where improvements may be beneficial. Further exploration and improvement in these areas can enhance the overall support system for recovering young adults.

Table 24 presents the frequency and distribution of psychosocial interventions utilized in the center, offering insights into the diverse approaches employed to support recovery among young adults.

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Table 24: Psychosocial Interventions Used

Psychosocial interventions used	Frequency	Percent
Motivational Interviewing, Contingency management	10	41.67
Contingency management	7	29.16
Brief Interventions	3	12.5
Cognitive behavioral therapy (CBT)	1	4.17
Self- help groups	2	8.33
Family therapy	1	4.17
Total	24	100

The most commonly used interventions are motivational interviewing combined with contingency management, utilized by 41.67% of respondents (n=10). These approaches are known for their effectiveness in enhancing motivation and reinforcing positive behaviors through tangible rewards. Implementation of contingency management was by 29.16% of

respondents (n=7), contingency management focuses on providing tangible rewards to reinforce desired behaviors, such as abstinence or treatment adherence (Dennis *et al.,* (2015). Brief Interventions used by 12.5% of respondents (n=3). Brief Interventions involve concise sessions aimed at increasing awareness of substance use behaviors and promoting initial steps toward change Cognitive Behavioral Therapy (CBT): Employed by 4.17% of respondents (n=1), CBT is a structured therapeutic approach that addresses the interplay between thoughts, feelings, and behaviors, aiming to modify negative patterns and promote healthier coping strategies. Self-Help Groups: Used by 8.33% of respondents (n=2), Self-Help Groups provide peer support and mutual aid in a structured environment, emphasizing shared experiences and accountability. Family therapy: implemented by 4.17% of respondents, family therapy involves the participation of family members in the therapeutic process, addressing familial support systems crucial to recovery. These interventions collectively reflect a comprehensive approach to addressing substance abuse issues, catering to diverse needs and preferences among recovering young adults. The selection of interventions aligns with evidence-based practices known for their efficacy in promoting sustained recovery and addressing underlying factors contributing to substance use.

The respondents responded on whether the neglecting of consistent treatment procedures hampers the effective treatment to drug abuse clients. To explore this, respondents were asked whether they believe that neglecting consistent treatment procedures hinders effective treatment.

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Table 25: Neglecting Consistent Treatment Hampers Effective treatment

Neglecting consistent treatment hampers Effective treatment	Frequency	Percent
Yes	21	87.5
No	3	12.5
Total	24	100.0

As indicated in Table 25, the findings show that 87.5% of the respondents agreed that neglecting consistent treatment procedures hampers effective treatment, while 12.5% disagreed. These results highlight the critical importance of maintaining consistent treatment protocols to ensure the effectiveness of drug abuse interventions. Consistent treatment is vital for establishing a structured recovery environment, which can significantly enhance treatment outcomes. Similar findings have been reported in other studies examining the impact of

treatment consistency on recovery outcomes. Weiss et al.(2021) and Carroll (2019) emphasizes that adherence to established treatment protocols significantly improves recovery rates and reduces relapse among individuals in substance abuse programs. This underscores the necessity of implementing and maintaining structured treatment procedures to achieve effective results in drug abuse treatment.

The study further sought to assess the level of satisfaction with the existing drug and substance abuse laws among the respondents. Psychosocial support providers were asked whether they were satisfied with the existing drug and substance abuse laws. This is presented in table 26.

Table 26. Satisfaction with the Existing Drug and Substance Abuse Laws

Satisfaction with the existing drug and substance abuse laws	Frequency	Percent
Yes	17	83.3
No	7	12.5
Total	24	100.0

As indicated in Table 26, the findings show that 83.3% of the respondents were satisfied with the existing drug and substance abuse laws, while 12.5% were not satisfied. The high satisfaction rate indicate that a majority of respondents believe that the current laws are effective. However, the suggestions for improvement highlight areas where the laws could be enhanced to provide better support and outcomes for individuals struggling with drug and substance abuse. Similar findings have been reported in other studies assessing public opinion on drug laws. For instance, according to Kelly et al.(2020), effective drug laws require not only stringent regulations but also comprehensive support systems, including education, prevention, and rehabilitation programs, to address the multifaceted nature of substance abuse.

The study aimed to identify the key challenges and barriers that hinder drug addicts from seeking treatment. This information is crucial for developing strategies to encourage treatment and support for individuals struggling with drug addiction.

Table 27: Challenges / Barriers that Hinder Drug Addicts from Seeking Treatment.

Challenges / barriers that hinder drug addicts from seeking treatment.	Frequency	Percent
Stigma	6	25
Lack of information	5	20.8
Lack of family support	4	16.7
Lack of funds for treatment	5	20.8

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Guilty	4	16.7
Total	24	100

As indicated in Table 27, the findings show that the main challenges and barriers that hinder drug addicts from seeking treatment are stigma (25.0%), lack of information (20.8%), lack of funds for treatment (20.8%), lack of family support (16.7%), and feelings of guilt (16.7%). The high prevalence of stigma as a barrier suggests that social attitudes and perceptions about drug addiction significantly impact individuals' willingness to seek help. Lack of information and financial constraints are also major obstacles, indicating the need for better public awareness campaigns and accessible treatment options. Family support plays a crucial role, as its absence can deter individuals from pursuing recovery. Additionally, feelings of guilt further compound these challenges, making it harder for individuals to seek treatment. Similar findings have been observed in other studies on barriers to drug addiction treatment. For example, according to the research by Priester et al. (2019), stigma and lack of resources are significant impediments to seeking treatment, highlighting the necessity of comprehensive approaches that address both social and economic factors.

4.6 Professional Skills of the Psychosocial Service Providers

The second objective of the study was to determine the professional skills of the psychosocial service providers in drug and substance abuse among young adults in Nairobi County. Findings are presented in the subsequent sections.

4.6.1 Professional Qualification of a Psychosocial Service Provider

The respondents were asked to indicate their professional qualifications as a psychosocial service provider in their rehabilitation /methadone center. This was important since education would affect their level of understanding of their role towards providing psychosocial support services among recovering young adults addicted to drug and substance abuse in Nairobi County.

Table 28: Professional Qualifications

Professional Qualification	Frequency	Percent
Certificate	6	25
Diploma	8	33.3
Degree	9	37.5
Masters Level	1	4.2
Total	24	100

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The results indicate that 37.5% of the respondents had degree. Results further showed that 33.5% had had diploma level education while 25 % of the respondents indicated that they had certificate level. The least percentage (4.2%) of the respondents said that they had master's level of education. The level of academic qualifications indicate that the respondents were qualified enough to provide psychosocial support services among recovering young adults addicted to drug and substance abuse.

The study sought to determine the length of work experience of the respondents after completing training. This was important as psychosocial service providers who have worked longer can have better experience in providing service, moreover those who had stayed for too long after training may need a re-fresha course to learn current trends and emerging issues in treatment of drug addicts. Findings are presented in figure 3.

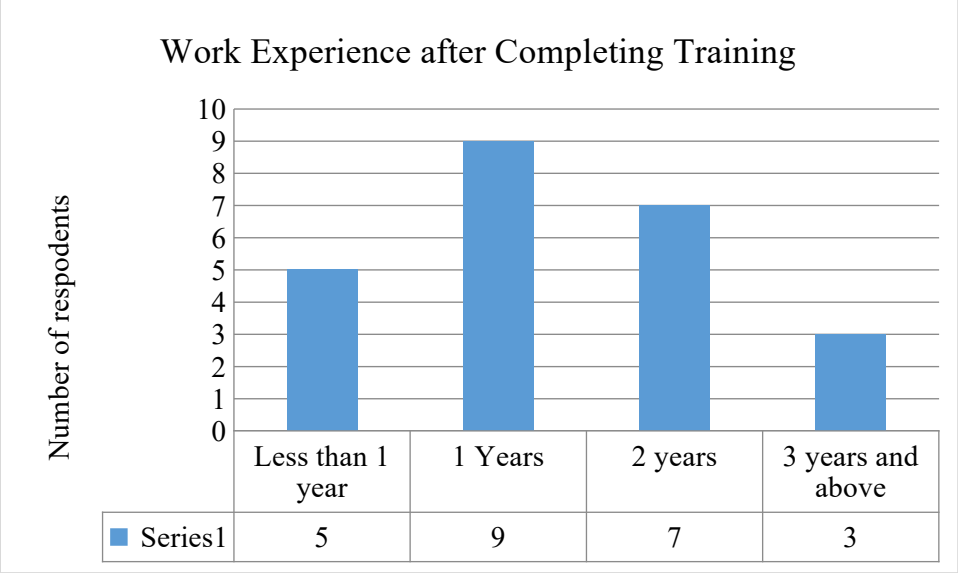


Figure 3: Work Experience after Completing Training

The findings in Figure 3 show that the respondents who had a 1-year work experience after completing training were the majority at 37.5%. Those that had worked for less than one year after completing training had a cumulative percent of 58.3%. Those who had worked for two years were 29.2% while those who had worked for 3 years and above were only 12.5%. The finding indicate that majority of the respondents had worked for less than two years therefore may have had their training still fresh therefore needed less refresha courses. Also, it meant that they were not very experienced in psychosocial support services among recovering young adults after training.

Respondents were further asked whether they had done any refresha courses. This was meant to determine whether they kept updated on the current issues in counselling and treatment of recovering drug users. This is presented in Figure 4.

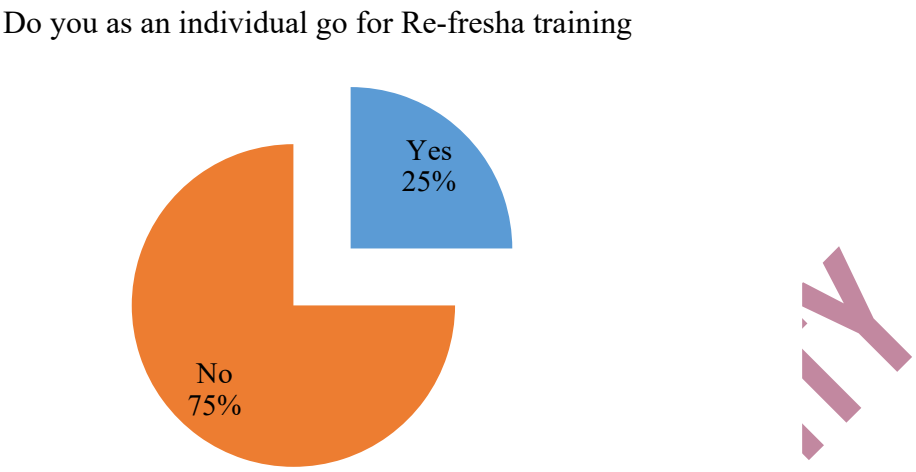


Figure 4: Attendance of Re-fresha training

The results showed that seventy five percent of the respondents had not undergone for refresher training while twenty five percent had refresher training. This finding is similar to that of Eenshuistra et al. (2019) who observed that all counsellors and care givers of recovering drug users required refresha coursers each afloat every year to keep abreast with the dynamics of treatment.

The study aimed to find out whether psychosocial staffs were members to professional bodies. This is important as the association helps to professionally support and aid career development and keep them abreast through training with the best practices in the industry. The information is provided in Figure 5.

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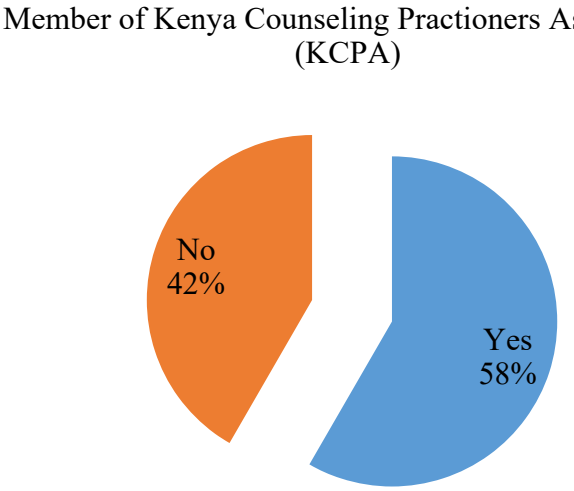


Figure 5: Membership of Kenya Counseling Practioners Association

The results showed that 58% of the psychosocial staffs in rehabilitation centers were members of the member of Kenya counseling practioners Association (KCPA), while 42 % were not members. These findings concur with a study by Eenshuistra et al.(2019) which established that membership to professional bodies for psychosocial support providers was slightly above average and way lower for new entrants to the profession.

4.6.2 Professional Practices of a Psychosocial Service Provider

Respondents were tasked to rate their level of agreement with various professional qualification practices and parameters on a Likert scale rating of 1 to five where 1= strongly disagree, 2=disagree, 3=neutral, 4=agreed 5=strongly agreed. Means and standard deviation summary statistics were used. The table presents the mean ratings and standard errors of various aspects related to the effectiveness of professional qualification and practices of a psychosocial service provider

Table 29: Professional Qualification and Practices of a Psychosocial Service Provider

Professional Qualification	N	Mean	Std. Dev
Institution support given to the psychosocial support providers is adequate	24	3.81	1.392
Professionals from all walks of medical field can effectively treat drug abuse patients	24	3.87	1.227
Lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts.	24	3.79	1.457

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Community members are part and parcel of drug business in the society.	24	3.60	1.561
Overall	24	3.734	1.406

The results in Table 29 show that the respondents agreed (3.81) that the institution support given to the psychosocial support providers in their institution was adequate with deviation as indicated by the standard deviation (1.392) which showed that respondents did not vary much. The respondents further agreed that (3.87) that professionals from all walks of medical field can effectively treat drug abuse patients with deviation as indicated by the standard deviation (1.227) which showed that respondents did not vary much. The respondents also agreed that (3.79) that professionals from all walks of medical field can effectively treat drug abuse patients with deviation as indicated by the standard deviation (1.457) which showed that respondents did not vary much. Finally the respondents further agreed (3.60) that community members are part and parcel of drug business in the society with deviation as indicated by the standard deviation (1.406) which showed that respondents did not vary much. The study therefore concluded that there were varied professional skills used by psychosocial providers in addressing drug and substance abuse among young adults in Nairobi County. Therefore this meant that the psychosocial providers were qualified enough to provide service in addressing drug and substance abuse among young adults. Futher, it was an indication that an improvement in the number of recovering young and less relapse rates with a positive behavior change.

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4.7 Challenges Faced by Psychosocial Support Providers and the Rehab Centers

Managing the recovering drug addicts come with challenges. The third objective of the study was to establish the challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults in Nairobi County. Findings are presented in the subsequent sections.

Table 30: Challenges Faced by Psychosocial Support Providers and the Rehab Centers

Challenges Faced by Psychosocial Support Providers	Yes	No
Government/ County Related Challenges	(%)	(%)
Lack of medical assistance being given by the ministry of health/County government	70.6	29.4
Stringent medical requirements for Psychosocial Support Providers	68.8	31.2
Lack of equipment's/training from the ministry of health /County government	84.3	15.7
Aggregate	74.6	25.4

Challenges Related to management & treatment of substance use disorders		
Funds for treatment	72.9	27.1
Stigma associated with mental Treatment	76.3	23.7
Inadequate staff	88.6	11.4
Few professionals trained to handle drug addicts & substance abuse	76.6	23.4
Limited infrastructure to contain patients and offer effective treatment	70.6	29.4
Lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts.	96.6	3.4
Community members are part and parcel of drug business in the society.	83.8	16.2
Aggregate	80.8	19.2
Challenges relating to Recuperating Drug Addicts		
Violence	70.6	29.4
Lateness	68.8	31.2
Relapse rate	94.3	5.7
Skipping counselling sessions	70.6	29.4
Missing daily methadone doses	72.9	27.1
Premature cessation from the MAT program	70.6	29.4
Aggregate	74.6	25.4
Colleagues and Community Related Challenges		
Bad working relationships with colleagues	60.6	39.4
Poor client counsellor relations	62.9	37.1
Poor community reaction towards the recovering drug addicts	70.6	29.4
Aggregate	64.7	35.3

The study found a variety of challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults. Majority of the respondents experienced the challenges investigated with each range of challenge having an aggregate of above sixty percent. Challenges related to management & treatment of substance use disorders were the highest ranking at an aggregate of 80.8% psychosocial support providers responding that they experienced these challenges ranging from; inadequate funds for treatment (72.9%), stigma associated with mental treatment (76.3%), Inadequate staff (88.6%), few professionals trained to handle drug addicts & substance abuse (76.6%), limited infrastructure to contain patients and offer effective treatment (70.6%), Lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts (96.6%), Community members are part and parcel of drug business in the society(83.8%). Government/ county related challenges had an aggregate score of (74.6%). Government/ county related challenges ranged from lack of medical assistance being given by the ministry of health/County government (70.6%), Stringent medical requirements for psychosocial support providers (68.8%), lack of equipment's/training from the ministry of health /county government (84.3%).

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Challenges relating to recuperating drug addicts had an aggregate score of 74.6% ranging from; violence (70.6%), lateness (68.8%), relapse rate (94.3%), skipping counselling sessions (70.6%), missing daily methadone doses (72.9%), and premature cessation from the MAT program(70.6%). Of all these challenges investigated, only lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts and Relapse rate obtained an aggregate of over ninety percent at 96.6% and 94.3% respectively.

4.8 Strategies used by Psychosocial Providers in Addressing issues of Drug and Substance Abuse

The fourth objective of the study was to identify the strategies used by psychosocial providers in addressing issues of drug and substance abuse. This was important as there are various approaches for treating drug addiction and substance abuse. For effective treatment, the psychosocial providers should know the various types of model and how best they can work for the patients because the needs of the clients vary depending on the types of drug which they use. The findings are presented in the subsequent sections. First the respondents were asked to rate the extent to which they agreed with the various statements on strategies used by psychosocial providers in addressing drug and substance abuse among the young adults on a Likert scale of one to five where SA--Strongly Agree = 5 , A--Agree = 4, U—Undecided= 3, D—Disagree=2 ,SD—Strongly Disagree= 1. The findings are presented in table 31.

Table 31: Strategies used by Psychosocial Providers in Addressing Issues of Drug and Substance Abuse

Descriptions	SA (%)	A (%)	U (%)	D (%)	SD (%)
The center uses dynamic models because the needs of the clients vary depending on drug use.	62.2	37.8	0.0	0.0	0.0
My rehabilitation centers uses a combination of variety of models for treatment	82.4	17.6	0.0	0.0	0.0
There is adequate follow up of the client upon enrollment into the program.	62.2	37.8	0.0	0.0	0.0
Our professionals ensure that there is effective drug treatment at the Centre	0.0	79.7	0.0	20.3	0.0
Our center has a progressive report to the enrolled recovering drug users.	41.9	58.1	0.0	0.0	0.0
Our professionals ensure that there is frequent assessments and psycho –education services being offered to the client and family members.	15.9	35.2	0.0	15.9	33.0
Our psychosocial interventions are designed to be beneficial to the patients because they enjoy them and consider it appropriate for their needs.	0.0	68.2	0.0	15.9	15.9

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We classify our patients into various categories mild, moderate and severe for effective treatment	0.0	68.2	0.0	15.9	15.9
There I extensive education and research to equip the center for effective treatment.	0.0	51.1	17.0	31.8	0.0
The center uses a holistic approach which is well balanced and focuses on all aspects of the patient.	0.0	23.9	60.2	15.9	0.0
The clients go through clinical checkup and screening to ascertain the types of drugs and substance abuse they have taken and for what period of time.	0.0	35.2	33.0	31.8	0.0
The clients undertake various trainings like financial management, job seeking and management, reproductive health among others are offered	0.0	52.3	0.0	47.7	0.0
The Centre does follow up /offer support care to its clients after program cessation?	0.0	67.0	17.0	15.9	0.0
Aggregate	20.36	48.62	9.79	16.24	4.99

The results showed that a weak majority of the respondents generally agreed that they used a variety of strategies in addressing issues of drug and substance abuse with a weak majority aggregate of 48.62% agreeing to use the strategies. The results further showed that the respondents varied much on these aspects. Specifically 62.2 % of psychosocial providers strongly agreed that their rehabilitation center uses dynamic models because the needs of the clients vary depending on drug use. A majority of 82.4% of psychosocial providers opined that their rehabilitation center uses a combination of variety of models for treatment. A majority of 62.2 % of psychosocial providers strongly agreed that there was adequate follow up strategy of the client upon enrollment into the program. A majority of the respondents agreed (79.7%) that their professionals ensure that there is effective drug treatment at the center where psychosocial support is offered. A weak majority of the respondents agreed (58.1%) that their center had a progressive report to the enrolled recovering drug users. In addition a weak majority of the respondents agreed (35.2%) that their professionals ensure that there is frequent assessments and psycho–education services being offered to the client and family members. A majority of the respondents agreed (68.2%) that their psychosocial interventions are designed to be beneficial to the patients because they enjoy them and consider it appropriate for their needs. A majority of the respondents agreed (68.2%) that they classify their patients into various categories mild, moderate and severe for effective treatment. A weak majority of the respondents agreed (33.0%) that the clients go through clinical checkup and screening to ascertain the types of drugs and substance abuse they have taken and for what period of time. A majority of the respondents (52.3%) agreed that their

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clients undertake various trainings like financial management, job seeking and management, reproductive health among others are offered. Finally, a majority of 67% of the respondents agreed that their center does follow up /offer support care to its clients after program cessation.

4.8.1 Initiatives the Government Taken in Addressing Drug and Substance Abuse

The study further investigated the initiatives the government taken in addressing drug and substance abuse. This was in recognition of the critical role the government plays in addressing drug and substance abuse. The findings are presented in table 32.

Table 32: Initiatives the Government Taken in Addressing Drug and Substance Abuse

Government Initiatives	Yes (%)	No (%)
Arresting and prosecuting those dealing with drugs	63.6	36.4
Public Barazas	48.8	51.2
Total ban on drug use	50.3	49.7
Creating public awareness through NACADA & other stakeholders.	54.6	45.4
Opening up rehabilitation Centers & Methadone clinics.	52.9	47.1
Having empowerment youth programs in all Counties.	42.9	57.1
Aggregate	52.18	47.82

Government initiatives in addressing drug and substance abuse were averagely rated by the respondents with an aggregate of 52.18%. Specifically, the results showed that 63.6% of the respondents posited that the government arrests and prosecutes those dealing with drugs, 48.8% posited that the government holds public barazas, 50.3% posited that there was a total ban on drug use, 54.6 % posited that the government creates public awareness through NACADA & other stakeholders, 52.9% posited that the government has opened up rehabilitation Centers & Methadone clinics. Finally the 42.9% respondents posited that the government has empowerment youth programs in all Counties.

These findings align with those of Kerker and Adeyongo (2024) who suggest that despite the critical role the government plays in addressing drug and substance abuse among young adults, the impact of its programs are yet to be fully felt among the societies. At all organizational levels, police and community monitoring agencies must work together in order to share information and intelligence. A study by Chadda (2019) adds that the government has to be fully involved though multiple initiatives to succeed in combating drug and substance abuse. In support of the current study findings Kerker and Adeyongo (2024)

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suggests that probation or parole supervision of arrested drug addicts, regular communication of the effects of drug abuse, collaboration and establishment of rehabilitation centers are a sure way of combating drug abuse.

4.8.2 Treatment Models for Treating Recovering Drug Addicts and Substance Abuse

Diverse models for treating recovering drug addicts and substance abuse have been advocated by previous studies. This study aimed to determine which model was used by psychosocial support providers in Methadone clinics and rehabilitation centers in Nairobi County. The results are presented in Figure 6 .

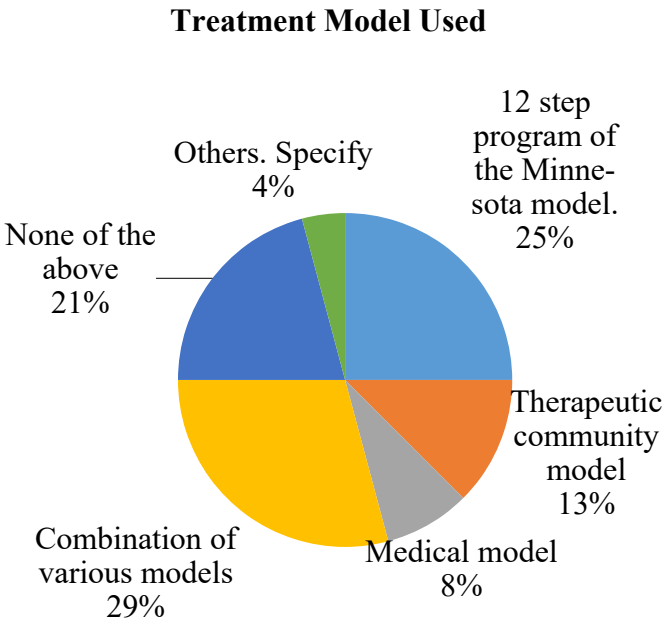


Figure 6: Treatment Models used for Treating Recovering Drug Addicts and Substance Abuse

The study found that a majority of the methadone clinics and rehabilitation centers in Nairobi County used a combination of various models (29%). Conversely 21% did not use any particular model in treating recovering drug addicts. Those that used 12 step program of the Minnesota model were 25%, while 13% used the therapeutic community model and 8% used the medical model.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This Chapter presents study findings as per the research objectives and the study conclusion based on the study findings in chapter four. The Chapter also presents the recommendations made by the study which are as per the conclusions made by the same study.

5.2 Summary of Study Findings

The purpose of this study was to assess the impact of psychosocial support services among recovering young adults addicted to drug and substance abuse in Nairobi County.

5.2.1 Objective 1 Summary of Study Findings

The results of the first objective which was to assess the effectiveness of the psychosocial support to the recovering young adults in Nairobi County revealed that recovering drug users perceive psychosocial support services as highly effective in supporting recovery. The aggregate mean score across all aspects of psychosocial support effectiveness indicated an overall positive perception of the support services provided. These findings highlight strengths in understanding the perceived effectiveness of psychosocial support services in the center, while also identifying areas such as relapse management and public awareness where improvements may be beneficial. The results also showed that there were several commonly used psychosocial interventions utilized in treatment with motivational interviewing combined with contingency management being commonly used as compared to contingency management, brief interventions, cognitive behavioral therapy, self- help groups and family therapy. In addition the results showed that neglect of consistent treatment procedures hampers the effective treatment of drug abuse clients. The results also showed that psychosocial support providers were satisfied with the existing drug and substance abuse laws. Finally the findings of the first objective showed key challenges and barriers that hinder drug addicts from seeking treatment including stigma, lack of information, lack of family support, lack of funds for treatment and guilty.

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5.2.2 Objective 2 Summary of Study Findings

Results on the second objective which was to determine the professional skills of the psychosocial service providers in drug and substance abuse among young adults in Nairobi County indicated that majority respondents had college diploma and degrees. Majority of the psychosocial support service providers had experience of one year and less. In addition they had not undergone for refresher training and a weak majority were members of Kenya counseling practitioners association. Moreover the results showed that institution support given to the psychosocial support providers in their institution was adequate and that community members are part and parcel of drug business in the society.

5.2.2 Objective 3 Summary of Study Findings

The findings relating to the third objective which was to establish the challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults in Nairobi County showed that there are a variety of challenges faced by psychosocial support providers and the rehab centers in provision of psychosocial support among the young adults relating related to management and treatment of substance use disorders. The study found that Government/ county related challenges ranged from lack of medical assistance being given by the ministry of health/County, government stringent medical requirements for psychosocial support providers, and lack of equipment's/training from the ministry of health /county government. Challenges relating to recuperating drug addicts ranging from; violence, lateness, relapse rate, skipping counselling sessions, missing daily methadone doses, and premature cessation from the MAT program.

5.2.2 Objective 4 Summary of Study Findings

Results on the fourth objective which was to identify the strategies used by psychosocial providers in addressing issues of drug and substance abuse among the young adults in Nairobi County showed that psychosocial support providers used a variety of in addressing issues of drug and substance abuse. The rehabilitation center uses dynamic models because the needs of the clients vary depending on drug use. Psychosocial support providers opined that their rehabilitation center uses a combination of variety of models for treatment. There was adequate follow up strategy of the client upon enrollment into the program. It was noted

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that their professionals ensure that there is effective drug treatment at the center where psychosocial support is offered. Their center had a progressive report to the enrolled recovering drug users.

The study further showed that there were initiatives that the government had taken in addressing drug and substance abuse. This was in recognition of the critical role the government play in addressing drug and substance abuse. Finally the study found that a majority of the methadone clinics and rehabilitation centers in Nairobi County used a combination of various models including the 12 step program of the Minnesota model were, the therapeutic community model and the medical model.

5.3 Conclusions of the Study

The following sub-section presents the conclusions made by the study based on the study findings.

The results showed that recovering drug users and psychosocial support providers perceived psychosocial support services as highly effective in supporting recovery. Based on these results, the study concluded that there was a relationship between psychosocial support services and effectiveness in supporting recovery. This conclusion highlight strengths in understanding and perceived effectiveness of psychosocial support services in the center, while also identifying areas such as relapse management and public awareness where improvements may be beneficial.

The results showed that the psychosocial service providers were qualified enough to provide service in addressing drug and substance abuse among young adults. This therefore meant that improvement in the number of recovering young and less relapse rates with a positive behaviour change. Consequently, majority of psychosocial service providers had college diploma and degrees. In addition majority of the psychosocial support service providers had experience of one year and less, had not undergone for refresher training and a weak majority were members of Kenya counselling practitioners association. The conclusion reached was therefore, rehabilitation centres needed to hire more experienced psychosocial service providers and encourage them to undergone for refresher training.

The results indicated varied challenges faced by psychosocial support providers and the rehab centers. These challenges related to management & treatment of substance use disorders,

government/ county related challenges, challenges relating to recuperating drug addicts. The conclusion reached was that rehabilitation centers, recovering drug addicts' government and other stakeholders needed to address these challenges to improve success rates of the recovery process while reducing possibility of possible causes of relapse among the recovering drug addicts and relapse rate.

The study findings identified a number of challenges used by psychosocial providers in addressing issues of drug and substance abuse. Therefore the study concluded that for effective treatment, the psychosocial providers should know the various types of model and how best they can work for the patients because their needs vary depending on the types of drug which they use. The study also concluded that the government should enhance various initiatives to address drug and substance abuse.

5.4 Recommendations from the Study

This study drew the following recommendations based on the study objectives and for further studies.

- The study recommends that the government should deliberate on various interventions and the current policies addressing drug and substance abuse and outcomes as this will enhance the recovery process.
- The study recommends that there is need for training counsellors and refresher courses for the trained ones in order to enhance counsellor's powers.
- The study recommends that rehabilitation centers should invest on mechanisms that enhance the effectiveness and professionalism of the psychosocial support to the recovering young adults in Nairobi County. This can be done by investing in psychosocial staff attending: seminar/workshop/capacity building program/ training, organized activities and staff mentorship programs as this will improve their effectiveness in enhancing the recovery rates of patients.
- The study also recommends that rehabilitation centers, government and other stakeholders secondary should provide appropriate and adequate resources to support strategies that are used by psychosocial providers in addressing issues of drug and substance abuse

5.5 Suggestion for Further Studies

The study is of the recommendations that further studies can be done in the following areas;

- The study suggests that further studies can be done on counsellor's power relationship with counselling outcomes of learners with behaviour problems in Embu County, regular primary or secondary schools in Embu County, or other Counties in Kenya.
- The study also recommends that further studies can be conducted on other types of power on counselling process and outcomes other than the ones examined in this study, which are knowledge, professionalism, legitimate power and counsellor's referent power.
- Similar studies can be conducted in the other rehabilitation centers across diverse counties in Kenya. In addition, the studies could explore the influence of organizational characteristics, age, counsellors' power, drug type on recovery process for drug addicts.
- The study recommends that future studies use alternative empirical measuring and testing methods. Due to the dynamic nature of drug issues, it is necessary for future studies to resort to case studies, or mixed research methodologies.

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Appendix 1: Cover letter

Dear, respondent,

Iam a student at St. Paul's university pursuing a master's degree in counseling psychology. Iam conducting an academic research on the assessment of psychosocial support services among young adults recovering from drug and substance abuse in Nairobi County as part of the qualification of this award. The information you will give will be treated with confidentiality and is merely meant for academic purposes. Your participation and cooperation will be highly appreciated.

Yours Sincerely,

Fridah Karwirwa.

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Appendix II: Questionnaire for psychosocial support providers

This questionnaire is aimed at collecting data on the impact of psychosocial support to the recovering young adults addicted to drugs and substance abuse in Nairobi County. The information you will give will be treated with confidentiality and it's only meant for academic purposes. Please respond to all the questions as required.

SECTION A: Demographic information

1. What is your age bracket?

Below 30 years ( ) 30 -40 years ( )

40 -45 years ( ) 50 -60 years ( )

2. What is your gender (sex)?

Male ( ) female ( )

3. What is your Religion?

(a) Christian( ) (b) Muslim ( )

(c) Hindu( ) (d) Asian( )

(e) Others. (Specify) _____

4. What is your marital status?

(a) Single (b) married

(c) separated (d) Divorced

(e) widowed (f) others. Specify _____

5. How long have you served in this center?

Less than 1 year ( ) 2-5 years ( )

6 – 10 years ( ) 11 years and above ( )

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Others( ) (Specify) _____

6. State the name of the rehabilitation center / Methadone clinic?_____

7. When was the Rehabilitation center/Methadone clinic started?_____

9. Through experience, what type of drugs do young adults frequently abuse?

Alcohol ( ) Heroine ( )

Bhang ( ) Cocaine ( )

Miraa ( ) Others. Specify _____

SECTION B: psychosocial support

Rate the following statement based on your experience: A to E. =A strongly disagree B=disagree, C=neutral, D=agreed E=strongly agreed

	SD	D	N	A	SA
1. I understand psychosocial support in this Centre.					
2. The psychosocial support to the recovering young adults in this center is effective.					
3. The psychosocial support in Relapse management of young adults in this center is effective.					
4. The psychosocial support from the family members of recovering young adults in this center is effective.					
5. The counseling services offered to the clients are beneficial in their recovery					
The government of Kenya has opened various rehabilitation Centers for drug and substance abuse treatment but the society is not informed.					

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6. What psychosocial interventions does your Centre use in helping to recognize drug abuse problem and treatment? Tick only the ones used in your Centre.

(a) Motivational Interviewing ( ) (b) Brief Interventions( )

(c) Contingency management ( ) (d) Self- help groups( )

(e) Cognitive behavioral therapy (CBT) ( ) (f) Family therapy( )

(g) Others. Specify _____

7(a) Effective treatment to drug abuse clients is hampered through neglecting the consistent treatment procedures. Yes ( ) No ( )

(b) Explain your answer above.

_____

_____

_____

8. In your own opinion, are you satisfied with the existing laws put in place to fight drug and substance abuse? Yes ( ) No ( )

If No, how can they be strengthened?

_____

_____

9. In your own experience as a psychosocial support worker, what suggestions would you make up to the government towards improving the social welfare and professionalism of the psychosocial service providers?

_____

_____

_____

10. There are a number of challenges / barriers that hinder drug addicts and those who what to reform from seeking treatment. Kindly tick the ones which are most appropriate to you.

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(a) Stigma ( ) (b) Lack of information ( )

(c) Lack of family support ( ) (d) Lack of funds for treatment ( )

(e) Guilty ( )

SECTION C: Professional skills of the psychosocial service providers

1. Indicate your professional qualification as a psychosocial service provider in this Rehabilitation /Methadone Centre.

Certificate ( ) Masters ( )

Diploma ( ) PhD ( )

Degree ( ) Others. Specify _____

2. In reference to the question 1. What was the duration of training?

_____

3. After completing training, how long is your work experience?

Less than 1 year ( ) 1 year ( )

2 years ( ) 3 years & above ( )

Others. Specify _____

4. Do you as an individual go for Re-fresha training?

If so, how has the training impacted on your profession?

_____

6 (a) Are you a member of Kenya counseling practioners Association (KCPA) or any other body? Yes ( ) No ( )

Comment on the following statement based on your experience: A= strongly disagreed, B=disagree, C=neutral, D=agreed E=strongly agreed

	SD	D	N	A	SA
Institution support given to the psychosocial					

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support providers in your organization is adequate

Professionals from all walks of medical field can effectively treat drug abuse patients

Lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts.

Community members are part and parcel of drug business in the society.

SECTION D: Challenges faced by psychosocial support providers.

Comment on the following statement based on your experience:

Challenges Faced by Psychosocial Support Providers	Yes	No
Government/ County Related Challenges		
Lack of medical assistance being given by the ministry of health/County government		
Stringent medical requirements for Psychosocial Support Providers		
Lack of equipment's/training from the ministry of health /County government		
Aggregate		
Challenges Related to management & treatment of substance use disorders		
Funds for treatment		
Stigma associated with mental Treatment		
Inadequate staff		
Few professionals trained to handle drug addicts & substance abuse		
Limited infrastructure to contain patients and offer effective treatment		
Lack of effective psychosocial support mechanisms are possible causes of relapse among the recovering drug addicts.		
Community members are part and parcel of drug business in the society.		
Aggregate		
Challenges relating to Recuperating Drug Addicts		
Violence		
Lateness		
Relapse rate		
Skipping counselling sessions		
Missing daily methadone doses		
Premature cessation from the MAT program		
Aggregate		
Colleagues and Community Related Challenges		
Bad working relationships with colleagues		
Poor client counsellor relations		

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Poor community reaction towards the recovering drug addicts Aggregate	

1. What is your reaction in terms of medical assistance being given by the ministry of health/Countygovernment?

_____

_____

_____

2. What medical requirements/ equipment's/training are you seeking currently from the ministry of health /County government? Please name them_____

_____

_____

_____

_____

3. The management & Treatment of substance use disorders has been faced by a number of challenges. Tick the ones which are applicable in your Centre.

(a) Funds for treatment ( )
(b) Stigma associated with mental Treatment ( )
(c) Inadequate staff ( )
(d) Few professionals trained to handle drug addicts & substance abuse ( )
(e) Limited infrastructure to contain patients and offer effective treatment ( )
(f) Others. Specify

_____

4. In your own opinion, what factors contribute mostly to drug and substance abuse among the young adults?

(a) Peer pressure ( )
(b) Availability of drug and substance abuse ( )
(c) Environmental factors ( )
(d) Stress ( )
(e) Economic factors ( )

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(f) Technology

(g) Social Media

(h) Others. Specify

_____

5. Managing the recovering drug addicts come with challenges. Based on your own opinions, what challenges have you experienced while treating the recuperating drug addicts?

(a) Violence ( )

(b) Lateness ( )

(c) Relapse rate ( )

(d) Skipping counselling sessions ( )

(e) Missing daily methadone doses ( )

(f) Premature cessation from the MAT program ( )

(g) Others. Specify

_____

_____

6. How can you describe the working relation among the psychosocial support staff?

(a) Good ( ) (c) fair ( ) (e) others. Please specify _____

(b) Very good ( ) (d) Bad ( )

7. How is client – counselor relationship like _____

_____

8. In your own opinion, rate how satisfactory the addicts have performed their social roles in the community after rehabilitation?

_____

_____

9. What are the community's reactions towards the recovering addicts?

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_____

_____

_____

10. What are your recommendations concerning the personnel and resources needed to boost the service delivery of the psychosocial support providers?

_____

_____

SECTION E: Strategies used by psychosocial support providers

Rate the extent to which you agree with the statement on strategies used by psychosocial providers in addressing drug and substance abuse among the young adults (Tick appropriately).

Key: **SA**--Strongly Agree = 5 **A**--Agree = 4 **U**—Undecided= 3 **D**—Disagree=2 **SD**—Strongly Disagree= 1

	Descriptions	1	2	3	4	5
1	The hospital uses a dynamic model because the needs of the clients vary depending on the types of drug which they use.					
2	My rehabilitation centers uses a combination of variety of models for treatment					
3	There is adequate follow up of the client upon enrollment into the program.					
4	Our professionals ensure that there is effective drug treatment at the Centre where psychosocial support is offered.					
5	Our centre has a progressive report to the enrolled recovering drug users.					
6	Our professionals ensure that there is frequent assessments and psycho –education services being offered to the client and family members.					
7	Our psychosocial interventions are designed to be beneficial to the patients because they enjoy them and consider it appropriate for their needs.					
8	We classify our patients into various categories mild, moderate and severe for effective treatment					
9	There I extensive education and research to equip the center for effective treatment.					
10	The centre uses a holistic approach which is well balanced and focuses on all aspects of the patient.					
11	The clients go through clinical checkup and screening to ascertain the types of drugs and substance abuse they have taken and for what period of time.					

12	The clients undertake various trainings like financial management, job seeking and management, reproductive health among others are offered					
13	The Centre does follow up /offer support care to its clients after program cessation?					

1. What other strategies has this organization put in place while addressing drug addicts and substance abuse?

_____

_____

_____

_____

4. What initiatives has the government taken in addressing drug and substance abuse? Tick the most appropriate to you in your own opinion.

(a) Arresting and prosecuting those dealing with drugs ( )
(b) Public barazas.
(c) Total ban on drug use
(d) Creating public awareness through Nacada& other stakeholders.
(e) Opening up rehabilitation Centers & Methadone clinics.
(f) Having empowerment youth programs in all Counties.
(g) Others. Specify _____

_____

5. In your experience as a psychosocial support worker, what suggestions would you make to step up in the campaign against drug abuse eradication in Kenya._____

_____

_____

_____

6. There are various treatment models for treating recovering drug addicts and substance abuse.

Kindly tick the ones being used in your Centre.

(a) 12 step program of the Minnesota model.

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(b) Therapeutic community model

(c) Medical model

(d) Combination of various models

(e) None of the above

(f) Others. Specify

_____

_____

Appendix III: Questionnaire for recovering drug users

This questionnaire is aimed at collecting data on the impact of psychosocial support to the recovering young adults addicted to drug and substance abuse in Nairobi County. The information you will give will be treated with confidentiality. Kindly answer all the questions as required. Thanks for your cooperation.

PART A: DEMOGRAPHIC INFORMATION

1. How old are you?

   _____

2. What is your sex (gender)? Male ( ) Female ( )
3. What is your Religion?
   (a) Christian ( )
   (b) Muslim ( )
   (c) Hindu ( )
   (d) Asian ( )
   (e) Others. Please specify

   _____
4. What is your marital status?

   Single ( ) Divorced ( )

   Married ( ) Widowed ( )

   Separated ( ) Others. Specify

   _____
5. Have you ever been to school?

   Yes ( ) No ( )

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6. What is the highest level of education you have attained?

   (a) None (e) 0-level

   (b) Std 1-4 (f) Level A- Level 1

   (c) Std 5-8 (g) University

   (d) Form 1-2 (h) Others. Specify _____

7. What do you do to earn a living?

   _____

8. Approximately what is your monthly income?

   (a) 1000 -2000

   (b) 2000 -3000

   (c) 3000-4000

   (d) 4000-5000

   (e) Above 500

9. How can you describe your relationship with family members over the last few years?

	Good ( )	Fair ( )	Not good ( )
Father			
Mother			
Sister (s)			
Brother (s)			
Close relative (s)			

10. What are your feelings when you face life's frustrations and difficulties?

    (a) Always get stressed and anxious ( )

    (b)Talk to friends and family members ( )

    (c) Talk to religious leaders ( )

    (d) Not easily affected ( )

    (e) Others. Specify _____

PART B: DRUG PROFILE

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11. For how long have you been taking drugs? _____

12. Which of the drugs listed below have you taken in your lifetime?

(a) Alcohol ( ) (d) Miraa ( ) (H) Others. Specify

(b) Cigarette ( ) (f) Cocaine ( )

(c)Bhang ( ) (g) Heroine ( )

13. How much did the following contribute to your usage of drug and substance abuse?

Frustration ( )

Boredom /loneliness ( )

Need for social acceptance ( )

Social media ( )

Peer pressure ( )

14. What is your feeling (s) about the services offered in this Centre?

_____

_____

_____

15. How is the treatment? Effective ( ) Not effective ( )

16. How is the rehabilitation?

Successful ( )

Indeterminate ( )

Not successful

17. Rate your willingness to be treated?

Very willing ( )

Willing ( )

Doubtful ( )

Unwilling ( )

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18. Rate your frequency of seeking help?

Very frequently ( )

Frequently ( )

Rarely ( )

Very rarely ( )

19. According to you, name any three most important factors that can improve the services you receive at the Centre.

_____

_____

_____

20. What do you suggest should be done to help you become an accepted member of the society?

_____

_____

Thanks for your Cooperation

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Appendix IV Study Work Schedule

The study period will range from May to November 2021.

Table 33: . Work Schedule in Months

Months	Activity
June	Thesis writing
July	Defense of thesis
August	Submit final thesis
September	Data collection & Analysis
October	Report writing
November	Defense of final findings

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Appendix V : Research Budget

The research budget will have the following cost estimates.

Table 34: Research Budget

Budget Items	No of Items	Cost per Item	Total cash cost
(a)Development of research Instruments			
(i)Questionnaires	50	50 @100	5000
(b) Data collection			
(i)Travel	6 stations	6 @ 500	3000
(ii)Subsistence			10,000
(c)Consumables			
(i)photocopy	10	10 @100	1000
(ii)laptop cost	1	1 @ 45,000	45,000
(iii)printing of final copies	3	3 @ 2000	6000
(iv) Books			
(v) seminar attendance	15	15 @ 1000	15000
	5	5 @ 1000	5000
(d)sub Total			90,000
(e)overhead at 5%			4,500
(f)Total cost			94,500

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Appendix VI : Board of Postgraduate Studies Approval

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Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
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(0) 736 - 424440

BOARD OF POSTGRAUATE STUDIES

12th November 2021

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR MWITI KARWIRWA FRIDAH - MTHNRB542019 TO CONDUCT RESEARCH

This letter confirms the above named person is a student of the Masters of Theology program at St. Paul's University.

The second year consists of a major research work leading to a dissertation. The student's selected topic is *"AN ASSESSMENT OF PSYCHOSOCIAL SUPPORT SERVICES AMONG YOUNGADULTS RECOVERING FROM DRUG AND SUBSTANCE ABUSE IN NAIROBI COUNTY"*

Kindly grant this student the required permit.

Yours Faithfully,

Dr. Julius Kahuthia
Director, Board of Postgraduate Studies

Appendix VII : NACOSTI Research License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **376034**

Date of Issue: **16/November/2021**

RESEARCH LICENSE



This is to Certify that Rev.. Fridah karwirwa mwiti of St. Paul's University, has been licensed to conduct research in Nairobi on the topic: AN ASSESSMENT OF PSYCHOSOCIAL SUPPORT SERVICES AMONG YOUNGADULTS RECOVERING FROM DRUG AND SUBSTANCE ABUSE IN NAIROBI COUNTY for the period ending : 16/November/2022.

License No: **NACOSTI/P/21/14413**

376034

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

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Appendix VIII: Nairobi City County Research Authorization

NAIROBI CITY COUNTY

Telegraphic Address
Email: info@nairobi.go.ke
Web: nairobi.go.ke

CITY HALL ANNEXE:
P .O. BOX 30298 GPO – 00100.
NAIROBI, KENYA

EDUCATION, SOCIAL SERVICES & GENDER

Ref: GL/NC/141/VOL.VII/12

22nd November, 2021

Fridah Karwirwa Mwiti
St. Paul's University
P.O. Box 02-2020505
NAIROBI

RE: RESEARCH AUTHORIZATION

Following your application to carry out Research and Subsequent approval by National Commission for Science, Technology and Innovation vide letter Ref: **NACOSTI/P/21/14413** dated **16th November, 2021;**

I am pleased to inform you that authority has been granted to you to carry out research on "***An Assessment of Psychosocial Support Services among Youth Adults recovering from Drug and Substance abuse in Nairobi County*** for the period ending **16th November, 2022.**

On conclusion of the study, you are expected to submit a copy of the research findings to the undersigned:

NAIROBI CITY COUNTY EDUCATION DEPARTMENT 23 NOV 2021

RAPHAEL K. KINYUNGU
DEPUTY DIRECTOR PROJECTS, PARTNERSHIPS, POLICY AND PLANNING

Copy to: Chief Officer – Education, Social Services & Gender
Director City Education

"The City of Choice to Invest, Work and Live in"