# DETERMINANTS OF IMPLEMENTATION OF DRUG REHABILITATION PROGRAMS IN KENYA, A CASE OF MOMBASA COUNTY

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*Abstract:* **The purpose of this research was to examine the determinants of implementation of drug rehabilitation programs in Kenya a case of Mombasa County. Descriptive research design was adopted for the study. The researcher used purposive sampling to select MEWA rehabilitation Centre and Reach out drop-in Centre as the target population. Stratified random sampling was used to select the sample population. The population of the study was 196 constituting of the staff and management of the two rehabilitation centers with a sample size of 80. The data for this study was collected using questionnaire. The data collected was edited, processed, coded and analyzed with respect to the study objectives using both descriptive and inferential statistics. Statistical Package for Social Scientists (SPSS) version 21 was used to analyze the data. Out of 80 questionnaires which were administered, 52 duly filled questionnaires were collected which put the response rate at 65%. The results from the correlation analysis showed a positive moderate and significant correlation between drug rehabilitation programs and both staff capacity and community participation while there was a weak positive and significant correlation between monitoring and evaluation and funding. The study concluded that community participation, monitoring and evaluation, funding and staff capacity influence drug rehabilitation programs.**

*Keywords:* **Drug rehabilitation programs, community participation, donor funding, monitoring and evaluation, staff capacity and determinants.**

## 1. INTRODUCTION

### 1.1 Background of the Study

The rate of drug abuse has been a major concern in recent years and the adverse effects to the family, individual and the society has been alarming. For this reason communities all over the world are preoccupied in the search for rehabilitation programs to facilitate and reform those affected by drug use. From this point of view rehabilitation programs are important as measures for change in behavior (Nathaniel and James, 2002). Helping drug addicts stop compulsive use of drugs is the main objective of drug rehabilitation. Secondly, the goal of rehabilitation treatment is to help drug abusers to be productive and function normally in the workplace, family and be reintegrated in the community. World Drug Report (2007) pointed that the world population of between 15 and 65years have either voluntary sought help of drug treatment centers for behavior change; this is roughly 200 million people. Poulin and Elliot (1997) in their survey of 1991 and 1996 among adolescent students in Nova Scotia in Canada concurs, over one fifth of the students had used at least cannabis, alcohol or tobacco and had undergone rehabilitation treatment programs. Another example of successful drug rehabilitation through behavior modification is the community project in Europe on alcohol and other substance abuse. 17% of community members enrolled in drug rehabilitation programs successfully underwent the programs. Similarly, a study in Mexico to determine the success of rehabilitation treatment programs on drug addicts revealed that relapse rate

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can be greatly reduced through after care programs by the community and the immediate family. Therefore, effective rehabilitation programs are for community's advantage especially when the community is actively involved. Throughout their development, rehabilitation programs have incorporated the techniques and mechanism for increasing adaptive behavior through positive behavior reinforcement and also decreasing and eliminating maladaptive behavior through extinction and punishment.

## 1.2 Statement of the Problem

Over 29 million people who abuse drugs are estimated to suffer from drug use disorders, and of those, 12 million are people who inject drugs (PWID), of whom 14.0 per cent are living with HIV, the impact of drug use in terms of its consequences on health continues to be devastating. With an estimated 207,400 drug-related deaths in 2014, corresponding to 43.5per cent of deaths per million people aged 15-64; the number of drug-related deaths worldwide has also remained stable. Overdose deaths contribute to between roughly a third and a half of all drug-related deaths. Such statistics have triggered the need to establish rehabilitation programs to combat the vice. In Kenya, addiction treatment and rehabilitation is largely a private sector and NGO affair dating back to 1978. According to NACADA (2007) the growth of rehabilitation centres has been on the increase from 13 centres that were operational in 1999 to 47 in 2007. Despite the growth, NACADA estimates that there is an annual relapse rate of 60% of all admitted cases in the country. Similarly, National Institute of Drug Abuse (NIDA) points that more that 85% of drug abusers relapse have return to drug use within the year after receiving treatment.

Bankole (2010) pointed that rehabilitation programs place the blame for relapse squarely on the shoulder of the rehabilitee absolving themselves of any culpability or weakness. However, there are still signs that rehabilitation of people who use drugs is not giving the expected results. Studies have focused on factors that prevent successful treatment of drug abusers, effectiveness of drug rehabilitation programs and factors influencing relapse of drug addicts. This study therefore seeks to fill the gap by investigating the determinants of implementation of drug rehabilitation programs in Mombasa County, Kenya.

## 1.3 Purpose of the study

The purpose of this study was to find out the determinants of implementation of drug rehabilitation programs in Kenya a case of Mombasa County.

## 1.4 Objective of the study

The study was guided by the following objectives:

i. To establish the effect of community participation in the execution of drug rehabilitation programs in Mombasa County.

ii. To find out the effect of monitoring and evaluation in the execution of drug rehabilitation programs in Mombasa County.

iii. To examine the effect of donor funding in the execution of drug rehabilitation programs in Mombasa County.

iv. To examine the effect of staff capacity in the execution of drug rehabilitation programs in Mombasa County.

## 1.5 Research Questions

The study sought to answer the following research questions:

i. What is the influence of community participation in the execution of drug rehabilitation programs in Mombasa County?

ii. What is the influence of monitoring and evaluation in the execution of drug rehabilitation programs in Mombasa County?

iii. What is the influence of donor funding in the execution of drug rehabilitation programs in Mombasa County?

iv. What is the influence of staff capacity in the execution of drug rehabilitation programs in Mombasa County?

## 2. LITERATURE REVIEW

Types of programs offered in drug rehabilitation centres are distinguished by the intended goals, the group that is targeted, philosophical underpinning, and by the setting in which they are provided. They include outreach programs, outpatient treatment programs or residential programs. Previous studies in drug rehabilitation have linked the high rate of relapse cases to lack of appropriate treatment infrastructure, underdeveloped and unplanned treatment systems and narrowing of treatment options that fail to respond to the different needs and characteristics of drug abusers.

**2.1 Conceptual Framework**

The conceptual framework outlines the dependent, independent and intervening variables. It helps understand the relationship between the variables of study.
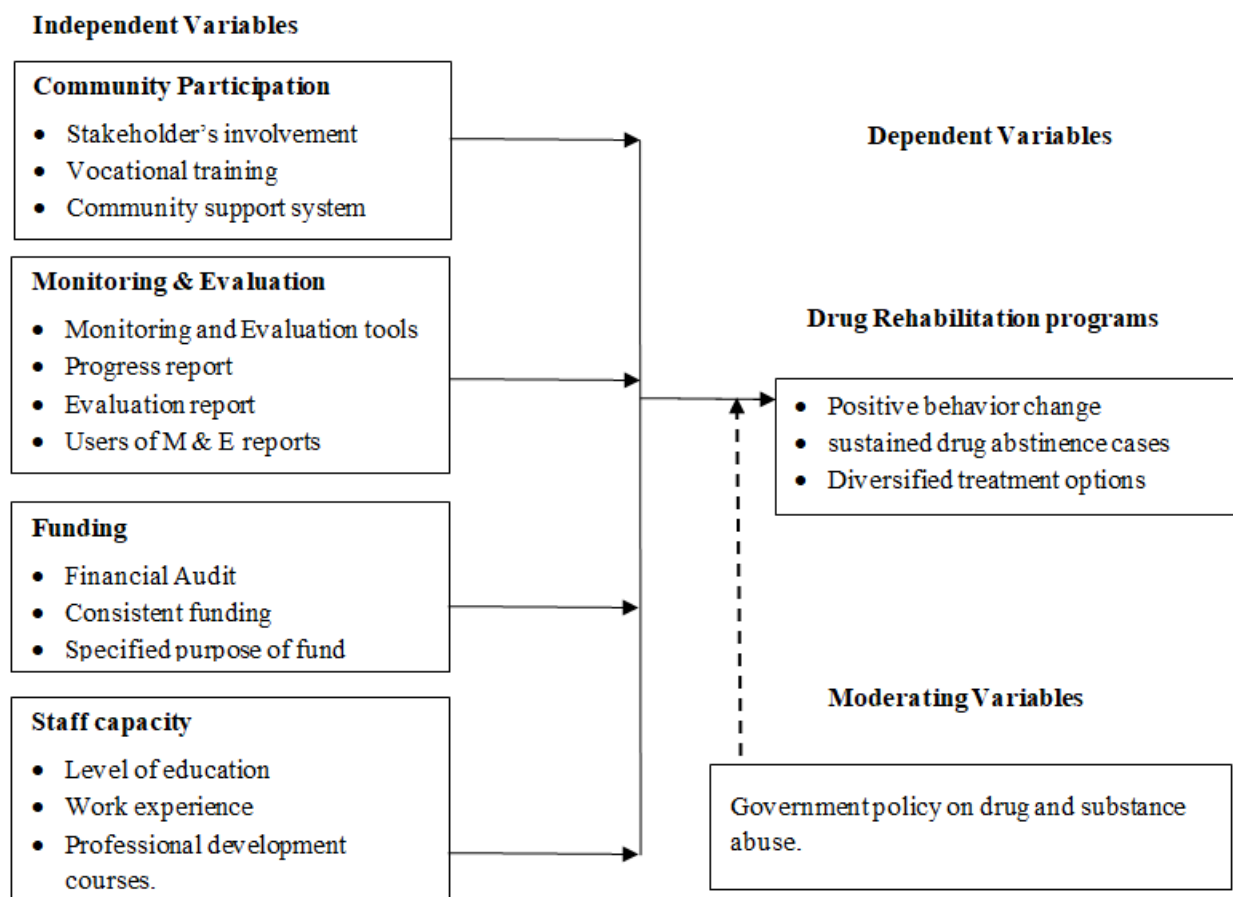


**Fig.1. Conceptual framework**

## 3. RESEARCH METHODOLOGY

This study adopted descriptive survey design because it involves data collection from existing population units with no particular control over the factors that may affect the characteristics of interest in the study (Berinsky, 2008). A sample size of 53 per cent of the population was used in the study. The researcher used purposive sampling technique to select the two rehabilitation centers; MEWA Drop in Center and Reach out Rehabilitation Centre. The researcher used stratified random sampling technique to get the sample size. Questionnaire was applied to gather information for this work. The study used both descriptive and inferential statistics and statistical Package for Social Scientists (SPSS) was used to analyze the data.

# 4. DATA ANALYSIS, PRESENTATION AND INTERPRETATION

## 4.1 Questionnaire Return Rate

Out of 80 questionnaires which were administered, 52 duly filled questionnaires were collected from the respondents which represented 65% response rate which was considered statistically significant according to Portune (1996).

**Table 1: Questionnaire Return Rate**

| Target group | Total number of questionnaires administered | Total number of questionnaires returned |
|---|---|---|
| Project Managers | 2 | 2 |
| Project Coordinators | 2 | 1 |
| M&E Officers | 2 | 1 |
| Finance Managers | 2 | 2 |
| Counselors | 10 | 10 |
| Outreach Workers | 12 | 12 |
| Paralegal Officers | 5 | 2 |
| Peer Educators | 34 | 17 |
| Data entry Officers | 5 | 1 |
| Clinical Team Members | 6 | 4 |
| **Total** | **80** | **52** |

## 4.2 Overall correlation Analysis of independent variables and dependent variable

A correlation analysis of all the study variables was carried out to determine the relationships that existed between them. The summary of the correlation findings was presented in the table 2

**Table 2: Correlation Analysis of independent variable and dependent variable**

| | **Correlations** | | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| 1 | Drug Rehabilitation Programs | Pearson Correlation | 1 | | | | |
| | | Sig. (2-tailed) | | | | | |
| 2 | Staff_Capacity | Pearson Correlation | .442** | 1 | | | |
| | | Sig. (2-tailed) | .001 | | | | |
| 3 | Monitoring_Evaluation | Pearson Correlation | .034 | .368** | 1 | | |
| | | Sig. (2-tailed) | .809 | .007 | | | |
| 4 | Funding | Pearson Correlation | .169 | .419** | .630** | 1 | |
| | | Sig. (2-tailed) | .231 | .002 | .000 | | |
| 5 | Community_Participation | Pearson Correlation | .513** | .487** | .425** | .290* | 1 |
| | | Sig. (2-tailed) | .000 | .000 | .002 | .037 | |
| | **. Correlation is significant at the 0.01 level (2-tailed). | | | | | | |
| | *. Correlation is significant at the 0.05 level (2-tailed). | | | | | | |

The results from the correlation analysis show a moderate positive and significant correlation between drug rehabilitation programs and staff capacity r =0.442, p<0.05. Similarly a moderate positive and significant correlation existed between drug rehabilitation programs and Community participation r = 0.513, p<0.05.

A weak positive and significant correlation existed between drug rehabilitation programs and funding r =0.169, p<0.05 which was also the case for monitoring and evaluation r = 0.034, p<0.05.

## 5. CONCLUSION

The highest level of education among the employees was a degree with the majority of the employees having a diploma certificate as it is required. The rehabilitation centres offer more than one program that is community outreach, outpatient and residential program and they use several treatment modalities for drug abusers. The study further revealed that self-management and self-directed behavioral programs are offered within the centres to sustain behavior change. In addition, the rehabilitation centres have after care programs for the rehabilitees who have completed their programs. In relation to the independent variables, the results from the correlation analysis showed a moderate positive and significant correlation between drug rehabilitation programs and staff capacity r =0.442, p<0.05. Similarly a moderate positive and significant correlation existed between drug rehabilitation programs and Community participation r = 0.513, p<0.05. A weak positive and significant correlation existed between drug rehabilitation programs and funding r =0.169, p<0.05 which was also the case for monitoring and evaluation r = 0.034, p<0.05. We can therefore conclude that the independent variable that is community participation, monitoring and evaluation, funding and staff capacity influence drug rehabilitation. Community participation and staff capacity have moderate influence on drug rehabilitation programs while monitoring and evaluation and funding minimum influence on drug rehabilitation programs.

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