

LIVED EXPERIENCES OF FORMER DRUG ABUSERS DURING THEIR
REHABILITATION PROCESS AT CHAINAMA HILLS HOSPITAL

By

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Declaration

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Abstract

One of the most serious health problems affecting people of all age groups, especially young people, today is drug abuse. Considering the effects of drug use on individuals who use drugs, efforts are being made to improve the rehabilitation of drug users in Zambia. However, in Zambia, there is a lack of comprehensive research and data on the lived experiences of individuals struggling with drug use. Hence, the purpose of this study was to explore the lived experiences of former drug users during their rehabilitation process at Chainama Hills Hospital. A qualitative phenomenological study design was used and data was collected through in-depth interviews with former drug abusers at Chainama Hills Hospital. Twenty-five participants of both sexes aged 18 years and above took part in the in-depth interviews, which were determined through purposive sampling. Thematic analysis was used using both inductive and deductive approach. The study identified two themes and twenty sub-themes. The first theme was Facilitators to Recovery which encompassed treatment, psycho-emotive support (counselling and medication), familial and social support (including desire to repair relationships, and spiritual support), and personal factors (avoiding triggers, changing habits, and self-improvement), while Barriers to Recovery theme included personal struggles (dietary, cravings, stigma, and withdrawal), familial and social challenges (peer influence and loneliness), treatment-related obstacles (confinement and medication issues), and facility-related difficulties (shared wards and poor conditions). Recovery from drug abuse is influenced by a combination of treatment access, social and spiritual support, and personal factor, while factors such as stigma, cravings, poor facility conditions, and lack of social support affect recovery. These findings underscore the importance of a holistic approach to treatment, encompassing medical, psychological, social, and personal dimensions.

Key Terms: Drug Abuse, Drug Rehabilitation, Recover.

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Definition of Terms

Recovery: is an intentional endeavour, reclaiming a self-journey, through which a person in recovery with the use of recovery capitals manages the residual drug use effects for sustained control over the substance use, maximizing their health and well-being, having a meaningful life and citizenship, and pursuing other life goals (Inanlou et al., 2020).

Experience: an event that is actually lived through, as opposed to one that is imagined or thought about (American Psychological Association, 2018b).

Drug Rehabilitation: a combination of interventions designed to enable a person with substance dependence to achieve and maintain abstinence (American Psychological Association, 2018a).

Abbreviation

DEC	Drug Enforcement Commission
NHRA	National Health Research Authority
IDI	In-depth interviews
PWUD	People who use drugs
UNODC	United Nations Office on Drugs and Crime
UNZABREC	University of Zambia Biomedical Research Ethics Committee

CHAPTER ONE

INTRODUCTION

1.1 Background

One of the most serious health problems worldwide today is drug abuse. According to the World Health Organisation (2025), drug abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Drug abuse is still high around the world, with 1 in 17 people between the ages of 15 and 64 worldwide having used drugs in the past 12 months in 2021, an increase of 23% over the past decade. Cannabis remains the most widely consumed drug, with an estimated 219 million users in 2021 (4.3% of the global adult population). The abuse of the drug is on the increase, and the majority of cannabis users worldwide are men (around 70 %).

Generally, students tend to be more likely than the general population to use psychoactive substances (The United Nations Office on Drugs and Crime, 2023). In Zambia, the prevalence of drug use in the general population remains unclear, but studies of students in Zambia suggest that drug abuse is common (Zemba, 2022; Haddad et al., 2023). One study conducted among university students in Zambia found that approximately 30% reported using marijuana at school (Mwanza and Mwale, 2023). Another study focusing on secondary school students revealed that marijuana was the second most commonly abused drug, after alcohol (Zemba, 2022). While various substances are abused, this study will focus on the abuse and recovery from psychoactive substances such as cannabis, alcohol and opioids given their prevalence

Drug abuse and dependence can have serious consequences for a person's health, mental wellbeing and the wellbeing of others, although not all drugs have the same effects, as some are less harmful than others (Ritchie, Arriagada and Roser, 2022). Drug abuse can lead to health issues like addiction, mental health disorders, and overdose, negatively impacting personal relationships, career prospects, and overall quality of life (Dua, 2022; Ritchie, Arriagada and Roser, 2022). In the United States of America, a study found that cannabis abuse has led to public misbehaviour, such as fighting and vandalism, as well as serious personal problems like injury, suicidal thoughts, and sexual assault among students (Tabet et al., 2020).

Rehabilitation of drug abusers continues to play an important role in the reduction of drug abuse, with rehabilitation centres offering various programmes such as: recreation services, counselling, Meditation, family meetings and input sharing services, individual counselling and step training sessions for drug abusers (Pathak and Saxena, 2019). However, drug rehabilitation is a dynamic process of transformation marked by improvements to social and physical functioning as well as general wellbeing and a sense of purpose in life (Witkiewitz et al., 2020).

Further, various treatment modalities are used to support recovery. For cannabis users, interventions like Cognitive Behaviour Therapy (CBT), motivational Enhanced Therapy (MET) and contingency management have shown to reduce abuse and associated harm, though long-term abstinence remains difficult to achieve (Connor et al, 2021) in cases involving opioids use disorder (OUD) medications such as methadone, buprenorphine and naltrexone are commonly used in Medication- Assisted Treatment (MAT) programs to reduce withdrawal symptoms and cravings thereby supporting individuals through recovery (Volkow, 2018: WHO, 2021). These pharmacological treatments especially when combined with psychosocial support, have proven effective in improving treatment retention and relapse rates.

In light of this, recovery from drug abuse is considered to be a person-centred, individualised process that can be measured by benchmarks that are appropriate to the individual's goals (Brophy, Dyson and Katherine, 2023). Previous studies that have explored drug abusers recovery experiences report that the experience of each individual is unique, with some achieving sustained abstinence and others experiencing a relapse (Fahrizal, Hamid and Daulima, 2019; Sevin and Erbay, 2019; Dumaguing et al., 2021).

Considering the effects of drug abuse on individuals who abuse drugs, efforts are being made to improve the rehabilitation of drug abusers in Zambia, for example through the training of Zambian professionals (Lorenz et al., 2022). In addition, understanding the lived experiences of individuals is crucial for identifying challenges, evaluating rehabilitation programs' effectiveness, and improving future drug abuse interventions. However, in Zambia, there is a lack of comprehensive research and data on the lived experiences of individuals struggling with drug abuse. Hence, the purpose of this study was to explore the lived experiences of former drug abusers during their rehabilitation process at Chainama Hills Hospital in order to gain insight into the challenges they faced during their recovery journey.

1.1 Statement of the Problem

Chainama Hills Hospital is a renowned mental health institution in Zambia that provides comprehensive care and treatment for individuals struggling with mental health issues, including substance abuse. According to Chainama Hills Hospital Public Relations Manager Mr George Tafuna, the institution attended to 16,200 mental illness related cases in 2023 with alcohol, Depression and marijuana being the major reasons for the mental illness admissions (Zambia Daily Mail, 11/02/2024). Their rehabilitation program aims to support drug abusers in their journey towards recovery and reintegration into society. The process of recovery from substance abuse and successful rehabilitation represents a complex journey influenced by various factors. Despite advancements in substance abuse treatment, there remains a gap in understanding the lived experiences of former drug abusers undergoing rehabilitation, particularly within the context of Chainama Hills Hospital.

This knowledge deficit hinders the development of holistic and effective interventions tailored to the specific needs and challenges faced by individuals seeking recovery from drug abuse. Without a comprehensive understanding of the recovery process and the factors contributing to successful rehabilitation, there is a risk of inadequate support and relapse prevention strategies, potentially leading to suboptimal outcomes for patients and their communities.

Therefore, there was a critical need to explore the lived experiences of former drug abusers at Chainama Hills Hospital to gain insights into the recovery process and identify the underlying factors that contribute to successful rehabilitation. By addressing this gap in knowledge, healthcare professionals and policymakers can develop evidence-based interventions and support systems that better facilitate the journey to recovery and promote sustained wellness among individuals overcoming drug abuse.

1.2 Justification

Information on former drug abusers' experiences of recovery from drug use is limited in Zambia as previous studies on drug abuse in Zambia have focused on identifying the causes of drug abuse, factors associated with drug abuse, and problems caused by drug abuse (Kasaro et al., 2021; Shibalika, 2021; Zemba, 2022; Mwanza and Mwale, 2023). The aim of this study was therefore to close the knowledge gap in Zambia and improve understanding of the recovery

process of former drug abusers in rehabilitation.

The study aimed to provide insight into individuals' recovery journeys, with a view to developing comprehensive and individualized treatment programs. Identifying the drivers of successful recovery will help practitioners tailor treatment more effectively, resulting in a more sustainable recovery. The study also identified the barriers to successful recovery, which will enable health professionals to develop targeted interventions to ensure a smoother and more sustainable recovery process. Ultimately, these findings will improve hospital rehabilitation programs and ensure successful rehabilitation and long-term recovery.

1.3 Research Question

1. What are the experiences of former drug abusers during their recovery process, and what factors contribute to successful recovery?

1.4 Research Objective

Exploring the lived experiences of former drug abusers to gain a comprehensive understanding of the recovery process and identify the underlying factors that contribute to successful rehabilitation at Chainama Hills Hospital.

1.5 Specific Objective

1. To identify the underlying factors contributing to the successful recovery of former drug abusers at Chainama Hills Hospital.
2. To identify the obstacles faced by drug abusers during their rehabilitation and recovery at Chainama Hills Hospital.

CHAPTER TWO

LITERATURE REVIEW

2.1 Recovery from Drug use

Drug abuse and addiction are global health concerns that continue to impact individuals, families and communities. Drug abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs (World Health Organisation, 2025). Addiction often described as a chronic relapsing disorder, involves compulsive drug seeking and abuse despite harmful consequences, and is associated with long-lasting changes in brain function (Volkow et al, 2016).

Three elements of recovery were identified in a study of people in recovery in the United States of America. These elements include coping with negative feelings without using drugs, abstaining from substance abuse or being able to use substances without them becoming problematic, and living a life that contributes to society and to oneself (Zemore et al., 2023). In the Canadian study, results showed that individuals viewed abstinence or sobriety as an important aspect of recovery, something necessary for achieving longer-term recovery goals. They revealed that abstinence as a primary goal was particularly important in the early days of recovery to avoid relapse (Costello et al., 2020). While both views are valid, Zemore et al (2023) reflects a more holistic, strength based perspective, whereas Costello et al (2020) may risk idealizing abstinence and overlooking harm reduction. A qualitative study of drug users in the Netherlands found that recovery is a long-term, interwoven process involving identity change and shared or universal life processes (Martinelli et al., 2023). The findings of this study are in line with the conceptual frame work of drug use recover by Afaq et al (2023) that emphasises that successful recovery from drug abuse requires a number of interrelated factors such as psycho- emotive, social-cultural, familial, treatment and personal factors to come into play.

2.2 Experiences of former drug abusers regarding their recovery from drug abuse

However, the recovery from drug abuse varies among individuals. Some overcome drug abuse and maintain long-term sobriety through treatment programmes and support systems, finding new purpose, and rebuilding relationships. Others face relapses and ongoing challenges (Fahrizal, Hamid and Daulima, 2019; Sevin and Erbay, 2019). It's crucial to recognise that everyone's path to recovery is unique and provide a range of resources and support to meet individual needs. For example, a qualitative study in India found that after suddenly stopping abusing drugs, those who

were affected experienced physical pain, withdrawal, mood swings and depression (Bezbaruah et al., 2023). In a Turkish study, the majority of participants reported abusing the drug again within 90 days of completing their first inpatient treatment; They said they relapsed because they believed there would be no problem once, they felt withdrawal, they were with friends who had previously used drugs, they felt empty after being released from treatment or because they had started using the drug for no purpose (Sevin and Erbay, 2019). The literature suggests that recovery is not linear and is shaped by complex interplay of internal and external factors, yet Fahrizal et al (2019) and Sevin et al (2019) focus heavily on relapse without adequately considering the constraints that make recovery difficult.

A study conducted in Indonesia on the lived experiences of former drug abusers found that drug abuse relapse can occur for both internal and external reasons. Internal aspects include suggestion and post-acute withdrawal syndrome, while external factors such as environment and friends can have an influence (Fahrizal, Hamid and Daulima, 2019). These findings are in line with the conceptual frame work used for the study as it emphasises that recovery from drug abuse can be influenced by a number of factors such as personal, social cultural, familial and psychological factors. The study from the Philippines found that participants had a strong desire to use drugs, which made them feel vulnerable, and that they experienced physical and psychological withdrawal symptoms in the early stages of their recovery (Dumaguing et al., 2021). One study in the Philippines found that people who use drugs (PWUD) often experience regret, loneliness and a sense of giving up due to their physical and emotional distance from their families (Co and Canoy, 2022). A study in the Netherlands found that former drug abusers prioritised a permanent change of identity from drug abuser to non-abuser, although some people experienced relapse after abstinence or switching to different substances (Martinelli et al., 2023).

The Ghana study revealed that the program helped individuals understand drug abuse as undesirable and their true addiction, but it was stressful when discipline did not align with PWUD expectations (Parimah et al., 2022). From this study 42 out of the 47 participants were male, this shows an indication that drug abuse in Ghana is more dominant among the male as only 5 participants were female. The Tanzanian study found that many rehabilitated individuals relapsed after discharge due to joblessness. While some praised the services, others cited financial constraints, such as leaving before the required duration of rehabilitation programs (Mohammed,

2021). The findings of this study are focused more on financial challenges without considering other important factors such as the environment one is found in, the desire for self-improvement as well the people one associates with as these factors also play a very significant role in the recovery process.

There have been no reports of lived experiences of former drug users in Zambia in the literature regarding their recovery from drug abuse. The lack of studies highlights a significant gap in research and public health efforts regarding the recovery of drug abusers in Zambia.

2.3 Factors contributing to the successful recovery of former drug abusers

2.3.1 Finding new purpose

A qualitative study from Norway on “Why do people with long-term substance use disorders stop abusing substances” found that participants recalled harmful consequences and significant events during their years of substance use. As such, the opportunity to imagine a different life and awareness of existing treatment options fostered hope and increased their motivation to quit (Pettersen et al., 2018). A study conducted in the Philippines found that PWUDs living alone and without family support were more likely to use their personal recovery goal as inspiration to make positive changes in their lives, such as improving their physical and mental well-being (Co and Canoy, 2022). The findings in the study conducted by Pettersen et al (2018) resonate with the findings in the study conducted by Co and Conay (2022), this is an indication that that the desire for self-improvement can contribute significantly to the successful recovery of former drug abuser. These findings also resonate with the personal factor outlined in the framework of drug use recovery as it emphasises that the lack of motivation can have a negative impact on an individual’s recovery process.

2.3.2 Social systems (Family and friends)

A qualitative study from Norway on “Why do people with long-term substance use disorders stop abusing substances” revealed that participants shared that pressure and concern from close family members was important in their initial efforts to abstain from substance use (Pettersen et al., 2018). A study conducted in the Philippines found that the success of their rehabilitation process included an acknowledgement of their family's love for them, acting as a buffer against their desire to continue using illegal drugs (Masanda et al., 2021). In a qualitative study in China, it was found that most of the participants were influenced by their families in their motivation to

stop using drugs. Some of them mentioned the admonitions and monitoring of their drug-taking behaviour by their family members, which kept them in check by providing social support. The qualitative method of research was relevant for these studies as it helped to get in-depth insights on the phenomenon as compared to the quantitative method. Some people were encouraged to quit drugs because their family members were very concerned about them, which made them feel guilty and remorseful. In addition, the study found that many drug abusers wanted to quit drugs altogether due to guilt towards their parent, spouse or child (Li and Song, 2022). In South Africa, a study found that family support proved to be the most important support structure in recovery (Domingo et al., 2022). From these findings, it can be noted that the desire to fit in and be accepted by ones family plays a significant role in the recovery process, this resonates with the familial factor outlined in the conceptual framework of drug use recovery. However it is important to note that family support is not the most important factors as other factors such as treatment and the desire for self-improvement are equally important. The study from Nigeria found that family members provide financial, material, and moral support, including visits, food, and advice on rehabilitation programs, and also provide guidance during and after the rehabilitation process (Adejoh, Temilola and Adejuwon, 2018).

2.3.3 Religion

In a study in the Philippines, it was found that most people who abuse drugs shared their experience of turning to religion during their most lonely times in order to overcome their cravings and thoughts of using drugs again (Co and Canoy, 2022). A study carried out in Pakistan also showed that spirituality plays a crucial and powerful role in helping to recover (Afaq, Rehna and Nadeem, 2023).

2.3.4 Substitution therapy

From a public health perspective, opioid substitution therapy (OST) which involves the medically supervised use of long-acting opioids like methadone or buprenorphine is a well-established harm-reduction strategy (Mielau et al., 2021). OST helps stabilize individuals by reducing cravings and withdrawal symptoms, lowering the risk of overdose, and facilitating access to comprehensive treatment and psychosocial support (Mielau et al., 2021). Among drug abusers, this substitution often occurs due to limited access to the preferred drug, financial constraints, attempts to manage withdrawal symptoms, or efforts to self-regulate abuse. A study

in the Philippines found that PWUDs substitute illicit drugs with other legal substances such as alcohol and tobacco to satisfy cravings (Co and Canoy, 2022). A South African study found that opioid substitution therapy aids recovery by decreasing cravings and reducing the edge, with daily dosing compared to multiple times with heroin (Domingo et al., 2022). One study from Belgium showed that some participants found strength and hope of recovery when people gave advice based on their own lived experience of drug addiction and recovery (Meulewaeter et al., 2022). Another study reported that among the 592 drug abusers interviewed, a significant majority 448 individuals, representing 75.7% reported that they had substituted their preferred drug with another illicit substance such as opioids. This high rate of substitution suggests the efforts made by drug abusers to (Shapira et al., 2020).

2.4 The obstacles faced by drug abusers during their rehabilitation and recovery

2.4.1 Family abuse of drugs and Lack of social network

One of the main challenges to recovery is the involvement of parents and other family members in substance-related activities and active dependence as this usually exposes former drug abusers to drug abuse at home and as well as emotional neglect which can create triggers for recovering individuals. This often led participants to relapse following stable periods of use or following treatment (Meulewaeter et al., 2022). A study in Belgium found that the lack of a supportive social network led to relapse for several of those interviewed, with some reporting desperate attempts because they did not have a network to turn to or did not dare to turn to, not wanting to become a burden on family members who were already exposed to prolonged stress (Meulewaeter et al., 2022).

2.4.2 Stress

A study in Ghana found that interpersonal conflicts such as frustration over unemployment, loss of respect and recognition, and difficulties with task performance as a result of incessant substance abuse became the source of conflict at home and at work. In order to alleviate the stress and frustration associated with these conflicts, participants return to substance use (Appiah et al., 2017).

2.4.3 Peer influence

A study in Ghana found that some participants reported being influenced by their colleagues to either start or resume substance use after a period of abstinence (Appiah et al., 2017). A

Tanzanian study found that drug users who were rehabilitated after treatment often relapsed after rehabilitation because they became bored and resorted to rejoining old friends to socialise, leading to relapse (Mohammed, 2021). The findings of this studies conducted in Ghana and Tanzania resonate with psycho-emotive factor highlighted in the conceptual framework of drug use recovery which emphasises that one's interaction with the world around them can have an impact on their recovery.

2.4.4 Stigma

One study in South Africa found that many former drug abusers were stigmatised when they were recovering (Domingo et al., 2022). The Ghanaian study revealed that patients often refused care from health workers due to the discouraging and unsafe environment they were treated in, as the behaviour reminded them of their past illnesses and their efforts to recover (Adzrago, Doku and Gyamfi, 2018). The Tanzanian study found that poor management of the rehabilitation centres led to conflicts between the young people undergoing rehabilitation and the staff, resulting in drop-out and relapse. This was due to a lack of experience or the negative attitudes of staff towards drug abusers. As a result, drug users were chased out and relapsed (Mohammed, 2021).

2.5 Conceptual Framework

The conceptual framework used in this study is adapted from the study conducted in Pakistan (Afaq, Rehna and Nadeem, 2023). The conceptual framework of drug use recovery incorporates personal, psycho-emotive, socio-cultural, familial, and treatment factors that influence individuals' recovery trajectories. While personal factors such as motivation and resilience play a significant role in recovery, psycho-emotive factors like mental health and emotional well-being also greatly impact an individual's journey towards sobriety. Additionally, socio-cultural influences such as societal stigma and support systems, as well as familial dynamics and relationships, can either hinder or facilitate the recovery process. Finally, the type and effectiveness of treatment received, including therapy, medication, and support groups, are crucial factors that contribute to successful recovery outcomes. In essence, a comprehensive approach that addresses all these factors is essential for individuals to achieve long-lasting recovery from drug use. Personal factors and psycho-emotive factors are regarded as internal factors, which are more subjective and individualistic in nature, while external factors include

familial factors and socio-cultural factors, which are more objective and situational in nature.

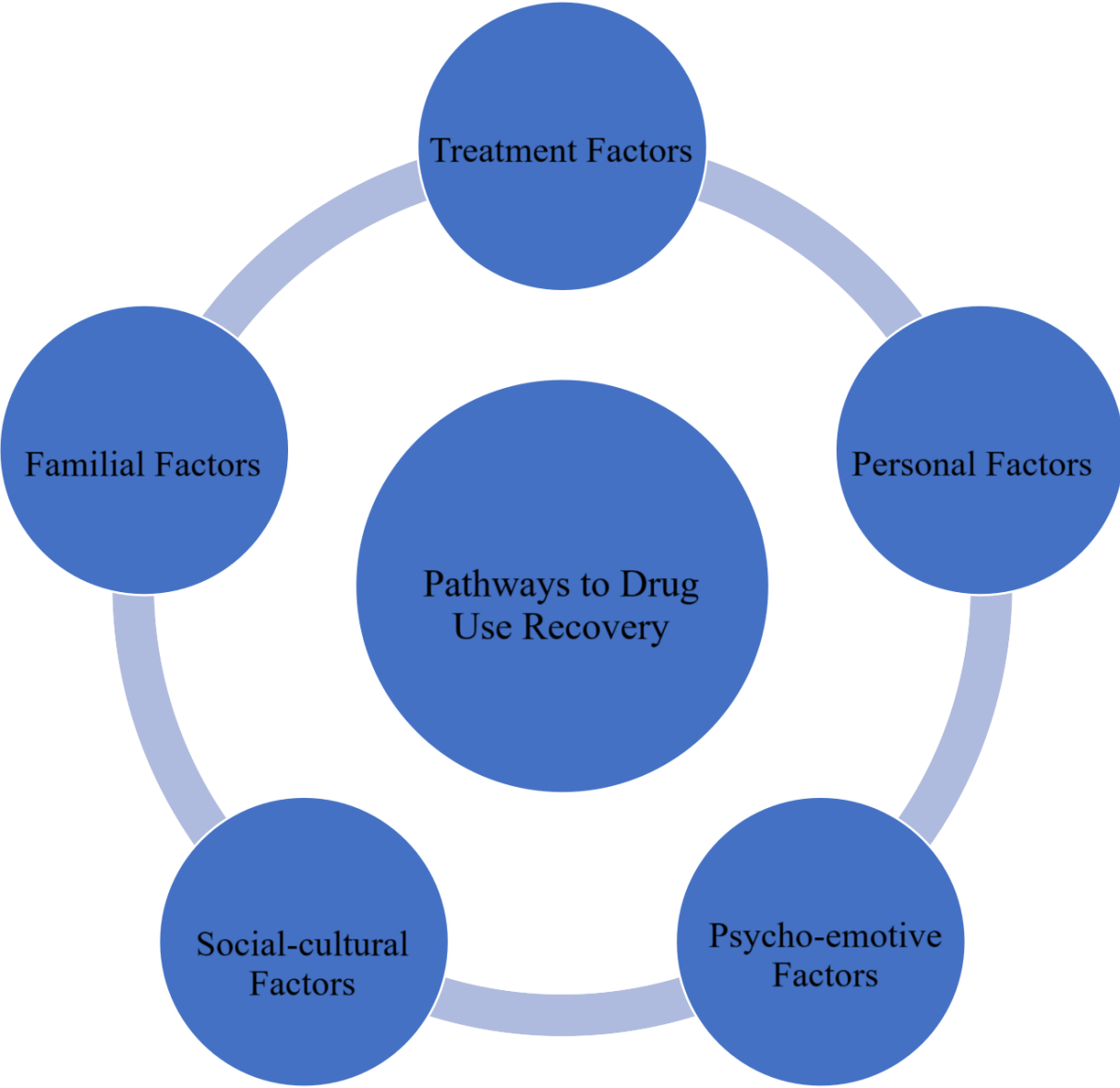


Figure 2.5-1: Factors that facilitate or hinder recovery from drug Abuse (Afaq, Rehna and Nadeem, 2023).

2.6 Conclusion

The review of literature showed that recovery from drug abuse varies among individuals, with some overcoming through treatment programs and support systems, while others face relapses and ongoing challenges. Factors such as internal and external factors, strong desire to use drugs, and distance from family can contribute to relapse. Factors contributing to successful recovery of former drug abusers include finding a new purpose, social support from family and friends, religion, and alternative substances like alcohol and tobacco. These factors foster hope and motivation to quit, as well as the recognition of existing treatment options. Drug abusers face several obstacles during their rehabilitation and recovery, including family involvement, lack of social support, stress, peer influence, and stigma. These factors can lead to a cycle of relapse in drug users. However, none of these findings were from Zambia, indicating a gap in research on recovery of drug abusers specific to the Zambian context. Further studies should be conducted to better understand the unique challenges and supports that impact drug users in Zambia and to inform more effective interventions and support systems for those seeking to recover from addiction in this region. It is important to tailor treatment programmes to the cultural and social context of each community to ensure the best outcomes for individuals struggling with drug addiction in Zambia.

CHAPTER THREE

METHODOLOGY

3.1 Study Design

This study used a qualitative phenomenological study design to capture the lived experiences of study participants. Phenomenology was the method of choice for examining what an experience means to a particular group of people (Grossoehme, 2014). Phenomenology focuses on the lived experiences of participants and seeks to understand how and why people acted in a particular way from their perspective (Tenny, Brannan and Brannan, 2022). Therefore, using a phenomenological study design, the study examined the lived experiences of former drug abusers regarding their experiences of the recovery process.

3.2 Study Setting

The study was conducted at Chainama Hills Hospital which is located in Lusaka District, Lusaka Province. It is one of the largest government hospitals in Zambia, providing rehabilitation services for drug users in the country. According to a news articles in the Times of Zambia newspaper (2025) Chainama Hills Hospital recorded an increase in mental health cases in 2024, with alcohol and substance abuse accounting for 39% of the 34,560 cases treated. This concentration of services may contribute to the stigma experienced by patients.

As such, this hospital is an ideal place to carry out the study of the lived experiences of former drug abusers in relation to their experiences of the recovery process. The hospital's extensive facilities and expertise in drug rehabilitation make it an excellent environment in which to conduct research on the recovery process. The diverse range of patients at Chainama Hills Hospital would ensure a comprehensive understanding of different experiences and perspectives. In addition, the hospital's location in the capital city of Lusaka provides convenient access to a large pool of participants, further enhancing the study's potential for insightful findings.

3.3 Study Population

The study population included former drug abusers (alcohol, marijuana, and heroine) both male and females who had undergone treatment at Chainama Hills Hospital, were discharged and required to go back to the facility for post-treatment counselling. By including individuals with

former drug abuse, the study aimed to gain valuable insights into the factors that contributed to successful recovery and identify effective strategies for supporting long-term sobriety.

3.4 Selection Criteria

3.4.1 Inclusion Criteria

- i. Adult males and females aged 18 years and above that underwent rehabilitation at Chainama Hills Hospital, with a history of drug abuse.
- ii. Willing to participate and gave informed consent.

3.4.2 Exclusion Criteria

- i. Individuals who were not able to provide accurate information due to cognitive issues.
- ii. Those who were unwilling or unable to provide informed consent.

3.5 Sample Size

For in-depth interviews, a sample size of 20 to 30 people is thought to be sufficient because data saturation is anticipated (Dworkin, 2012). The study therefore sampled 25 participants, and data saturation was reached after interviewing 25 participants. Data collection continued until the responses from participants became repetitive and no new insights were being generated (Korstjens and Moser, 2017). The author reviewed transcripts independently to determine whether additional data were adding novel content.

3.6 Sampling and Recruitment Procedures

Purposive sampling was used to identify former drug abusers in recovery at Chainama Hills Hospital who participated in the study. Purposive sampling involved selecting participants based on specific characteristics such as their history of drug abuse, type of drug abused, sex and current status in recovery. This method allowed for a targeted and focused approach to ensure that individuals with relevant experiences and perspectives are included in the study. Participants were recruited from treatment centres at Chainama Hills Hospital. The identification process was based on medical records and assessments made by the health workers to ensure accurate identification of participants with a history of drug abuse. Confidentiality and privacy were maintained throughout the recruitment process to ensure participants' comfort and willingness to

participate in the study. Once identified, potential participants were approached by the researcher who further explained the study objectives, procedures, and potential risks and benefits. It was emphasised that participation was entirely voluntary and that refusal to participate did not in any way affect their medical treatment or relationship with the hospital. Informed consent was obtained from those who chose to enrol, ensuring that they had fully understood the implications of their participation and that they were free to withdraw from the study at any time without consequence.

The age of the participants ranged from 20 to 51 years old. Fifteen participants had a tertiary education level and 10 had secondary education. Ten participants were employed, six were unemployed, and three were self-employed. 19 participants were male while 6 were female (Table 3.6-1).

Table 3.6-1: Demographic information of participants who participated in the In-depth interviews.

Variable	Frequency
Age	20 – 51 years
Sex	
Female	6
Male	19
Education Level	
Secondary	10
Tertiary	15
Occupation	
Employed	10
Self-employed	3
Unemployed	6

3.7 Data Collection

In-depth interviews (IDI) were conducted using semi-structured interview guides to gather information from former drug abusers about their lived experience of the recovery process from drug abuse. The focus of the in-depth interview was to understand the various experiences with recovery. In addition, the interviews explored any supporting or enabling factors that had been helpful in their journey to recovery. By gathering their unique perspectives, the research aims to gain a comprehensive understanding of the recovery process and identify the underlying factors

that contribute to successful rehabilitation. The researcher facilitated the interviews and took notes. A tape recorder was used to record the interview during the sessions. Throughout the data collection period, all ethical practices regarding confidentiality, privacy and consent were followed. The IDIs took place at a time and place convenient for the participants. Interviews were conducted in English, and last 30 - 45 minutes. Only English-speaking participants were selected to ensure clear communication and accurate data collection during interviews, as the author was not fluent in other languages. To minimize researcher bias and influence during interviews, reflexivity was practiced through ongoing self-awareness and reflection, with the researcher consciously bracketing personal assumptions and maintaining a neutral, non-judgmental stance to allow participants' perspectives to emerge authentically.

3.8 Data Analysis

Atlas.ti software version 24 was used for data management, while analysis was conducted by the qualitative researcher. The data collected from the audio recorders were transcribed strictly for each participant. The transcribed data were entered into the Atlas.ti version 24 software for qualitative data analysis. Thematic analysis, using both deductive and inductive approaches, was used to identify, analyse, and interpret themes and patterns of meaning within the transcribed data. Thematic analysis involved several steps to analyse the experiences of former drug abusers regarding their recovery.

The first step involved transcribing the qualitative data collected from the interviews and familiarizing oneself with the transcribed data, which were carefully reviewed several times to ensure in-depth understanding of the content. Key quotes that vividly illustrated the participants' challenges and coping mechanisms were noted for further analysis. The second step was to select keywords that encapsulated core concepts and recurring ideas within the data. For example, keywords such as "counselling," "Family support," "spirituality," and "medication" were selected because they appeared consistently across interviews and were indicative of the main factors that contributed to successful recovery. The third step involved coding the data using selected keywords to systematically label the relevant sections of the text. Each code represents a specific concept mentioned by the participants. This involved a detailed line-by-line analysis of transcripts to ensure that all relevant data were captured and categorized. In addition, any segment of data that was relevant to or captured something interesting about the research

objectives and the key concepts of the conceptual framework were coded. Each transcript was read and coded for any segment of the text that seemed relevant to the research objectives and conceptual framework. Throughout the coding process, new codes were developed, and existing codes were sometimes modified.

The fourth step was to develop the themes. The codes were examined, and some fit together to form a theme. The codes related to similar concepts were grouped into coherent themes. For example, codes related to the factors contributing to successful recovery were grouped into a single theme. This thematic grouping helped organize the data into meaningful categories that reflected the major concepts, as highlighted by the conceptual framework used in the study. The final step was to review the generated themes. This involved understanding how the identified themes and subthemes were supported by the data, whether they overlapped, and whether they were related to the objectives and conceptual framework. The final themes were then categorized and presented according to the categories of the study objectives. The study identified two themes and twenty sub-themes as shown in table 3.8-1.

Table 3.8-1: Themes and sub-themes that were identified from the interviews

Theme	Categories	Sub-Theme	Codes
Facilitators to Recovery	Treatment and Psycho-Emotive Support	Counselling	Emotional support, professional guidance, coping mechanisms
		Medication	Management of cravings, reduction of withdrawal symptoms, appetite, improvement
	Familial and Social Support Systems	Family and social support	Encouragement, emotional backing, motivation from family members
		Desire to repair broken relationships	Motivation to regain family trust, Reconnection with family
		Spiritual support and faith	Religious support, Prayers and hymns, spiritual motivation
	Personal	Avoiding triggers and isolation	Avoiding drinking places, Distancing from substance-

		Changing habits and behaviours	abusing friends, structured rehabilitation environment
			Replacing old habits with healthier ones, Engaging in productive activities (e.g., job Application), Peer support, shared experiences
		Self-improvement	Reflection on past mistakes, Intrinsic motivation for a better future, Personal growth
Barriers to Recovery	Personal	Dietary struggles	Difficulty adjusting to new diet, financial burden, loss of appetite
		Cravings and temptations	Urge to use drugs again, environmental triggers, social temptations, mental battle to avoid relapse
		Self-perceived stigma and perception of mental health facilities	Perception of rehabilitation centres as for “crazy people,” Judgment by others for seeking treatment
		Withdrawal symptoms	Shaking uncontrollably, physical discomfort from withdrawal, difficulty stopping substance use
	Familial and Social Support Systems	Peer influence	Social pressures from friends, invitations to drinking places
		Loneliness and lack of social support	Isolation, lack of family or friend visits, emotional struggles due to loneliness
	Treatment and Psycho-Emotive Support	Confinement and restricted movement	Loss of freedom, feeling of being "locked up", frustration with restricted autonomy
		Medication-related challenges	Drowsiness, Dizziness, Insomnia, Difficulty adhering to medication, unavailability of prescribed drugs

	Facility related	Sharing ward with other psychiatric patients	Discomfort, Fear of physical altercations, Negative interactions with psychiatric patients
		Poor facility conditions	Overcrowding, poor hygiene, insufficient food

3.9 Ethical Considerations

Approval was sought from the University of Zambia Biomedical Research Ethics Committee (UNZABREC). Approval was sought from the National Health Research Authority (NHRA) following approval from the Ethics Committee. Permission was sought from the management of Chainama Hills Hospital.

Informed consent was obtained from all participants after explaining the purpose, procedures, risks, and benefits of the study. Participants were informed of the objectives of the study and of their right to withdraw at any time without giving a reason. The participants were given the opportunity to take part in the study on a voluntary basis or to refuse to participate. Those who choose to participate signed a written informed consent form. Throughout and after the research process, people's confidentiality and privacy were maintained by anonymizing data and securely storing records. For privacy, interviews were conducted privately, with only the investigator and participants present. Participants were informed that no personal information about them was discussed with people not on the research team.

There was a minimal risk in this study and it involved concerns about sharing emotional experiences that a patient may have experienced during the recovery process. There were no other known risks associated with taking part in this study, other than the time commitment required to take part in this study. The risk was reduced by making participants aware of the risks involved and giving them the opportunity to decide whether to take part in the study after learning about these risks. However, no participant experienced emotional discomfort during the interviews.

3.10 Trustworthiness

Trustworthiness in qualitative research refers to the rigor and quality of the study and is established

through credibility, transferability, dependability, and confirmability (Guba, 1981). The assurance of trustworthiness is of paramount importance in the establishment of the credibility and reliability of qualitative findings (Ahmed, 2024). Credibility was achieved by using peer debriefing which involved involving other two researchers to review data and analysis, to provide an external check on the research process to identify biases, assumptions, or areas for clarification. In addition, the notes and points noted during the interviews were member checked by the participants to ensure that the points were consistent with the participants' perspectives. Transferability refers to the extent to which findings can apply to other contexts or groups beyond the study setting (Lincoln & Guba, 1985). Unlike generalizability in quantitative research, transferability is based on whether enough context and detail, or thick description, is provided so that others can assess applicability. Detailed descriptions of the research setting, participant characteristics and data collection procedures have been provided to address transferability. Reliability in qualitative research is often referred to as dependability, which emphasizes the stability and consistency of data over time and across conditions (Lincoln & Guba, 1985). Dependability was established by creating an audit trail, where the researcher documented each step of the research process, including decisions made, data collected, and methods used (Shenton, 2004). Detailed documentation of data collection, analysis and theme generation was used to establish the dependability of the research process (Ahmed, 2024). The process of generating codes and themes is presented in table 3.8-1s.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This section presents the key findings of the study, organized into main themes, categories, and sub-themes to reflect the complexity and depth of participants' experiences. The findings are supported by verbatim quotes that illustrate the range and richness of perspectives. The thematic structure is grounded in the conceptual framework and reflects both common and divergent experiences across participants.

4.2 Factors contributing to successful recovery

The study identified various factors that contributed to successful recovery from drug abuse. Counselling, medication, social support, avoiding triggers, and changing habits and behaviours were all important factors in their success. The specific strategies that worked best varied from person to person, highlighting the individualized nature of recovery.

4.2.1 Personal Factors

4.2.1.1 Avoiding triggers and isolation

Avoiding triggers, such as staying away from drinking places and distancing themselves from friends who negatively influenced their substance abuse, was highlighted as a significant factor. Many participants recognised the importance of avoiding places and situations associated with their drug abuse and cutting ties with friends who engaged in substance abuse. Several participants found success in recovery by actively avoiding places and people that triggered their drinking habits. Isolation from negative influences, such as during hospitalisation or rehabilitation, helped some participants focus on their recovery. This environmental change was seen as a key strategy to reduce temptation. For some individuals, being admitted to a rehabilitation facility provided a structured environment and removed them from their usual surroundings, which allowed them to reflect and evaluate their lives.

“I started avoiding drinking places because they always trigger me to drink and I started avoiding my friends who use drugs.” (Respondent 8_20 years, male, unemployed)

Another respondent stated,

“Being admitted, I felt it helped me because it kept me from being in an environment

that used to lead me to drink.” (Respondent 11_26 years, Female, Self-employed)

4.2.1.2 Changing habits and behaviours

Engaging in activities that promoted healthy living and well-being were helpful. Some participants emphasized the role of staying focused and keeping busy as a personal strategy for maintaining recovery. By channelling energy into productive activities (e.g., applying for jobs), they managed to control cravings. Some participants replaced old habits with new, healthier ones, such as drinking soft drinks instead of alcohol or engaging in activities like music. One respondent noted the value of being around others going through similar struggles. Learning from peers and sharing experiences played a role in their recovery.

“I keep myself busy, my counsellor encouraged me to write job applications and that’s how I got the job I’m working at right now.” (Respondent 19_32 years, Male, employed)

Another stated,

“I didn’t have any insight of how this place is like, but after being here I’m being found with people in the same situation as I am I got to learn a few things. The medicine I was being given and the counselling services have also been helpful.” (Respondent 14_25 years, male, unemployed)

4.2.1.3 Self-improvement

Self-awareness, reflection on past mistakes, and a desire for personal growth emerged as important factors. Several participants mentioned realizing how addiction had damaged their lives and their intrinsic motivation to get better. Several participants mentioned the desire to return to a better life, such as going back to school or improving future prospects. The participants made a conscious decision to change their life and overcome their addiction. They were determined to improve themselves and break free from the cycle of drug use. The participants had the motivation to improve their character and live a more fulfilling life. They recognized that addiction was hindering their personal growth and wanted to become a better version of themselves.

“I thought about how I wanted my future to be and that drove me to try harder.” (Respondent 25_22 years, Male, Student)

Another respondent stated,

“I thought about how much I had lost over time, my finances and property and I thought of changing when I was given the chance instead of me realizing when it would have been too late.” (Respondent 4_32 years, Male, employed)

4.2.2 Treatment and Psycho-Emotive Factors

4.2.2.1 Counselling

The most commonly mentioned helpful intervention among participants was counselling. Many participants found counselling to be a valuable tool in their recovery journey. Counselling provided them with support, guidance, and coping mechanisms. Many participants emphasized the importance of counselling services, particularly those provided by Chainama, which helped them navigate their recovery process. Participants found professional advice and emotional support from counsellors and doctors to be fundamental in their recovery journey.

“The medication I was given at Chainama and the counselling, especially the counselling part, it played a very big role.” (Respondent 3_36 years, Male, employed)

4.2.2.2 Medication

Several participants reported that medication played a significant role in managing their cravings and withdrawal symptoms. Medication was frequently cited as an effective intervention, particularly in managing withdrawal symptoms and reducing cravings. Diazepam was noted for its role in calming urges to drink and improving overall health. Medication was also seen as beneficial for managing physical side effects, such as helping with appetite or sleep problems.

“The medication they have been giving me has helped reduce the urge I feel to drink.” (Respondent 6_23 years, female, unemployed)

Another respondent stated,

“The medicine they gave me helps me eat, before I started taking it, I had no appetite and the counselling has been helpful.” (Respondent 21_23 years, male, unemployed).

4.2.3 Familial and Social Support Factors

4.2.3.1 Family and social support

The support of family and friends was frequently mentioned as a crucial factor in recovery. Encouragement, understanding, and a supportive environment were invaluable. Many mentioned the encouragement and emotional backing from family members. The participants found encouragement, support and motivation from their parents and loved ones, which helped them stay committed to their goals. Family support, especially from spiritual or religious family members, provided motivation and accountability.

“I have a support group at church and my family members have been there for me.”

(Respondent 9_35 years, male, unemployed).

Spiritual support and faith were also crucial, with some participants mentioning that prayers and support from religious groups or family members helped in their recovery. The participants highlighted the reliance on their faith to guide and support them in their recovery. A strong religious and spiritual foundation emerged as an essential source of motivation, with participants mentioning prayer, meditation, and religious materials as key factors. They found solace and motivation in their religious beliefs, which helped them stay committed to their goals. Some participants participated in support groups, which provided a sense of community and shared experiences with others in recovery. Support groups, especially through churches provided emotional stability.

“Through prayer, I’m a Christian, I would sing hymns and pray about everything and that motivated me to keep going so that one day I can go back into society and be accepted.” (Respondent 14_25 years, male, unemployed)

4.2.3.2 Desire to repair broken relationships

Participants shared that they were motivated by their desire to repair their relationships with their family. They were willing to work hard to prove themselves and regain their trust. Family was a significant motivator for many participants. The desire to regain family acceptance, to be better for children and spouses, or to be a role model for younger siblings was mentioned frequently.

“I wanted to get better so that my family could accept me again. They haven’t visited me from the time I was admitted.” (Respondentt_35 years, male, unemployed).

4.3 Barriers to successful recovery from drug abuse

Peer influence, cravings and urges, loneliness and lack of social support, stigma and perception of mental health facilities, and Medication related challenges were cited as barriers. It is important to note that not all participants reported obstacles to their recovery. Some participants found that they were able to overcome challenges and achieve their recovery goals.

4.3.1 Personal Factors

4.3.1.1 Withdrawal symptoms

Physical withdrawal symptoms presented a harsh reality for some patients as they began their recovery journey. These physical manifestations of dependence served as a stark reminder of the body's adaptation to substance use and the challenges of breaking that cycle. The experience was often intense and unsettling, as one respondent described,

“It wasn't easy for me to stop just there and then, so when I stopped, I started experiencing withdraw symptoms such as shaking uncontrollably because of not taking alcohol.” (Respondent 3_36 years, Male, employed)

4.3.1.2 Cravings and temptations

The struggle with cravings and temptations emerged as a dominant theme in the recovery process. Many participants vividly described the persistent urge to return to alcohol or drug use. This internal battle was a constant companion for many, with one patient stating, “It wasn't easy because I felt like doing drugs again, and I kept feeling the urge to go back to drugs.” The challenge of resisting these cravings was compounded by environmental triggers and social situations, making it a formidable obstacle in the path to recovery. These cravings could be intense and trigger relapse. Several participants highlight their internal struggles with the ongoing urge to drink or use drugs, even during recovery. This includes cravings and mental battles to avoid relapse.

“There were those temptations which made me relapse, I would decide to go out to get a non-alcoholic drink but I would end up buying alcohol. But that was before I started going to church.” (Respondent 2_43 years, Male, employed)

4.3.1.3 Dietary struggles

A few participants found the new diet difficult to adjust to or financially draining. Some struggled to

adapt to new diets prescribed as part of their treatment, while others found the financial burden of adhering to these diets challenging. In some cases, participants noted that the food provided was insufficient, particularly when they needed to eat before taking their medication. Changes in appetite were noted as a challenge by one respondent as they experienced loss of appetite.

“I had a challenge switching from my usual diet to the new diet the doctor had prescribed for me and the food I was told to eat was draining me financially.”

(Respondent 5_43 years, Male, employed)

4.3.1.4 Self-perceived Stigma and perception of mental health facilities

The stigma surrounding treatment was a barrier for some participants. They felt ashamed or embarrassed to seek help for their addiction. Some participants mention the stigma associated with rehabilitation centres, particularly Chainama, which they felt was seen as a place for “crazy people”.

“The stigma surrounding Chainama, I felt this was a place for crazy people so I felt like people judged me for coming here, and influence from my peers.”

(Respondent 19_32 years, Male, employed)

4.3.2 Familial and Social Support Factors

4.3.2.1 Negative Peer influence

The recovery process extended beyond the confines of the treatment centre, with many patients facing negative social pressures and environmental triggers in their everyday lives. Friends inviting them to drink, or simply being in environments associated with past drug abuse, posed significant challenges. Negative social influence from friends and peers was a common barrier mentioned by participants. Friends who encouraged or pressured them to abuse drugs or who did not understand their recovery goals made it more difficult for individuals to resist temptation. Many participants mention friends calling or inviting them to places where drug abuse is prevalent, leading to struggles with temptation.

“My friends sometimes ask me to escort them to drinking places. And I sometimes get the urge to drink alcohol.”

(Respondent 23_44 years, Male, employed)

4.3.2.2 Loneliness and lack of support

Participants who lacked social support felt isolated and alone in their recovery journey. They felt isolated, especially when not visited by family or friends during their stay in rehabilitation centres. This loneliness amplified their emotional struggles.

“They used to lock us up for a long period of time during the weekend. No one used to visit me and I used to feel sad when other people were being visited.” (Respondent 15_26 years, Male, employed)

4.3.3 Treatment and Psycho-Emotive Factors

4.3.3.1 Confinement and restricted movement

The experience of being “locked up” in the ward was frequently cited as a significant challenge. This loss of freedom and autonomy was deeply unsettling for many patients. One respondent expressed, “Being admitted here for two weeks and being locked up in the ward was a challenge for me.” This confinement, while necessary for treatment, often led to feelings of frustration and discomfort, potentially impacting the overall recovery experience. Several participants expressed discomfort with being “locked up” in the ward, which for some evoked feelings of being treated like a convict or feeling unwanted.

“When I was admitted, I felt like I was a convict because they usually used to lock us in the ward.” (Respondent 7_51 years, Male, self-employed)

4.3.3.2 Medication related challenges

While medication played a crucial role in the recovery process, it often came with its own set of challenges. Several participants reported experiencing side effects, particularly drowsiness and dizziness. Some found the medication too strong, leading to excessive drowsiness or sleepiness that interfered with their daily functioning. Others experienced sleep disturbances, developing insomnia as a result of the medication. The act of taking the medication itself was challenging for some, highlighting the difficulty some patients face in adhering to treatment routines. Another challenge is the unavailability of prescribed medication, which hindered the recovery process for some.

“The medicine was very strong and it made me drowsy, it was challenging for me.”

(Respondent 24_25 years, Female, employed)

4.3.4 Facility Related Factors

4.3.4.1 Sharing the ward with people of other psychiatric conditions

The treatment environment itself presented challenges for some patients, particularly related to interactions with other patients. Some found it difficult to be in close proximity to individuals with various mental health issues. A few participants discussed the discomfort of being placed in wards with individuals with different psychiatric conditions, leading to negative experiences, such as physical altercations.

“Different psychiatric levels being put in one room, it resulted into me being beaten at one point and they had to move me to another ward.” (Respondent 14_ 25 years, male, unemployed)

4.3.4.2 Poor facility conditions

Some participants mentioned challenges related to the facility conditions, including overcrowding, poor hygiene, and a lack of food. A few participants raised concerns about the physical environment of the rehabilitation centre, citing inadequate cleanliness or hygiene issues. This added to their discomfort and concern about getting sick.

“The environment sometimes is not good, as the cleaning is not properly done. Sometimes I felt I would end up getting sick because of the dirty environment. Also, they used to lock us up for long hours especially during the weekend as the manpower is low during the weekend.” (Respondent 14_ 25 years, male, unemployed)

CHAPTER FIVE

DISCUSSION

This study aimed to explore the lived experiences of former drug abusers to gain a comprehensive understanding of the recovery process and identify the underlying factors that contribute to successful rehabilitation at the Chainama Hills Hospital. This study identified various factors contributing to successful recovery from drug abuse, including counselling, medication, social support, avoiding triggers, changing habits and behaviours, self-improvement, desire to repair broken relationships, and spirituality. Negative peer influence, loneliness and lack of social support, self-perceived stigma and perception of mental health facilities, and medication-related challenges, cravings and temptations to use drugs, confinement and restricted movement, physical withdrawal symptoms, poor facility conditions, and dietary struggles were cited as barriers.

5.1 Factors contributing to successful recovery

This study identified various factors contributing to successful recovery from drug use, including counselling, medication, social support, avoiding triggers, changing habits and behaviours, self-improvement, desire to repair broken relationships, and spirituality. These findings align with the conceptual framework of drug use recovery as the framework emphasises a multidimensional approach to recover, incorporating psycho-emotive, social-cultural, spiritual, medical and behavioural components as critical factors in drug abuse recovery. Counselling was the most commonly mentioned helpful intervention, providing support, guidance, and coping mechanisms. Consistent with Afaq et al (2023) asserting that psychosocial support forms a core pillar of effective recovery. This is reinforced by literature suggesting that best practices in addiction treatment should include pharmacotherapy plus cognitive behavioural therapy or other evidence-based therapy (Ray et al., 2020). The framework suggests that the type and effectiveness of treatment received, including therapy, medication, and support groups, are crucial factors that contribute to successful recovery outcomes. The study highlights the importance of counselling and medication in addiction treatment, as counselling aids in emotional processing and medication helps manage cravings and mental health disorders. However, side effects, accessibility, and adherence challenges can complicate recovery,

increasing the risk of relapse.

Medication played a significant role in managing cravings and withdrawal symptoms, as well as improving overall health and managing physical side effects as outlined in Afaq et al's (2023) framework which classifies medical treatment as a necessary support mechanism in biological dimensions of recover. Consistent with the findings of this study, a South African study found that opioid substitution therapy aids recovery by decreasing cravings and reducing the edge, with daily dosing compared to multiple times with heroin (Domingo et al., 2022).

The study found that family and social support were also crucial factors in recovery, with encouragement, understanding and a supportive environment being invaluable. In addition, the desire to repair broken relationships with family was a key motivator for many participants, as they were willing to work hard to prove themselves and regain trust. Socio-cultural influences such as societal stigma and support systems can either hinder or facilitate the recovery process (Afaq, Rehna and Nadeem, 2023). The study findings emphasize the importance of social support in recovery trajectories. A robust support system, including family, friends, and community groups, facilitated successful recovery from drug use. However, negative peer influence and societal stigma hindered recovery efforts. Consistent with the findings of this study, studies from South Africa, Philippines, Norway, China, and Nigeria found that family support was the most important support structure in recovery (Adejoh, Temilola and Adejuwon, 2018; Pettersen et al., 2018; Masanda et al., 2021; Domingo et al., 2022; Li and Song, 2022). The similarities in results suggest that family support plays an important role in recovery regardless of region or setting.

The study found that spiritual support and faith were also significant factors in recovery from drug use, with some participants mentioning prayers and support from religious groups or family members as emphasised by Afaq et al (2023) the world around an individual has a therapeutically effect for substance abuse. Supporting the findings of this study, literature also suggests that spirituality plays a crucial and powerful role in helping to recover from drug use (Co and Canoy, 2022; Afaq, Rehna and Nadeem, 2023). Spiritual support and faith can provide individuals with a sense of purpose and strength to overcome their addiction thereby contributing to their recovery.

The study found that avoiding triggers and isolation was also an important factor in recovery, with many participants recognizing the importance of staying away from bars and distancing themselves from friends who influenced their substance use. This resonates with Afaq et al's (2023) psycho-emotive factor that emphasizes that interactions between people and their environments plays a huge role in drug abuse recovery. This study supports the finding of a study from the Philippines that found that people with disabilities who lived alone used their personal recovery goal as inspiration to make positive changes in their lives (Co and Canoy, 2022). In addition, admission to a rehabilitation facility provided a structured environment that enabled those affected to reflect and evaluate their lives. This suggests that the structured environment of a rehabilitation facility plays an important role in the path to recovery and also highlights the need to accommodate drug users in a rehabilitation centre to facilitate their recovery.

The study results also emphasized the significance of modifying one's habits, maintaining focus, participating in beneficial activities and developing self-awareness as key strategies for overcoming addiction. Participants acknowledged the detrimental impact of addiction and made deliberate efforts to enhance their character and lead a fulfilling life, recognizing addiction as a barrier to personal growth. Similar results were reported in a qualitative study from Norway, which found that participants recalled harmful consequences and significant events during their years of substance use. The opportunity to imagine a different life and awareness of existing treatment options fostered hope and increased motivation to quit drug use (Pettersen et al., 2018).

It was also revealed that learning from peers and sharing experiences played a role in their recovery. This is consistent with findings from a study from Belgium that showed some participants found strength and hope for recovery when people gave advice based on their own experiences with drug addiction and recovery (Meulewaeter et al., 2022). These findings highlight the importance of including people recovering from drug use in routine practice to provide encouragement and guidance to those in recovery.

5.2 Barriers to successful recovery from drug abuse

The following factors were identified as potential barriers to recovery: peer influence, loneliness and lack of social support, stigma and perception of mental health facilities, sharing the ward with people with psychiatric conditions, and medication-related challenges, cravings and temptations to abuse drugs, confinement and restricted movement, physical withdrawal

symptoms, poor facility conditions, and dietary financial struggles.

The study found that negative peer influence was a significant barrier to drug abuse recovery, with some influenced by peers to continue abusing drugs. This is consistent with findings from previous studies from Ghana and Tanzania, which also reported that negative peer influence played a significant role in influencing former drug abusers to relapse (Appiah et al., 2017; Mohammed, 2021). These results demonstrate the importance of former drug abusers surrounding themselves with positive influences and a strong support system during the recovery process. The study found that loneliness and lack of social support hinder drug abuse recovery, highlighting the need to address both physical and emotional factors. This is in line with the framework, as it stresses the significance of parental understanding when it comes to tackling substance addiction in the family. Emphasising that dysfunctional family relationships influence the development and persistence of addiction.

Interventions should focus on building connections and fostering community among recovering individuals. The study's findings add to the body of evidence suggesting that the loneliness and lack of a supportive social network leads to relapse because these people do not have a network to turn to or are afraid to turn to (Mohammed, 2021; Meulewaeter et al., 2022).

The study found that treatment was stigmatized, which posed a barrier for some participants as they felt embarrassed about seeking help for their addiction. The results of this study confirm previous findings from other studies in South Africa, Ghana, and Tanzania that identified stigma as a barrier to recovery from drug use (Adzrago, Doku and Gyamfi, 2018; Mohammed, 2021; Domingo et al., 2022).

The study also found that cravings and urges to use drugs were strong for some, acting as a barrier to their recovery. These cravings can be triggered by factors like stress, trauma, stigma, peer influence or social pressures (Adzrago, Doku and Gyamfi, 2018; Mohammed, 2021; Domingo et al., 2022). By identifying and addressing these triggers, individuals can develop strategies to resist temptation and build a solid foundation for their recovery journey seeking professional help and building a support system are crucial for those struggling with addiction.

The study found that the recovery process for individuals with a substance use disorder often requires overcoming temptations, which can be worsened by environmental triggers and social

situations. Similar to the results of this study, the study from the Philippines found that participants had strong desires to abuse drugs, which made them feel vulnerable in the early stages of their recovery (Dumaguining et al., 2021). This finding implies that effective treatment and support programs for people with drug use disorders should focus not only on combating physical dependence, but also on developing strategies to manage cravings and cope with potentially triggering environments and social situations. Psycho-emotive factors like mental health and emotional well-being also greatly impact an individual's journey towards sobriety (Afaq, Rehna and Nadeem, 2023). The study findings highlight that individuals' emotional healing and coping mechanisms are crucial for long-term recovery, as they help develop strategies to avoid triggers and change habits, preventing relapse and ensuring psychological balance, resistance to cravings, and emotional distress management. Additionally, it suggests that long-term recovery may require ongoing support and skills training to help individuals maintain sobriety in the face of ongoing challenges.

Data from the study further demonstrated that drug users undergoing recovery faced physical withdrawal symptoms such as cravings, highlighting the body's adaptation to substance use. Additionally, some individuals experienced side effects from medications, including drowsiness and dizziness, during their recovery process. In contrast, previous studies from India, Indonesia, and Philippines also reported that those who were under rehabilitation experienced physical pain, withdrawal, mood swings and depression (Fahrizal, Hamid and Daulima, 2019; Dumaguining et al., 2021; Bezbaruah et al., 2023). The presence of physical withdrawal symptoms underscores the need for comprehensive medical support during the initial stages of recovery. Treatment centres and healthcare providers should be prepared to manage these symptoms effectively to improve patient comfort and increase the likelihood of successful recovery. These results also emphasize the need for patient education about the potential challenges they may face during recovery, including both withdrawal symptoms and medication side effects as they can lead to relapses if not controlled (Fahrizal, Hamid and Daulima, 2019; Sevin and Erbay, 2019; Dumaguining et al., 2021).

The study results also showed that participants were confined to the ward and had limited movement, which can be worrying for many patients. The worrying feeling could be worsened by poor conditions in the facilities, such as overcrowding and poor hygiene, as well as poor

nutrition, but also by the difficulties of dealing with people with various mental health problems. These factors collectively suggest a need for improved facility management, enhanced patient care protocols, and strategies to create more supportive and therapeutic environments in mental health institutions. Addressing these issues could lead to better patient outcomes, reduced stress levels, and potentially shorter recovery periods. Although ward confinement can facilitate recovery, it can also hinder recovery for some individuals as it can produce negative emotions similar to those experienced by someone who is a convict. A study in the Philippines found that people who use drugs (PWUD) often experience regret, loneliness and feelings of giving up due to their physical and emotional distance from their families (Co and Canoy, 2022).

CHAPTER SIX

CONCLUSION, LIMITATION AND RECOMMENDATION

6.1 Conclusion

The findings of this study provide valuable insights into the complex journey of recovery from drug addiction, aligning closely with the conceptual framework of drug use recover proposed by Afaq, Rehna and Nadeem (2023). This framework emphasized for interrelated dimensions which are psychological, social, physical and treatment factors, each of which plays a vital role in achieving sustainable recovery. By highlighting the experiences, and factors contributing to successful rehabilitation, this research contributes to a more nuanced understanding of the recovery process at Chainama Hills Hospital. The identified facilitators such as counselling, social support, and medication mirror the core pillars of the framework as they offer important considerations for improving treatment approaches and support systems for individuals seeking recovery. Future research should focus on developing targeted interventions that address these specific challenges and leverage the identified factors promoting successful rehabilitation. This study reveals that understanding factors contributing to successful drug rehabilitation, and the barriers faced by former drug abusers can help healthcare providers and policymakers design more effective interventions. This includes comprehensive programs incorporating counselling, medication management, social support systems, and strategies for avoiding triggers. Addressing barriers like stigma, facility conditions, and dietary struggles can lead to more accessible services and post-rehabilitation support systems. Ultimately, this study underscores the importance of a holistic approach to drug addiction treatment, encompassing medical, psychological, social, and spiritual aspects of recovery.

The study also reveals a positive shift in how people perceive Chainama Hill Hospital. Individuals who have sought treatment there now understand that it is not solely a facility for those with mental illnesses, but a comprehensive healthcare institution offering a wide range of services, including support for overcoming addiction. This has helped change the previous perceptions held by former drug abusers, who may have viewed the hospital with apprehension or stigma. With increased awareness and educational outreach, the lingering stigma surrounding Chainama Hill Hospital could be further reduced, encouraging more individuals to seek the help

they need without fear of judgment. Ultimately the study underscores the relevance and applicability of the conceptual framework of drug use recovery in understanding the dynamic multi-dimensional nature of drug abuse rehabilitation. A framework based approach can enhance treatment outcomes, reduce relapse rates and guide the design of more effective and sustainable recovery pathways

6.2 Limitations of the Study

The study had limitations which include; participants may have provided responses that they perceived as socially desirable, leading to potential under-reporting or over-reporting of certain challenges, factors contributing to, and barriers to successful recovery. The study sample was limited to English-speaking participants with higher education, which may affect the applicability of the findings to the broader population. The study was restricted to Chainama Hospital which may limit the diversity of experiences captured, as it excludes perspectives from individuals in other geographic regions or treatment settings.

6.3 Recommendations

- 1) There is need for Chainama Hills Hospital to improve the physical infrastructure and conditions of the hospital to enhance comfort, hygiene, and overall well-being of patients. The Ministry of Health (MOH) in collaboration with Chainama Hills Hospital and the Ministry of Finance and National Planning should allocate targeted budgetary support for the renovation and modernisation of the wards
- 2) There is need to emphasize on the need to create a welcoming and supportive environment that promotes social interaction, reduces feelings of loneliness, and minimizes stigma associated with mental health facilities. Chainama Hills Hospital should develop structured social engagement programs, such as peer support groups and therapeutically community models, to promote social interactions.
- 3) Future research can focus on conducting longitudinal studies to track the long-term outcomes of drug users who have undergone rehabilitation at Chainama Hills Hospital. In addition, Chainama Hills Hospital in collaboration with the Zambia National Public Health Institute can develop research projects to track individual post-rehabilitation and social integration of former drug abusers,
- 4) The Ministry of Health (MOH) through the National Health Insurance Management

Authority (NHIMA) should consider adding comprehensive mental health and drug abuse rehabilitation services under NHIMA coverage. This will ensure accessibility to medication and therapy services.

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Appendices

Appendix 1: Participant Information Sheet

Introduction

My names is... I am here as a student conducting research on “Lived experiences of Former drug abusers during their rehabilitation process at Chainama Hills Mental Hospital in Lusaka, Zambia.” I am asking if you can take part in this study by participating in an interview. If you have questions later, you can ask me.

Purpose of the study

The purpose is to explore the lived experiences of former drug abusers during their rehabilitation process at Chainama Hills Mental Hospital in order to gain insight into the challenges they faced during their addiction and recovery journey. Therefore, the results of the study will help to provide an improved understanding that could contribute to the development of evidence-based interventions and support systems that better facilitate the journey to recovery and promote sustained wellness among individuals overcoming drug abuse.

Participants Selection

I am inviting all former drug abusers who are recovering from abusing drugs at Chainama Hills Mental Hospital.

Voluntary Participation

It is entirely up to you whether or not to take part in this study. You have the option of participating or not. All the services you receive from this hospital will remain the same whether you choose to participate or not. You will be given the treatment that is customarily provided in this hospital if you decide not to take part in this study. Even if you initially agreed, you can later change your mind and decline to participate.

Procedure

If you agree to participate, you will be requested to fill in a consent form before filling in the questionnaire. Upon signing of the consent form, you will be asked some questions regarding drug use and your experiences with recovery. The answering of these questions is likely to take 30 – 40 minutes.

Risks and discomforts

There are no serious risks or discomforts involved in this study. Signing of the consent doesn't

mean loss of your rights, therefore if you are not comfortable at any stage of the interview you are free to inform the person asking you questions and you can skip any question which brings discomfort.

Benefits

Although there may be no benefit to you, your participation is likely to aid us in determining the answers to our questions. The study's findings will aid in the provision of knowledge that provide improved understanding to contribute to the development of evidence-based interventions and support systems that better facilitate the journey to recovery and promote sustained wellness among individuals overcoming drug use.

Confidentiality

I will maintain the confidentiality of the data I gather for this study. Your personal information that will be gathered during the research will be stored and kept out of other people's sight. In place of your name, any information about you will be identified by a number. Your number will only be known to the researchers, and we will keep that information secured under lock and key.

Right to Refuse or Withdraw

You are not required to participate in this study if you do not wish to. You may also withdraw from the study at any time. All of your rights will still be upheld and it is your decision.

Who to Contact

You are welcome to ask any questions you may have now or at a later time, even after the study has begun. You can get in touch with any of the following if you have any questions later:

Principle investigator:

Ethics committee:

The Chairperson, University of Zambia Biomedical Research Ethics Committee,

P.O. Box 50110, Ridgeway Campus, Lusaka.

Appendix 2: Consent Form

I have read and understood the information sheet and this consent form. I have had an opportunity to ask questions about my participation. I understand that I am under no obligation to take part and that I have the right to withdraw at any stage without giving any reason.

Print Name of Participant

Signature of Participant

Date:

Day/month/year

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness

AND

Thumb print of

participant Signature of witness

Date

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this consent form has been provided to the participant.

Print Name of Researcher/person taking the consent

Signature of Researcher /person taking the consent

Date.....

Day/month/year.

Appendix 3: Interview Guide

Introduction:

- Thank you for agreeing to participate in this interview. Your insights will greatly contribute to our understanding of drug use and recovery.
- Please note that your participation is voluntary, and you may withdraw at any time.
- The interview will be recorded for accuracy but kept confidential. Your identity will be anonymised in the final report.
- Do you have any questions before we begin?

Demographic Information

1. Can you please tell me a bit about yourself, such as your age, education, occupation, and any other relevant background information?

Experiences of Recovery

2. What motivated you to seek recovery from drug abuse?
3. Can you describe your journey through recovery? What strategies or interventions did you find most helpful?
4. Were there any significant challenges or setbacks you faced during your recovery process?

Factors Contributing to Successful Recovery

5. From your perspective, what do you believe were the key factors that contributed/will contribute to your successful recovery?
6. Were there any external supports or resources that played a significant role in your recovery process?
7. How did you maintain your motivation and commitment to recovery over time?

Obstacles Faced During Rehabilitation and Recovery

8. What were some of the main obstacles or barriers you encountered while seeking rehabilitation and recovery services?
9. How did you navigate these obstacles, and were there any strategies or resources that helped you overcome them?

10. Were there any aspects of the rehabilitation or recovery process that you found particularly challenging or ineffective?

Reflections on Recovery

15. Looking back on your journey, what lessons have you learned about yourself and about recovery from drug use?

Closing

11. Is there anything else you would like to share about your experience with drug use and recovery?

12. Do you have any final thoughts or comments before we conclude the interview?

Closure:

Thank the participant for their time and willingness to share their experience