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## Social Reintegration of Rehabilitated Drug Abusers: An Explorative Investigation of Views of Rehabilitates in Lagos, Nigeria

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### **Abstract**

**Objective:** This study examined the influence of family structure, employment opportunities, marital status and stigmatization on reintegration of rehabilitated drug abusers in Lagos, Nigeria.

**Method:** This study used the qualitative research design to collect data from 50 respondents. The study was conducted in a Neuro-Psychiatric Hospital using the outpatient clinic. Data were analysed adopting the phenomenological approach of analysis. Nvivo 12 plus was used to analyse the data.

**Findings:** Immediate family members were supportive of drug abusers' reintegration with those from monogamous family receiving more support than those from the polygamous family structure. Being married is an important factor in rehabilitation and reintegration as expressed by the respondents. Being employed either in private or private sector assisted them in keeping their eyes off drugs. Stigmatization was experienced at community level, workplaces and even among friends and peer.

**Conclusion:** Efforts should be put in place to educate members of the public on the need to support drug abusers undergoing rehabilitation and reintegration for total reintegration into the society. This involves avoiding any of stigmatization towards rehabilitated drug abusers.

**Keywords:** Reintegration, drug abusers, family structure, stigmatization, employment opportunities

### **Introduction**

Despite various measures undertaken by law enforcement agencies, the proliferation of drugs and their problematic use remains a major

socioeconomic problem in Sub-Saharan Africa, Nigeria in particular. In 2017, approximately 15 percent of the adult population in Nigeria (around 14.3 million people) reported a mandatorily significant level of use of psychotropic substances (United Nations Office on Drugs and Crime, 2019). According to Global Cannabis Report and the Africa Hemp and Cannabis Report, an estimated 20.8 million Nigerians consume cannabis every year, in a market estimated at \$15.3 billion, as the country leads the world in Cannabis use, followed by Canada (Ojewale, 2019). In addition, an estimated 4.7 percent of the population, i.e., 4.6 million people, had used opioids (such as tramadol, codeine, or morphine) for non-medical purposes in the past year (UNODC, 2019).

Furthermore, the increasing rate of drug use equates to the level of mental health issues and deviant behaviours in Nigeria, as 40 percent of high-risk drug users indicated a need to treat drug use disorders. Unfortunately, most high-risk drug users considered it was challenging to access drug treatment, especially in Yobe, Imo, Bayelsa, Rivers, and the Lagos States. The cost of treatment and stigma attached to drug use and seeking treatment were cited as the primary barriers in accessing or availing of drug treatment services (UNODC, 2019).

Social exclusion and stigmatization have been closely associated with illicit drug use and addiction in many societies. As a response, social reintegration has emerged as a key aspect of drug treatment and rehabilitation in order to respond to accommodation, education, vocational training, employment, and family support needs of problem drug users (Keane, 2007). The social reintegration of problematic drug users is not a new concept; it has been around since the early 1960s (United Nations, 1961). To ensure the health and welfare of humankind, the international conventions mandate State parties to take measures for the treatment, rehabilitation, and social reintegration of people affected by drug problems (article 38 of the 1961 Convention and article 20 of the 1971 Convention).

Preventing the onset of drug use (or primary prevention) and treatment, rehabilitation, and social reintegration are overlapping but distinct approaches to drug demand reduction (INCB Report, 2017). Addressing alcohol and drug addiction through rehabilitation and social integration is important in improving the medical and socioeconomic conditions (health, social, and emotional wellbeing) of individuals with addictions, their families, and communities (National Indigenous Drug and Alcohol Committee Report, 2014). While most national drug demand reduction frameworks often focus on primary prevention, the value of treating, rehabilitating, and socially reintegrating people affected by drug use disorders needs greater recognition. Speaking on the missing link in the United Kingdom government's approaches to drug demand reduction, Buchanan (2004) argued that any model that fails to address the social context, nature adequately, and underlying causes of illicit drug use is likely to founder.

Studies have shown that family and other social factors play a significant role in illicit drug use and relapse. Gideon (2007) posits that the family, if

intact in its structure and function, can provide the individual with a sense of belonging and security, critical for social integration. He, however, added that despite the importance of family in the rehabilitation of drug addicts, problem drug abuse could also result from family disruptions or complex relationships between different family members. Some of the family factors causing drug abuse are parents' behaviour, the relationship between parents and the individual, the relationship between the parents, the family atmosphere and, the family's economic standing (Foo, Tam & Lee, 2012). According to Keane (2007), family breakdown is one of the key factors leading to the initial experience of homelessness, which is associated with an escalation in the use of drugs and progression to patterns of chaotic drug misuse.

A study among Israeli offenders reported that families had a negative effect on the rehabilitation and reintegration process of drug addicts, especially among those who reunite with their spouses (Gideon, 2009). A similar study conducted among drug abuse patients undergoing treatment at Neuropsychiatric Hospital in Lagos reported contrarily that the family members of drug abusers were very supportive and responsive in the process of rehabilitation of drug abusers, as exemplified in their involvement through financial, material, and moral support (Adejoh, Temilola & Adejuwon, 2018). However, drug users blamed their condition on their parents, especially their fathers' neglect and deprivation. Hence, they suggested that rehabilitation centers can further see that broken family relationship between drug abusers and parents or family members are mended.

Furthermore, though studies have shown that vocational training and employment contributes to a reduction in drug use and better treatment outcomes, personal and structural barriers often prevent drug users from furthering their education, improving their vocational skills, and getting a job (Sumnall & Brotherhood, 2012; Tomori *et al.*, 2014).

As a result of problematic drug use,

...the normal process of socialization, the integration of an individual from adolescence to adulthood as an independent, autonomous member of society, is jeopardized, which often leads to a gradual exclusion into the margins of society. However, this is a two-sided process. At the same time, society is marginalizing problem drug users, making their access to education, employment, and other social support even more difficult. Also, one should not forget that, in many cases, social exclusion already precedes drug use. Drug use exacerbates the already difficult life conditions of excluded individuals, making integration efforts a real challenge for the individual and those providing support. (*Wolfgang Götz in Sumnall & Brotherhood, 2012: 7*)

To gain insight into the role of the family and employment in the rehabilitation and reintegration process, especially the nature of social support it provides, this study investigated the experiences of rehabilitated drug abusers in Lagos, Nigeria. The study examined how family structure, employment opportunities, and marital status aid or hinder the reintegration of rehabilitated abusers, as well as the perceptions of rehabilitated drug abusers on stigmatization in their reintegration process.

### **Methods**

The study made use of a qualitative research design. The study was conducted in a Psychiatric Hospital, Yaba, Lagos. The population of the study was rehabilitated drug abusers (outpatients) attending outpatient's clinic for follow up consultation. A total of 50 participants participated in the study using the purposive technique of selecting participants. The participants were interviewed on any of the clinic days of Monday, Tuesday, Thursday, and Friday. Data collection lasted for two months. The participants were screened to ensure that only those with drug issues were interviewed and more importantly had gone through the process of rehabilitation. For a participant to be interviewed, he or she must be stable to give consent and informed decision to participate and must be 18 years and above. The study was approved by the ethical review committee of the hospital.

The method of analysis is that of interpretative phenomenological analysis (Smith *et al.*, 1999; Smith & Osborn, 2003). The data were analysed using Nvivo 12 plus. The data analysis started with coding of data performed by three coders using emergent coding technique. Any information identifying participants were removed to ensure anonymity and confidentiality. The analysis begins with reading and rereading the transcripts to be sure that nothing was omitted from the data. This process allows for deep insight and understanding of the data. All the transcripts were read from where the initial themes were created and defined. This serves as the coding guide. Three of the authors, who serves as coders met to agree on the themes to be used to code the entire data. Two of the authors continue with coding the entire data independently. However, the authors met from time to time to compare what was coded and if any differences exist, they do a reconciliation before proceeding with the coding. Four themes were identified, and these are family structure, marital status, employment opportunities and stigmatization. The findings were reporting using verbatim codes and describing the responses of the participants.

**Findings****Distribution of participants by socio-demographic background**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Male	46	92%
Female	4	8%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Age group</b>	<b>Frequency</b>	<b>Percentage</b>
18-32years	24	48%
33-47 years	25	50%
48 and above	1	2%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Ethnic group</b>	<b>Frequency</b>	<b>Percentage</b>
Yoruba	26	52%
Igbo	10	20%
Others	14	28%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Educational level</b>	<b>Frequency</b>	<b>Percentage</b>
Primary	1	2%
Secondary	25	50%
Tertiary	24	48%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	36	72%
Married	7	14%
Divorced	2	4%
Separated	5	10%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Student	10	20%
Civil Servant	8	16%
Trading	4	8%
Artisan	5	10%
Unemployed	8	16%
Self employed	15	30
<b>Total</b>	<b>50</b>	<b>100%</b>
<b>Family Structure</b>	<b>Frequency</b>	<b>Percentage</b>
Monogamous	32	64%
Polygamous	18	36%
<b>Total</b>	<b>50</b>	<b>100%</b>

The above table shows the distribution of the Demographic background of participants undergoing rehabilitation and reintegration. It revealed that most of the drug-abused patients undergoing rehabilitation and reintegration are male, mostly single, and within the ages of 18 – 47 years. Furthermore, it was discovered that most of the rehabilitated drug addicts are self-employed and are students who desire to return to school to complete their education.

### ***Family structure and reintegration***

The finding shows that family structure has a great impact on the reintegration of rehabilitated drug addicts. The experiences of participants differ depending on the family structure in terms of polygamous or monogamous family structure. For both, family members of the participants have been of great support ranging from moral in terms of giving advisory support to financial support where they give some reasonable amount of money to support and hasten the reintegration of their loved ones who have been rehabilitated from drug addiction.

### ***Polygamous family structure***

I came from a polygamous home, and my mother is the second wife out of the two wives my father married. My brother was the first to take marijuana before I started taking it myself. I got married, but now I am divorced, and I live with my daughter. When I got so addicted to marijuana, my daughter and brother were very helpful that even after my rehabilitation process though my daughter was not happy with me, she never abandoned me, always cooking for me and showing me that she still cared. (*Female, 40year old, Marijuana user*)

In the words of another participant:

I am from a polygamous family, and my mother is the first wife, although my parent doesn't stay together due to the misunderstanding between them since my father married a second wife. My mother has always been the only one that cares for me and even initiated mine going to the psychiatric hospital to stop my drinking habit, and since then, she's been very supportive. The rehabilitation process has helped me realize I need to marry and raise children because my siblings live in their own houses with their families. (*Male, 39years/multiple substance abuser, i.e., cigarette, alcohol, and dry gin*)

### ***Monogamous family structure***

Furthermore, another respondent said that:

My family is a monogamous one, and we all love and care for one another. A friend of mine introduced me to smoking, and I got addicted to it although my father takes alcohol (Gulder) but he does not let it get to him. So when they found out I was addicted to smoking and that it was getting out of hand and that I lost my job, which was the cause of my separation with my wife, they brought me to this hospital. Even after I got myself back, my parents, elder brother and sister have been so caring, gives me pocket money and even provide whatever I might need and always advise me not to smoke again. Now I want to settle down again with my wife if she is willing to come back to me. *(Male/31years)*

A participant expressed the support of his family in this way:

I have been taken marijuana since 1984 at St. Finbars College and I continue using it at the University of Lagos (Unilag) studying Physical and Health Education. I needed marijuana for Energy because I was playing basketball for my school, even went to Italy with some other Unilag students for the World University game but I did not return to Nigeria with others as I ran away. That was how I became a school dropout and since then I've been in Italy until 2002 when I returned and find myself in this asylum. My mum has been so supportive with 2 of my brothers and sister, they find time to visit me, and provide my needs in this place. When I'm finally out of here, I will make sure I don't disappoint my family a second time because despite my misbehaviour and shameful act they were always there for me and never abandoned me. *(Male, 47year, marijuana user)*

A relapsed respondent expressed his view thus:

I saw people smoking it so I got curious and just tried it on my own and that was how it all begins, even my step brother was smoking it. This is my 4th admission in this psychiatric hospital because I keep going back to smoke the weed. My mother and relatives are tired of my habit and my mum has stopped paying my school fee, she asked me to go and look for a job. She said she almost develop stroke because of the problem I have been creating problem for her so my relatives said that as soon as I get discharge from this centre they will get an accommodation for me so I can live on my own and cater for myself. *(Male/36years/India hemp and Alcohol addict)*

A participant expressed his mother support:

I have been taking India hemp for close to 16 years now but when my mum discovered I was into drugs she did everything possible for me to stop it. She brought me here to this centre for my rehabilitation programme and even till now she still shows that she truly loves me and can lay her life for me. My father is late and that was when I travelled abroad and over there taking India hemp is a normal thing but it destroyed my life because even my girlfriend and the owner of the rented apartment, I was staying were also using drugs. When I got back to Nigeria, I started finding out I can't do without taking India hemp and that was when it started affecting me. There is nothing compare to one's family support to help you out of a deadly situation especially mothers. She pays my bills, show me moral support in fact my family have provisions for all my needs. *(Male/India hemp abuser)*

A participant whose father had six wives has this to say:

My father married six wives and my mother is the 5th wife. We all live together in my father's house and there is no day that there won't be one fight or the other, because of this war in the family I had to look for a succour for myself and that drew me into taking drugs in order to forget all the trouble in my home. My brother found out I was into drugs and he was very disappointed and cautioned me to stop that it will not solve anything but rather worsen our situation, so he assisted me with my rehabilitation and still assisting even till now. He bought me my last jamb form; I have written the exam and just waiting to gain admission into the university. *(Male/24years/India hemp, cigarette and alcohol user)*

A participant who attributed the cause of his condition to family has this to say:

My polygamous family background contributed a great deal to my addiction to smoking. My mother was the 1st wife out of the three wives of my father. My elder brother was also taking drugs to keep cool in the house but somehow my mother found out about me because I am her last born and she has always been on the lookout for me. Now that I no longer smoke, she is always monitoring me closely and advising me that I have a great future ahead of me and that I should not allow anything to cut my life short in order for me to achieve my dream in life. I have taken a decision to stop since I've been relapsing lately. I have not



attempted to go back to school yet but I will when I am completely fit and good to go. (*Male/29year/cigarette smoker*)

The findings show that the type of family structure that a person grew up from goes a long way to make or mar the person's personality and sense of reasoning. In other words, family supports have a great impact on the reintegration of a rehabilitated drug addict. It was obvious from the interview findings that family members have been very supportive both morally, financially, materially, etc, and responsive to the reintegration of their love ones back into the mainstream of the society so that they can live out their normal life and routine like every other normal persons in the society.

### ***Marital status and reintegration***

It is important to observe from the data that marital status is one of the key factors that aid the reintegration of rehabilitated drug addicts. The data revealed that some of the participants were not involved in any intimate relationship because of the fact that they view themselves as still recovering and gradually getting back into the society. However, some male participants had demands of money from women of which they do not have at that time. However, married participants said that though they have been separated during the period of their rehabilitation programmes, they plan to re-join with their partners and make things right again.

The role of marital status and reintegration of rehabilitated drug addict cannot be ignored, as majority of the participants that were married admitted that their partners have been of assistance. This is particularly in respect to meeting up with their appointment at the psychiatric hospital and monitoring their doings to make sure they do not return to taking drugs. Other participants who are of marriageable age intend to marry when they feel they are ready for it. Anticipating and hopeful that it is the best thing to do to completely make them to focus on their own family. A number of the participants have their experiences to share:

My wife is God's gift to my life. She always brings me for my appointment and treatment at the psychiatric hospital. It has not been easy for me to stop drinking completely because my body and my spirit are still very willing and that is why most time I go back to drinking. My wife will always monitor me and make sure she knows my where-about at any particular time. Though sometimes she gets tired of my stubbornness and will abuse me and call me names, like stubborn goat, drunkard and sort of names. Nevertheless, she still stands by me. She provides food for the family because I had to stop driving. I was a trailer driver and that was why I always drink to make me have strength and strong heart for the road. I don't drive anymore because my wife asks me to stop and I understand her reason. She wants the best for me and I respect her decision. (*40years/male/alcoholic*)

A participant with fear of inadequate money has this to say about girls:

I don't want to get involve with any girl now because their wahala (problem) is too much. They will start asking me for money. *(Male/31year)*

A married participant has this to say:

I'm married but I and my wife don't live together because I got an employment placement (Nigeria Export Promotion Council) in Akwa-Ibom state. My wife is living here in Lagos, working in a bank. I'm planning on relocating to Lagos so that I can rejoin with my wife as she is willing to assist me fight this habit. *(male/41 years/relapsed cannabis abuser)*

### ***Employment opportunity and reintegration***

It is important to note that the data indicated that there is a nexus between rehabilitated abusers being employed and doing something tangible and worthwhile for a living and their reintegration into the mainstream of the larger society. The information generated has shown that majority of them were either involved in a family business or were self-employed, managing their own petty business to make a living and get their minds off substance abuse. A number of them were able to secure employment in a public and private firm; some of them who were unable to complete their program in tertiary institutions and vocational training centres, hoping to get back to school after they are finally confirmed and certified to be completely rehabilitated from drug misuse. Some of the participants emphasized these as they talked about their employment status while still undergoing treatment at the psychiatric hospital:

I do not bother myself to seek employment in a company because I only have Secondary school Leaving Certificate, so I occupied my time with selling Suits to Bankers and some others that work in the big company. Even my partners in this business support me and always pay me a visit. They have been very supportive and I feel good about it. So far I am satisfied with my business. *(Male/37 years/Cannabis abuser)*

In the words of another participant:

I work as an operational manager in my dad's hotel and for now I think I am comfortable with the job. I am a B.sc holder and I will use my certificate to get a much better job when I think am ready

for another one but for now am okay where I am.  
(*Male/31years/cigarette abuser*)

Another participant stated thus:

Presently, I am assisting my uncle in his shop as Automobile Engineer. The other workers know about my drug history and they talk with me like a normal person and still advise that I stop and never take the drug again. I am doing well there. (*Male/38 years/multi-substance abuser*)

A self-determined participant has this to say:

I am self-employed, I have a shop where I do hair-dressing and I have people working under me. They know I was taking drug before, so they can say anything about it but I know they can't say it to my face because I am their boss. I have made the decision to stop using these drugs and am going to stop for good and concentrate on my business. (*Female/31years/India hemp, heroine and alcohol abuser*)

Another participant expressed the support of his business partners thus:

I am doing well with my importing and Exporting of Electronics gadgets and that is what matters to me. My business partners know about my drug history and because they see the zeal in me not to use the drugs again, they never discriminate against me and they even treat and talk to me normally like they talk to other people. I am very happy that I have their support and understanding. If there is any new product, they talk to me about it and we discuss business. I feel normal; I control the urge and am great without it. It has been so amazing. (*Male/35years*)

Quite a few of the participant that are yet to work due to the fact that they still find their rehabilitation programme of most priority and concentrating on their complete recovery process also made it known that employment or some handiwork will do a lot of good to their quick reintegrating into the society. One of respondents has this to say:

I am not doing any work at the moment because I have not being certified by the doctor to be completely rehabilitated. But when am finally confirmed to be recovered I would not want to go back to school anymore but would love to do printing job because I have always have flare for printing and am sure I will be very satisfied with it. (*Male/23years/Marijuana user*)

Employment Opportunities for majority of the rehabilitated drug addicts interviewed had shown that there is improvement in their physical capital which has equally improved their career options and creativity, thereby improving their standards of living. It has also improved their cultural capital by exposing them to new values, beliefs and attitudes and instilling a revised work ethic grounded in the demands for job pursuits.

***Stigmatization and reintegration of rehabilitated drug abusers***

It is natural that when a person develops certain illness, the stigma associated with that illness influences both the clinical course of the condition and outcomes such as social and occupational functioning. Nevertheless, some of the rehabilitated drug abusers that were interviewed had some experiences to share that have created an impact in their lives.

I was born into a polygamous family and we all live our lives the way we want to live it. It was my church members that brought me here to this hospital; sometimes my mother comes to visit me. My recovering process has been very challenging and not easy at all. Almost every time people that sees me on the street or in our compound will just start call me names for no reason at all. They call me names such as 'Amu igbo' 'Amu gbana' etc. meaning one that takes drugs. So sometimes I feel like getting high again so I can show them that I am a real Amu-igbo but I just hold myself back. *(Male, 32years old)*

Yet another respondent shares his experience of stigma by saying:

I play basketball and I used to take India hemp so as to gain some energy and strength. After I was discharge from here, I went back to my club and the welcome I got was disheartening, everybody started avoiding me like am some kind of outcast and even till now they are not yet that free with me including the club owner. Most time I find myself alone and its starting to affect me and it's having this psychological effect on me. I hope to overcome this. *(Male, 33years old)*

Another respondent also has similar experience in school:

For now I am into shoe manufacturing, I make fine slippers, sandals, shoes etc. that I sell and collect my money. My colleagues knows about my drug past and because I have more customers than them they get jealous and would always call me different insulting names and because most times they do this, I find myself always alone. I will not go back to taking drug due to their insult. I am just managing the work in the first place, my

mind is not in this country, I would love to travel abroad to finish my education. (*Male, school cert holder, 31 Years old India hemp user*)

### **Discussion**

The qualitative study investigated the role of family and employment in the rehabilitation and reintegration process of fifty (50) rehabilitated drug abusers in Lagos Nigeria. The study examined how family structure, employment opportunities, and marital status aid or hinder the reintegration of rehabilitated abusers, as well as the nature of social support each provides. The study also examined the perceptions of rehabilitated drug abusers on stigmatization in their reintegration process.

The findings reveal that the family structure of rehabilitated drug abusers greatly influences their reintegration process. Although all the respondents attest to the financial, moral and material support received from family, majority of those from monogamous homes received greater level of support than those from polygamous family structure. While only the mothers, brothers, or other relation cared for drug abusers from polygamous homes, those from monogamous settings enjoy the support of every member of the family. A relapsed drug abuser, who was influenced by his stepbrother, lamented that his mother who cares for him now sees him as a burden, as other relatives were planning the rent a house for him to care for himself. The findings corroborate Gideon's (2007) position that the ability of the family to support rehabilitated drug users and give such individuals a sense of belong is dependent on its stability.

Studies have found that family factors such as parents' behaviour, relationship between parents and the individual, relationship between the parents, the family atmosphere, and family's economic standing are vital in the reintegration of drug abusers (Keane, 2007; Foo, Tam & Lee, 2012). According to the findings of a study conducted across Malaysia, polygamy harms everyone involved: from emotionally scarred children to wives who think they would be better off as single-parent households, and fathers who would not recommend such family structure for their sons (Hamza, 2010). This explains why there were cases of relapse among some drug users with polygamous family structure, which are often characterized by stress, quarrel and neglect.

The study also revealed the significance of marriage in the reintegration process of problematic drug users. While most of the respondents who are married stated that their partners had been of great assistance in feeding and caring for them, as well as ensuring they do not miss their appointments, respondents who are single expressed their eagerness to get married and settle down soon. In fact, respondents who were separated from their wife and children due to job demands and other reasons had to quit or relocate to Lagos to get the needed care from their spouses. This phenomenon reinforces the place of women as home builders. Gideon (2007) views that spouses are often

named as the person most likely to be turned to for support in time of need, to play a critical role in the provision of some types of support, and to be the providers of almost all types of supportive behaviour among married persons. Singh (2010), in a study conducted in India, observed that wives usually persevere with addiction of their husbands and employ certain strategies to gain control over the magnitude of problems associated with addiction of their husbands. Women often actively make efforts to de-addict their spouses, such as taking their husbands to rehabilitation centres, and reporting them to family or friends to ensure accountability.

Our findings also show that drug abusers who have been married before their rehabilitation process have more chances of being supported by their wives. A respondent felt getting involved with a woman at this critical time would mean adding another burden, as he concluded that the girl will be asking for money. Meanwhile, married respondents were positive about the role of their spouses in their reintegration process. Though they also experienced their wives' nagging, abuse, and stigmatization, they still enjoyed the care and support from their spouses, who want the best for them. These contradictions are in tandem with Gideon (2007) that reuniting with a spouse is not an easy task, especially if she was not a drug addict and did not receive any treatment or counselling that would prepare her for dealing with this new situation. Aside this, Singh (2010) also noted that the socioeconomic status of the spouse is a major factor determining the level of support given to recovering addicts.

Furthermore, the study reveals the role of targeted employment in the reintegration of addicts. Finding employment, that first job out of rehab, is considered essential in success (Lutman, Lynch & Monk-Turner, 2014). Meanwhile, according to Keane (2007), enhancing employability involves matching the demands of the labour market with the attitudes and capabilities of the individual, and the needs and expectations of employers. This implies that an addict's ability to replace the old routines with new ones is not primarily dependent on employment but on the satisfaction and comfort that come with doing a job that one is disposed to. Without job satisfaction, employment could be an occasion for relapse, in the bid to stay motivated at work and suppress the hurt from stigmatization. Apart from the sense of fulfilment that comes with being employed, respondents in this study were able to improve their livelihood, and revive their social life and interaction with others. Nonetheless, rehabilitated drug addicts still experience stigmatization of several forms in their workplaces.

Detoxification and participating in a long-term treatment program creates expectations that addicts will be easily accepted back into the family and normative society (Gideon, 2007). However, the experience is usually the opposite as respondents encounter stigmatisation in the family and the society in general. While some are determined to stay without drugs or alcohol regardless of the experiences of stigmatisation, such labelling has been a major source of discouragement and the reason for relapse for many other respondents. Families of drug addicts and the society at large are significant in

the reintegration process of addicts, and the most important support to give recovering addicts is a positive attitude towards the treatment and the efforts drug abusers. According to Keane (2007), the treatment outcome of drug addicts is largely dependent on social inclusion. According to UK Drug Policy Commission (2010, p. 1), "if people with drug problems are seen as 'junkie scum' and 'once a junkie always a junkie', people will be reluctant to acknowledge their problems and seek treatment, employers will not want to give them jobs, landlords will be reluctant to give them tenancies and communities will resist the establishment of treatment centres." As a result, drug problems will remain entrenched rather than overcome.

### **Conclusion and recommendation**

The social exclusion and stigmatization of problematic drug users has continued to undermine the Government's efforts to help them tackle their condition and enable recovery and reintegration into society. Stigmatisation sees all people with drug problems as conforming to a stereotype (evil, thieving, dirty, dangerous etc.) and applies the label for life, and in so doing impedes the recovery that society wishes to promote. Therefore, if the Government and society are serious about recovery and rehabilitation of drug addicts, they need to get serious about their social reintegration into the family, the economy, and other units of the society. The family, as an indispensable agent of socialization, play a significant role in the reintegration of recovering addicts. Rehab centres should actively engage families of addicts in the rehabilitation process to improve treatment outcome.

### **References**

- Buchanan, J. (2004). Missing links? Problem drug use and social exclusion. *Probation Journal*, 51(4), 387–397. doi:10.1177/0264550504048246.
- Foo, Y. C., Tam, C. L. & Lee, T. H. (2012). Family Factors and Peer Influence in Drug Abuse: A Study in Rehabilitation Centre. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(3), 190–201.
- Gideon, L. (2007). Family Role in the Reintegration Process of Recovering Drug Addicts. *International Journal of Offender Therapy and Comparative Criminology*, 51(2), 212–226. doi:10.1177/0306624x06287104.
- Gideon, L. (2009). Drug Offenders' Perceptions of Motivation. *International Journal of Offender Therapy and Comparative Criminology*, 54(4), 597–610. doi:10.1177/0306624x09333377.
- Hamzah, M. (2010). Stress, quarrels and neglect: the 'normal' polygamous family. *Open Democracy* January 14, 2010. Available on <https://www.opendemocracy.net/en/5050/stress-quarrels-and-neglect-normal-polygamous-family/>. Accessed on December 1, 2020.
- INCB (2019). Report of the International Narcotics Control Board for 2017, UN, New York. <https://doi.org/10.18356/3d146968-en>.

- Keane, M. (2007). Social reintegration as a response to drug use in Ireland. Overview 5. Dublin: Health Research Board.
- Lutman, B., Lynch, C. & Monk-Turner, E. (2014). De-Demonizing the "Monstrous" Drug Addict: A Qualitative Look at Social Reintegration Through Rehabilitation and Employment. *Critical Criminology*, 23(1), 57–72. doi:10.1007/s10612-014-9244-5.
- National Indigenous Drug and Alcohol Committee (2014). Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples. Canberra: Australian National Council on Drugs. <http://www.nidac.org.au/images/PDFs/NIDACpublications/AOD-Treatment-report.pdf>.
- Ojewale, C. (2019). Nigeria has the highest cannabis usage worldwide with 20m users, \$15.3 billion spent yearly – Report. Retrieved from <https://businessday.ng/agriculture/article/nigeria-has-highest-cannabis-usag-e-worldwide-with-20m-users-15-3b-spent-yearly-report/>.
- Adejoh, S. O., Temilola, O. M. & Adejuwon, F. F. (2018). Rehabilitation of drug abusers: the roles of perceptions, relationships and family supports. *Social Work in Public Health*, 33(5), 289-298. DOI: 10.1080/19371918.2018.1469063.
- Singh, A. (2010). Strategies adopted by wives of addicts: A sociological study of women in rural Punjab, India. *International Journal of Sociology and Anthropology*, 2(8), 162-170.
- Smith, J. & Osborn, M. (2003). Interpretive phenomenological analysis, in J. A. Smith (Ed.). *Qualitative psychology: A practical guide to research methods*, pp. 51-80. London: Sage.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Sumnall, H. & Brotherhood, A. (2012). EMCDDA Insights. *Social Reintegration and Employment: Evidence and Interventions for Drug Users in Treatment*, European Monitoring Centre for Drugs and Drug Addiction, Publications Office of the European Union, Luxembourg.
- Tomori, C., Go, V. F., Tuan, L. N., Huong, N. M., Binh, N. T., Zelaya, C. E. & Quan, V. M. (2014). "In their perception we are addicts": Social vulnerabilities and sources of support for men released from drug treatment centers in Vietnam. *International Journal of Drug Policy*, 25(5), 897–904. doi:10.1016/j.drugpo.2014.04.012.
- UK Drug Policy Commission (2010). *Getting Serious about Stigma: the problem with stigmatising drug users - An Overview*. Available at [https://www.ukdpc.org.uk/publications/#Stigma\\_reports](https://www.ukdpc.org.uk/publications/#Stigma_reports).
- United Nations, Treaty Series. Vol. 976, No. 14152.
- UNODC (2019). *Drug Use in Nigeria – 2018*. Vienna: United Nations Office on Drugs and Crimes.