

Entry Point for Entrepreneurship Training in the Treatment of Drug Addicts: A Case Study of Rehabilitation Centres in Kiambu County, Kenya

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Abstract

This study was concerned with assessing the entry point at which entrepreneurship can be incorporated in drug addiction treatment centres. Drug addiction is a major problem in the country Kenya and there is a need to empower those who seek treatment in the rehabilitation centres with entrepreneurial knowledge, skills and attitudes. Kiambu County was selected due to the fact that it is well known for high rates of drug and substance abuse. The objective of the study was to identify the current treatment methodologies practiced in the treatment centres. The target population of the study composed of clients who are in treatment centres in Kiambu county and administrators in the centres. The sample size consisted of 42 respondents and the sampling technique used to achieve this number was random sampling. The instruments of data collection were questionnaires. Descriptive analysis was used to describe and highlight the variables, the results show that a majority of the clients in the treatment centres were in the age group 20-30 years and that none of the members of staff have been trained in entrepreneurship. The research also found that a majority of the clients lived with their parents thus depending on them. In conclusion the study found that dependency on family members lessens the chances of an individual to become a more productive member of the community. Treatment centres should seek to treat the person holistically, where they are able to also treat their clients to become economically independent. Treatment centres should require clients to be responsible, conscientious and provide entrepreneurial oriented activities. Treatment centres should therefore include entrepreneurial training as part of their curriculum to assist the clients' live normal and productive lives once they are out of the treatment centres.

Keywords: Abuse, addiction, Entrepreneurship, rehabilitation, treatment centre.

Introduction

Through extensive research, McClelland (1986) and McBer and Co., identified groups of competencies related to entrepreneurial skills. The groups are proactiveness, achievement orientation and an internal locus of control which include self-awareness, goal setting, time-management, conflict management, assertiveness and networking. Entrepreneurial skills are related to the personal and interpersonal competencies of people and are expressed in their behaviour. Entrepreneurial skills are not simply inherited and interchangeable s traditional

perceptions would lead us to believe. Research has proved that people can change certain characteristics previously regarded as genetic- that they do have more freedom to act and to find opportunities in their environment.

Globally, UNODC estimates that between 155 and 250 million people, or 3.5% to 5.7% of the population aged 15-64, had used illicit substances at least once in the previous year. In 2001, an estimated 15.9 million Americans aged 12 or older were current illicit drug users, meaning they had used an illicit drug during the month prior to the survey interview. This estimate represents 7.1 percent of the population aged 12 years old or older. According to Cosa of UNODC, (2004), there remains 25 million drug abusers in the world and great gains could be lost if greater awareness of the need to treat addiction as a sickness. He argues that if drug addiction could be brought into the mainstream in major countries, then real progress would be made in curbing consumption. A comprehensive understanding of the extent of the drug use problem requires a review of several indicators, the magnitude of drug use measured by prevalence (lifetime, annual, past 30 days) in the general population, the potential of problem drug use as measured by drug use among young people, and costs and consequences of drug use measured by treatment demand, drug-related morbidity and mortality. Additionally, to understand the dynamics of drug use in a country or region, it is important to look at the overall drug situation rather than merely the trends for individual drugs.

Drug abuse is an intense desire to obtain increasing amounts of a particular substance or substances to the exclusion of all other activities. Drug dependence is the body's physical need, or addiction, to a specific agent. Over the long term, this dependence results in physical harm, behaviour problems and association with people who also abuse drugs. Stopping the use of the drug can result in a specific withdrawal syndrome. Some forms of drug use are associated with recreational settings or specific sub-populations, for example, ecstasy use, which is found more among young people and associated with particular lifestyle and events (parties, nightclubs and dance events) seen in many affluent societies. Also among those who use drugs in recreational settings, a significant proportion could be induced to substance abuse with the purpose of coping with anxiety, poor emotional skills, poor capacity to manage stressful stimuli and difficult environmental situations, poor engagement in school and lack of vocational skills.

Drug addiction has been a rising problem in Kenya for several years, as hard substances, such as heroin, are moved from Asia to Europe via East Africa, often stopping in Kenyan hands. The UN estimates that even in 2007 there were anything from one hundred thousand to 1.3 million East Africans who had used heroin. Most of Kenya's rehab centres are focused on the support of the immediate and extended family, not only for the financing patient care, but also as an African alternative to the traditional half-way house system for gradual re-entry into the real world. Most of the residential rehabilitation centres in Kenya offer the 12 step and the therapeutic program which involves clinically managed and medically managed residential services.

The environment affects individual entrepreneurial will and ability (Gnyawali & Fogel, 1994). The entrepreneurial environment includes all of the training and advisory services, including

government organizations, available to any person who creates a new business. In the current economic recession that is being faced in the country and globally, it is important that individuals become self reliant as they engage themselves in beneficial economic activities.

Problem Statement

Abuse of alcohol and drugs can cut a wide swath of damage across a life, affecting not only the user, but also friends and loved ones. The effects drugs and alcohol have on our society are disastrous. Millions of lives have been ruined, and many lives ended before their time. A sustained culture of knowledge entrepreneurship requires an infrastructure based on networks and clusters, which governments can facilitate.

The treatment centres on the other hand do not seem to offer entrepreneurial courses therefore the addicts, after treatment do not seem to possess the entrepreneurial attitude, this makes them dependant of their families and the community at large. Entrepreneurship trainers assist individuals to assess their entrepreneurial orientation and potential. The most common models offered are the 12step program and the therapeutic model. The entrepreneurial model can be introduced during the third phase, commonly known as the exit phase of treatment where the addicts are being prepared to reintegrate and fit back into society normally. Research indicates that active participation in treatment is an essential component for good outcomes and can benefit even the most severely addicted individuals. Rehabilitation centres should require drug addicts to be responsible, conscientious, pay attention to learning achievement, and attend entrepreneurial oriented activities. They should provide a pathway for drug addicts to turn their talents and energies toward their own innovative ideas.

Literature Review

Treatment Methodologies For Drug Addicts In Rehabilitation Centres

Drug addiction is a treatable disorder. Through treatment that is tailored to individual needs, patients can learn to control their condition and live normal, productive lives. Like people with diabetes or heart disease, people in treatment for drug addiction learn behavioral changes and often take medications as part of their treatment regimen. Behavioral therapies can include counseling, psychotherapy, support groups, or family therapy. Treatment medications offer help in suppressing the withdrawal syndrome and drug craving and in blocking the effects of drugs. In general, the more treatment given, the better the results. The ultimate goal of all drug abuse treatment is to enable the patient to achieve lasting abstinence, but the immediate goals are to reduce drug use, improve the patient's ability to function, and minimize the medical and social complications of drug abuse. In maintenance treatment for addicts, some people in treatment are given doses of other drugs to block the effects of the first drug. In this stable state, the patient is able to disengage from drug seeking and related criminal behaviour and with the appropriate counselling and social services become a more productive member of his or her community. Therapeutic communities (TCs) are highly structured programs in which patients stay at a residence, typically for 6 to 12 months. Patients in TCs include those with

relatively long histories of drug dependence, involvement in serious criminal activities, and seriously impaired social functioning. The focus of the TC is on the re-socialization of the patient to a drug-free, crime-free lifestyle. Drug treatment programs in prisons can succeed in preventing patients' return to criminal behavior, particularly if they are linked to community-based programs that continue treatment when the client leaves prison. Some of the more successful programs have reduced the re-arrest rate by one-fourth to one-half. TCs differ from other treatment approaches principally in their use of the community, comprising treatment staff and those in recovery, as key agents of change. This approach is often referred to as "community as method." TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use. Many individuals admitted to TCs have a history of social functioning, education/vocational skills, and positive community and family ties that have been eroded by their substance abuse. For them, recovery involves rehabilitation, re-learning or re-establishing healthy functioning, skills and values as well as regaining physical and emotional health. Other TC residents have never acquired functional life-styles. For these people, the TC is usually their first exposure to orderly living where learning involves habilitation learning for the first time skills attitudes and values associated with socialized living. (NIDA 2009).

According to Smith and Segal (2011), residential treatment involves living at a treatment facility while undergoing intensive treatment during the day. Residential treatment normally lasts from 30-90 days. Sober living normally follows intensive treatment like residential treatment. This is where one lives with other recovering addicts in a supportive drug-free environment. A continuum of care that includes a customized treatment regimen—addressing all aspects of an individual's life, including medical and mental health services—and follow-up options (e.g., community – or family-based recovery support systems) can be crucial to a person's success in achieving and maintaining a drug-free lifestyle. NIDA (2009).

Entry Point For Entrepreneurship

Entrepreneurs need not necessarily be born; they can be developed through education, training and experience. The development of entrepreneurship means inculcating entrepreneurial skills required for setting up and operating business units. The penetrating phase for entrepreneurship involves, selecting the individuals with the required potential in terms of knowledge, attitudes and motivation, creating the infrastructure for training, preparing contents for the training programme, designing techniques for training, selection and training of the trainers and a survey of the environment (Gupta, Khanka 2010). According to several research studies by Sharma (1980) and Misra (1987) to identify the factors that motivate people to start business enterprises, some of the main factors are divided into internal factors and external factors. They include, educational background, occupational experience, desire to do something pioneering and innovative, the desire to be free and independent, family background, the assistance from government, financial assistance from institutions, availability of technology and /or raw materials, encouragement from big business units, heavy demand for product among others. The internal factors constitute the personality of the entrepreneur and thereby generate an inclination to adopt entrepreneurial activities. The presence of these

factors is essential for entrepreneurial activities to take place although they cannot be fruitful without a supporting environment. The external factors provide this environment and give spark to entrepreneurship. (Gupta, Khanka 2010).

Drug addiction recovery does not happen in a vacuum: individuals experience success and struggle with hardships while relating to other people and learning how to provide for themselves (Perrini, 2006).

Critique Of The Existing Literature Relevant To The Study

In substance abuse treatment, a gap exists between scientific research and entrepreneurship development. The gap between research and entrepreneurship is a concern, a recent survey revealed that inpatient treatment are most apt to receive hospital detoxification and that in the outpatient treatment they are most likely to receive is a 12-step recovery program. These experiences, however, are not directly correlated to the research being conducted, which tends to focus more on innovative residential inpatient programs and modalities. For example, a great deal of research has been done on “therapeutic communities” modified for homeless persons. The importance of employment in successfully treating individuals cannot be understated; it comprises one of the most consistent themes in the literature. (Weinberg and Koegel 1995)

Research Methodology

Research Design And Target Population

The design of the study was a descriptive survey. Orodho (2003) noted that descriptive survey research is intended to produce statistical information about aspects of education that interests policy makers and educators. Since descriptive research studies are those studies that are concerned with describing the characteristics of a particular individual, or a group this design was ideal for the study. The advantage of using this design is that data collection may be spread over a large number of people over a large geographic area. The population of the study was the drug addicts in Kiambu, Kenya. The target population was composed of those drug addicts that are receiving treatment in residential rehabilitation centres in Kiambu. Administration personnel in the rehabilitation centres also formed the target population. The target population was used since they are the individuals who have already sought out a way of dealing with the drug addiction. The administration assisted the researcher in indentifying the methods that are currently used to treat the drug addicts. A baseline survey on alcohol use in Central Province came in the background of public and Government concern over increasing alcohol use in the province. It also came in the background of a previous fact finding mission (NACADA, 2009) that confirmed the existence of an acute alcohol problem. There are 14 resident rehabilitation centres in Kiambu and at any one time a centre holds 25 residents or clients. The administration of the centres consists of 4 permanent staff members at any given time, a manager, a resident counsellor, a counsellor aid and a housekeeper. The sample size consisted of 42 residents and administration personnel, 28 of who consisted of the drug addicts and 14 the administration personnel. This means that each treatment centre had a total of three respondents, two of whom are the residents and one who in administration. The technique used in the study was

that of random sampling. Under this technique every individual of the population has an equal chance of inclusion in the sample (Kothari 2010). The instruments of data collection in this study were questionnaires. They consisted of a number of questions in a definite order according to the objectives of the study. There was a different questionnaire for the administration personnel and a different questionnaire for the clients. After collection the data was processed and analysed in accordance with the outline of the research plan. The researcher ensured that all relevant data for making contemplated comparisons and analysis was gathered. The processing of the data involved editing, coding, classifying and the tabulation of collected data.

Research Findings And Discussions

Gender And Age Group

The research study found that Male clients (65%) dominated the treatment centers while female clients (35%) were the least. The results also indicated that a majority of the clients in the treatment centers were in the age group 20-30 years (58%). Few cases were recorded for clients with more than 40 years (19%).

Table 1: Professional Training of Staff Members Employed at the Treatment Centres

Training	(%)
Counseling	46.67
C.P.A	6.67
Education	6.67
Interior design	6.67
Sales and Marketing	20.00
Secretary	6.67
Theology	6.67
Total	100.00

Staff Qualification

In response to the professional qualifications that the members of staff in the treatment centres possess, nearly half of them (46.67%) are trained in counselling. This indicates that the emphasized mode of treatment in the centres is likely to be counselling and psychotherapy. It also shows that none of the members of staff have been trained in entrepreneurship and therefore there are trainers who can pass over the entrepreneurial skill to the clients. The provision of entrepreneurship education and training is of paramount importance for sustainable development.

Entrepreneurial Skills As Treatment Methodology

The responses gained from the questionnaires that were presented to the members of staff treatment centres in Kiambu district indicated that 17.6% of centres admitted that they offered entrepreneurial skills as part of their treatment methodology, while a majority (82.4%) said they did not. This shows that entrepreneurial training is not a major part of the curriculum in the treatment centres and therefore a majority of residents are not able to access entrepreneurial skills during their stay at the centres. Some gains associated with entrepreneurial skills are to produce a realistic personal development. It is important for treatment centres to incorporate entrepreneurial studies in their programs as there is a need for the clients to possess for these skills for them to build their self-esteem and so that they can be self reliant in future.

Income Generating Activities In The Treatment Centres

In the same study, 29.4% of the administrators indicated that they had income generating activities in the centres while 70.6% reported no such activities. With this major difference in percentage the indication that is received is that a majority of the clients leave the treatment centre without learning new income generating skills that they can use to support themselves once they are out of the treatment centres. Again, of all the respondents who answered to the question of whether the centre offered income-generating activities, only 23.6% said that the activities were offered in the centres. This shows that more than two thirds of the clients leave the centres without having engaged in skills that can assist them get involved in income-generating activities once they are out of the treatment centres.

In the study, 28.6% of the staff members said the clients participated in the income generating activities while 71.4% said the clients did not participate. Therefore, a majority of clients do not participate in the any income generating activities.

Treatment Periods

According to the study, 64.7% of the treatment centres indicated that treatment periods lasted for 3 months while 11.8% indicated that the clients' treatment lasted for 6 months. The majority of the centres indicated that treatment periods lasted from 3 to 6 months, this would indicate that the clients are in drug addiction recovery for a period of 60 to 120 days in a year. During this time they learn behavioral changes as their treatment regimen indicating that the main focus of treatment is for the patient to be re-socialized into a drug free lifestyle.

Summary, Conclusions And Recommendations

Summary

This research study was concerned with identifying if entrepreneurship can be incorporated in the treatment methodology offered in rehabilitation centres. The assumption of the study was

that the treatment centres in Kiambu County did not offer entrepreneurial opportunities that would otherwise empower their clients to find or create work after treatment.

The research findings found that a majority of the clients in the treatment centres were of the male gender. According to the research findings, treatment methodologies are concentrated along counselling and psychotherapy and that entrepreneurial opportunities are offered in very few treatment centres in Kiambu district. This shows that a large percentage of the clients who leave the treatment centres are not economically productively trained and will still depend on their family even after treatment.

Conclusions

Dependency on family members lessens the chances of an individual to become a more productive member of the community. Treatment centres should seek to treat the person holistically, where they are able to also treat their clients to become economically independent. Skill acquisition is one of the ways that can help achieve this.

Recommendations

Treatment centres should include entrepreneurial training as part of their curriculum to assist the clients' live normal and productive lives once they are out of the treatment centres. This training will expose them to healthy functioning, skill attainment and engage them in orderly living, where they will disengage from drug seeking and related criminal behaviour. Since treatment can occur in a variety of settings, in many different forms, and for different lengths of time, entrepreneurship should be considered as a way of treatment after the clinical and medical treatment has taken place.

Treatment centres should provide a conducive setting for entrepreneurial skill training as a method of treatment since the findings show that a very small percentage provide this, it will also provide independence of the clients once they are out of the program.

Very few centres recorded income generating activities which would provide the entrepreneurial background which is necessary for the development of entrepreneurship. As the clients are trained to re-socialize into a drug free lifestyle in the 60-120 days of treatment, another period of time should be allowed, for them to be socialized to the world of becoming entrepreneurs. This can be incorporated once the clients are in a position to participate in the entrepreneurial activities and can assimilate the information before they are considered fit to leave the treatment centre. Entrepreneurship trainers can assist the clients to assess their entrepreneurial orientation and potential.

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