

Social Barriers Impeding the Re-integration of Rehabilitated Male
Drug Users into The Society and Suggested Remedial Approaches:
A Qualitative Focus Group Study

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Abstract

Rehabilitated drug users may face many challenges and difficulties after completing their treatment. One of the main issues they might face is how to rejoin the society and become active members and restore their integrated roles and responsibilities. They find this difficult as they usually are negatively stigmatized by their addiction problems. The aim of this study was to explore the views of four selected relevant focus groups that are closely linked to the subjects who suffer drug use disorder in relation to the problems that face rehabilitated drug use disorder subjects as they are re-integrated into the society and to investigate the approaches that can be implemented to facilitate and re-incorporate the drug abusers into the society.

A qualitative approach was used as the research strategy for this study. The data for this research was collected through online focus group recorded meetings. The total number of participants was 20 in the study. The focus groups included laypeople (n=6), patients at Erada center outpatient rehabilitation program (n=5), social scientists, psychologists (n=4), psychiatrists and specialist nurses (n=5). The data was analyzed through manual thematic analysis.

The findings showed that social negative stigmata towards drug use disorder subjects is impacted by social media and legal issues. These barriers might negatively impact marriage opportunities, close friendship and business relationships. In addition, the results showed that financial support, training, education, multi-disciplinary support teams and other support strategies are needed to facilitate the reintegration of these subjects into the society. Conducting awareness campaigns, utilizing media for spreading awareness are important for reintegrating the rehabilitated drug use disorder subjects into the society. Further studies are needed to explore and inform the policymakers' perspective and strategies that can be implemented in order to facilitate the reintegration of rehabilitated drug use disorder subjects into the society.

Chapter One

Introduction

1.1 Rationale for undertaking the research project

Drug addiction is a worldwide concern as it has a significant impact on the individual's life and communities. Drug addiction can target anyone in the community regardless of their background, nationality, ethnicity and religion. The effect of drug addiction can be seen in many aspects of life and it can last for a long period when it is not controlled. Individuals become more aware of the negative consequences and observe the losses, such as losses of relationships, financial instability and health issues (McAlaney et al., 2020). The call out for help and support become the core of their attention. The challenges which are faced by addicts should be understood by society in order to acknowledge their conditions and needs, and help them overcome whatever challenges they face (Binti et al., 2017). The idea of reintegrating rehabilitated drug use disorder into society might be another concern for them and needs to be taken into consideration; besides implementing strategies which could ease their integration. Our study aims to understand the perception of four different focus groups in the society towards reintegration of rehabilitated addicts into society and what strategies or approaches can be implemented to help that reintegration.

1.2 How wide-spread is the problem

Drug addiction is a serious global problem, and a wider prevalence of the disease has been reported by many studies. The latest World Drug Report has shown that cannabis is the most commonly consumed substance in the world and opioids are considered to be the most harmful substances. In 2018, approximately 192 million people worldwide used cannabis, and 58 million used opioids (World Drug Report, 2019). In addition, approximately 66% of the estimated 167,000 deaths in 2017 were due to substance abuse, and more than 180,000 deaths in 2019 were due to substance abuse. In addition, more than 11 million people reported drug injections, of which 1.4 million lived with HIV, 5.5 million lived with hepatitis C, and about 1.2 million lived with both hepatitis C and HIV (World Drug Report, 2019). In context of the consideration of increasing level of the use of drug, it is noted that the Covid-19 has become a major contributor in reducing the level of opportunities and increasing the level of unemployment. Women, youth and marginalized groups are more vulnerable groups affected by this condition in the society and start using the drugs (UNODC World Drug Report, 2020).

1.3 How does it usually start?

Humans are naturally curious and love discovering new experiences that bring pleasure. People usually enjoy things that make them feel happy, such as eating favorite food, exercising and practicing hobbies. Whenever people experience good feelings and enjoy their time by doing any kind of activities, the brain starts storing memories and feelings elicited at that moment. The brain releases dopamine which is a chemical that is associated with happiness and satisfaction. As a result of that, people tend to repeat the activity in order to have the same feelings (Arjan, 2018).

However, when people use illicit drugs, the amount of dopamine released is more than usual in the brain due to their nature. The illicit drugs have the ability to stop the reuptake of the dopamine into the releasing neurons by imitating the function of the natural reuptake mechanisms in the brain. This can cause a prolonged sensation of euphoria and the patient then increases the amount or the doses of the illegal drugs in order to get the same feeling and to overcome tolerance. The daily activities which are not linked to drug use will not make them happy as the drug does (Arjan, 2018).

People who become addicted to drugs typically go through many stages. The first stage is called experimentation. Drug users start with experimentation and the use of drugs is infrequent at this stage. Drugs are usually obtained from friends in response to peer pressure. The use of drug can also be seen among older people in response to problems in their lives, such as losing a spouse or a job. Some people have a thought that they can stop using the drugs by themselves and in fact they sometimes lose control (Gould, 2010).

Regular use of drugs is the second stage. People tend to use drugs on a regular basis. They might use it with their friends or by themselves. The harmful use of illegal drugs is the third stage. At this stage, users may experience emotional, physical or social issues. This stage can lead to addiction, which is the fourth stage of drug use disorder. At this stage people tend to continue to use drugs regularly despite the harm and the negative consequences. There are main characteristics of drug dependency, such as chronic use of drugs which leads to failure to fulfill major responsibilities related to family, work or school, increased tolerance in order to achieve the same effect and withdrawal symptoms. Addiction is the final stage as drug use becomes compulsive and out of control. It can be regarded as a medical condition, which involves psychological and physical changes due to repeated use of the drugs (Gould, 2010).

Illegal drugs are taken for many purposes and every single drug user has a different and unique experience. Some people use drugs because they aim to feel better or to alleviate the unwanted feelings. While other people do not have access to mental healthcare or are ashamed to seek help or

talk about their issues. However, some people become addicted because of using prescription medications such as opioid derivatives used for treating injuries and pain management and they fall into a cycle of misuse of drugs due to its addictive nature of this kind of substances (Arjan, 2018).

1.4 Society stigmata and making it difficult for reintegration of rehabilitated subjects

Stigma is defined as negative attitudes and discrimination against people based on a distinguishing characteristic, such as mental illness, disability and health condition. Social stigmata can be related to other characteristics which involve gender, race, religion, sexuality and culture. People with a history of drug addiction are stigmatized by others who see them to be blameworthy due to the use of the drugs, and they are subject to exclusion and discrimination in the society (Caddell, 2020).

People's perceptions about substance use disorder and other mental illnesses can have an impact on their understanding of the drug abusers' condition and how they communicate with them. The degree of communication or contact with people with mental and substance use disorder can be influenced by the way the media delivers information about people with mental and substance use disorder which can have a significant influence on people's views toward them (Committee on the Science of Changing Behavioral Health Social Norms, 2016).

Substances use disorder is perceived by society as an issue that conflicts with social and ethical manners. People with drug addiction problem are blamed for their addiction problems and seen as untrustworthy, unworthy of love and connection with others. People have a belief that drug abusers are weak minded and not motivated enough in controlling the addiction problem. Their behavior or attitudes are perceived as dangerous or unpredictable. As a result, society is less likely to empathize with drug abusers and those who seek help (McGaffin, Lyons and Deane, 2013).

Stigmata can prevent people with drug problems from recognizing their emerging problem and seek help. Asking for help would mean declaring to themselves and others that they are one of these hopeless addicts. Drug abusers also hesitate to seek treatment because they believe they are not worth bothering with due to feelings of shame and worthlessness caused by stigmatization. Families of people with drug problems express similar feelings, and they feel ashamed to speak about the situation and they should be able to solve issues by themselves (Zwick et al., 2020).

1.5 The importance of social support

Substance use disorder can affect an individual's social function significantly, and it can create additional burdens for family and society. Many studies and reports have documented the adverse

effects of substance use disorders on the family system and individual. These effects could be emotional burden, economic burden, relationship dissatisfaction, and family instability (Daley, 2013). Society can be affected due to substance use disorder because it could contribute to psychiatric or medical conditions, disability and death. Some social problems were associated with drug use, such as housing instability, homelessness, incarceration, and unemployment. The costs associated with these social problems create an economic burden for governments because they spend considerable amount of money on treatments for addiction and other health problems (Daley, 2013). Although many negative consequences can be caused due to drug use, society and family support can play a significant role in helping the addict to maintain abstinence from drug use. Moreover, research suggested that social support can be even more beneficial for maintaining sobriety when combined with practical support. On the other hand, recent research has found that the nature and quality of the social network are fundamental for behavior change and that social networks in treatment settings can help or hinder recovery (Pettersen et al., 2019).

Chapter two

Literature review

2.1 Definition of drug addiction

Drug addiction is a chronic, relapsing disorder, and it is characterized by uncontrollable drug-seeking despite adverse consequences. Drug addiction is a brain disorder because it contributes to changes in the brain's circuits functions that are involved in reward, stress, and self-control. Even after a person has stopped taking drugs, those changes may last for a long period (National Institute on Drug Abuse,2021). Drug addiction is like heart disease, as both can disrupt the function of the normal and a healthy organ in the body which can cause serious harmful effects. However, these diseases can be preventable and treatable, and if they are left untreated, they might last for a lifetime and lead to death (National Institute on Drug Abuse,2021). Drug addiction can cause intense cravings toward drugs, and it can change the personality and behaviors of individuals. Brain imaging studies showed that drugs influence the areas that are related to judgment, decision making, learning, memory, and behavioral control (Volkow et al., 2003).

2.2 Short term effects of addiction

There are different types of drugs that can affect the body in different ways. These effects can vary from one person to another. It can depend on many factors, such as the type of drug, how much is used, how exactly it is used, and the general health of drug users. Illegal drugs are uncontrolled substances, and hence the quality and strength may differ from one batch to another. It can be another factor that causes harm to individuals (National Institute on Drug Abuse, 2021).

The illegal drug generally has different features, and it differs from each other in how they affect and interfere with the brain and nervous system. Illegal drugs contain chemicals that can interfere with the communication system in the brain and affect how the information is processed, sent, and received by the nerve cells. Some neurons in the brain can be activated due to illegal drugs, such as heroin and marijuana. That happens due to their chemical structures and as they act as a natural neurotransmitter in the brain. The transmission of abnormal messages could affect how the neurons communicate with each other. The release of large numbers of dopamine neurotransmitters can prevent the reuptake of neurotransmitters and lead to shutting down the signal between neurons (Ritchie et al., 2018).

Individuals may experience some short-term effects due to drug use like unfamiliar sensations, such as temporary euphoria, uncontrolled behavior, paranoia, anxiety, and hallucinations. The muscles of the body could also be affected, and their function can be changed and disrupted. Using drugs can lead to cardiovascular systems and respiratory malfunction or failure (Müller et., 2017). Short-term effects which are resulted from using a drug can be ranged from changes in appetite, wakefulness, blood pressure, changes in mood to heart attack, stroke, psychosis, overdose, and death. These health effects might occur after just one use of an illicit drug (National Institute on Drug Abuse, 2020).

Negative social consequences are some other forms of the devastating drawbacks of drug use. Certain types of losses can be faced by drug users, such as losing the trust of family and friends and abandoning old friends in order to be around other drug addicts. They may become violent and put people around them at risk, and they may drive while they are under the influence of drugs. They might avoid athletic, social and academic activities and or perform poorly in school and at work (Sattler et al., 2017).

2.3 Long term effects of addiction

There are some negative long-term consequences that could result from drug use. These consequences might take several years in order to be resolved and overcome by persons. There are some kinds of indirect long-term effects that could be faced by the drug abusers, such as poor overall health, injuries, financial problems, legal problems, and broken relationships (Volkow et al., 2018).

Some serious health issues can result from drug use, and the symptoms range from mild to severe. According to the National Institute on Drug Abuse (NIDA), some common health problems are caused due to chronic and habitual drug use, and some organs can be affected, such as kidneys, liver, and heart. In addition, dehydration, muscle breakdown, and an increase in the body temperature are also caused due to substance abuse. Long-term users of heroin, MDMA, ketamine and other toxic substances might suffer from kidney failure. Moreover, liver failure is a well-known side effect of alcoholism, but people who use opioids, steroids, inhalants, or DXM could regularly suffer from liver failure (Lauren Brande, 2021).

Injection drug users are also at risk for collapsed veins or bloodstream and bacterial infections. Smoking or inhaling drugs like marijuana or crack cocaine may cause harm to the respiratory system (Lauren Brande, 2021). Long-term opioid users are often aware of the dangers of increasing tolerance. Tolerance is dangerous because it leads people to use more of a substance in order to reach

the desired euphoric or stimulated state, which puts them at risk of overdose and possibly death (Lauren et al, 2021).

A study was done to investigate the effects of using marijuana on social behavior, socioeconomic status and health of marijuana users. Participants were divided into several groups in the study: those who abstained from using marijuana, early high users, stable light users, steady increasers, and occasional light users. The researcher conducted growth mixture analysis on six waves of data on marijuana users which was collected over ten years. The findings showed that the early high users had significantly poorer health status than all other groups. They had lower educational achievements and lower earnings than all groups except the stable light users. By the age of 29, abstainers had exceeded all other groups in terms of academic achievements, overall health, and life happiness (Newcomb et al, 2005). The research included many studies which were both relevant objective to the aim. Most of the studies that the author relied on were reliably understandable. However, the number of samples and the methodology were not detailed enough in the study.

2.4 Mental illness and addiction

Addiction is considered a psychiatric condition, but the physical symptoms of addiction prevent it from being treated as a mental disorder. It is important to understand that psychological symptoms are part of the addiction problem. Individuals exhibit various degrees of psychological symptoms in addition to physical dependency symptoms (Chung et al., 2018). Drugs can change brain functions and disrupt the natural hierarchy of individuals' needs and desires. It also leads drug users to substitute other priorities with drugs. A compulsive behavior which is resulted from using drugs could affect how individuals regulate their desire despite the negative consequences, which is also seen in other mental disorders (National Institute on Drug Abuse, 2021).

Exposure to trauma in early life, genetic factors, and brain deficits are some other aspects based on which mental illnesses and addiction could occur (Mahboub et al., 2021). Many people who take drugs regularly are diagnosed with mental problems and vice versa. Numerous national population surveys have revealed a significant frequency of this comorbidity. Some studies stated that drug addicts are more likely to suffer from depression and anxiety (National Institute on Drug Abuse, 2021).

A systematic study of the prevalence of comorbid mental health disorders in adults who seek substance abuse treatment in Australia was conducted. The researcher employed narrative analysis because of the diversity of methodologies that were used to measure the outcome variables. A total

of 1173 abstracts were examined, with 59 full publications that were evaluated for eligibility. The analysis included eighteen studies on mental health issues in patients seeking substance abuse treatment in Australia. According to the study results, the mental diseases among substance misuse treatment clients ranged from 47 to 100 percent. Mood and anxiety disorders ranged from 27 to 85 percent with the presence of depression, and the generalized anxiety disorder ranged from 1 to 75 percent (Kingston et al., 2017). The researcher emphasized on the importance of screening and assessing these disorders by clinicians who should undertake this as a part of their routine clinical care, as well as they should be familiar with evidence-based management and treatment strategies. This recent systematic review explained the common mental illnesses found among drug users. The author suggested that further research can be conducted to understand the full range of mental health disorders among the same population.

2.5 Psycho-social incompatibility and addiction

Addiction is caused frequently by a combination of biological, psychological, and social factors. Family can be one of the factors that contributes to drug addiction problems. A chaotic environment with little to no parental guidance and supervision can increase the possibility of drug addiction. Parents or family members who abuse drugs or alcohol engage in criminal activity, suffer from mental illnesses and are also a reason for an unstable environment (Whitesell et al., 2013). On the other hand, a nurturing home environment with clear rules of conduct can act as protective factors that can minimize the risk of drug misuse. Peers who engage in risky behaviors and use drugs can be another risk factor. Choosing drug-free companions can help a person avoid drug usage and addiction. Mental illness, such as anxiety, depression and attention deficit hyperactivity disorder could put people at greater risk for using the drugs. Some people with mental illnesses use drugs because they believe that will make them feel better and help them deal with their problems. A combination of drug use and mental illness may increase the risk for addiction (Whitesell et al., 2013).

Socioeconomic status was associated with an increase of using the illegal drugs by individuals. According to some studies, individuals from low-income families have less chance of completing their education, have poorer health, and earn less than those from higher-income peers. Numerous studies also found that young individuals from low socioeconomic backgrounds have a higher prevalence of drug use. However, young people from higher socioeconomic backgrounds have a lower rate of drug use (Calling et al, 2019). In 2015, a study was conducted in Malaysia, and the main objective of the study was to understand various factors that influence people's drug abuse in Malaysia. The purpose of the study was to explore the role of family issues, peer pressure,

unemployment, curiosity, tension, and personal problems in abusing drugs. The study design was a case study, and the researcher used a semi-structured questionnaire to gather the information from the participants. Seven participants from a rehabilitation center were selected and interviewed separately for them to feel comfortable while sharing the information. Ethical approval was obtained from the rehabilitation center coordinator for conducting the research. The study result showed that family dynamics and peer influence have a significant role in individuals' drug abuse. Curiosity, tension release, and betrayal by participants' partners were considered other factors that could contribute to a drug addiction problem. The researcher concluded that drug misuse is caused by a combination of many factors rather than being caused by a single factor (Foo et al., 2015). The obtained findings were related to the subject of the research. The abstract was organized and also summarized the research findings. The literature reviews and studies were relevant to the study subject. However, the sample size was small, and the study included only female subjects and excluded males. The selection criteria were not highlighted in the study. The research methodology was not detailed enough to understand how the research was implemented.

2.6 The need for rehabilitation

Addiction rehabilitation centers aim to assist addicts to overcome their habitual use of illegal drugs. Treatment can occur in different settings, and it lasts for different lengths of time due to the nature of the drug addiction problem. Addiction treatment is a long-term process that involves multiple interventions and regular monitoring (National Institute on Drug Abuse,2020).

The major goal of treatment is to help people to stop taking drugs and to be productive members at home, workplaces, and communities. Persons who receive treatment quit using drugs over time, reduce their criminal behavior, improve their vocational social and psychological functions. The appropriateness of the therapy and services that address individuals' problems and needs can affect the treatment's outcome and recovery process (National Institute on Drug Abuse,2020).

A study was conducted in Nepal to determine the role of rehabilitation centers in reducing drug-use habits by drug abusers while undergoing treatment in rehabilitation centers. The study was conducted at the Benevolence Rehabilitation Center in Surkhet. The researcher used a mixed research method to analyze the data gathered from 40 patients. The diverse activities practice in rehabilitation centers were covered by the roles and services of rehabilitation centers. Counseling, vocational training, meditation, realization program, career opportunity, acceptance program, and sympathy were all covered. According to the findings, all drug addicts benefited from different counseling services.

Good social network and cooperation with the family and community led to a substantial impact on patients, as well as the rehabilitation centers' efficacy (Niraula et al, 2006). The research abstract summarized the major goal of the study even though it was not detailed enough. The results acquired by the researcher were relevant to the study goal. The methodology was properly explained, and the sample size was adequate, although the study did not include any female participants. The researcher made several recommendations, the most important of which was to establish a government-run rehabilitation center that would be more accessible to patients who could not afford their treatment.

Qualitative research was conducted at the National Rehabilitation Center (NRC) in Abu Dhabi to comprehend barriers that the recovered patients faced while being reintegrated into society. The research was approved by the Institutional Review Board of the Harvard Faculty of Medicine and the National Rehabilitation Center. There were two groups of participants in the study. There were 33 patients in the first group and 10 family members of patients in the second group. The researcher used a purposeful sampling technique to recruit the participants. Semi-structured interviews were used in the study to gather the information. To analyze the collected data, the researcher used category construction and interpretive approaches in the study. The study results showed that lack of family support, poor social networks, lack of job opportunities, and insufficient treatment were significant barriers that recovered patients faced while being reintegrated into society. Insufficient treatment could lead patients to experience low self-esteem and feel disappointed. As well as they might lose their family's support and trust. In addition, the results showed that families are regarded as the primary source of support for patients in the recovery process (Alsuwaidi, 2019). The findings were related to the research aim and objectives. The methodology was explained clearly. The literature review was relevant to the research aim and objectives. However, the way of analyzing the obtained data was not explained clearly in the study.

2.7 Society role in rehabilitation success or failure

Rehabilitation centers can be successful when they are linked to the societal resources, such as social assistance, medical services, vocational and educational support. This can also assist rehabilitated drug abusers to continue with their recovery and become active members in society. However, the problematic use of alcohol and drugs may cause destruction of resources in the society which can impair social networks as well (Collinson et al., 2019). Society's view about the importance of rehabilitation centers in treating and providing the support is critical (Collinson et al., 2019).

A qualitative study was conducted in 2017 in Malaysia which aimed to investigate the aspects of rehabilitated drug addicts' life after returning to the society and society support perceived by former drug addicts after rehabilitation. The researcher used a purposive sampling in order to select the participants in the study. The researcher used in-depth interviewing method to understand participants' views more deeply and have a complete image of the reasons and their justifications of the topics. The research findings showed that there was a lack of support from the society, and that hindered their reintegration into the society and return to a normal life. The researcher emphasized on some mechanisms that should be taken into consideration in order to support rehabilitated addicts, such as emotional, practical assistance, socializing, financial assistance, advice or motivation and a caring guidance (Binti et al., 2017). Results that were obtained from the research were relevant to the research objectives and aims. However, the sample size and context for the study were not sufficiently described.

Chapter three

Methodology

3.1 Aim and objectives

The aim of the study is to explore the social barriers that face the reintegration of rehabilitated male drug use disorder subjects into the society and the strategies that can be implemented to minimize the effects of challenges and ease their reintegration into the society.

Objectives are to determine the following factors and approaches from the participant's perspective:

- 1- The views of selected relevant focus groups about the problems that face rehabilitated drug use disorder subjects as they are re-integrated into the society.
- 2- The views of selected relevant focus groups about the strategies or approaches that can be implemented to effectively and smoothly reintegrate drug use disorder subjects into the society.

3.2 Methodology

3.2.1 Qualitative approach

The process of gathering, analyzing, and interpreting non-numerical data is known as qualitative research. Qualitative research can be used to explore how people subjectively perceive and interpret their social environment. The main goal of qualitative research is to get a sense of an individual's, group's, or culture's social reality as closely as possible on how the participants experience or live it (Mcleod, 2008). Moreover, a qualitative research method views human behaviors and thoughts in the context of society and covers a wide range of phenomena to understand and study them. Interaction, thought, reasoning, composition, and standards are all investigated holistically as a result of in-depth analysis of phenomena interviews, and examined through grounded theory or thematic analysis. In comparison to a quantitative approach, which is more structured, broader in scale, and more numerically based, the qualitative approach was chosen because it is considered more relevant to the research aim and objectives. The qualitative approach can help in understanding the individual's experiences or perceptions deeply as well as their feelings and beliefs (Hammarberg et al., 2016).

3.2.2 Online focus groups

An online Focus Group is a type of focus group that uses the internet to conduct sessions. The online focus group is used to replace in-person meetings, and it has recently gained popularity. It can be

done by utilizing online applications which participants are familiar with, such as Google Meet, Skype, and Zoom. Anyone eligible from anywhere across the globe can participate, regardless of geographical limitations. It also provides a large number of options for selecting the most reliable participants for the discussion topic. The group’s discussion can be recorded and documented easily (Gundumogula, 2020). These discussion platforms, on the other hand, are only available for participants who have internet connections. However, they might be prone to any technical issues, such as poor or lost connectivity. Researchers might not be able to observe the non-verbal communication data (O.Nyumba et al., 2018). Due to the current circumstances and the Covid-19 pandemic, the online focus group was used in the study to ensure participants’ safety.

3.2.3 Sampling and selection

3.2.3.1 Inclusion/ Exclusion criteria

The table below shows the inclusion and exclusion criteria for four focus groups:

Patient at outpatient’s rehabilitation program

Inclusion	Exclusion
Patients who are aged between 18 and 60	Patients who are outside the age range
Outpatient - completed at least 4-6 months in outpatient program	Inpatients program
Patients who have a diagnosis of substance use disorder	Patients who do not have a diagnosis of substance use disorder
Male	Female
Local or non-local patients	None

Lay-people

Inclusion	Exclusion
Patients who are aged between 18 and 60	Individuals who are outside the age range
Male and Female	None
Local and non-local	None
Different education level	None

Social scientists and psychologists

Inclusion	Exclusion
Have at least 2 years’ experience in addiction field Any age group	No experience in addiction field
Male and Female	None
Local and non-local	None

Professional psychiatrists and specialist nurses

Inclusion	Exclusion
Have experience in addiction field Any age group	No experience in addiction field
Male and Female	None
Local and non-local	None

The research comprised of four focus groups, and each group consisted of 5 to 6 participants to understand different perspectives about the topic. Female participants at the outpatients' program were excluded from the study because of cultural constraints. The study included a condition to accept participants who have already finished at least 4-6 months in an outpatient program because they will have a sufficient understanding of the study's subject and will be able to share their opinions and experiences.

3.2.3.2 Purposive sampling strategy

The purposive sampling strategy helps to select participants who can provide information about certain experiences or phenomena which is in the interest of the researcher (Sharma, 2017). The purpose of purposive sampling is to concentrate on specific characteristics of a population that are relevant to the research topics. The primary purpose of qualitative research is to comprehend a phenomenon rather than to represent a group or to make population-wide generalizations based on study samples (Seetharaman, 2016). The purposive sampling strategy was used in this research to select a group of people who are interested and knowledgeable about the subject and can add valuable information.

3.2.3.3 Sample sizes

In qualitative research, the sample size is not calculated quantitatively, and there are no set rules for selecting a sample size. The sample size, on the other hand, must be large enough to make a meaningful comparison in connection to the study topic. The sample sizes are also dictated by the concept of theoretical saturation, which refers to the point at which new data no longer adds insights to the research questions (Seetharaman, 2014). The number and size of focus groups have been suggested by various authors in various ways. According to some experts, focus groups should have a minimum of 3 and 12 people as maximum, and others suggested from 4 to 5 participants. There are no general requirements for the optimal number of focus group discussions and as long as the theoretical saturation is taken into account (Gundumogula, 2020). The number of participants in each

focus group ranged from 4 to 6 to ensure the effectiveness of the discussion. The final sample size in the study was 20 participants.

3.2.4 Recruitment strategy

The majority of study participants were from the Erada Center for Treatment and Rehab. Coordination was done with professional psychiatrists and social workers at Erada center to communicate with participants who are willing to participate in the study. Participants were divided into three groups. The first group included patients from an outpatient rehabilitation program, and the second group consisted of social scientists and psychologists. The last group included professional psychiatrists and specialist nurses. Moreover, the coordination with the laypeople was handled by third parties who were familiar with the researcher. All participants were contacted via email with information about the study. The informed consent and demographic questionnaire in two languages were shared for their acknowledgment, and they were signed and shared with the researcher. Participants were also given the researcher's contact information for any additional information. The date and time of the four focus group sessions were chosen by the researcher's and participants' preferences.

3.3 Data collection

3.3.1 Focus Groups

Focus groups have been selected for this study as they will assist the researcher to acquire a better understanding of the participants' perspectives, feelings and attitudes about the study's subject. The focus group session was guided by a sequence of open-ended questions depending on the research subject (Mathers, 2002). The open-ended question provides opportunities for discussing topics in a more detailed manner. If the interviewee has some difficulties in answering a question or only gives a brief response, the interviewer can utilize clues or prompts to encourage the interviewee to think about the topic more deeply and have a deep discussion (Mathers, 2002). The focus groups were used because it allows participants to discuss information more extensively and explore a variety of information in order to answer all of the research questions and obtain useful information. Two open ended questions were asked in the focus group interviews as following:

- 1- What problems do the drug abusers face as they are reincorporated into the society?
- 2- What approaches can be implemented to effectively and smoothly re-integrate the drug abusers in the society?

3.3.2 Interview context

The focus groups discussions were conducted on the Zoom platform due to Covid 19 restrictions on social distance. Additionally, Zoom was chosen because it is a friendly platform and can be used on any device or smartphone, and participants can join from any location and at any time. (Archibald et al., 2019). Moreover, the invitation link was shared with participants through their emails to join the focus group interview before the session. Focus group interviews were recorded through Zoom, and the records were downloaded to be transcribed and analyzed. The most important advantage of Zoom meetings is that the records are highly secured, and invitees do not have an option to record and save the interviews. This feature is important in the study to protect the collected sensitive data (Archibald et al., 2019). However, the facial expressions, non-verbal communication, and gestures were difficult to be documented because most of the participants used audio only to communicate.

3.4 Ethical issues

The study was reviewed and approved by Research Development and Ethics Committee at Dubai Medical College. The approval was obtained from Dubai Scientific Research Ethics Committee (DSREC) at Dubai Health Authority. The participants are a crucial element of the research process, and ethical approval was required since the study involves human participants, and the research project must prioritize the dignity, rights, safety, and well-being of all participants (Santos et al., 2020).

3.5 Informed consent

Participants were informed about the study purpose as well as the potential risks or benefits that are associated with their participation. The informed consent forms were shared and signed by participants before starting the research interview. Informed consent forms were written in two languages, Arabic and English, to ensure that all participants understand the study purpose and procedures of the study. They also were informed that their participation is voluntary and they could withdraw at any time without any risks.

3.6 Confidentiality and anonymity

In compliance with professional research conduct guidelines, a variety of procedures were taken into consideration to preserve participant confidentiality and anonymity. For example, the data was processed and analyzed in a way that the personal information of participants was not identified, such as names, addresses, dates of birth, and contact information. In addition, the acquired data was

organized in files with appropriate labels to locate them easily. Only authorized persons had access to the gathered data, such as the researcher and the research supervisor.

3.7 Data Analysis

Many steps were followed to analyze the gathered data. The discussions records which were produced during the interviews were transcribed manually. This step helped to gain an insight into the gathered data because the transcribed interviews were listened to and read many times. In addition, a coding technique was applied to look at the data that was expressed many times and highlighted. Themes and subthemes were extracted and analyzed from the four focus groups interviews, and the themes were compared and interpreted in terms of similarities and differences with attempts to emphasize a thematic similarity into a hypothesis (Akinyode et al, 2018). To make valid judgments regarding the findings, the transcripts and codes were evaluated and rechecked for validation, modification and hypothetical purposes (Babchuk, 2019).

3.8 limitations

Many limitations were encountered while conducting the research. the first challenge was finding suitable participants with certain criteria in order to invite them to the study. Therefore, a coordination was done with trusted concerned people from the Erada Center in order to invite individuals who were willing to participate, and those who met the criteria. The second challenge was that all the interviews were conducted by the primary investigator as well as the data analysis, and there was a risk to reflect some personal biases. To eliminate those potential risks, the emerged themes and data were reviewed by the primary investigator supervisor. In addition, the data was consciously analyzed to eliminate any biases. Thirdly, there was another limitation related to participants' willingness to disclose and share information. Thus, the participants were contacted before conducting the study to ensure their willingness and understanding of the nature of the study. Fourthly, there was a lack of previous research studies on the same topic, which made it difficult to obtain relevant studies. Lastly, the time and financial constraints presented other problems, as well as work requirements, which were to be completed during the same period.

Chapter four

Findings

4.1 Study participants

The final sample size consisted of 20 participants, and there were 13 males and 7 females in the study. Each group consisted of around 5 to 6 participants and that was based on criteria for selecting the sample size; except one focus group which consisted of 4 participants because one participant withdrew from the study due to other professional commitments.

Focus groups 1: Laypeople: In the first group, there were six participants. Four females and two males. They were between the ages of 21 and 39. Four of the participants were full-time employees, one was a student, and another participant was unemployed. Two of the participants were married, while the remaining participants were unmarried. The educational degree ranged from middle to high school degrees.

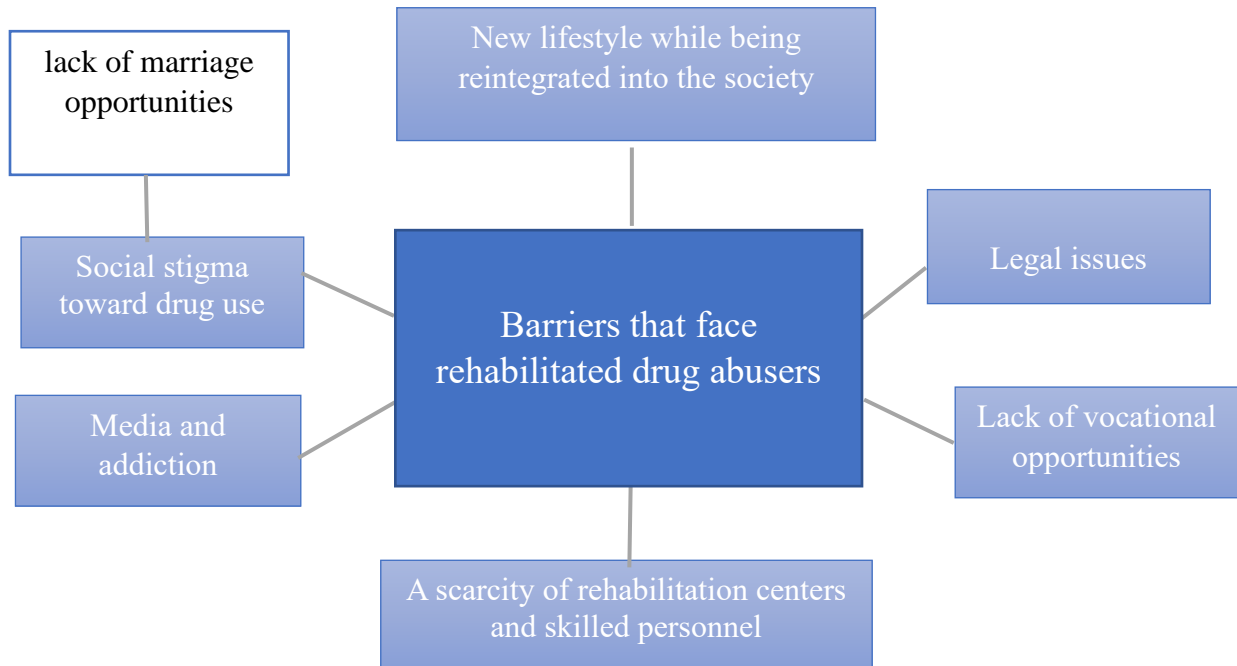
Focus groups 2: Psychiatrists and Specialist nurses: There were 5 participants in the second group. All participants in this group were males. There were three psychiatrists and two specialist nurses, and participants were between the ages of 35 and 54. All participants were married. They all were full-time employees and had prior addiction treatment experience for more than eight years. Their educational degree varied from bachelor's to master's degrees.

Focus groups 3: Psychologists and a social worker: There were 4 participants in the third group. There were three psychologists and one social worker. Their ages ranged from 25 to 39. All of the participants were married. There were three females and one male in the group. They all were full-time employees and had experience in the addiction field for more than three years. Their educational backgrounds ranged from bachelor's to master's degrees.

Focus groups 4: Patients at outpatient-rehabilitation program: There were five males participants in the group, and they were between the ages of 21 and 44. All of the participants were unmarried and unemployed. The educational degrees ranged from high school to bachelor's degrees.

4.2 Main themes emerged from the data

Figure: 4.1 shows the main themes and subthemes emerged from the data analysis related to the barriers that are faced by rehabilitated drug abusers:



4.3 Theme 1: Social stigma toward drug use

One of the participants from the outpatient rehabilitation program mentioned that social stigma is one of the main barriers that affects the reintegration of the rehabilitated drug abuser into the society, and they are treated unfairly by others even when they have recovered and completed their treatment:

“But the stigma needs to be broken, the stigma of any drug use or any alcohol use # should be broken, it is like we are completely outcasted even if we have been treated. That’s what I believe unfair ..” (Page 4, line 143)

Other participants from the same group also stated that they only feel comfortable and view themselves as normal with people who have similar experiences because they understand each other better than other people:

“To be honest, I only feel like I am normal when I am with people who are like me, and I cannot join the society because people do not understand me, I do not know when I will overcome this barrier but I spend my time with my recovered friends...” (Page 5, line 219)

A participant from laypeople group stated that the rehabilitated drug abusers might not be accepted by society because they are perceived as abnormal due to the drug use:

“...first the problem they face that the society is not accepting them, or they are not seen as normal people ..”(Page 2 , line 56)

Another participant from the laypeople group also stated that one of the reasons is lack of knowledge about the nature of addiction and the lack of sufficient awareness about the addiction; that could affect how they view the rehabilitated drug abusers in the society:

“...generally, the topic is about the society not being educated or having enough knowledge about addiction...” (Page 6, line 230)

Social scientists and psychologists spoke about society’s view toward addiction and stated that addiction is regarded as a moral and behavioral issue, and the addict is seen as a criminal and should be punished for drug use:

“.... They always view a person with addiction problem as a criminal and a trouble maker...” (Page 6-line 206)

“As the society doesn’t look at addiction as a disease as much as they look at it as behavioral issue..” (Page 1, line 24)

One of the participants from the professional psychiatrists and specialist nurses group highlighted that family, relative, and society need time to re-establish a relationship that is built on trust, and this can be a significant barrier for the reintegration of the rehabilitated drug abusers into the society:

“...We do appreciate that building a trusting relationship usually takes time and effort, but trusting can be a hindrance for them to reintegrate into the community...” (Page 3, line 107)

Another participant from the same group emphasized the importance of balancing between the exaggerated stigma and zero stigmata, and understanding how that can affect the patient’s life significantly:

“The stigma is obviously one of the problems, a challenge this, but zero stigma also is a problem. Actually. I think we need some degree of stigma to protect the patient. Like, for example, for some of families, they find using a drug is not stigmatized, and that's also a problem for the patient when he goes back to the community, when the family is very lenient, they think that using drugs is not a big problem” (Page 3, line 87)

4.3.1 lack of opportunities for marriage

Professional psychiatrists and specialist nurses discussed about marriage and mentioned that rehabilitated drug abusers may not be accepted by other families when they offer for marriage because of their drug use history and legal cases, which that could affect their reintegration into the society:

“The chance to get married would reach zero, and the chances to be socially accepted within the family, relative network or other people in the community might be minimum.” (Page 2, line 45)

One of the participants from social scientists and psychologists group mentioned that some addicts are aware that they might not be able to get married due to drug use, and they also are aware of the consequences of drug use on their life:

“Marriage also can be a challenge for them and they already have the idea that they won't be able to get married once they start taking drugs...” (Page 1, line 43)

Another participant from the same group stated that addicts know that they will not be accepted neither get married easily because families will search for their previous record in order to reassure that they are free from any legal problems:

“They won't get married or the family will not accept them. I think one of the problems is that marriage is linked with culture, this is what I came to know since working with my first patient with addiction

and you can correct me .. what I heard now is that their records get checked in the system once they make a proposal for marriage...” (Page 3, line 107)

4.3.2 Media and addiction

Social scientists and psychologists stressed on the importance of social media in disseminating information about addiction and addicts. Media was regarded as double-edged sword, because it

depends on how it is used in spreading the image of addiction and changing people's perspective. The participants spoke about how TV series and shows magnify the effect of drugs and the behavior of addicts when they are under the influence of the drug:

“.. but when you watch any series that show an addict can rape his sister or mother and treat people around him badly, which is not very close to the reality and maybe part of it can be real, but we cannot generalize. This is what makes people avoid them due to the media which depicts the addict as a criminal.” (Page 3, line 117)

A participant from laypeople group discussed about the role of social media in showing unreal images about addiction and addicts when they are under the influence of drugs, and how that can change people's perceptions about addiction significantly:

“We cannot forget the role of the media; they always put billboards in streets and images which show how addicts are laying down in bathroom due to drug use. They ruined the image of the addict...” (Page 6, line 209)

One of the participants from the same group stated that the social media does not explain clearly what addiction is and why it is viewed as a disease, which caused misunderstanding of the nature of addiction:

“.. I would like to talk about the effect of the media. The media showed us the addiction problem has two paths; whether to get a treatment and survive or to die, and it did not show that addiction is a disease and not regarded as suicide...” (Page 6, line 230)

A participant from the social scientists and psychologists group pointed out that the content of social media should be reviewed to ensure it is reasonable and real in order to change people's perception of addiction:

“What I meant that the social media should be monitored, and I think the rehabilitation centers should communicate with people who are in charge in publishing videos on social media and to not share pictures or videos which show addict as a criminal.” (Page 6-line 247)

4.4 Theme 2: Legal issues

A number of psychiatrists and specialist nurses acknowledged that pending cases and legal issues can impact the reintegration of rehabilitated drug abusers when they are back into the society:

“I think criminal records or criminal cases are also one of the hindrances for them toward reintegration. Many of them, because of their drug use, may face further criminal actions, and that becomes a big hindrance for many of them.” (Page, line 105)

Another participant from the same group explained that the legal cases should be reconsidered, and emphasized on finding reasonable solutions and helping the rehabilitated drug abusers in their legal cases in order to support them to maintain their recovery and become active members in the society:

“Legally, at the moment, it feels extremely messy that people get treated and then when they go out, they get prosecuted for all drug related charges. To assist them they would have to have some form of liaison and sort of memorandum of understanding.” (Page 6, line 284)

One of the participants from social scientists and psychologists group mentioned that there should be an agreement with other entities in order to ease the procedures of the rehabilitated drug abusers especially who have legal issues:

“I think we should have a proper system and agreement with other entities in order to reintegrate them into the society, especially the legal problem. This should be taken into consideration as most of the drug users suffer from this issue...” (Page 5, line 184)

4.5 Theme 3: Lack of vocational opportunities

One of the lay people participants stated that drug abusers who have been rehabilitated may experience some difficulties in finding jobs because they used substances in the past, and they may not have the same job prospects as other:

“If their previous condition was known, they might not be accepted for the job, and they do not get opportunities as other people have..” (Page 2, line 58)

A participant from the social scientists and psychologist group discussed how stigma and people's perspective at work also can be a serious barrier for rehabilitated drug abusers because of the stigma:

“There are challenges at workplace; whether they are employed or they are job seekers. Due to the

stigma and people's view, they cannot talk about their addiction problem and their needs." (Page 1, line 35)

Another participant from the same group mentioned that the degree of education can be one of the primary barriers that the rehabilitated drug abusers may face; some of them do not complete their education due to drug use, and also the standards for obtaining the job are changed which could be a challenge for them:

"This first challenge is the level of education, and most of addicts, let's say from 60 patients you can find 3 of them have a high school certificate and the rest have preparatory degree or less and one of them can have a bachelor's degree..." (Page 1, line 27)

Another participant from the same group stated that the rehabilitated drug abusers face some difficulties in expressing their medical condition at work because they might not be understood by others and they want to avoid the stigma:

"I think stigma is a great topic as when rehabilitated patients prefer to return back to the work, they cannot say out loudly that they have recovered because they won't be accepted and employers might have doubts because of their condition if they talked about their case..." (Page 1, line 14)

One participant from outpatient's rehabilitation program stated that they lost certain skills and knowledge as a result of their drug use, and they are not ready to start working in any field because they need to refresh themselves and learn more:

"Due to drug use I forgot how to work, play, talk to people and how to learn because my mind was not with me; it was with other wrong things. And these wrong things were driving me to other wrong things, such as telling a lie or being dishonest, and many bad attitudes I had to do due to addiction. If you asked me in the beginning of my addiction journey to go for a work, I won't be able to go, even if I was recovered for more than 6 or 9 months, I won't be able to work because I do not know, because I need time in order to gain new skills and I have to start from the beginning to learn and build myself in order to deal with society..." (Page 2, line 63)

Other participant from the same group highlighted that the chances for getting a job would be minimal regardless of their educational level and capabilities:

"What I meant not only the stigma between people like family and friends, I meant like for a job or training when they ask why there is a gap. If I told them I have been treated, they will ask to get

approval, and if it comes from rehabilitation centers; that stigma, regardless of my qualification and experiences and the language I speak. That stigma destroys all achievements I had in the past..”
(Page 5, line 155)

4.6 Theme 4: A scarcity of rehabilitation centers and skilled personnel

Participants from the social scientists and psychologists group stated that a lack of rehabilitation centers could be a barrier for reintegration of addicts into the society, because people with drug addiction issues require treatment and services which enable them to be prepared and contribute to their communities:

“There are few numbers of rehabilitation centers. People are on the waiting list and they did not get a chance to be treated due to shortage of rehabilitation centres.” (Page 7, line 300).

In addition, one of the participants from the same group stated that rehab specialists and social workers should consider addicts' cases as unique cases, through highlighting all the challenges and solve them so that their reintegration into the society is not hampered: *“We need to address the patient’s unique challenges after finishing his or her inpatient program..”* (Page 2, line 51)

A participant from the laypeople group stressed on the need of having qualified addiction specialists who understand patients' issues and needs before reintegrating them into the society, and to ensure they receive the necessary care and support: *“There is a shortage and there are only few specialists in the addiction field..”*(Page 6, line 230)

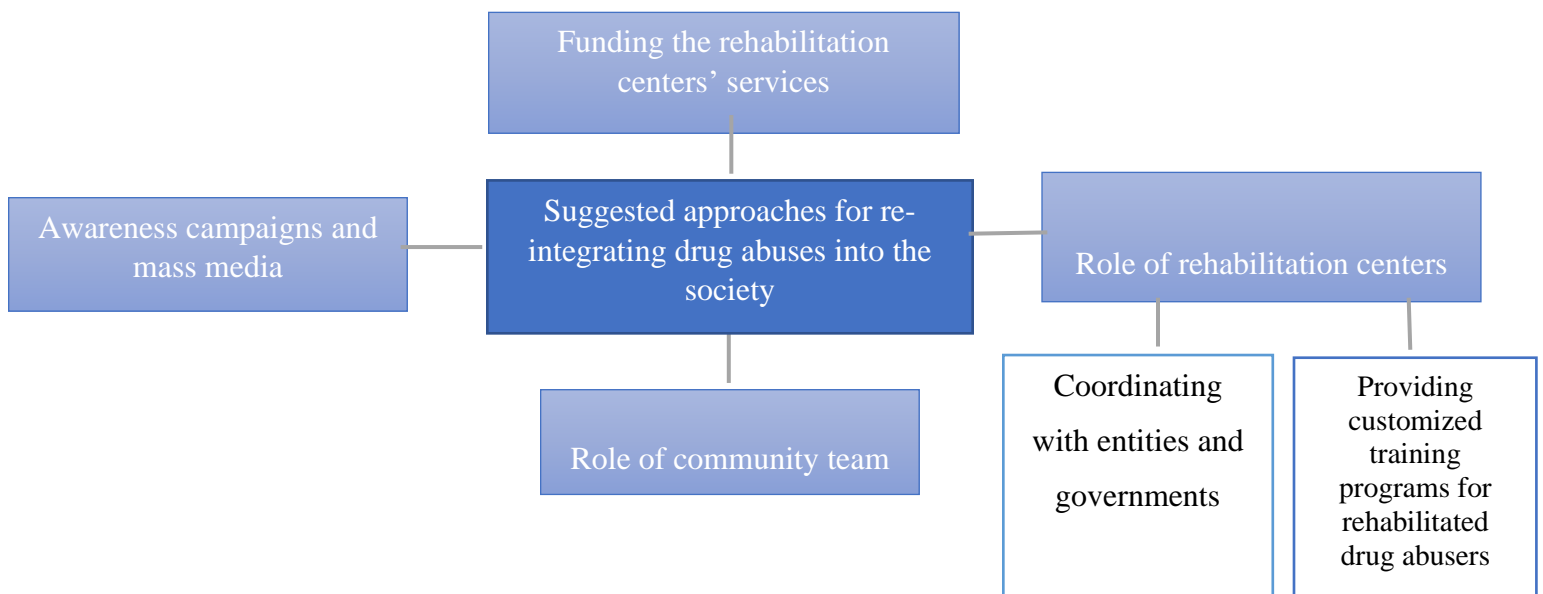
4.7 Theme 5: New lifestyle while being reintegrated into the society

All professional psychiatrists and specialist nurses agreed that transitioning to a new lifestyle and routine without using illegal substances can be difficult for some rehabilitated drug abusers, because they are not used to have a routine or do activities during their daytime, or they used to do some activities but stopped practicing them because they preferred using illegal drugs over other activities. Furthermore, participants addressed the importance of coordination between the addict's family, psychologists, and social workers in dealing with individuals who have addiction problems after they leave rehab centers in order to maintain their recovery:

“So, it's a transition stage between their chaotic, unhealthy, reckless, lifestyle and routine outside. You get them into a transition for a month at an inpatient hospital, which involves their sleep and

wake up cycle, commitment to therapeutic groups, interacting appropriately with patients, avoiding talking about drugs. So, they have this transition then, yet they are about to face the biggest challenge when they leave hospital. So, they are going to go back to that open lifestyle, both at home and at work. If they're working, they will go back to their social circles, begin with spiritual practices and focus on physical fitness. They are meant to do everything without drugs, I think that's really the biggest readjusting to a new daily lifestyle a day; time without having to drink or inject. That requires a lot of preparation before they get discharged from the inpatient unit. It is ideally involving a lot of preparation, appropriate coordination between our health specialists and families on how they would deal with the patient when they go home.” (Page 2, line 67)

Figure: 4.2 shows the main themes and subthemes emerged from the data analysis related to the suggested approaches and mechanisms for re-integrating the drug abusers into the society:



4.8 Theme 6: Role of rehabilitation center in reintegrating the rehabilitated drug abusers into the society

4.8.1 Coordinating with entities and governments

Participant from the social scientists and psychologists group emphasized on the important role of rehabilitation centers in coordinating with other entities and government entities in order to link rehabilitated drug abusers with society through providing the needed services and support after they complete their treatment:

“Having collaboration with other entities and having a team to coordinate with them is vital, it is also crucial that we ensure confidentiality of the patient and at the same time we inform the patients about the entities which can assist them, and that should be mentioned in the informed consent.” (Page 5, line 200)

Another participant from the same group mentioned the importance of coordination with concerned entities in order to find a solution for the pending legal issues that the rehabilitated drug abusers might face while reintegrating into the society:

“I think we should have a proper system and agreement with other entities in order to reintegrate them into the society, especially the legal problem which should be taken into consideration as most of the drug users suffer from this issue beside other issues..” (Page 4, line 84)

One of the participants from the same group mentioned that it is important to introduce and link the rehabilitated drug abusers with community resources in order to benefit from the services of reintegration into the society:

“Increase awareness or introduce the patients to the societal resources which they require the access to before being discharged.” (Page 4. Line 232)

One of the participants from professional psychiatrists and specialist nurses group highlighted the importance of involvement of other entities and institutes in preparing a plan for patients and address their needs in order to provide the needed support from the society:

“In my opinion, there should be two paths for managing this challenge: One is the short term, which is to immediately address all the challenges and put a plan for that for each one. The long term one needs work from everybody in the community, everybody from other facilities, like for example other institutions to build a big plan, how we can change that patient’s life and how we can manage his challenges. And this is what I can add so far...” (Page 2, 173)

4.8.2 Providing customized training programs for rehabilitated drug abusers

Participants from outpatients’ rehabilitation program group spoke about providing a training program in order to receive a professional certificate from other training centers other than rehabilitation centers, and that could be through coordinating with other institutes and have an official agreement:

“I wish if there is a way like experience certificate or anything, which can be issued from other centers instead of rehabilitation centers with all due respect. Rehabilitation centers can have an agreement with concerned entities.” (Page 1, line 36)

A participant from social scientists and psychologists group mentioned the need for coordinating with other entities and institutes where they provide the required training programs which rehabilitation centers do not provide in order to fill the gap and fulfil the patient’s needs. This can be through signing agreements:

“Rehabilitation centers do not have capacity to help people in order to be reintegrated into the society. They provide a treatment program, but it is not a full program that can help the addicts to be reintegrated into the society... They can have an agreement with training centers to provide training which assist them to be reintegrated gradually...” (Page 4, line 128)

Another participant from the same group highlighted that it is important to provide some vocational training and courses which can prepare them for a job and to be productive members in society:

“We can reintegrate them through vocational training and we can provide them courses and train them to have a good interview and improve their language and computer skills, which can help to reintegrate them into the society again.” (Page 8, line 194)

A participant from the laypeople group highlighted the importance of providing training or other activities which can help them to be active members in the society:

“If they increase the awareness and provide training or trips and provide some activities in order to be active in the society...” (Page 7, line 331)

4.9 Theme 7: Funding the rehabilitation centers services

One of the participants from professional psychiatrists and specialist nurses group emphasized on the importance of supporting rehabilitation centers in order to provide addicts with the necessary treatment and to prepare them for their personal and professional life:

“A proper funding; and I would think funding can be at governmental level, like a governmental rehab service rather than private centers. So we can continue with that rehab process and the

community that would be through funding the centers and therapists and halfway houses where people can continue into that process of rehab for longer and be prepared for jobs. so, funding and provided training services are mechanisms.” (Page 3, line 205).

4.10 Theme 8: Role of community team

Participants from professional psychiatrists and specialist nurses group underlined the role of the community services team in following up with rehabilitated drug abusers when they get back into the society, and linking them with society services and ensure that they are provided with all essential support in order to maintain their recovery:

“...You may have community teams where professional staff, nurses and social workers could visit patients at home to ensure that they troubleshoot the challenges in terms of their sleep routine, their eating habits, their relationship with their kids and their partners...” (Page 3, line 183).

Other participants from the same group mentioned that the community services can have a connection with rehabilitation centers in order to handle patients’ cases and link them with community recourses:

“A dedicated professional multidisciplinary team based in the community that gets a formal handover from the inpatient team and outpatient team. And they did that community teams for working with different stakeholders whether that is support accommodation, support employment, involves ongoing family therapy, day centers, social benefits and for me it is to set up such a professional intense resourced team..” (Page 6, line 271)

The other participant from the same group emphasized on introducing the society to the community support group in order to be acknowledged and provide to them a substantial support in order to assist rehabilitated drug abusers in the society during their recovery stage:

“We want to introduce a whole concept of community support group or recovery community to the society and other services like halfway house. All of these need to be accepted by community, government and legalization system.” (Page 3, line 212)

A participant from outpatient’s rehabilitation program group discussed possibility of providing a social worker who is qualified in order to help and link the rehabilitated drug abusers with society services:

“If there is a civil servant who can follow up with us and know our condition, and link us with governmental services, that person should be qualified and trustworthy” (Page 6, line 229)

4.11 Theme 9: Awareness campaigns and mass media

All social scientists and psychologists agreed that awareness campaigns and mass media are important in spreading addiction awareness, and underlining the significance of engaging recovered addicts in raising awareness and educating people about addiction that will allow other people to understand them more:

“Using social media, videos, TV shows or listening to radio and allowing the recovered people to come out and speak about the addiction; This will allow people to understand the need for recovered people to reintegrate into the society more..” (Page 7, Line 225)

One of the participants from the laypeople group spoke about allowing recovered addicts to conduct awareness sessions in order to reconnect them with the community because that will allow people in the society to understand addiction problem better:

“They can have a role like talking with other people and conduct awareness sessions, they can make plan and prepare the points that can be discussed and I think when they talk about their experiences the society will benefit more than someone who shares the information and did not experience it”. (Page 7, line 258)

A participant from professional psychiatrists and specialist nurses group underlined the necessity of family and society's involvement in supporting addicts in their rehabilitation process, as well as the importance of raising community awareness about addiction through reaching out to a diverse range of people and ages in the society:

“Societies need to understand the nature of the disease. They need to understand their responsibility. Recovery is not only the patient’s responsibility, the responsibilities also lie on the government, community, and the family. We need to redefine the disease again. We do not need to engage just the family but also focus on the community as a next step and educate people by having conferences, conducting awareness sessions both in the schools and universities...” (Page 4. Line 241)

Chapter five

Discussion

5.1 Understanding the findings in relation to the research questions

Social negative stigmata towards recreational drug abusers are critically impacted by social media and enforced by protective albeit restrictive legal issues that hinder the successful rehabilitation and re-integration of recreational drug abusers into the society. These barriers will act as disadvantages in marriage opportunities, making intimate friendships, and in forming new social or business relationships as well. In correspondence with the suggested strategies for reintegrating the rehabilitated drug abusers into the society, the results showed that the financial, training, educational, and other support strategies are urgently needed in order to maximize the level of awareness in the society. Additionally, the creation of medically and psycho-socially based rehabilitation centers, programs and multi-disciplinary support teams are needed. Social media and community teams are expected to play important roles and act as coordinators. The Governmental and civil active groups' efforts need to be carefully integrated to maximize the opportunities for success.

All participants agreed that social stigma is one of the main barriers to the reintegration of rehabilitated drug abusers into the society. Social perspective toward the recovered addict can play an important role, because it could affect how they can be accepted by the community. Understanding the nature of addiction, rather than viewing it as a moral or behavioral problem could affect how people deal with addiction cases. Moreover, the chances of getting married would be minimal, and this is considered another social obstacle because they are considered incapable and untrustworthy by others. There is a literature review that was conducted to explore the public attitudes toward drug addiction and mental illness. The researcher employed a web-based national survey to compare the attitudes toward stigma, discrimination, treatment effectiveness, and policy that support people with mental illness and drug addiction. The study findings showed that respondents showed significant negative views toward individuals with drug addiction. Most of the respondents were unwilling to accept or marry individuals with drug addiction or work closely with them. Moreover, respondents were more willing to accept prejudiced practices against individuals with drug addiction. The findings showed that the respondents were skeptical about the effectiveness of treatments, and they were willing to be against any policies that aim to help people with drug addiction (Benham & JH Bloomberg School of Public Health, 2017).

According to the findings of this study, media was considered one of the most significant tools for shaping people's thoughts and how they perceive the world around them. Some of the information and images regarding addiction that is disseminated in society are inaccurate and do not reflect the true nature of the drug addiction problem. As a result of that, the concept of addiction was ruined and people adopted unreal thoughts about addiction. The study findings suggested the importance of reviewing and monitoring the information about drug addiction before publishing it in media to deliver information based on the real nature of addiction. In correspondence to the previously conducted studies, there is a literature review that was undertaken to investigate the effects of stigma on individuals with substance use disorders from various levels of public and policies of private and governmental institutions. The researcher relied on the findings of the previous literature studies and combined them with recent researches on stigma toward individuals with substance use disorders. The findings showed that media plays a critical role in instilling fear and negative views about drug abusers, and the majority of people with mental illness and addiction are depicted in the media as those who engage in abnormal or deviant behavior, such as violence. Only a few films, television shows, and news stories show individuals who succeeded in their treatment (Merrill et al.,2015).

Lack job opportunities and legal issues were regarded as main barriers for reintegrating rehabilitated drug addicts into the society. According to the findings of this study, the history of use and unresolved legal records could lead them to face some difficulties in finding a job, because all cases are documented in the system and their history for drug use will be known by employers. A level of education, lack of experience, and lack of professional skills can reduce the chances of finding a job. Some rehabilitated drug abusers especially those who have a job might not be able to express their needs or ask for help in order not to be stigmatized by others. A study was conducted and aimed to compare current public attitudes toward drug addiction with attitudes toward mental illnesses. The researcher conducted a web-based national public opinion survey (N=709) to compare the attitudes about stigma, discrimination, treatment effectiveness, and policy support. The study findings showed that only 22% of participants reported that they would be willing to work closely on a job with individuals with drug addiction. However, 62% of the participants reported that they would be willing to work with individuals with a mental disorder. Based on the study; results showed that employers should be legalized to refuse to hire or work with individuals with a drug addiction problem (Barry et al., 2014).

In the present study, results pointed out the lack of the availability of rehabilitation centers. That could be another barrier that can keep drug addicts struggling with addiction issues and not receiving the needed treatment. In addition, the lack of availability of specialized psychiatrists, psychologists, and social workers who understand the need of the patients and provide proper treatments, and link patients with social services could have an impact on the recovery process and their reintegration. Similarly, previous studies empathized on the importance of increasing the number of treatment centers, as well as enhancing the quality of the provided services. In addition, training health care providers who work at rehabilitation centers should be qualified enough to deliver the best quality of services to patients. The researcher also underlined the need for coordination with policymakers and provide evidence about patients on the waiting list who struggle and suffer to be admitted to the center and receive treatment. The researcher also highlighted that the rehabilitation centers should be supported by governmental and non-governmental organizations to improve the effectiveness of treatment (Niraula et al.,2006).

Another theme that emerged from the study findings was that the new lifestyle without using illegal drugs can be a challenge for the recovered addicts besides the unhealthy environment, peer pressure, and spare time which can be a trigger for them to go back and use the illegal drugs. Some previous studies have similar findings which explained that recovery and transition phases are very sensitive for rehabilitated drug abusers because they might face enormous psychological challenges due to drug use, and they suffer from a weakened brain response and become more vulnerable to emotional stress in the community. As a result of that, they experience a lack of self-esteem and feel doubtful about their abilities. They experience a succession of unpleasant intrapersonal feelings, such as hopelessness, dissatisfaction, and emptiness especially when they face any stressful and uncontrolled conditions in the community (Tiu et al., 2020). Moreover, due to ethical norms, values, reputation, and dignity of family and society, the rehabilitated drug abusers may lose respect from family, friends, and society. They might not be recognized during the recovery stage because of their previous drug use which could cause significant stress in their everyday life. Furthermore, some rehabilitated drug addicts who are undergoing treatment services frequently experience various levels of psychological distress throughout their recovery stage, including the dread of failing treatment and being judged by others as a failure. Thus, they start using drugs to cope with unpleasant feelings and relieve tension and a sense of powerlessness (Tiu et al., 2020). A study was conducted to understand the transformation when moving from a drug-using to a drug-free lifestyle by looking at many aspects, such as the experience of being in the treatment center, the process of leaving the treatment, and the early stages of changing everyday practice and routine into a drug-free lifestyle. The research was

based on in-depth interviews with 17 men and women residing in the Stavanger University Hospital in 2013. All of the individuals had a history of serious alcohol and other drug use and sought professional therapy. They were recruited from both outpatient and inpatient treatment facilities. According to the findings, professional support can assist in bridging the gap between drug use and drug-free living by supporting a web of relationships, roles, and places (Inger Eide Robertson, 2018).

Preparing rehabilitated drug abusers before they get discharged from the inpatient program was another theme that emerged from the study. Providing the essential trainings that prepare them better to deal with daily life routine and circumstances, such as communication skills, intrapersonal skills, vocational skills, time management and other skills shall help them to maintain their recovery. The findings of the study spotlighted on the role of the multi-disciplinary support teams in preparing and linking rehabilitated drug abusers with the services and understand their needs and challenges they might face when they are reintegrated into the society as discussed previously. Coordination with health care provider, such as social workers, psychiatrists and psychologists is required as it can help to understand each patient's need deeply in order to provide a proper service and to help them to engage in the community. The result is congruent with a previous study which highlighted the important role of multidisciplinary support teams in supporting rehabilitated drug abusers to maintain a long-term abstinence from drugs, as well as to develop their coping skills and social networks in order to strengthen their resources in the face of situations that lead to relapse (Tiu et al., 2020). A descriptive qualitative study approach was conducted to explore the experience of drug abusers participating in community. There were 5 participants who utilized the services that were provided by Counselling Centre for Psychotropic Substance Abusers (CCPSAs) for more than two months. A semi-structured interview was conducted and each participant was interviewed separately. A thematic analysis was conducted in order to analyze the collected data. The findings of this study provide an insight on importance of improving drug rehabilitation and drug abusers' well-being through collaboration between healthcare workers, service providers and the media (Tiu et al., 2020).

In terms of launching awareness campaigns and employing social media to raise awareness about addiction, the study results showed that spreading awareness through awareness campaign and utilizing social media can have a significant role in patients' recovery stage and their reintegration. It was emphasized that the awareness campaign should target all groups in community to reduce the stigma surrounding addicts and have an educated community which welcome and support the rehabilitated drug abusers. Based on the findings of some studies, stigmatizing attitudes toward drug abusers are common among general public and non-specialist experts. As a result of that, the impact stigmatization has on drug users is deep and represents a significant barrier for their recovery and

reintegration into the society (Lloyd, 2012). Research findings suggested increasing awareness through encouraging rehabilitated drug abusers to speak out about their personal experiences, increasing their communication with the general public. In addition, monitoring the content of media in order to deliver a reasonable information regarding addiction and improving awareness campaigns and training for general public. The researcher emphasized on the importance of efforts to be made in order to alleviate overblown fears toward drug users and to help people understand that drug users are not completely responsible for their situation and they are not to be blamed (Lloyd, 2012).

Chapter six

Recommendation and Conclusion

6.1 Recommendation

The reintegration of rehabilitated drug abusers into the society has become a major concern for this group of patients because they need an intensive care and follow up in order to reassure their needs are met. The need of coordination between the rehabilitation centers and concerned entities is required in order to support and prepare them well for the social and professional life through providing societal and vocational programs, and finding a realistic and applicable solution to deal with unsolved legal records might hinder their reintegration into the society. Multi-disciplinary support teams are needed in order to navigate and link rehabilitated drug abusers with appropriate services in the community and follow up with them. Conducting an intensive awareness campaign and utilizing media for spreading awareness in order to reduce the stigma surrounding the addiction is highly needed. Further studies can be implemented to understand the policymakers' views and explore deeply what kind of strategies that can be useful and by doing benchmarking in order to put these strategies into action which suits the nature and culture of the society.

6.2 Conclusion

The aim of the study is to understand what kind of social barriers do the rehabilitated drug abusers face after reintegrating into the society and what strategies can be implemented to minimize the effects of the challenges which can ease their reintegration into the society. Semi-structured interviews were used to investigate the research questions using a qualitative approach, which gave an in-depth insight into perspective of the participants about reintegration of rehabilitated drug abusers into the society. The relevant literature reviews were presented as well as the findings were interpreted and linked with other relevant studies.

Many barriers were highlighted which can affect the reintegration of the rehabilitated drug abusers into the society, which can be taken into consideration in order to ease their reintegration into the society. The social negative stigma, social media and legal issues and other barriers related to the services and availability of rehabilitation center, as well as lack of coordination with other entities in order to provide the essential support could hinder the re-integration of recreational drug abusers into the society. Moreover, financial, educational and professional support are needed as well as implementing strategies in order to increase the societal awareness, enhance the coordination with other entities and activate the role of the community team to provide the essential support. Further

research can be conducted to understand policymakers' perspectives and to study what kinds of strategies would be effective and can be implemented to ease the reintegration of rehabilitated drug abusers into the society.

Chapter seven

Personal reflection

Although many challenges were faced while conducting the research, there were many valuable lessons learned and skills gained.

7.1 Time management

Time management skill was essential in order to complete the research and submit it on the time. Organizing and completing each task as per the work plan was helpful. Although there was a delay in gathering the required data due to delay of obtaining the ethical approval from DHA, the work plan for completing each task was needed to focus and to be committed in order to avoid any further delays. Prioritizing the tasks and working on the simple tasks followed by longer tasks was effective in order to save time and accomplish the needed work. Planning the day and dedicating a time to accomplish the needed work or task whether at work, home or university was very efficient which helped to stick with schedule and helped to deal with stressful situations effectively.

7.2 Research skills

Implementing a qualitative study and conducting focus group interviews were a challenge in the study because it required some research skills in order to gather, analyze and interpret the information. Conducting focus groups interviews helped to enhance the communication skills, and that was reflected through directing and leading the discussion by asking research questions and encouraging the participants to share and respond to the research questions, which also enhanced my self-confidence. Narrowing the gathered data and focusing on the important information was a challenge in analysis data stage. Thematic analysis, on the other hand, was extremely useful and effective in breaking down information into smaller categories and drawing conclusion, which helped to develop and acquire analytical skill.

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Appendix one

Informed Consent Form

Informed Consent Form

Study Title:

Social barriers that face the re-integration of rehabilitated male drug abusers into the society: challenges seen by relevant focus groups and suggested remedy approaches.

Propose:

You are being asked to participate in a tape-recorded interview for the qualitative study which focuses on exploring the social barriers that face the re-integration of rehabilitated male drug abusers face into the society and understanding what challenges they might face. The result of the of the study will help to understand the challenges and explore what strategies can be implemented to minimize the effects of the challenges and ease the integration the rehabilitated drug abuser into society.

Procedures:

At an agreed upon site or location and at scheduled time that will be convenient for you and other participants. The session will be conducted on Zoom with the necessary safety precautions for participants' protection. There will be around 5 to 7 participants in the session. The session will last maximum of 1 hour and half. You will be asked two broad questions in order to sharing your views and perspectives as following: what problems that face drug abusers as they are reincorporated into the society, and what approaches that can be implemented to effectively and peacefully re-integrate the drug abusers in the society. The tape recorder will be used during the session for collecting the data.

Risks:

We do not anticipate any risks. I will do my best to ensure that confidentiality is maintained by not citing your actual name or personal information within the actual study.

Benefits:

You will have a chance to discover people’s views and perspectives on the topic.

As you will be part of the study you will be informed about the research discussion and findings.

Right to withdraw:

Your participation is voluntary, you have the right to withdraw and skip and questions if you want to.

Confidentiality:

Your identity will be kept confidential. The demographics questions will be completely anonymous. You will not be identified by your name or other relevant personal information in when the data is interpreted and explained in the research paper. Also, the collected data and records will be kept in secured files, and no one will have an access to them except the research supervisor.

If you are harmed due to someone’s negligence, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, you can contact Dubai Scientific Research Ethics Committee, DHA on +971 4219 1961/1965 or email on DSREC@dha.gov.ae

By signing below, you agree that you have read and understood the above information, and would be interested in participating in this study.

_____ **Name**

_____ **Date**

Appendix two

FOCUS GROUPS: DEMOGRAPHIC DETAILS

Please answer the following questions by ticking the most appropriate option or completing the space:

1- What is your age group?

- A-18-24 years
- B-25-34 years
- C-35-44 years
- D-45-54 years
- E- 55 years or over

2- What is your gender?

- A-Male
- B-Female
- C- Prefer not to specify

3- What is your marital status?

- A-Single, never married
- B-Married
- C-Widowed
- D-Divorced
- E-Separated
- F- Prefer not to specify

4- What is the highest degree you have achieved or the level of education you have successfully completed?

- A-Less than a high school diploma
- B-High school diploma or equivalent
- C-Bachelor's degree (e.g.BA, BS) or equivalent
- D-Master degree (e.g.MA, MS, MEd)
- E-Doctoral Degree (e.g.PhD, EdD, MD) or equivalent
- F-Other (please specify) _____

5- What is your current employment status?

- A-Employed, full time
- B-Employed, part time
- C-Unemployed
- D-Student

Thank you for taking the time to complete this questionnaire

