



RESEARCH ARTICLE

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## BARRIERS AND FACILITATORS TO SUBSTANCE ABUSE TREATMENT IN GHANA (WEST AFRICA) USING PHOTOVOICE

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### ABSTRACT

**Introduction:** The continent of Africa is no longer just a place of transit for drugs but is now a place of their consumption. The aim of our study was to determine the barriers and facilitators to substance abuse treatment in Ghana (West Africa). **Methods:** This study used a qualitative method to explore the barriers and facilitators to substance abuse treatment in Ghana. We used a photovoice technique to collect data. **Results:** The following reasons were provided to explain the barriers to treatment: at the individual level, ignorance; at the interpersonal level, family; at the community level, lack of treatment centers, poverty, and stigma; at the organizational level, stigma; and at the policy level, poverty and cost of treatment. The study participants also highlighted many facilitators to substance abuse treatment: at the individual level, knowledge; at the interpersonal level, family; at the community level, media; and at the organizational level, religion. **Conclusion:** This is an exploratory study that will add to the limited existing literature about substance abuse treatment in the country and also help develop interventions that will fit the needs of several communities in Ghana.

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## INTRODUCTION

Drug abuse remains as a controversial issue worldwide. It brings enormous loss to many lives, and its effects spill over into general society as well, thus hindering the population's functionality and growth (Narcotics Control Board, 2005). In developing countries, for instance, the harm is magnified due to the poor economic and living conditions. Government spending on substance abuse treatment is seen as an extra burden on an already strained budget. Furthermore, drug addiction threatens civic safety given that people under the influence of drugs have a distorted mind and are prone to participating in crimes, such as armed robbery, traffic accidents, and family violence. Such persons then become a danger to their families, the general public, and the environment (United Nations, 2011). Substance abuse also escalates the spread of infectious diseases, such as HIV/AIDS, hepatitis B and C, and tuberculosis. Those involved tend to share infected needles and are powerless to make good decisions while under the influence of controlled substances, hence they often engage in the practice of unprotected sex

(Chowa, 2012). The United Nations Office on Drugs and Crime (United Nations Office on Drugs and Crime, 2004) estimated that 22 million to 72 million people in Africa are involved in drug abuse. West Africa has been immensely devastated by the drug abuse issue and is becoming a core place for producing amphetamine-type stimulants, or ATS (United Nations Office on Drugs and Crime, 2012). The escalated risk of HIV transmission that comes with drug abuse in sub-Saharan Africa does not help the situation. Despite the availability of treatment programs in a few places, socioeconomic and political factors make it even more difficult for addicts to seek help. Hurdles such as social stigma, corruption, and unfavorable policies in place that criminalize drug addiction without considering prevention or access to treatment, jeopardize the whole treatment process (Needle, 2006). Drug trafficking in Ghana has escalated since the 1990s. Ghana is a West African country that borders the Gulf of Guinea between Cote d'Ivoire and Togo; it is being used as a transit and repackaging point for drugs being sent to Europe and the Americas (Bonsu, 2011).

Statistics from the Narcotics Control Board (NACOB) (Narcotics Control Board, 2005) reveal that about 70% of youths from junior and senior high schools face the risk of drug abuse in Ghana. The Ministry of Health of the World Health Organization (Dennis-Antwi, 2003) specified that, youths in Ghana between the ages of 14 and 19 take part in substance abuse. The most commonly abused substances by youths in Ghana include alcohol, cigarettes, cannabis, cocaine, tranquilizers, and heroin. Substance abuse and substance abuse treatment are an overwhelming challenge for Ghana, and findings from the NACOB showed that 35,000 out of 50,000 drug users in Ghana are high school and middle school students between 12 and 15 years of age, with a low level of occurrence in 10-year-olds (Eliany, 1993). To elucidate the gravity of the problem, Ghana ranked first in Africa and third in the world for marijuana, or cannabis, use, behind Papua New Guinea and Micronesia, which stand at 29% each. It is reported that marijuana use in Ghana is, on average, five times higher than the international average use, which poses a huge challenge to the country (United Nations Office on Drugs and Crime, 2004).

Substance abuse is a public health issue in Ghana and the surrounding West African countries. It continues to grow due to multiple factors, such as poverty, lack of regulation and education, and cultural beliefs. Drug sales are not well regulated in most developing countries such as Ghana, which puts the population at risk (Wolf-Gould, 1991). Several drugs, such as alcohol, cannabis, psychotropic drugs, heroin, cocaine, and other synthetic narcotic analgesics, are regularly and easily abused in Ghana (Adelekan, 1996). There is an increasing number of drug addicts and limited treatment facilities that are too expensive for the average Ghanaian citizen. In other words, various factors, such as unavailability and inaccessibility of treatment centers; skilled human resource staff members; and financial, social, and cultural factors, hinder drug abusers in Ghana from seeking treatment. The inadequacy of treatment centers for substance abuse in Ghana partly affects treatment. The country has only 3 public and 3 private institutions for the rehabilitation of substance users. Out of the 6 institutions, 5 are located in the southern part of the country. This huge challenge makes it difficult for substance abusers to access facilities and causes congestion in facilities that can accommodate only a small number of patients (Senah, 1995). This situation has triggered complaints about the high cost of services in private institutions (Fournier, 2019). To meet these ends, the government of Ghana has trained human resource officers to offer treatment to abusers to help facilitate substance abuse treatment. Furthermore, the government offers free counseling services for substance abusers (mainly for youths) and employs self-help groups suitable for adults to help them feel supported during withdrawal from substance abuse (Eliany, 1993). The purpose of this study was to determine the barriers and facilitators to substance abuse treatment in Ghana working with participants in recovery.

## MATERIALS AND METHODS

This study explored the barriers and facilitators to substance abuse treatment in Ghana and was conducted only in the Greater Accra Region due to time constraints. The study followed the Photovoice technique, whereby cameras are given to a group of people to aid them in identifying factors that harm or protect their communities (Wang, 1997).

We offered the opportunity to 10 Ghanaians to identify the barriers and facilitators to substance abuse treatment. We were able to reach out to 10 participants in recovery willing to participate. We had 9 males and 3 females. Because of a scheduling issue, only 1 female was able to complete the study. The average age of the participants was 42 years old. Only 2 participants were unemployed. The average length of drug use was 5 years, and the time participants had spent in recovery was between 1 and 5 years.

**Step 1: Select and recruit a target audience of policymakers or community leaders:** We used the Korle Bu Teaching drug unit to reach participants. We presented the project to the managing team of the substance abuse unit and they agreed to contact the patients in recovery for the study.

**Step 2: Recruit a group of Photovoice participants:** A purposeful sampling technique was used for this exploratory study. We were able to reach 12 participants as recommended by the Photovoice methodology (21). Participants were selected because of their knowledge of the subject. We explained the project to the participants and the role that they would have to play.

**Step 3: Introduce the Photovoice methodology to participants, and facilitate a group discussion about cameras, power, and ethics:** We called a training meeting at the University of Ghana, which is a well-known place and easy to reach. Each participant received 20 Ghanaian cedis (4 USD). We conducted a training in which we explained the principles of the Photovoice methodology. We also talked about the ethical considerations in taking pictures (Wang, 1999).

**Step 4: Obtain informed consent:** The informed consent agreement was translated into Twi to aid comprehension. After reading the agreement, we presented the risks of participating and provided the opportunity for participants to ask questions. They were informed that they had the right to withdraw at any time for any reason (Wang, 2000).

**Step 5: Pose initial theme(s) for taking pictures:** Participants were asked to give examples of themes that would guide the pictures that they would be taking that address the barriers and facilitators to substance abuse treatment. Poverty, ignorance, stigmatization, family, and culture were given.

**Step 6: Distribute cameras to participants, and review how to use the camera:** After the training, each participant received a disposable camera. One camera was used as a demo to show participants how to use it. Each participant had the opportunity to take a picture to learn how to use the flash, gauge the proper distance from the target, and hold the camera (Wang, 1999).

**Step 7: Provide time for participants to take pictures:** We gave the participants 7 days to take the pictures. We received the first camera after 3 days and the last camera on the 7th day. We took the cameras to a photo studio to be developed.

**Step 8: Meet to discuss photographs and identify themes:** We conducted a total of 10 individual interviews, one with each participant. The participant was asked to pick his best picture to discuss. Participants were asked the following questions:

What did you see here? What was really happening here? How does this relate to your life? Why is this situation a concern, or why does it exist? What can we do about it (19)?

## RESULTS

The results indicated multiple factors from the individual to the policy level. Ignorance was identified at the individual level. Family and stigma were identified respectively at the interpersonal and organizational level.

**Individual level:** At the individual level, most commonly identified reason was ignorance. The reason individuals do not seek treatment is because they do not know that drug addiction is a disease. In the literature, no evidence was mentioned about people ignoring that drug abuse is a disease in Ghana. An earlier study that looked at how stigma and beliefs affect substance abuse treatment indicated that stigma and negative beliefs affect the individual's decision to seek treatment (Myers, 2009).

**Interpersonal level:** At the interpersonal level, participants identified family as a barrier to seeking treatment.

**Table 1. Barriers to substance abuse treatment according to participants in recovery**

Individual	Interpersonal	Organizational	Community	Policy
Ignorance	Family	Stigma	Lack of treatment centers Poverty Stigma	Lack of funding Cost of treatment

**Table 2. Facilitators to substance abuse treatment according to participants in recovery**

Individual	Interpersonal	Organizational	Community	Policy
Knowledge	Family	Churches Mosques	Media	

**Table 3. Quotes illustrating the barriers to substance abuse treatment**

Levels of the socioecological model	Illustrative Quotes
Individual level	"Most people addicted to drugs don't even know they are sick. That is why they do not seek treatment." (Participant 2)
Interpersonal level	"Drug addiction is hard for families to understand. People think that drug addiction is being possessed by demon. Most families prefer to take their people to prayer camps or traditional healers" (Participant 7)
Organizational level	"We don't like to go to the public hospital because the place doesn't look nice and people will know that you are a drug user." (Participant 5)
Community level	"The treatment centers are not available and most people cannot afford to pay for these medical costs." (Participant 1)
Policy level	"Drug treatment is not a priority of the government." (Participant 5)

**Table 4. Quotes illustrating the facilitators to substance abuse treatment**

Levels of the socioecological model	Illustrative Quotes
Individual level	"Listen, when you know that you are sick, you can ask for help." (Participant 8)
Interpersonal level	"When are addicted to drugs, only your family can help you. Since you cannot work anymore, you have to count on your people to pay for your treatment" (Participant 5)
Organizational level	"Church makes it easy to have access to people because most people who are using do not want to seek treatment, but with the education classes, people get the right information." (Participant 5)
Community level	"We need to increase programs and education for youth, both on radio and television, as a means of reaching out to the youth." (Participant 3)
Policy level	No facilitator was mentioned

At the community level, the lack of treatment centers, poverty, and stigma were the reason why people were not seeking treatment. The lack of funding and the cost of treatment explained why people were not seeking substance abuse treatment at the policy level (Table 1) (Table 3) (Figure a, figure b).

The results indicated that knowledge and family were identified respectively at the individual and interpersonal levels as factors facilitating substance abuse treatment. The religion and media were making it easier for people to seek substance abuse treatment (Table 2) (Table 4) (Figure c, Figure d).

## DISCUSSION

**Barriers to substance abuse treatment:** The in-depth interviews revealed that multiple reasons impede substance abusers from seeking treatment.

An existing study that looked at the use of professional services for mental health stated that about 20% of patients who seek treatment at the Accra treatment center had tried spiritual or traditional treatment before resorting to the center for treatment (Fournier, 2011). Family members usually think that being addicted to drugs stems from witchcraft. Many Ghanaians believe in supernatural evil forces or spirits and believe that bewitchment, called planted juju, causes mental illness (Fournier, 2011). These beliefs impede their decision to seek treatment.

**Organizational level:** At the organizational level, participants commented on the stigma that they noticed at the government hospital. The literature supported stigma as a barrier to substance abuse treatment. The stigma associated with drug addiction in the treatment system is directly related to unfavorable government policies, which do not present solutions but rather criminalize the act without helping the situation (Needle *et al.*, 2006).



**Figure 1.** This picture was taken to show how expensive the treatment is. Most people cannot afford to pay these medical costs



**Figure 2.** Society views drug users and indicated that it is not encouraging people to tell the truth about their addiction. Stigma in the community is not helping the treatment process



**Figure 3.** Religion and religious leaders act as great protective factors against substance abuse by providing support and information to help addicts become and remain sober



**Figure 4.** Radio shows to encourage youth to seek drug addiction treatment

**Community level:** Several reasons were identified as barriers to substance abuse treatment at the community level. The first reason is a lack of treatment facilities. The current study found that participants were concerned about the inadequate treatment centers for substance abuse in Ghana. There are only 3 public institutions and 3 private institutions for the rehabilitation of substance users, and 5 out of the 6 are located in the southern part of Ghana (Senah, 1995). The fact that most of the treatment facilities are located in Accra, it is difficult for the population in the other regions of the country to have access to treatment. The stigmatization of drug users in the community is stopping people from seeking treatment. The literature indicated that the community's view of addiction is a moral issue, which affects the funding to develop treatment resources for mental health (Fournier, 2011).

**Policy level:** At the policy level, cost is the reason individuals do not seek treatment. Not only does Accra have limited treatment facilities, the cost prevents drug users from seeking treatment. In a country where poverty is predominant, the cost constitutes a barrier to treatment. Statistics have shown that 24.2% of Ghanaians live below the poverty line (<https://www.cia.gov/library/publications/the-world-factbook/geos/gh.html>). The poverty level and the lack of opportunities make it difficult for youths in particular to seek treatment. Substance abuse treatment is not a priority in a country where infectious diseases are still leading the cause of mortality (<http://www.who.int/gho/en>).

**Facilitators of substance abuse treatment:** Interestingly, participants came up with a number of factors that facilitate substance abuse treatment in Ghana.

At the individual level, knowledge and beliefs were identified as facilitators; at the interpersonal level, family; at the organizational level, religion; at the community level, the media; and, at the policy level, no reason was mentioned.

**Individual level:** At the individual level, knowledge was identified as a factor that can facilitate adherence to treatment. Beliefs affect the individual's decision to seek treatment. A drug addict makes a decision to get help if he has the right information and his own beliefs reflect that treatment should be sought. For instance, substance abuse treatment may conflict with a person's values or beliefs, so an individual's positive beliefs about substance abuse treatment play an important role in making the decision to seek treatment (Miller, 1999).

**Interpersonal level:** During the interviews, participants indicated that family was one of the reasons individuals with drug addiction seek treatment. Ghana's national insurance does not cover drug addiction treatment so family support is critical for those who seek treatment. Most people seek treatment because of rejection by society, but family will always be there to support them no matter what (Katherine, 2008).

**Organizational level:** At the organizational level, churches and mosques make it a priority to talk to their members about substance abuse and how it affects them and society. It is important to point out that religiosity had a positive impact on substance abuse treatment (Dodor, 2018).

**Community level:** At the community level, the media was used as a facilitator of substance abuse treatment.

The media brings the knowledge to people to allow them to make the right decision. This type of presentation is important for the community because it not only helps raise awareness, but it also allows youths involved in drugs to ask questions about solutions to their addiction. A case study conducted by the United Nations Office on Drugs and Crime (2004) indicated that making the information available through the use of posters, pamphlets, newspapers, radio, television, and the Internet helps raise the awareness of substance abuse treatment (Das, 2016).

**Policy level:** At the policy level, participants did not mention a factor that facilitates substance abuse treatment in Ghana. The literature proposes the use of policies that treat substance abuse issues in West Africa as a public health issue instead of a criminal justice concern (West Africa Commission on Drugs, 2014). Hence, the decriminalization of drug use is important to encourage individuals with substance abuse issues to seek treatment.

## Conclusion

Participants provided multiple barriers to substance abuse treatment, which included ignorance at the individual level; family at the interpersonal level; stigma at the organizational level; lack of treatment facilities, poverty, and stigma at the community level; and poverty and cost of treatment at the policy level. Participants indicated multiple facilitators to substance abuse treatment. For instance, at the individual level, they talked about knowledge; at the interpersonal level, family; at the organizational level, religion; and, at the community level, media. Nothing was mentioned at the policy level as being facilitators to substance abuse treatment.

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