

Developing a comprehensive drug rehabilitation programme in Enugu State: Implications for social workers

Gabriel Usiagu **Aghedo**, Ebube Johnpaul **Eze** & Chukwuma Felix **Ugwu**

Department of Social Work, University of Nigeria, Nsukka

Corresponding Author: chukwumafelix.ugwu@unn.edu.ng

Abstract

This study explores the development of a comprehensive programme in drug rehabilitation for drug addicts in Enugu State, Nigeria. The research design used in the study was a case study. Data were drawn from twelve participants using an in-depth interview method. The findings revealed significant gaps in rehabilitation programmes in the state including inadequate integration of mental health services, a lack of trauma-informed care, restricted access to psychiatric care, inadequate stigma prevention, lack of proper community reintegration, inconsistent continuity of care and a dearth of individualized aftercare programmes. The study recommended the development of a dynamic healthcare system in Enugu State with a comprehensive drug rehabilitation programme, and the integration of the roles of social work professionals for overall well-being of individuals with drug use disorders.

Keywords: Aftercare services, Comprehensive drug rehabilitation programmes, Drug abusers, Drug rehabilitation programmes, Social work implications

Introduction

The World Health Organization (WHO) as well as the United Nations Office on Drugs and Crime (UNODC) in 2020, confirmed that there are serious health hazards connected with the use of psychoactive drugs, narcotic drugs, and psychiatric substances without medical supervision. The World Drug Report 2023 states that over 296 million people worldwide suffered from substance abuse in 2021 (United Nations, 2023). According to Zhang et al. (2024), substance abuse disorders are defined by the compulsive and persistent use of particular drugs for non-medical objectives, but mainly to achieve specific psychological benefits. Significant psychological, physiological, and social issues could arise from drug abuse (Shen et al., 2023; Lu et al., 2023; Pan et al., 2020). Cognitive impairment, suicidal thoughts, a decline in life quality, and an elevated risk of infectious diseases are some examples of these problems (Ghimire et al., 2013; Compton, 2003). The Public health components of the global drug problem include the prevention, treatment and care of individuals with drug use disorders, as well as efforts to address the factors that increase vulnerability to drug use

disorders and drug dependence (WHO, 2019).

In 2021, drug use disorders alone accounted for an estimated 15.6 million disability-adjusted life years (DALYs), 13.6 million new cases, and 137,000 deaths globally, with opioid use disorder accounting for the biggest part (Zhu et al., 2025; Dongying et al., 2025). Millions of people worldwide suffer from substance use disorders, which compromise not only their health but also their family stability, community safety, and economic productivity (Yamani & Alkhatib, 2025). Effective best-practice systems combine social policies such as employment, housing, anti-stigma laws, with medical care, psychosocial rehabilitation, and harm reduction (Molina-Fernández & Arribas-Tiemblo, 2024).

The numerous risk factors found in Nigeria have demonstrated the necessity of considering the impact of both environmental and individual factors on youth substance use. Socioeconomic issues like poverty, unemployment, and lack of education are among the notable risk factors. Additional factors include family dynamics, peer pressure, and drug availability (Ndupu et al., 2025). Others are psychological problems such as stress,

trauma, and mental health disorders (Ebrahim et al., 2024). According to Abdulmalik et al. (2019), a variety of mental illnesses, including anxiety and depression, are influenced by substance use at the individual level. Among the main obstacles to the effective treatment of drug abuse among young people in Nigeria are structural factors like lack of trained personnel, inadequate funding, and poor policy implementation, as well as individual factors like stigma and ignorance (Alamukii, 2025).

In Nigeria, a national systematic analysis revealed that, as of 2023, only 15% of planned rehabilitation facilities were operational. This shortfall highlights the underfunding and inadequacy of rehabilitation services in the country, which contribute to the constant relapse and readmissions among individuals with substance use disorders (Oweibia et al., 2025). Relapse rates are high and post-release reintegration is poor because many facilities continue to employ arrest/detention models instead of therapeutic means (Nkwopara et al., 2025; Aliyu et al., 2022). Many users receive harsh or unscientific care in informal centers; while public rehabilitation facilities are underfunded, and private ones are sometimes too expensive (Simbalin & Omidiji, 2025). For

instance, the Kuje Correctional Centre offers a range of rehabilitation programmes, such as counselling, vocational training, education, and drug treatment programmes. However, the facility is being challenged by limited resources, shortage of skilled workers, and lack of post-release assistance (Albishir et al., 2025). People released from detention-style facilities in Nigeria have a high risk of relapsing because they return to society as nuisances. According to therapeutic-architecture reviews, this risk is sustained by a dearth of drug rehabilitation and treatment options in Nigeria, including lack of detoxification, psychotherapy, and structured programmes (Nkwopara et al., 2025).

Research has documented the prevalence of drug addiction in Enugu State, and its detrimental effects on the health and well-being of affected individuals. In a study conducted among young people in the Mmaku community of Enugu State, Nwosu (2016) found a high prevalence of the misuse of substances such as cannabis, heroin, alcohol, and tobacco, wake-inducing drugs (WID) and sleep-inducing drugs (SID), many of which are consumed without medical prescription. In a different study, Ndupu et al. (2025) investigated the nature of drug abuse among 450 secondary school students in

Enugu South Local Government Area of Enugu State, Nigeria. The study revealed that palm wine was the most frequently abused substance (36.7%) by the students, followed by beverages containing caffeine such as coffee (36.4%), black bullet (25.3%), and "kolanut" (20.2%). Among the respondents, 20.0% drank beer and 27.3% utilised cough syrups. According to Iyani et al. (2020), the effects of alcohol abuse include, disruption of the brain's communication pathways; damage to the heart, resulting in issues like cardiomyopathy, arrhythmias, stroke, and high blood pressure; inflammation of the liver, including steatosis or fatty liver, alcoholic hepatitis, fibrosis, and cirrhosis; and cancer, including colorectal, breast, liver, and esophageal cancer. These adverse health consequences raise important concerns about the effectiveness of existing drug rehabilitation and treatment programmes within the study setting.

Specifically, the rehabilitation of individuals undergoing drug rehabilitation is faced with many therapeutic problems in Enugu State and Nigeria at large. For instance, a study carried out at the Federal Neuropsychiatric Hospital Enugu (FNHE), in southeast Nigeria, one of the eight

regional psychiatric health centers and departments spread across the nation, revealed that cost of medications is among the significant factors believed to influence drug prescriptions by doctors at the hospital. Most low-income patients are unable to afford the newer, more expensive medications that are widely used as standard treatment options in high-income countries. (Ezenduka et al., 2014). A major gap in the treatment plan for drug addicts in both community and institutional settings is caused by the absence of a comprehensive treatment programmes. Restricting therapy to medical professionals while excluding other pertinent professionals could have adverse effects on individual drug addicts, the Enugu State and Federal governments as well as the entire society in different ways.

Social workers help to manage people with substance use disorders (SUDs) in many contexts. They choose, implement, or promote the use of evidence-based SUD treatment techniques as direct service providers, administrators, care managers, and policy makers (Wells et al., 2018). In addition to detoxification, social workers' professional and systematic intervention is necessary in the eradication of drug abuse-related behaviours by focusing on the addict's

social, individual, and psychological performance. Social workers carry out rehabilitation in areas like professional performance, mental health, and community participation to prevent recurrence of addiction; they assist clients in identifying and increasing their personal, environmental, and family resources (Raheb et al., 2016). Applying multidimensional therapeutic techniques, which highlight the biological, psychological, social, and environmental components of long-term rehabilitation, is necessary for a methodical approach to the issue of rehabilitation (Eghlima, & Raheb, 2010). There are seven crucial parts of the social work intervention process for people seeking substance use rehabilitation services; these include intake, one-on-one therapy, family therapy, home visits, group sessions, referral to an inpatient treatment facility, and aftercare/follow-up and reintegration services (Masombuka & Smit, 2026).

In essence, the National Drug Law Enforcement Agency (NDLEA) has reported significant drug seizures and arrests in recent years through increased operational effectiveness (NDLEA, 2023). Also to improve prevention, sensitization, and community involvement in the issue of drug abuse, the Federal Government of Nigeria also started the War Against Drug

Abuse (WADA) programme in 2021 (Premium Times, 2015). The National Drug Control Master Plan (2021–2025) was designed to promote international cooperation, interagency coordination, and civil society participation (UNODC, 2021). Despite several laws and agencies, an evaluation of drug intake in Nigeria reveals a continually high burden of drug usage, suggesting that present control and treatment approaches are not having a long-lasting effect (Jatau et al., 2021). The failures of the current interventions underscore the urgent need for a comprehensive drug rehabilitation programmes that integrates medical, psychological, social, and community-based dimensions of recovery. Therefore, the current study explored the means to developing a comprehensive drug rehabilitation programmes in Enugu State, which recognises the professional contribution of social workers in drug rehabilitation. Specifically, the study sought to address the following research questions: i) how effective are the existing drug rehabilitation programmes in Enugu State in promoting sustained recovery and social reintegration of drug abusers?; ii) what gaps exist in current drug rehabilitation programmes in the state?; and iii) how effective are the state government's efforts in curbing

drug abuse and promoting drug rehabilitation?

Materials and Methods

Area of Study

The study area is Enugu State, Nigeria. Enugu State is a mainland state in Southeastern Nigeria, consisting of 17 Local Government Areas. The state's population, according to the National Population Commission (NPC) 2006 census, is 3,267,837, comprising 1,596,042 males and 1,671,795 females. The state's projected population is 5,718,715 at an annual growth rate of 3% in 2025. This study adopted a case study research design. A case study design involves an in-depth analysis of a single unit, such as a person, group, organization, or program (Kekeya, 2021). When a study aims to investigate the relationship between a particular setting and a phenomenon, case studies are appropriate (Jacobsen, 2002). The goal of the case study design is to obtain a comprehensive understanding of a scenario, occurrence, or event through in-depth analysis (Jacobsen, 2002). The design has the benefit of providing detailed, pertinent information, which is based on and applicable to real-life, modern human situations (Krusenvik, n.d.). In the current study, this design

allowed the researchers to obtain data via in-depth interviews. The researchers worked hard to record rich, descriptive accounts of participants' experiences, which were analysed using thematic analysis. This kind of analysis identifies common themes, patterns, and important structures that emerge from a set of data. Enugu State has few rehabilitation institutions involved in drug rehabilitation. The urban area and its environs have some rehabilitation institutes situated within them such as the Live Free Renewal Centre, Prisoners Rehabilitation & Welfare Action (PRAWA), Rehabilitation and Development Association, the Federal Neuropsychiatric Hospital, and the Nigerian Correctional Service (Prisons).

Sample Size and Sampling Technique

The population for this study consisted of male and female adults in Enugu State between the ages of 18 and 65 years. This age range is considered suitable for the study as it constitutes the ages of individuals extremely immersed in drug use and misuse, with both male and female genders equally prone to it. The researchers purposively chose 12 participants from two institutions involved in drug rehabilitation in Enugu State for the study. Data saturation, quality, and depth are used to determine

sample size in qualitative research, and case studies often consist of four or more participants (Yin, 2009; Stake & Visse, 1995). The Federal Neuropsychiatric Hospital, Enugu, concerned with medical and social rehabilitation, and the Nigerian Correctional Service (Prisons), Enugu, concerned with individuals in conflict with the law as a result of drug abuse and requiring rehabilitation, were purposefully chosen for the study. Sampling was necessary due to the larger proportion of individuals with drug use disorders in the chosen drug rehabilitation institutions. The study used purposive sampling to choose 12 participants from the identified institutions, six participants from each rehabilitation facility. The participants volunteered to freely participate in the study with the cooperation of their respective heads.

Data Collection

The qualitative instrument for data collection employed in this study was the in-depth interview (IDI) guide. During the interview sessions, twelve interviews were conducted by the researchers. Before the dates and times of the interviews, the participants were properly informed and given appointment schedules by the researchers. Permission to use a tape recorder during the

interview was obtained from the participants before each session. The participants were urged by the researchers to express their readiness to engage in the interview and to provide their oral consent. The duration of each interview was thirty to thirty-five minutes.

Data analysis

The study's results were analyzed using a qualitative approach. The verbatim English transcriptions of the IDIs were made. Following transcription, the data were checked against the interview notes in order to complete any gaps and guarantee the accuracy of the information gathered. The comments were presented as findings using quotes after the transcripts were manually examined for themes.

Ethical approval

The study instrument and methodology were reviewed and approved (D.PSY: UNN.25143187) by the Department of Psychology Ethics Committee of the University of Nigeria, Nsukka, Enugu State, Nigeria.

Results

The socio-demographic profile of the participants revealed that their ages ranged from 31 to 55, with a mean age of

46 years. This indicates that all participants were mature adults and, therefore, well positioned to provide informed and reliable responses based on their knowledge and lived experiences. Out of the 12 participants interviewed, two were single while 10 were married. Also, out of the 12 participants, nine were males, while three were females. Regarding the educational attainment of the participants, two were MBBS certificate holders; two were MSc certificate holders, while the remaining eight participants were BSc holders. Regarding their place of work, six of the

respondents were selected from the Federal Neuropsychiatric Hospital, Enugu, while the remaining six were selected from the Enugu Custodial Centre of the Nigeria Correctional Service. The data also indicate that 10 of the participants were Christians, one a Muslim, and the remaining one, an African Traditional Religion worshipper. The data on length of service of the participants showed that their length of service ranged from six years to 21 years, and the average age for length of service was 14 years. Table 1 shows the demographics of the participants.

Table 1. *Socio-Demographic Characteristics of the Study Respondents*

S/N	Agency	Gender	Age	Marital status	Religion	Highest Educ. Qual.	Length of service
1	FNH, Enugu	Male	55	Married	Christianity	MSc	21 years
2	FNH, Enugu	Male	49	Married	Islam	MBBS	13 years
3	FNH, Enugu	Male	31	Single	Christianity	BSc	6 years
4	FNH, Enugu	Male	43	Married	Christianity	BSc	13 years
5	FNH, Enugu	Male	40	Married	Christianity	BSc	11 years
6	FNH, Enugu	Female	45	Married	Christianity	MBBS	14 years
7	Nig. Corr. Serv. Enu.	Female	51	Married	Christianity	MSc	18 years
8	Nig. Corr. Serv. Enu.	Male	49	Married	ATR	BSc	12 years
9	Nig. Corr. Serv. Enu.	Female	54	Married	Christianity	BSc	21 years
10	Nig. Corr. Serv. Enu.	Male	46	Married	Christianity	BSc	11 years
11	Nig. Corr. Serv. Enu.	Male	53	Married	Christianity	BSc	19 years
12	Nig. Corr. Serv. Enu.	Male	36	Single	Christianity	BSc	7 years

Note. Authors' Fieldwork, 2024

*FNH = Federal Neuropsychiatric Hospital

*Nig. Corr. Serv. Enugu = Nigerian Correctional Services, Enugu

*ATR = African Traditional Religion

Effectiveness of the Existing Drug Rehabilitation Programmes for Individuals with drug use disorders in Enugu

The participants identified several rehabilitation programmes available in the rehabilitation facilities studied, such as vocational training, Welfare Services Directorate, counselling and Inmates Training and Productivity Programme, step workout sessions, and recreational services. However, all participants expressed the view that existing rehabilitation programmes for individuals with drug use disorders were ineffective. They identified individuals with drug use disorders lack of personnel, poor funding, and corruption as the major challenges affecting effective drug rehabilitation services in the study area. From the data, a 54-year-old male participant of the Nigerian Correctional Service, Enugu, stated that: "Although rehabilitation programmes have been lined up for the reintegration of drug abusers back into the society, some of these programmes are not implemented and so have not

been effective." Supporting this assertion, another participant expressed thus:

We have different units in this facility such as the Welfare Services Directorate, and Inmates Training and Productivity. The rehabilitation officers in the various rehabilitation centres in Enugu state of which I am one of them, are always putting in our best to ensure that individuals with drug use disorders are rehabilitated back into the society through these rehabilitation programmes. But issues of poor funding, lack of modern equipment, outdated machineries, personnel, corruption and administrative bottlenecks, kept undermining the expected services to the inmates (Nigerian Correctional Services, Enugu, Male, 53 years, personal communication, 11 August, 2025).

Also, buttressing the same point, another participant explained that:

What we do here majorly is concerned with medical treatment of patients by the medical professionals, and to connect them back to the society. We extent our assistance to the patients' family members and friends to support them overcome substance abuse. For me, our efforts have not been completely good enough. The government funding is not encouraging to address what we have observed about the patients and their caregivers. Here in our office, I would say that the cost of medication and other medical services are not affordable by many caregivers of the drug abusers. You find that most of the patients discontinue the treatment plans due to financial challenges. (Federal Neuropsychiatric Hospital, Enugu, Male, 49 years, personal communication, 28 August, 2025).

In addition, another participant stated thus:

It is true that we have rehabilitation programmes that

are put in place to reintegrate individuals with drug use disorders back into the society, however, a good number of these programmes, to the best of my knowledge has not been effective since some of them are not even implemented let alone being effective. Most especially, inadequate funding and lack of trained personnel have compromised the quality of treatment and support services available to individuals with drug use disorders for effective rehabilitation back to the society. (Nigerian Correctional Services, Enugu, Female, 49 years, personal communication, 11 August, 2025).

Further, one other participant has this to say:

Governments at all levels in Nigeria have put in place rehabilitation programmes for drug abusers. Even private welfare establishments have welfare rehabilitation programmes for the betterment of drug abusers. But however, a lot of these actual programmes

are not being carried out. This has made the reintegration of individuals with drug use disorders back into the society to be very difficult and tough.

(Federal Neuropsychiatric Hospital, Enugu, Male, 55 years, personal communication, 28 August, 2025).

Current Gaps in Drug Rehabilitation Programmes

Gaps in Mental Health Services

All participants expressed the view that there were significant gaps in the treatment plans provided in the drug rehabilitation facilities studied. Some participants from the correctional services attributed these gaps to inadequate funding, organizational bureaucracies, and insufficient rehabilitation resources for the inmates, which worsen the mental health conditions of the inmates. According to the participants in the neuropsychiatric hospital, the major concerns of the rehabilitation centre were basically medical treatment of drug abusers. The participants revealed that the available members of staff do not undergo periodic training to address the growing challenges of drug abuse in the society. They also explained that there is a weak

social connection between individuals with drug use disorders and their family and community members. Explaining these issues, one of the participants expressed thus:

A lot happen in the rehabilitation centre. We manage patients to the best of our abilities. But I know we have issues in rehabilitation. I do not think that services are good enough, considering high prevalence of mental health disorders among individuals with substance use disorders. For example, conditions like depression, anxiety, and post-traumatic stress disorder are often untreated, contributing to relapse. (Federal Neuropsychiatric Hospital, Enugu, Male, 31 years, personal communication, 28 August, 2025).

Also another participant noted a gap in the management of the mental health of individuals with drug disorders. She expressed thus:

I can tell you that the rehabilitation programmes for individuals with drug use

disorders do not practically take care of trauma-informed care. The health facility is more interested in medical treatment than trauma associated with patients. Trauma is a thing of the mind, and varies among patients. It is not that we overlook the impact of trauma on addiction, but in most cases medical treatment overrides everything. Somebody may not be wrong to say that neglect can impede recovery, making the individuals with drug use disorders to go back into the act of drug abuse, as unresolved trauma may lead to continuous drug use (Federal Neuropsychiatric Hospital, Enugu, Female, 45 years, personal communication, 28 August, 2025).

Still on the mental health gap of the rehabilitation programmes for individuals with drug use disorders, a participant avers that:

One of the challenges of the mental health services is the limited number of psychiatric facilities. People travel long

distances to access psychiatric care. Not all have the finances. Another issue is the shortage of qualified mental health professionals in rehabilitation centre undermines the quality of care, as diagnoses and treatment for dual diagnoses (substance use disorder and co-occurring mental health disorders) are often inadequate (Federal Neuropsychiatric Hospital, Enugu, Male, 40 years, personal communication, 28 August, 2025).

Gaps in Aftercare

Most of the participants mentioned that lack of aftercare for individuals with drug use disorders is a major cause of relapse to drug abuse and misuse. The participants stressed the importance of regular follow-up sessions to identify early warning signs of relapse. They maintained that teaching coping mechanisms and problem-solving skills are important relapse prevention supports needed by those under rehabilitation. Some participants were of the view that regular check-ups are needed to address the physical health complications related to past drug use. The participants also emphasised individualised aftercare

plans, social reintegration, vocational and educational support, and spiritual support for sustained rehabilitation. A participant stated thus:

What I mean is that care given to drug abusers after their rehabilitation is most times, was inconsistent. This often leads to relapse. For example, aftercare programmes, such as outpatient counselling or follow-up therapy, are often divided, leading to gaps in monitoring and support post-rehabilitation, as well lead to relapse back into drug abuse (Nigerian Correctional Services, Enugu, Female, 54 years, personal communication, 11 August, 2025).

Further on the above points, a participant stated that:

Lack of individualized aftercare plans and resource scarcity are also gaps in the aftercare rehabilitation programmes for drug abusers. It is a known fact that rehabilitation modules often adopt a one-size-fits-all approach, failing to tailor aftercare to the individual's specific needs, goals, and

challenges. Also, there is limited funding and infrastructure for aftercare programmes which result in insufficient support services, such as housing assistance, vocational training, and ongoing therapy (Federal Neuropsychiatric Hospital, Enugu, Male, 55 years, personal communication, 28 August, 2025).

Stigma and Community Reintegration of Drug Abusers

On the issues of stigma and community reintegration, the participants identified challenges such as stigma and discrimination, limited social support networks, barriers to employment and housing/accommodation, and ineffective community-based programmes, as the factors hindering effective control of stigma and effective community reintegration. They were of the view that if these gaps are not properly addressed, they may lead to relapse into drug abuse. Commenting on this, a participant explained that:

Social stigma, discrimination, and limited social support networks are great factors that contribute to gaps in

rehabilitation modules for drug abusers. Individuals in recovery often face social rejection, which hampers their reintegration into society. Rehabilitation programmes frequently lack robust strategies to combat stigma. Many patients exit rehabilitation due to lack of supportive network of family members, friends, or the community, leaving them isolated and vulnerable (Nigerian Correctional Services Enugu, Male, 36 years, personal communication, 11 August, 2025).

Another participant added that:

Reintegration efforts are hindered by a lack of programmes to secure stable employment and housing. Exclusionary policies and employer biases further marginalize recovering individuals. Also, community support systems, such as peer support groups and recovery-oriented organizations, are often underdeveloped or inaccessible to individuals transitioning from rehabilitation, thereby leading to

relapse back to drug abuse (Nigerian Correctional Services Enugu, Male, 49 years, personal communication, 11 August, 2025).

Gaps in Access to Psychiatric Care

Study participants stated that the majority of individuals with drug use disorders lacked access to psychiatric care due to factors such as inadequate psychiatric hospitals and personnel, poverty or lack of money to pay for drugs and other bills associated with mental health care, as well as the rigorous processes of going through the court before being taken to the correctional services centre. One of the participants explained that:

A major gap in the current rehabilitation modules is the inadequacy of psychiatric hospitals as the Federal Neuropsychiatric Hospital Enugu serves the whole of Southeast region and even beyond. Most times patients are rejected for lack of bed spaces. Additionally, the available facility is short-staffed of personnel, particularly psychiatrists, psychologists and counsellors, social workers to

handle the influx of patients being admitted on regular basis (Federal Neuropsychiatric Hospital, Enugu, Male, 49 years, personal communication, 28 August, 2025).

Another participant avers that:

For an inmate to be admitted into a custodial centre of the Nigerian Correctional Service takes a lot of processes, connecting all the agencies/departments in the Criminal Justice Administration/System. The bottleneck involved before a warrant of detention is issued for the custody of a patient in the asylum prevents most families from seeking treatment/admission, hence the gap (Nigerian Correctional Service, Male, 53 years, personal communication, 11 August, 2025).

Still on access to psychiatric care, another participant has this to say:

Mental health drugs are very costly. One thing is for a patient to be admitted in the facility, another is to be able to afford the

cost of medications. This is because government does not provide free medical treatment for drug abusers. Also, some families not being able to buy or pay for drugs and other bills, create gaps in the treatment of mental health patients (Federal Neuropsychiatric Hospital Enugu, Male, 43 years, personal communication, 28 August, 2025).

Comprehensive Rehabilitation Programmes: Addressing Gaps and Addicts' Needs

Family Support

Participants emphasised the importance of family support in facilitating the successful rehabilitation of individuals with drug use disorders. Most participants were of the view that effective rehabilitation programmes should incorporate family involvement, including financial and moral support, motivation, and love. They claimed that family support eliminates shame and prevents relapse. Some participants believe that communication and family therapy can resolve conflicts, rebuild trust, and create a supportive home environment for individuals with drug rehabilitation issues, thus:

Family support goes a long way in meeting the rehabilitation needs of drug abusers. Families are often the primary support system for individuals recovering from substance abuse. Their involvement can significantly enhance motivation thereby leading to quick recovery from drug abuse. Family members provide love, understanding, and encouragement, helping reduce feelings of isolation and shame (Federal Neuropsychiatric Hospital, Enugu, Female, 45 years, personal communication, 28 August, 2025).

Still on the benefits of family support, another respondent said:

Family support is a great way for bridging the gap in the lapses in drug rehabilitation programmes for drug abusers. Through family support, there is improved communication; family therapy sessions can resolve conflicts, rebuild trust, and create a supportive home environment. Also, there is family members' close monitoring of the rehabilitee, thereby leading to

relapse prevention. Family members can help monitor the individual's progress and identify early signs of relapse (Federal Neuropsychiatric Hospital, Enugu, Male, 43 years, personal communication, 28 August, 2025).

Peer Support

The participants agreed that a vital part of drug rehabilitation is peer support. They argued that sharing experiences of peer struggles with drug-related issues provides a therapeutic healing. Some of the participants' successful rehabilitation of individuals with drug use disorders provided an opportunity for such individuals to learn coping strategies for living a normal life. They claimed that peer influence, which is a major source of drug use and misuse, could equally serve as a unique medium for quick recovery and social well-being. A participant stated thus:

Peer support is another rehabilitation module that can meet the needs of drug abusers. This is because friends who have experienced similar challenges provide a unique perspective and validation that fosters

connection and hope. In this situation, friends provide empathy and understanding, they can relate to the struggles of addiction, offering advice and encouragement based on shared experiences. (Nigerian Correctional Services Enugu, Male, 40 years, personal communication, 11 August, 2025).

Buttressing the points above, a participant added:

Peers who have successfully undergone drug rehabilitation can serve as role models to those that are in the process of rehabilitation. It is a known fact that seeing others succeed in recovery inspires confidence and determination. When they see that their friends underwent the rehabilitation process and came out successful, they will be inspired to go through the rehabilitation process successfully (Nigerian Correctional Services Enugu, Male, 49 years, personal communication, 11 August, 2025).

Group Therapy

All participants agreed that group therapy brings about an atmosphere of shared experiences, attitudinal change, and motivation among individuals undergoing the drug rehabilitation process. They also claimed that open communication and feedback, emotional encouragement, skill building and coping strategies revive individuals with drug rehabilitation challenges faster than expected. A participant avers that:

Group therapy goes a long way in solving the rehabilitation needs of drug abusers. Group therapy leverages the power of collective experiences to provide therapeutic benefits that individual therapy cannot offer. It offers a great opportunity for people to live a healthy life style. (Federal Neuropsychiatric Hospital Enugu, Male, 40 years, personal communication, 28 August, 2025).

Corroborating the above point, another participant said that:

Group therapy is a connecting bridge between drug abusers and recovery process. Through group therapy, there exists social

learning in which participants learn from others' experiences, coping strategies, and successes. There is also sense of belonging as being part of a group fosters a sense of community and reduces feelings of loneliness; group members provide constructive feedback and emotional encouragement, which all foster effective rehabilitation and reintegration of drug abusers back into the society (Federal Neuropsychiatric Hospital, Enugu, Male, 49 years, personal communication, 28 August, 2025).

Ongoing Support

The participants emphasised the importance of providing ongoing care and support to individuals following the completion of the primary phase of rehabilitation. They noted that after detoxification and inpatient treatment has been completed, individuals should continue to receive support to sustain recovery, prevent relapse, and facilitate their successful reintegration into society. The participants also maintained that what individuals who are undergoing rehabilitation require is sustained, coordinated, and compassionate follow-

up services that are capable of helping them to transit from treatment to independent living. They emphasised that follow-up in rehabilitation would assist in ensuring lasting recovery and social reintegration. One of the participants expressed thus:

I am confident that ongoing support meets the needs of drug abusers, provides long-term recovery which involves continuous engagement with support systems to sustain progress and prevent relapse. It also provides ongoing counselling sessions which provide regular opportunities to address challenges and refine coping strategies. It is important to state that continuous support ensures access to medical care, housing assistance, and other critical resources, and it promotes encouragement as regular interaction with counsellors or support groups around the locality reinforces commitment to sobriety. (Nigerian Correctional Services, Enugu, Male, 36 years, personal communication, 11 August, 2025).

Aftercare Services

Many of the participants aver that individuals who have undertaken rehabilitation services should not be allowed to live unchecked, noting that after formal rehabilitation is completed, there should be periodic monitoring and check-ins on the rehabilitated individuals by professionals. They maintained that the emotional and social wellness of the individuals should not be taken for granted given that they have been under seclusion from the general public during their rehabilitation periods. Other participants were of the opinion that after formal discharge from the rehabilitation facility, individuals should be supported with housing, vocational training, and follow-up healthcare. They believe that with vocational skills, rehabilitated individuals can work independently to earn a living rather than depending on others. Some participants have these to say:

Aftercare bridges the gap between intensive treatment and independent living, reducing the risk of relapse. Services for such individuals in homes where family members are scared about what will happen next with their loved ones will provide relief and ensure

the individuals gradual re-entering to the society. (Nigerian Correctional Services Enugu, Male, 40 years, personal communication, 11 August, 2025).

In a personal communication, a 31-year-old participant in the study at the Federal Neuropsychiatric Hospital, Enugu stated, "Aftercare promotes relapse prevention plans which are programmes that focus on identifying triggers, developing coping mechanisms, and creating actionable plans for managing challenges. Volunteering, recreational activities, and employment services offered in aftercare programmes promote social integration."

For me, aftercare should be an integral part of drug rehabilitation in this country. I am saying this because anything can happen if the individuals are not looked after. Our country is changing economically, and people are finding it difficult to cope with the financial challenges. So, if you do not look after them after discharge, that individual may not cope and may go back to using drugs as a coping measure. This is my observation in the job.

(Nigerian Correctional Services, Enugu, Male, 36 years, personal communication, 11 August, 2025).

Efforts of the Government in Curbing Drug Abuse and Promoting Drug Rehabilitation

Regarding government efforts to curb drug abuse and promote rehabilitation, the participants acknowledged the existence of several institutional and policy interventions. They identified key government agencies involved in these efforts, including the National Drug Law Enforcement Agency (NDLEA), National Agency for Food and Drug Administration and Control (NAFDAC), Correctional Centres (Prisons) and the Standards Organization of Nigeria (SON). Further, the participants identified the Nigeria Police Force as a key law enforcement agency, responsible for maintaining public order and apprehending individuals whose behaviour, allegedly influenced by drug use, results in public nuisance or other criminal offences. They confirmed that the government established and equipped the above agencies and many security agencies to combat the illegal production, sales and abuse of drugs in society. One participant remarked:

The government have tried in their own way to curb drug abuse because they fight against drug abuse through NAFDAC, and NDLEA to ban chemist shops without licenses, ensure that expired drugs are not sold to people. They also ensure that all the hard drugs are not being sold to people anywhere, yet the abuse of drug is still on the increase (Nigerian Correctional Services, Female, 51 years, personal communication, 11 August, 2025).

Another participant stated that:

The creation of or establishment of NAFDAC and NDLEA was a great step by the government to curb drug abuse. These two agencies have been working in collaboration since they were created to curb the abuse of drug in Nigeria. (federal Neuropsychiatric Hospital Enugu, Male, 43 years, personal communication, 28 August, 2025).

Discussion

This study explored the essential components of a comprehensive drug rehabilitation programme of for individuals with drug use disorders individuals with drug use disorders in

Enugu State. The findings revealed that participants generally perceived existing rehabilitation programmes as ineffective. According to the participants, shortage of staff, insufficient funding, and corruption constitute the major barriers to the effective delivery of drug rehabilitation services in the state. The participants indicated that, although rehabilitation programmes have been planned to help individuals with drug use disorders reintegrate into society, some of these programmes are not carried out and have not been successful. This finding is corroborated by Albishir et al. (2025) study, which revealed that while Kuje Correctional Centre provides a variety of rehabilitation programmes, including counseling, education, vocational training, and drug treatment, the Centre's primary problems involve lack of resources, shortage of skilled workers, and lack of post-release assistance. Additionally, results from a related study by Simbalin and Omidiji (2025) showed that many users receive harsh or unscientific care in informal centers; public rehab facilities are underfunded, while private ones are often too costly.

According to Molina-Fernández and Arribas-Tiemblo (2024), best-practice rehabilitation systems integrate medical care, psychosocial rehabilitation, and

harm reduction with social policies (jobs, housing, anti-stigma laws). Thus, the development of appropriate rehabilitation programmes for individuals with drug use disorders was emphasized in the study, as all the participant believed that existing drug rehabilitation programmes have limitations in their treatment plans. Participants from the Enugu Correctional Centre note that the mental health circumstances of the detainees are exacerbated by insufficient funds, organizational bureaucracies, and inadequate provisions of essential resources for rehabilitation. Also, many participants cited inadequate relapse prevention techniques, poor continuity of care, lack of customized aftercare programmes, and lack of resources among the major challenges witnessed in current rehabilitation programmes in Enugu State. Further, the current study also revealed that participants acknowledge stigma and prejudice, lack of social support networks, obstacles to work and housing/accommodation, and inefficient community-based programmes among the problems of current rehabilitation systems in the study area. Majority of individuals with drug use disorders do not have access to psychiatric care, due to factors like inadequate psychiatric institutions and

staffing, poverty, or lack of funds to pay for medications and other mental health care expenses, as revealed by participants in this study. A similar study by Nkwopara et al. (2025) found that individuals released from detention-style facilities often relapse because they return to society, "as nuisance and are likely to turn to drugs again," (p. 794), due to a dearth of drug rehabilitation and treatment options in Nigeria, including structured programmes, detoxification, and psychotherapy.

The findings of this study also identified key rehabilitation programme components that could address the existing gaps and better meet the needs of individuals with drug use disorders. According to the participants, these components include family support, peer support, group therapy, ongoing support and aftercare services, which are components of medication-assisted treatment that promotes rehabilitation programmes for individuals with drug use disorders. The above findings align with those of Masombuka and Smit (2026), who emphasised that effective social work interventions for young people with substance use disorders encompass comprehensive services, including intake, therapy, home visits, referrals, and aftercare services. Similarly, Rolová et al.

(2023) reported that planned follow-up shortly after discharge significantly reduces the risk of relapse, while Folgueiras-Vila et al. (2025) highlighted the importance of personalised self-care interventions tailored to individuals' unique needs and circumstances in promoting sustained recovery and preventing relapse. These findings are consistent with the current study on the critical role of ongoing care and comprehensive rehabilitation programmes.

Further, the findings of the current study showed that all participants acknowledged the government's efforts to prevent drug abuse and promote drug rehabilitation. According to the participants, these efforts include the establishment and strengthening of key institutions such as the National Drug Law Enforcement Agency (NDLEA), the National Agency for Food and Drug Administration and Control (NAFDAC), the Nigerian Correctional Service, the Standards Organization of Nigeria (SON), and the Nigeria Police Force (NPF). Participants noted that these agencies complement each other in acting as a legal tool to control the use of drugs and people under the influence of drugs from disorderly behaviours, and illegal conducts. According to a related study by

Jatau et al. (2021), national scoping studies show a persistently high burden of drug usage despite several laws and agencies, indicating that current control and treatment strategies are not having a lasting impact. Hence, this study has demonstrated the significance of developing a comprehensive drug rehabilitation programme for individuals with drug use disorders in Enugu State, Nigeria, which necessitate the engagement of professional social workers. The existing drug rehabilitation programmes for individuals with drug use disorders are ineffective, and incomprehensive. The absence of relevant mental health services such as aftercare, access to psychiatric care, stigma prevention and community reintegration affects the overall well-being of individuals with drug use disorders undergoing rehabilitation in the study area. Conversely, the findings suggest that a comprehensive drug rehabilitation programmes designed to address existing service gaps and the needs of individuals with drug use disorders should incorporate family support, peer support, group therapy, ongoing support, and aftercare services.

Implications of the Findings for Social Work Practice

The study's findings have implications for social work practice in Nigeria. This implies that specialist treatment is necessary for those who struggle with substance misuse (U.S. Department of Health & Human Services, 2015). The profession of social work aims to evaluate, assist, and care for those in need of assistance (Galvani, 2015). Social workers recognise the connection between a person's past, present, and future and attempt to comprehend them in relation to their surroundings and the larger context of their existence (Galvani, 2015). The social work profession's concentration on the individual within a specific environment and context is its primary advantage over other professions (Social work, Alcohol & Drug, 2013). Crucially, social work seeks to safeguard vulnerable individuals from harm caused by themselves or others. It frequently addresses conflicting and intricate demands for control or care (Galvani, 2015).

Social workers frequently work with people with substance use disorders (SUDs), their families, and communities. While some social workers offer treatment to people and their families in both specialty and non-specialty settings

- where SUDs are frequently central to the clients' presenting issues - many others focus on alcohol, tobacco, and other drug fields. Health and mental health facilities, hospitals, elderly and child welfare services, courts and prisons, employee support programmes, and private practices are some examples of the settings where social workers work (National Association of Social Workers, 2013).

Social workers play an essential role among the several specialists engaged in the development and execution of comprehensive treatment plans for individuals with drug use disorders (Saadi et al., 2023). Collecting thorough information is the first step in the social worker's evaluation of clients. Initial assessments, such as interviews, self-reported questionnaires, and collateral data from family members, medical professionals, or prior treatment records, are frequently part of this initial evaluation process. Social workers are trained to identify indicators of addiction and the various aspects it impacts, such as support networks, mental health, and environmental contexts (Saadi et al., 2023). Because social workers have the expertise to assist clients in their recovery, their involvement in substance misuse treatment helps reduce people's

difficulties (Singwane & Ramoshaba, 2023). According to Wells et al. (2013), social workers offer a range of services to clients receiving treatment for substance misuse, such as counselling, treatment planning, and assessment.

Social workers offer evidence-based models for drug users' recovery and treatment requirements. To aid with recovery, social workers employ a variety of therapeutic approaches, such as solution-focused brief therapy, motivational interviewing, and cognitive-behavioural therapy (CBT). They offer group and individual therapy, which creates a safe space for people to talk about their experiences and gain knowledge from one another (Saadi et al., 2023). Social workers also act as advocates for their clients' families by assisting clients and their families to obtain and utilise formal and informal community resources that promote self-advocacy. (National Association of Social Workers, 2013). The National Association of Social Workers (2013) opines that social workers aim to stay up to date on court rulings, laws, rules, regulations, policies, and procedures that impact social work practice with clients who have substance use disorders.

Conclusion

This study explored the development of a comprehensive programme in drug rehabilitation for individuals with drug use disorders in Enugu State. The findings revealed gaps in rehabilitation programmes in the areas of mental health services, aftercare services (individualized care), access to psychiatric care, and prevention of stigma and community reintegration of drug abusers. The findings can be used to address systemic gaps and approaches in drug rehabilitation within the study area. The findings also revealed the need for the introduction of comprehensive rehabilitation programmes that address the gaps in the needs of individuals with drug use disorders, including family support, peer support, group therapy, ongoing support, aftercare services, and community reintegration. Further, the study highlighted the role of social workers in drug rehabilitation within rehabilitation and hospice settings, extending beyond institutional

boundaries to include collaboration with families, communities and relevant agencies and social support structures. These efforts are aimed at reducing drug use and addiction in society. It is evident from the findings that developing a comprehensive drug rehabilitation programme demands a holistic approach that addresses the physical, emotional, social, and economic factors contributing to substance use disorders and treatment of addiction.

Disclosure Statement

The authors report there are no competing interests to declare

Funding

The authors reported there is no funding associated with the work featured in this article.

Declaration Statement

This manuscript has not been published elsewhere and it has not been submitted simultaneously for publication elsewhere.

ORCID ID

Gabriel Usiagu Aghedo: Orcid no: <https://orcid.org/0000-0001-7039-2343>

Ebube Johnpaul Eze: Orcid no: <https://orcid.org/0009-0009-1778-233X>

Chukwuma Felix Ugwu: Orcid no: <https://orcid.org/0000-0001-8090-5819>

References

- Abdulmalik, J., Olayinka, O., & Oshodi, Y. (2019). Substance abuse among youths in Nigeria: A review of the literature. *African Journal of Psychiatry*, 22(3), 123–130.
- Alamukii, A. (2025). Barriers to successful treatment of substance abuse among Nigeria Youths: A systematic review. *African Journal of Alcohol and Drug Abuse*, 14, 3–22.
- Albishir, Z. A., Onwuzuruigbo, I., Nnabuihe, O., & Adediji, O. V. (2025). The role of Nigeria's correctional service. *The Nigerian Journal of Sociology and Anthropology*, 23(1), 178 – 189.
- Aliyu, A., Babayo, A., & Hamza, M. (2022). Application of therapeutic architectural principles in the design of drug rehabilitation centre for Nigeria. *International Journal of Research and Innovation in Applied Science*, 07(12), 13–19.
- Bliss, L. (2016). Phenomenological research: Inquiry to understand the meanings of people's experiences. *International Journal of Adult Vocational Education and Technology*, 7(3), 14–26.
- Compton, W. M., Cottler, L. B., Jacobs, J. L., Ben-Abdallah, A., & Spitznagel, E. L. (2003). The role of psychiatric disorders in predicting drug dependence treatment outcomes. *American Journal of Psychiatry*, 160, 890–895.
- Daniela, R. M. (2020). Determining the sample size in qualitative research. *International Multidisciplinary Scientific Conference on the Dialogue between Sciences & Arts Religion & Education*, 4(1), pp.181–187.
- Delve. Ho, L., & Limpaecher, A. (2022). *What is phenomenological research design? Essential guide to coding qualitative data*.
<https://delvetool.com/blog/phenomenology>
- Dongying, C., Yanyan, S., Xiaowu L., & Zongyi, Y. (2025). Global burden on drug use disorders from 1990 to 2021 and projections to 2046. *Frontiers in Public Health*, 13, 1–14.
- Ebrahim J, Adams J & Demant D (2024). Substance use among young people in sub-Saharan Africa: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 15, 1–21.
- Eghlima, M., & Raheb, G. (2010). *Methods of social work in prevention and treatment of addiction*. University of Social Welfare and Rehabilitation Sciences Press.

- Ezenduka, C. C., Ubochi, V. N., & Ogbonna, B. O. (2014). The utilization pattern and costs analysis of psychotropic drugs at a Neuropsychiatric Hospital in Nigeria. *British Journal of Pharmaceutical Research*, 4(3), 325–337.
- Folgueiras-Vila, A., Martorell-Poveda, M., Del Señor Sesmilo-Martínez, M., Vidal-Massot, P., & Ortega-Sanz, L. (2025). Self-care in addiction recovery: A scoping review. *International Journal of Mental Health Nursing*, 34(5), 1–19.
- Galvani, S. (2015). *Alcohol and other drug use: The roles and capabilities of social workers*.
https://www.drugsandalcohol.ie/23802/1/Alcohol_other_drug_use_social_workers.pdf
- Ghimire B, Suguimoto SP, Zamani S, Ono-Kihara M, Kihara M. (2013). Vulnerability to HIV infection among female drug users in Kathmandu Valley, Nepal: Across-sectional study. *BMC Public Health*, 13, 2–10.
- Jacobsen, D. I. (2002). *Vad hur och varför: Om metodval i företagsekonomi och andra samhällsvetenskapliga ämnen*. Studentlitteratur.
- Jatau, A., Sha'aban, A., Gulma, K., Shitu, Z., Khalid, G., Isa, A., Wada, A., & Mustapha, M. (2021). The burden of drug abuse in Nigeria: A scoping review of epidemiological studies and *Drug Laws. Public Health Reviews*, 42, 1–11.
- Kekeya, J. (2021). Qualitative case study research design: The commonalities and differences between collective, intrinsic and instrumental case studies. *Contemporary PNG Studies*, 36, 28–37.
- Krusenvik, L. (2016). *Using case studies as a scientific method: Advantages and disadvantages*. <https://www.diva-portal.org/smash/get/diva2:1054643/FULLTEXT01.pdf>
- Lu, W., Xu, L., Goodwin, R. D., Munoz-Laboy, M., & Sohler, N. (2023). Widening gaps and disparities in the treatment of adolescent alcohol and drug use disorders. *Am J Prev Med*, 64, 704–15.
- Masombuka, J., & Smit, E. I. (2026). The process of social work intervention in addressing the substance use challenges of young people. *An International Journal Rooted in South Africa*, 62(1), 65–81.
- National Association of Social Workers (2013). *Clients with substance use disorders*. NASW Press.
- National Drug Law Enforcement Agency (NDLEA). (2023). *Annual drug seizure and arrest report 2022*. NDLEA Publications.

- National Population Commission (2010). *National Population Commission: Report on the 2006 census result. Federal Republic of Nigeria.*
<https://archive.gazettes.africa/archive/ng/2009/ng-government-gazette-dated-2009-02-02-no-2.pdf>
- Nkwopara, H. I., Solomon Oisasoje Ayo-Odifiri, S. O., Okehielem, N. U., & Chukwuma-Uchegbu, M. I. (2025). Therapeutic architectural approach to the design of drug rehabilitation centre in Nigeria. *International Journal of Multidisciplinary Research and Growth Evaluation*, 6(5),794-798.
- Oweibia, M., Egberipou, T., Timighe, G., Ogbe, P., Elemuwa, U., & Wilson, T. (2025). *Drug abuse in Nigeria; the public health impact of collective actions and inactions: A systematic review.* Medrxiv.
<https://www.medrxiv.org/content/medrxiv/early/2025/05/14/2025.05.13.25327537.full.pdf>
- Pan, Z., Zhang, J., Cheng, H., Bu, Q., Li, N., Deng, Y., ... Lyu, J. (2020). Trends of the incidence of drug use disorders from 1990 to 2017: An analysis based on the global burden of disease 2017 data. *Epidemiology and Psychiatric Sciences*, 29(148), 1-9.
- Premium Times (October 25, 2015). Increased rate of mental disorder among Nigerians worries experts. *Premium Times.*
<https://www.premiumtimesng.com/news/headlines/192121-increased-rate-of-mental-disorder-among-nigerians-worries-experts.html?tztc=1>
- Raheb, G., Khaleghi, E., Moghanibashi-Mansourieh, A., Farhoudian, A., & Teymouri, R. (2016). Effectiveness of social work intervention with a systematic approach to improve general health in opioid addicts in addiction treatment centers, *Psychology Research and Behavior Management*, 9, 309-315.
- Saadi, A. I. N., Almayez, M. A. A., Alrashdi, F. M. K., Alanazi, A. J. K., Alrashdi, B. F. J., Alanazi, Ayidh, M. H., ... Al-Baa, A. K. (2023). The role of social workers in substance abuse treatment programmes. *Letters in High Energy Physics*, 2023(3), 117-131.
- Shen J, Hua G, Li C, Liu S, Liu L, Jiao J. (2023). Prevalence, incidence, deaths, and disability-adjusted life-years of drug use disorders for 204 countries and territories during the past 30 years. *Asian J Psychiatr.* 86.

- Shrivastava SR, Shrivastava PS, Ramasamy J (2014). Public health measures to combat the menace of drug abuse. *Primary Health Care* 4(1), 2-3.
- Simbalin, E. T, & Omidiji, A. O. (2025). Drug abuse and its implications in Nigeria. *Wilberforce Journal of the Social Sciences*, 10(1), 170-181.
- Singwane, T. P., & Ramoshaba, D. J. (2023). Social workers' roles and contemporary responsibilities in addiction management: The case of selected treatment centres. *International Journal of Research in Business & Social Science*, 12(2), 170-176.
- Social work, Alcohol & Drug (2013). *The social worker's role*.
<http://www.beds.ac.uk/swad/context/links/role>
- Stake, R., & Visse, M. (1995). *Case study research*. Springer.
- United Nations Office on Drugs and Crime. (2021). *Nigeria National Drug Control Master Plan 2021-2025*. UNODC.
- U.S. Department of Health and Human Services (2015). *Results from the 2014 National Survey on drug use and health: Mental health detailed tables*.
<https://catalog.data.gov/dataset/results-from-the-2014-national-survey-on-drug-use-and-health-mental-health-detailed-tables>
- Wells, E. A., Kristman-Valent, A. N., Peavy, K. M., & Jackson, T. R. (2013). Social workers and delivery of evidence-based psychosocial treatments for substance use disorders. *Social Work in Public Health*, 28(0), 279-301.
- WHO & UNODC (2020). *International standards for the treatment of drug use disorders: Revised edition incorporating results of field-testing*. WHO & UNODC
- Yin, R. K. (2009). *Case study research: Design and methods*. Sage.
- Zhang, S., Qi, X., Wang, Y. & Fang K. (2024). Global burden of drug use disorders by region and country, 1990-2021. *Front. Public Health* 12, 1-8.

Biographical Note of Authors

Gabriel Usiagu Aghedo was born on 2nd October, 1962, in Igbanke, Orhionmwon Local Government Area of Edo State, Nigeria. He obtained his First School Leaving Certificate in 1978, General Certificate Examination in 1983, Diploma in Social Work

and Community Development in 1994, BSc. in Social Work in 2005 (First Class), MSc. in 2011, and PhD in 2024.

In 2018, he joined the University of Nigeria as an assistant lecturer in the Department of Social Work. Currently a Lecturer I in the Department of Social Work, Gabriel has about 20 journal articles published in both local and international journals with impact factors. He had attended several conferences, workshops, and seminars. As a Lecturer, he teaches social gerontology, community development, research, corrections, and rehabilitations.

Gabriel is happily married with five children. His hobbies include reading and writing, watching football matches, and playing lawn tennis.

Eze, Ebube Johnpaul, was born on 27th April, 2003, in the Igbo-Eze North Local Government Area of Enugu State. He attended the Royal Crown Secondary School, Nsukka, and the University of Nigeria, Nsukka, where he obtained the West African School Certificate/National Examination Council and a Bachelor of Science (BSc.) degree in Social Work, respectively. Johnpaul is a prospective master's student of the Department of Social Work, UNN. He has published two articles in local journals. He has a special interest in social research, and his hobbies include playing football and gardening.

Chukwuma Felix Ugwu is a Nigeria-born scholar and Lecturer I in the Department of Social Work, University of Nigeria, Nsukka. Chukwuma specialises in children and family, youth social work, and conflict and migration studies. He has over 10 years of teaching experience. He is a recipient of a merit award as the best graduating student in 2008. He holds Diploma, Bachelor of Science (BSc), Master of Science (MSc), and Doctor of Philosophy (PhD) degrees in social work. From 2017 to 2021, he served as the department's examination officer. He has published peer-reviewed journals, authored a book and book chapters, and presented conference papers. Married, he has four children. He is a social research analyst, writer, and reader, and a football and boxing lover.